



LOYOLA COLLEGE IN MARYLAND

— 1852 —

Clinical Supervision Verbatim Requirements

The following requirements are a minimum number only. Each Clinical Case Supervisor may decide if he/she wants more verbatims to be included for the evaluation of his/her students' presentations.

All clinical students are **required** to type two 20-minute verbatims to include as part of their clinical case report (one each clinical year for the 4-semester students).

The verbatims must be typed directly from a tape (audio or video) and include each word, sound (um, hmm, cough, sneeze, etc), and insert such things as [period of silence] or [client cried quietly here], etc. for both the client and the counselor.

NOTE: Each response in the verbatim is to be marked with a number. When typing, please single space the remarks and leave a double space between each exchange. Indicate non-verbals in parentheses and comments in brackets. Hint: allow enough tab space between numbers and exchanges to go above 100.

Below is a sample verbatim submission. Please note that this is not necessarily a model of appropriate counselor responses. Therefore, discuss your own verbatims in class (after you have played the parallel tape section) in light of the type of responses (open, closed, encourager, reflective, etc.) and their appropriateness for this client in this context. (See attached "Counselor Responses" sheets.)

Format as shown below:

Co.	1	Hello, how are you today?
Cl.	1	I'm fine. How are you this week?
Co.	2	Fine, thank you. (short pause) You look like you've lost weight. Have you?
Cl.	2	[laughing] I don't know. I hope so!
Co.	3	Have you always been overweight? When did that problem actually begin?
Cl.	3	After I had a tonsillectomy I started gaining weight, and, uh, I was always

all the way through high school, I was about 20 pounds overweight. Uh, I got into college and dropped most, dropped 20 pounds. And, uh, then after I got married, that's when my major problem started with weight.

Co. 4 Ummm.

Assignment:

Choose five responses you wish you had done differently.

1. Note the number and type it out (for example Co. 3).
2. Decide and mark which category of response.
3. Type out the new response and its category

Categories of Counselor Responses:

Ad	-	Advice
C	-	Care-frontation
CQ	-	Closed Question
D	-	Directive
E	-	Encourager
I	-	Information
In/Rf	-	Interpretation/Reframe
OQ	-	Open Question
P	-	Paraphrase
RF	-	Reflection of Feeling
RM	-	Reflection of Meaning
S	-	Summarization
S/A	-	Support/Affirm
SD	-	Self-disclosure

Descriptions of the Categories of Counselor Responses

Advice presents new information and ideas to the client and/or makes a recommendation to the client.

Care-frontation notes discrepancies in the client and feeds them back via attending skills

Closed Questions can be answered in a few words or sentences. They have the advantage of focusing the client and bringing out specifics, but they place the prime responsibility for talk on the counselor. They often begin with is, are, or do. For example, "Do you live with your aunt?"

Directives lead the client to follow strategies and actions suggested by the counselor, which may help the client in re-telling the story or in taking concrete action on issues and problems.

Encouragers are a variety of verbal and non-verbal means the counselor can use to encourage the client to continue talking. They include head nods, an open palm, "Uh-Huh," or the simple repetition of key words the client has uttered.

Information presents new and old (e.g., reminders) information and ideas to the client.

Interpretation/Reframe provides the client with an alternative frame of reference from which to view life situations and generate new stories.

Open Questions are those that can't be answered in a few short words. They encourage the client to talk and provide the counselor with maximum information. They often begin with What, How, Why, or Could. For example, "Could you give a specific example of ...?"

Reflection of Feeling makes the underlying client feelings explicit and clearer to the client.

Reflection of Meaning involves the counselor grouping or clustering thoughts and feelings of the client into a more coherent whole.

Summarizations are similar to paraphrases, except that a longer time and more information are involved. Summarizations may be used to begin or end the session, for transition to a new topic, or to provide clarity in lengthy and complex client stories.

Support/Affirmations give the client support and positive feedback on thoughts, feelings, or behaviors expressed.

Self-Disclosure requires the counselor to share her/his own story, thoughts, or experiences briefly. Used carefully, this may build a sense of equality in the session and encourage client trust and openness.

Adapted from: *Intentional Interviewing & Counseling*. (1999). Ivey & Ivey

