



University of Colorado at Colorado Springs

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# **POLICY, PROCEDURE, & TRAINING MANUAL**

**of the**

**University Counseling Center**

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**The University of Colorado at Colorado Springs**

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## Practicum Trainee/Intern Information

**Welcome** to your practicum/internship placement at the University Counseling Center (UCC). This policies, procedures, and training manual is provided to assist you in carrying out your responsibilities as a Trainee in this Center. Please read the manual carefully and keep it as a reference during your practicum/internship/postdoctoral placement.

You have been accepted as a pre-practicum/practicum/intern/postdoctoral trainee by the Director of the UCC and approved for practicum/internship by your department's Director of Clinical Training. The practicum/internship/postdoctoral experience is for the training year (11 months). Typically, this will run from July to June the following year. The minimum number of hours per week of Practicum is 10; for Internship/Postdoctoral training is 20. If you wish to extend your Practicum/Internship (we would be happy to accommodate you); please speak to the Director of the Center so that formal arrangements can be made. If you have been accepted as a pre-practicum Trainee, your training period will be one semester and you will be expected to work at UCC a minimum of 6 hours per week.

During your pre-practicum, practicum/intern/postdoctoral placement, your title is **Psychology/Counseling Trainee, Psychology Intern, or Postdoctoral Trainee**. You should sign all documents, progress notes, and so on, with your name, highest degree, and title. Your Supervisor's title is **Clinical Supervisor**. Documents that are countersigned by your Supervisor should have your Supervisor's name, highest degree, and title.

As a Trainee or Psychology Intern, it is your responsibility to be aware of and adhere to the policies and procedures of the Center. These responsibilities include but are not limited to:

1. Supervision: You must keep your Supervisor informed of *all* services and activities connected with your clinical training year.
2. Ethics: You must abide by the APA Ethical Principles of Psychologists and Code of Conduct.
3. Documentation: You are responsible for timely and proper maintenance of client records and all other documentation required by the Center and other associated agencies and funding sources.
4. Coordination of Client Services: You are responsible for coordination of services to your assigned clients, setting appointments, and assisting with referrals to and linkages with external agencies.
5. Protected Health Information (PHI): You are responsible for completing HIPAA training and adhering to HIPAA standards for maintaining the confidentiality of Center clients' PHI. (<http://blackboard.cuonline.edu/webapps/portal/frameset.jsp>)

## Objectives

The Practicum/Internship experience is considered one of the most important professional activities in which Trainees engage during their Ph.D./Psy.D. or M.A./M.S. in a Clinical Psychology or Counseling degree programs. Practicum/Intern/Postdoctorate Trainees are given opportunities to synthesize and apply knowledge gained in their course of study and other academic pursuits. Through the sharing of experiences in supervision, Trainees refine existing skills and acquire new skills.

During the practicum semester or year, Trainees will begin to see up to five client(s) under close supervision. The objective of this semester is to help the Trainees at this level begin to develop a professional identity, learn how to interview and evaluate clients, compose documentation for their services and get ready for their practicum experience in a professional setting.

Practicum/Intern/Postdoctoral Objectives: The Practicum and Internship is designed to facilitate refinement of assessment, psychotherapy, and interviewing skills and the development of new skills. For postdoctoral students,

if/when there is consensus that the student is ready, experience of providing supervision under the close supervision of a licensed supervisor can be arranged. Through closely supervised experiences, the Trainee can expand his or her repertoire of assessment and psychotherapy techniques and interpersonal relationship skills. Trainees will be closely supervised through the use of recording of all sessions, review of progress notes and all other related written materials (i.e. reports and letters), direct observation, and weekly face-to-face supervision meetings.

In the Practicum/Internship/Postdoctoral semester or year, Trainees will be expected to demonstrate a commitment to implementing and expanding the following skills:

- Establishing and maintaining a helpful, supportive, and professional psychotherapy relationship with clients;
- Development and application of appropriate assessment and psychotherapy techniques;
- Diagnosis, case conceptualization, and treatment planning;
- Maintaining client records;
- Learning about and using community resources when appropriate;
- Working effectively with supervisors, colleagues, and peers including appropriate analysis and presentation of sessions and case studies;
- Continued development of professional identification and behaviors;
- Enthusiasm for and commitment to the Trainees' profession;
- A continued willingness to learn;
- Continued development of personal traits that are conducive to effective counseling, learning, and professional development;
- Development and use of feedback methods that enhance relationships with supervisors, clients, and peers, and enrich self understanding;
- Understanding responsibilities involved with respective roles of psychology/counseling Trainee and academic Trainee-researcher; and
- Developing a professional role as a scientist-practitioner.

### **Introduction to the University Counseling Center**

#### **A. What is the University Counseling Center?**

The University Counseling Center is a part of UCCS Student Support and Judicial Affairs Office. It is a Center designed to serve the counseling and mental health-related needs of UCCS students. *The mission of the University Counseling Center is threefold: (1) to assist UCCS students with their academic success when personal/psychological matters are complicating and interfering with the students' efforts; (2) to serve as a training site for graduate students in Clinical Psychology and Counseling fields; and (3) in accordance with UCCS tradition, create, implement, and develop services that are open to various organizations in the community.* The services for the UCCS students help them achieve their educational goals, define their career goals, learn more about problem-solving process, enhance their capacity for satisfying interpersonal relationships, and maximize their capacity for continued emotional growth. As an auxiliary of the university, services are provided by graduate students and faculty in the Psychology Department and Counseling Departments at University of Colorado at Colorado Springs. Students in other training programs can also apply for Practicum or Internship slots on a competitive basis. The Center is a critical component of current Ph.D. and Master's level training because it serves as one of the primary training sites for doctoral and master's students. The UCC is currently in the process of creating and implementing projects that would allow for continued collaboration with key organizations in the community. Through such projects, UCC will be able to provide services directly to the community and at the same time bring community resources to the Center.

## B. What Do UCC Staff and Trainees Do?

UCC staff and Trainees:

- evaluate emotional and social difficulties and disorders in UCCS students that may be interfering with their academic success;
- treat psychological disorders (e.g. depression, complicated bereavement, anxiety, posttraumatic syndromes, eating disorders, adjustment disorders, etc.);
- if it is determined that the clients would benefit more from other resources in the community (e.g. cases where addiction is the primary clinical focus), assist in implementing the relevant community resources into their treatment plans, by making the appropriate referrals;
- assist with solving problems in daily living such as family conflicts, problems in intimate relationships, loneliness, boredom, and/or work over-load;
- educate UCCS students, faculty and staff, and care providers about typical difficulties and problems of college students, and the potential solutions of these problems;
- consult with other service providers for UCCS students (e.g. health care, social services);
- collaborate with community service agencies to offer innovative programs for UCCS students;
- research, develop and implement optimally effective approaches to assessment and treatment, in accordance with the evidence-based practice models;
- train future psychologists and counselors to work effectively with various populations.

## C. Who Does the Center Serve?

The primary target population for the UCC are UCCS students, their families and significant others. Over time, different on-campus and community-based projects will be implemented at the UCC. These projects will broaden the population that UCC targets. By taking part in these projects, Trainees will have the opportunity to work with and learn from these rotations, throughout their practicum experience.

## D. Training and Research Functions

In addition to clinical service provision, the Center functions as a primary training site for Ph.D./Psy.D. and M.A. candidates in clinical psychology and counseling. The major components of the training program are direct clinical experience, individual and/or group supervision, participation in staff meetings, interaction and collaboration with clinical staff, clinical and educational collaborations with community agencies, and case presentations and discussions. Training and supervised experience are offered in psychological evaluation and testing, individual psychotherapy, marital therapy, family therapy, and group therapy. The integration of training, research, and service is the mission of the Center. The primary services offered at the UCC are psychotherapy (individual, family, group), and psychological evaluations as they relate to the psychotherapy services the Center offers. In addition, educational outreach activities and consultations about resources to cope with life transitions are regular services. Teams composed of clinicians and graduate students provide these services. The Supervisor is responsible for all clinical services, most of which are implemented by the Trainees.

UCC is in the process of developing and implementing community-based service projects. These projects will bring in much needed additional resources, in addition to increased research opportunities. When the research projects are developed, the UCC Trainees will be expected to take part in those projects that overlap with their research and career interests. At UCC, Trainees are expected to be familiar with the APA code of ethics and follow these during research activities. Confidentiality applies to research activities involving Trainees and participants. UCC policies and procedures and APA ethics are available to Trainees.

## **Pre-Practicum, Practicum, Internship, and Postdoctoral Training Requirements**

There are four training tracks at the UCC. The pre-practicum track is designed for psychology Ph.D. students, who have no or very little clinical experience. The goal of this track is to provide Trainees with the very basic clinical skills to help them have a smooth transition to their practicum experience. The practicum track is designed for Trainees who have no or very little clinical service experience. The purpose of this track is to provide hands-on training and experience in clinical psychology/counseling in a professional environment. In this track, Trainees are expected to have up to five clients; receive clinical supervision for their client; learn to create the appropriate documentation for services; take the role of a co-leader in groups; and do case presentations in staff meetings. It is a one to two semester training program with a minimum of 10 hours per week commitment.

A limited number of openings are available for Practicum/Internship (minimum 11 month commitment) at the University Counseling Center. Before they are eligible for Practicum, all potential Practicum Trainees from UCCS Psychology Department must have completed satisfactorily the following required UCCS Clinical Psychology Ph.D. or M.A. classes: Clinical Skills, Advanced Psychopathology, and Psychotherapy. Practicum Trainees must be concurrently enrolled in Clinical Interviewing and Personality Assessment during the Fall semester of their Practicum year, and in Professional Development during the entire Practicum year.

Trainees from the Counseling and Human Services Department at UCCS must have satisfactorily completed Theories and Techniques of Individual Counseling, Lab and Practicum in Individual Counseling, Human Growth and Development, Theories and Techniques of Group Counseling, Lab and Practicum in Group Counseling, Issues, Ethics, and Trends in Professional Counseling. Practicum Trainees from this department must be concurrently enrolled in Introduction to Marriage and Family Counseling, Practicum in Professional Counseling, Role and Function of the Community Counselor. Trainees from other programs must have a comparable academic background. Interns must have completed comparable coursework prior to filing an internship application.

*Practicum applications are accepted between October and mid November for Spring semester; and between mid-March end of April for Fall semester.* Practicum Trainee selections are announced by December for Spring semester and by May for fall semester. Intern applications are accepted between December and late January. Interviews with clinical staff are conducted with selected candidates and positions are offered during April. Subsequent to Trainee selection, Trainees will be invited to a Training/Orientation program with the Clinic Director, the Administrative Assistant, and other graduate Trainees who have been working at the Center for at least one semester. All Trainees are required to attend to this program. At that time, the Trainees will be asked to read the Center's Policy, Procedure, and Training Manual, complete the paperwork, and receive information about:

1. Liability insurance requirements
2. Individual disclosure form
3. Termination/transfer sessions
4. How to contact clients
5. The Training Year Calendar
6. Required HIPAA training
7. Background checks (when necessary to work on community projects)

The required hourly commitment per week varies: pre-practicum Trainees from Psychology Department will be required to work for a minimum of 6 hours per week, over one semester. M.A. and Ph.D. Practicum Trainees should be prepared to spend a minimum of 10-15 hours per week in Practicum activities over the 11 month period; postdoctoral Trainees should be prepared to spend a minimum of 20 hours per week; and Interns participate in 30 hours per week. Trainees are required to provide a copy of their expected weekly schedules to the Director. This only needs to be updated when the schedule significantly changes, such as changing days when a Trainee is typically

scheduled at the UCC. The Practicum Trainees typically begin their experience in July but alternate and mutually agreed-upon times can be arranged between the Trainee and Clinic Director. Trainees are expected to meet with their clients at the University Counseling Center ONLY, unless prior specific arrangements have been made and approved by their Supervisor.

\*\* The Practicum/Internship training runs according to the UCCS schedule. That means that the Center is open (and Practicum is ongoing) when the University is open. The Center is open during most of Christmas break and all of summer. Thus, you are expected to continue with Practicum during those times. A list of official holidays is available from the administrator when you start Practicum. Trainees should plan on working when the Center is open (even if the “semester” is over at the University). Discuss your vacation days with your Supervisor and use the Vacation/Leave request form.

### **General Center Guidelines**

In order to increase the efficiency and professionalism of the Center, the following guidelines have been established. Your participation in enforcing these guidelines will help make the Practicum experience more productive for yourselves and your clients.

#### **I. Insurance**

All Trainees are required to have liability insurance prior to seeing clients. Many Trainees acquire insurance coverage for a minimal charge through the American Psychological Association (APA). Trainees must acquire liability insurance before beginning Practicum and submit a Proof of Insurance Form along with a copy of their current liability insurance policy in order to begin Practicum/Internship. Trainees cannot see any clients or provide any clinical services before providing proof of insurance to the Clinic Director. Liability Insurance must remain active throughout training and a hard copy of any policy renewal or policy change must be provided to the Director.

Trainees who are not currently APA or APS members are strongly encouraged to join at this time, not only for the opportunity to be insured under their group program, but also to begin participation in a professional organization which serves the interests of the psychology profession. Trainee membership applications are available at the Psychology Department and online at [www.apa.org](http://www.apa.org) and [www.psychologicalscience.org](http://www.psychologicalscience.org).

#### **II. Expectations for Practicum Trainees/Interns**

1. All Practicum/Intern Trainees are responsible for reading and understanding (1) the University Counseling Center Policy, Procedure, and Training Manual and (2) the Ethical Guidelines of the APA. **It is the Trainee’s responsibility to be familiar with the APA Ethics Code.** Trainees must abide by these guidelines at all times. Ethical violations will result in one or more of the following:

- (a) consultation with the Trainee’s Supervisor and the Clinic Director;
- (b) documentation of disciplinary action and remediation plan.
- (c) possible immediate dismissal from Practicum/Internship and/or the MA/Ph.D. Program. In addition, ethical violations may result in professional and/or legal charges.

2. The Center is a professional mental health services facility. Trainees are expected to reflect that image in both their dress (i.e. no jeans, shorts, sneakers, “flip-flops,” visible tattoos or facial piercings) and personal and professional behavior. The Center is a No-Smoking facility.

3. Monthly Service Logs. Client-related activities are to be truthfully and accurately reported on the Monthly Service Logs. The Logs sheet is to be turned in at each monthly staff meeting, covering services

from the month prior to the staff meeting. It will be to your advantage to have such documentation when applying for internships and licensure. A Log template can be found in the Training & Orientation Folder that you have received the first day of your training.

4. Mailboxes and Check-ins. Practicum Trainees will be given a mailbox and a voice mailbox at the Center to facilitate communication and the flow of information. It is your responsibility to check your mailbox frequently for messages. It will also be helpful to call the Center regularly to check for messages in the voice mailbox. If a client has an urgent need to speak with you, the Administrative Assistant will call you at home or on your cell phone and also leave you a message in your box. Also, messages left in your voicemail can be forwarded automatically to another contact number if preferred. Please contact the Administrative Assistant for details. **Note:** Office staff never gives out home telephone numbers to clients. **Do not give out your home phone or cell phone numbers to clients.**

5. Use of the Center is greatly facilitated by the Trainees and staff following these guidelines:

a. Clean up after yourself. Be sure that no client materials (i.e. artwork, audiocassettes, videotapes) are left in any area (including your own offices). All materials that contain client information are stored **ONLY** in the chart room at the Center.

b. Care should be taken to ensure a quiet and calm atmosphere in the Center.

c. **ONLY** those Trainees who are in the pre-practicum, Practicum and Internship tracks or at the Center as an approved class assignment may be in the chart room and in areas where one might be exposed to confidential client information. Remember, all client information is confidential.

d. Furniture and Audio/video equipment should not be moved. If you are using your own digital voice recorder, the recorder itself; if you are using the Center's cassette recorder, the cassettes that have your session recordings must be stored in your mail boxes before you leave the Center, for any reason (temporarily to return, or for the day).

e. Computer disks/flash drives with confidential material (e.g. Diagnostic Interview reports, Termination Summary reports) should be stored in your mailbox. Do not transport client tapes, CD's, or written records containing client information outside the UCC. Doing so is a HIPAA violation and probable cause for dismissal.

f. Trainees should discuss their cases only in the Center offices with office doors closed. The waiting area and reception desk should remain clear for Center business. Do not discuss any confidential information in any area where other clients or persons in the Center can hear you. Because the offices are close to the reception area and hallways, **ALWAYS** close the door when you discuss **ANY** clinical matter in that room.

g. Client charts are to be kept in the file drawers in the chart room, when not being used. Do not keep charts or clinical paperwork in open work areas. No client files or documents are to be left unattended. Unless being actively worked on, all client documents should be stored in the chart room. When the front desk is not attended to, and/or when no staff is present to monitor activity near the chart room, make sure the door to the room is shut.

h. Keep office doors locked or at least closed when offices are vacant.

i. The last Trainee or staff member to leave the Center is responsible for checking that the appointment book and the message pads are in the locked drawers of the front desk, that all lights are shut off, coffee pot is turned off, and that the front door is locked.

j. Trainees are asked to help cover the front desk when the Administrative Assistant is absent. This involves answering the phone, checking and/or taking messages, and checking with clients or visitors who are waiting in the lobby to confirm scheduled appointments.

6. M.A., Ph.D./Psy.D., Intern, Post-Doc Training: Pre-practicum Trainees are required to provide a minimum of 6 hours per week. M.A. and Ph.D./Psy.D. Practicum Trainees are required to provide 15 hours per week of services/work at the UCC. Interns and Post-Doc Trainees work for 30 hours on a weekly basis. Caseloads and clinical responsibilities are assigned to maximize training opportunities and remain consistent with clinical competencies appropriate to the Trainee's level of professional development. The UCC is in the process of developing and implementing community service projects. As they become available, Trainees will have an opportunity to have rotations as they will be working for different projects. Trainees will be matched with these rotations based on their interests and clinical skill levels.

7. Background Checks: The UCC may ask for background checks of Trainees, as new community-based projects are implemented and as the sponsors of these projects require them. The Project Directors will be facilitating the process and each Trainee will need to provide only their name and DOB. The cost will be borne by the UCC and/or UCCS. The Clinic Director will maintain a file with all completed background checks.

### **III. Intake Procedures, Assignment of Clients, Setting/Collecting Fees, and Treatment Planning**

Prospective therapy clients typically contact the Center by telephone, or occasionally, in person or via e-mail. An initial screening is conducted via telephone, to gather basic information, schedule an Intake, or provide the caller with an appropriate referral.

The following are what the initial phone screening consists: (1) Name, Trainee ID; (2) contact information; (3) if leaving a message is OK in the phone number they provide; (4) if the reason they are calling for is an emergency and if so, the nature of the emergency; (5) if it is not an emergency, explaining of the wait list (when there is one), that if they preferred, we are able to provide outside resources (there is a resource folder on the front desk); (6) a very brief summary of the reason for their call (e.g. relational problems, feeling depressed, test anxiety, etc);(7) (if they choose to be included on the waitlist) the days and times that would be best for them, given they will be asked to come to UCC for weekly appointments.

This information is recorded on a message page of the message books. It is important to write on the appropriate message book, as these message books will keep a copy of the message. The top copy is then detached from the book and given to the Clinic Director for staffing. Once the Trainee therapist is assigned, client contact must be attempted **WITHIN TWO BUSINESS DAYS**, to schedule an Intake Evaluation.

Clients will be assigned as they call into the Center based on caseload, client needs (i.e. can only come on certain days), and Trainee interest and experience. Information about the new client will be picked up by the Trainee from their mailbox, or the message slip will be given to the Trainee in person. Once the appointment is made, the case is the responsibility of the assigned Trainee. If the client refuses treatment, the assigned Trainee must terminate the file following discussion with the Supervisor.

Occasionally, a third party will call or present in person to schedule an appointment for another individual. Potential clients must be involved in arranging for their intakes or other services at the UCC. Therefore, the third party who initiated the initial contact must be informed of the Center policy and asked to pass on the contact information they have used to contact UCC to the prospective client. The third party may be informed of the waitlist (when there is one) and offered appropriate outside referrals (from the Referral folder at the front desk).

Prior to the Intake Evaluation, a variety of consent forms and information forms are presented (see Intake Packet Forms). Each Trainee should record their intake appointment with their client in the appointment book, indicating that it is an "INTAKE" appointment. This intake time must be between 9:00 a.m. and 5:00 p.m. Intakes are never done during evening hours since we do not have crisis service and Supervisory back-up available at those times, nor do we have a financial officer to arrange or set fees. We are in the process of including routine psychological testing as part of the intake process. This will involve screening tests to help identify clients who are contending with mood disorders, personality disorders, and thought disorders.

If a client fails to show for the first scheduled appointment, the Trainee should call the client, remind them of the missed appointment, and make an attempt to reschedule. During this conversation, it is important to remind the prospective client the importance of calling and cancelling the appointment they will not be able to make. If the client repeats their no-shows for the second attempted appointment prior to Intake, we will assume that this may not be a good time for them to be in treatment at UCC. Discuss the matter with your Supervisor prior to attempting to reschedule. Clients who do not respond to phone calls or messages should be given a deadline to respond in the message the Trainee is leaving. During this message the Trainee will emphasize that if the prospective client fails to meet the stated deadline, we will assume they are no longer interested in our services; and that should they change their minds, they will have to call the front desk (255-3265) and get back on the waitlist. All of the situations above should be discussed with your Clinical Supervisors. Please review the separate section titled *No Show Procedures* for more specific information.

Assigned Trainees contact clients and provide treatment in a variety of modalities under the direction of their Supervisors. Trainees coordinate services provided to their clients and provide whatever case management is required to best help the client.

Whenever possible, efforts will be made to assign clients to Trainees based on client's preferences for sex, race, sexual orientation, etc., but due to the limited number of Trainees available during any semester, the Clinic Director will assign clients primarily on availability basis. Should it become apparent that the Center cannot meet the needs of a given client, appropriate referrals will be made. Trainees will meet clients in the Center unless prior special permission is obtained from the Trainee's Supervisor and the Clinic Director to see a client off-site.

It is acceptable, under certain conditions, to schedule more than one session per week with a given client, WITH PRIOR PERMISSION OF YOUR SUPERVISOR AND THE CLIENT'S WELL BEING AS YOUR MAJOR CONCERN. Most clients will be seen on a weekly basis, and less frequently as they prepare for termination.

The Trainee informs prospective clients of the nature of our program (i.e. that we are a Psychology Training Clinic and that Trainees provide services under supervision) including information regarding recording of the sessions, live observation (when necessary), as well as optional ongoing research (when we start research projects). Clients with presenting problems that are beyond the scope of the Center will be referred out to an appropriate agency.

**Fees.** The fees for services to clients are set by the Center, according to the client's previously established financial aid need. Those who receive grants for their tuition (e.g. PELL grant), will be charged \$5.00; those with no pre-established need for financial aid will be charged \$10.00. The Trainee sets the fee with the client at the time of the Intake appointment and generally handles payment of fees. If for some reason, a fee was not established prior to the Intake session, this is done at the first session. Questions about fees and collection should be referred to your Supervisor or the Center Director. The Supervisor is to be notified in the event that a client is not following through with payment of fees.

Fees are due before each session and are usually collected by the Administrative Assistant, or anyone else who is covering the front desk. If there is nobody there to take the payment and fill out the receipt, the Trainee is responsible for carrying out these procedures. If the client is a few minutes early, they are asked to take the receipt and their payment to the Bursar's Office on the second floor of Main Hall. If they are right on time or a few minutes late, and if they are making the payment by cash or check, the payment may be accepted at the Center. Payments that are accepted at the Center will be turned in to the Bursar's Office by the Trainee or the Administrative Assistant within the same day. If the

payment is through a credit card, it will have to be made at the Bursar's Office, regardless of the arrival time of the client.

If the appointment is scheduled as an emergency, and the emergency is established, there will be no session fee. No one will ever be denied services at the Center for financial reasons. Fee reductions are available to clients whose financial circumstances change during the course of treatment. The Fee Reduction should be based on evidence of the situational change and must be reviewed with the Director. Clients may be asked to provide documentation of changes in their financial status. We do not currently accept any form of insurance.

**Treatment Planning.** Treatment plans are due the second session and after discussions with the client, the final draft needs to be **completed no later than third session**. Think of this document as a therapeutic contract, both parties are involved in the process of constructing the plan and determining mutual responsibilities. Every effort needs to be made to engage the client in the process and signing the document. There is a check box on the treatment plan to indicate that the contract was reviewed verbally but use of this should be the exception rather than the rule. Whenever this box is used, the reasons for doing so should be discussed with the Supervisor.

#### **IV. Scheduling Client Appointments, Greeting Clients, and Time of Sessions**

Trainees are responsible for scheduling their own appointments with clients. Also, Trainees are responsible for keeping the front desk appointment book accurate and up-to-date. Not every Trainee has an individual office, so offices will have to be shared. When appointments are made, please check each time to make sure there will be an available office for your session. This should help assure that the therapy rooms will not be double-scheduled. It is important to put a record of the appointments, as soon as they are formalized. If you change appointments, you **MUST** make a change in the appointment book and check to make sure there is an available office for the new appointment.

Mark in the appointment book "CXL" if client cancels an appointment, and "NS" if the client no-shows. Clients who "NS" or cancel without 24 hours notice may be billed for the missed session. Make sure your clients understand the Center's policy regarding missed appointments. Clients who "NS" due to emergencies or illnesses are not billed. Other reasons for "NS" need to be discussed in supervision. In most cases, a maximum of **three "NS" within any given semester** constitutes cause for terminating treatment. This is a guideline only, and should always be reviewed with the Supervisor.

If you need to use an office of another Trainee for your sessions, schedule the appointment in the appointment book under the Trainee's name whose office you are planning to use. Trainees who work longer hours and have the office have a priority to the space. If you are going to use someone else's office, make sure the Trainee who works at that office is informed. The meeting room may be used for sessions the event that the usual therapy rooms are booked, if the room is not being used by anyone else during the session. It is important to check with fellow Trainees before using this room for your session.

**Greeting clients.** Trainees are responsible for checking the waiting room to see if his/her client has arrived, and for taking him/her back for the session. Hallway conversations should be kept to a minimum to reduce noise level and prevent disclosure of potentially confidential information. Although the Administrative Assistant usually announces the arrival of clients, it is not their responsibility to do so. You are responsible for seeing that your client is escorted back to the front door after the session. Follow up appointments are also usually scheduled at this time. At no time should a client be left to his/her own devices to wander around the Center.

**Time of sessions.** Regular therapy sessions are scheduled for 1 hour periods (50 minute sessions and 10 minutes for record keeping such as Progress Notes). Try to keep to a 50-minute hour. Do not go over this time frame, unless in emergency situation, as it could cause a back-up for office space or your other clients.

#### **V. Session Recording Policy**

All sessions at the University Counseling Center must be recorded. When you record a session, use your own tapes or digital voice recorders - the Center does not provide these. Clients are informed of the recording policy **BEFORE** they

are scheduled for an Intake by the clinician. Make sure to keep the recorded tapes or your digital voice recorders in the locked Chart Room to protect confidentiality. Tapes should be erased (or re-recorded over) after they have been reviewed in supervision. If client refuses to permit recording of sessions, the Trainee will not be able to treat and will need to refer to another provider. Discuss this with your Supervisor.

## **VI. Emergency Procedures**

Should an unexpected emergency arise while you are working in the Center, contact your Supervisor or the Clinic Director immediately. Keep your Supervisor's and the Director's contact information with you when away from the UCC. If necessary, for *on-campus emergencies call* (255-3111), for off-campus situations *the Police phone number is* 444-7000 (non-emergency) or 911 (emergency). Your Supervisor will give you instructions in how to manage the emergency situation. Follow these instructions closely! All emergency contacts and interventions must be documented in detail.

Calls to the UCC for emergency appointments will be handled primarily by the Center Director. However, in the event that the Director is not in and/or not immediately available, the staff and the Trainees who have been at the Center for at least one semester will make the emergency appointment, do a safety assessment, and make the appropriate referrals. The campus Public Safety Department (ext. 3111) assists the UCC in transporting clients to the nearest emergency room (Penrose Main ER: 776-5000), if the situation does not involve a medical condition. If the situation is complicated by a medical condition, first call 911 for an ambulance, then call the Public Safety Department (255-3111) to notify them of the 911 call you have made.

### **A. Alleged Elder/Child Abuse and/or Neglect**

Whenever you suspect a child (age <18) or older adult (age 65+) is being abused, seriously neglected or threatened, immediately check with your Supervisor. Therapists are required by law to report abuse and suspicion of abuse. A written report is required by law.

Reports by clients of elder/child abuse or neglect must be dealt with immediately and with great care. If an older adult client reports that s/he has been abused or neglected, or that s/he has been abusive or neglectful toward another elderly person or child, then the Trainee must obtain the following information:

- a. Alleged victim(s) name(s), age, address, phone number, type of abuse/neglect, time and place, and frequency of occurrence.
- b. Alleged perpetrator's name, age, address, phone number, relationship to victim.
- c. Does the alleged perpetrator have access to the victim and/or other older adults or children? If so, list person's/people's name(s) and age(s).

In some cases, the client reporting the abuse/neglect to the therapist should be told by the therapist that a report would be made to social services. This is a clinical judgment that requires consultation with your Supervisor.

**IMPORTANT:** There are potential safety issues associated with telling the informant that a report is being filed. As much as possible, assess potential risks to the victim or possible retribution from the informant before notifying the informant that a report is being filed with Social Services. The Trainee must check with the Supervisor or Clinic Director before informing the client about the need to report.

In some cases, it may be appropriate to involve the client in the reporting process. Supervisors should be consulted before suggesting or implementing this process.

Once the situation has been reviewed by the Supervisor and Trainee and the determination made to contact Human Services, the follow up needs to happen as soon as possible. The effort to contact Human Services and the Supervisory process whereby the decision was made must be documented immediately and in clear detail. Center staff can provide assistance in contacting the appropriate social service agencies. When making a report to social services, the client's chart should be at hand, as well as the information gathered about the victim and perpetrator. It is important to record the name of the social service representative and the time contacted in the client's chart and on the Reporting Form. Additionally, the following information should be recorded in the client's chart: (a) what the client reported in the session, (b) the action taken by the Trainee, and (c) that a written Elder/Child Abuse/Neglect Reporting Report was completed and mailed to the appropriate agency with a cover letter directed to the social service worker who took the initial oral report. The Elder/Child Abuse/Neglect Report and cover letter must be reviewed by the Supervisor, and signed by both the Trainee and the Supervisor. A copy of the signed Elder/Child Abuse/Neglect Report and cover letter must be placed in the client chart. The Trainee will send the report by mail to the appropriate agency. In cases in which the Supervisor did not observe the session in which abuse/neglect was reported, the Supervisor must be notified within 24 hours by the Trainee.

The Trainee should discuss the following with the Supervisor:

- a. reporting procedures,
- b. client behavior and well-being,
- c. Trainee's behavior and well-being,
- d. questions and concerns regarding the situation,
- e. how to document the situation.

**REMEMBER:**

- a. Physical, sexual, and emotional abuse and neglect of an elder or a child **MUST** be reported.
- b. The Trainee's concern about abuse must be reviewed with the Supervisor as soon as possible following the clinical contact that lead to the concern. Failure to discuss the concern with the Supervisor and, if necessary, reported to the appropriate agency, for the sake of preserving the Trainee-client relationship is not permissible, and is an ethical violation.
- c. When unsure about the need for reporting, the Trainee should (1) ask the Supervisor or Clinic Director, (2) contact Social Services for feedback, documenting the social service worker's name and the feedback s/he gave the Trainee.
- d. A written report **MUST** follow any verbal report. The consultation with the Supervisor and/or Clinic Director must be described in a progress note.

**B. Spouse/Couple Abuse Policy**

In cases of couples therapy where spousal abuse is suspected:

- a. The spouses/significant others will be seen alone in order to explore the possibility of abuse.
- b. When abuse is identified, the victim will be given several phone numbers for shelters. S/he will be asked to not give these numbers to the abuser due to the risk of further abuse at the shelter. The safety of minors involved in the family system must be explored and appropriate action taken (see

child abuse policy). AFTER CONSULTATION WITH THE SUPERVISOR, A SAFETY PLAN MUST BE DEVELOPED WITH THE VICTIM.

c. The couple will be informed that individual therapy is more appropriate for the situation. The victim(s)'s safety is of utmost importance; therefore delivery of this information should be carefully planned by the Trainee and the Supervisor.

Couples who are in an abusive relationship ordinarily should **not** receive couples therapy, because therapy may intensify the situation, putting the victim at higher risk. Again, after Supervisory consultation, the Trainee must carefully document the action taken. The Trainee must contact his/her individual Supervisor within 24 hours, informing him/her of any changes in the situation and further actions to be taken.

### C. Suicide/Homicide Evaluation

The UCC Trainees do not provide after-hours or emergency services, and all referrals are informed of this limitation. Even so, there are occasions when an evaluation for dangerousness must occur. Whenever a client presents with strong suicidal or homicidal ideation, either at Intake or during treatment, the Supervisor should be informed immediately, before allowing the client to leave the Clinic.

#### ASK THE FOLLOWING QUESTIONS:

- a. Have you ever tried to hurt yourself? (i.e., cut yourself, jumped out of car, taken too many pills, etc). For homicidal thinking: Have you ever tried to physically harm someone else?
- b. Has anyone else in your family ever tried to commit suicide? If yes, ask who, how, and when. For homicidal thinking: Is there a family history of violence?
- c. Are you currently thinking of hurting yourself in any way? For Homicide: are you currently thinking or harming someone else? Who is that person?
- d. Have you made a plan? (Or ask: What lethal things could you do on the spur of the moment to hurt or kill yourself or someone else?) If the client has a plan, ask about details. Ask about availability to weapons or pills. Ask about availability of site (Are you alone? You say you plan to do this at home, how have you planned to be alone?). If the client expresses intent to harm someone else, the intended victim is to be notified that they are at risk. Also inform the client that you are required to inform the intended victim. Police must also be notified in this case. Document that the notifications took place.

If you judge the client to be at risk (even if low or moderate risk), follow the guidelines below.

1. Express your concern. Ask that the person make a no-harm contract with you until they see you (or another therapist). Ask the person to remove all weapons, pills, etc. from their home.
2. If they agree to a verbal no-harm contract, set up an appointment for them as soon as possible, but no later than the next day.
3. Ask if there is someone they can stay with or that can stay with them until they come in to see the Trainee. Ask for a telephone number to contact this person. Ask how they will handle it if they start feeling worse. Make sure the plan is viable.
4. And/or ask them to call in at regular intervals and let you know they are doing well. (They can leave a message on the Center voice-mail machine. Interval times may depend on your assessment of urgency. **MAKE SURE YOU ARE AVAILABLE TO TAKE CALLS OR CHECK MESSAGES!**)

5. INFORM YOUR SUPERVISOR OR THE UCC DIRECTOR IMMEDIATELY!!!! DOCUMENT THE STEPS YOU TOOK IN THE CLIENT'S CHART. MAKE SURE YOU ARE COMFORTABLE WITH THE CLIENT'S SAFETY.

IF THE ANSWERS TO QUESTIONS (c) AND (d) ARE "YES", YOU HAVE A HIGH SUICIDE/HOMICIDE RISK:

If the danger is immediate, keep the person in the Center until you have made an adequate safety plan (i.e. arranged for voluntary or involuntary hospitalization). If the client is on the telephone, keep them on the telephone and get information about their location if possible. Have another person in the University Counseling Center call the police (if the person is off-campus) or the Public Safety Department (if the person is on-campus) and have them sent to that location. If the person will not give you their address, the police can trace the call if you keep them on the line.

INFORM YOUR SUPERVISOR, CLINIC DIRECTOR, OR ANOTHER CLINIC SUPERVISOR IMMEDIATELY!!!! DOCUMENT THE STEPS YOU TOOK!!!!

If the danger is HIGH but NOT IMMEDIATE:

1. Ask for a safety and/or a no violence contract.
2. Ask for the number of a family member or friend that you can call to support them.
3. Ask them to come in immediately to the Center and see a Trainee or give them the Crisis Line (635-7000) or Emergency Room number for an immediate appointment.
4. Tell them you will call back in 30 minutes to see if they have made an appointment. Call and evaluate status at that time.

5. INFORM YOUR SUPERVISOR, CLINIC DIRECTOR, OR ANOTHER CLINIC SUPERVISOR IMMEDIATELY! DOCUMENT THE STEPS YOU TOOK!!!!

If you feel there is an immediate danger if the client leaves the Center, you are ethically responsible for preventing the client from leaving through all reasonable means without jeopardizing your own safety. If this happens, INFORM YOUR SUPERVISOR, CLINIC DIRECTOR, OR ANOTHER CLINIC SUPERVISOR IMMEDIATELY!!!! You may need to:

1. Call Public Safety Department (255-3111) to assist the individual to a hospital.
2. If a family member or friend says they will take the individual to a hospital, make sure they sign the Release Of Unsafe Client To A Third Party For Transportation To The Hospital agreement before they leave the Center.

DOCUMENT THE STEPS YOU TOOK IN YOUR PROGRESS NOTES!!!

\*\*\* If you are speaking with your client on the telephone, and are not in the Center, give the client these crisis Center or prevention numbers:

Pikes Peak Mental Health Center Crisis Response Team: 635-7000  
Suicide Prevention Partnership: 596-5433  
Memorial Emergency Services 365-2000

Penrose Hospital 776-5000  
Cedar Springs Psychiatric Hospital 633-4114

After you have given these numbers to your client, ask the client to repeat them to you to assure that they have recorded these numbers correctly.

**\*\*\* INFORM YOUR SUPERVISOR IMMEDIATELY! CAREFULLY DOCUMENT THE STEPS YOU TOOK!**

(To be followed when client(s) is/are unable to commit themselves to not harming themselves or others)

1. Assess the client carefully for homicidal/suicidal ideation. Ask directly about suicidal/homicidal ideation and plans.
2. Clients who are unable or unwilling to sign a Safety and/or No Violence Contract committing him/herself to not hurt him/herself or any other person should be considered for hospitalization. The Supervisor and the Trainee should assess the situation and determine possible methods of transport to the hospital (i.e. Public Safety Department, friend and/or family). There must be assurance that the client(s) and the transporter will be safe while going to the hospital.
3. If Public Safety Department, or an appropriate friend or relative cannot be recruited, contact the Colorado Springs Police Department by dialing 911. Inform the Police Dispatcher about the situation and tell him/her that you are requesting transport for a client to the nearest Emergency Room. Call 3111 to inform the Public Safety Department of your 911 call.
4. It is for the Supervisor to decide when the client will be told of the transport. Some clients will deal with this quite appropriately when hearing this early in the process. Other clients will benefit from hearing this only after the Police Officers have arrived, which will help to prevent the client from escalating. **REMEMBER**, it is always the Supervisor's decision to make. It is inappropriate for the Trainee to make this decision.
5. When informing the client that the police will provide the escort to the Hospital, inform the client that, if appropriate and after reviewing with the Supervisor, the Trainee can accompany them to the hospital. This will help to minimize emotional trauma and maximize cooperation. The Trainee and Supervisor should discuss if it is more appropriate for the Supervisor to accompany the client to the hospital. Non-licensed Trainees are not allowed to provide inpatient treatment. If appropriate, the Trainee can follow up with phone contact and, with releases, discuss the case with the hospital treatment staff.
6. As soon as the Trainee and/or the Supervisor returns to University Counseling Center, the situation and the interventions will be documented immediately.

## **VII. Client Records**

After the Intake Evaluation, a chart is made up for each client (see Dummy Chart in your training package for setup). It is the Trainee's responsibility to keep the chart organized and up-to-date.

The clinical record is a legal document that may be used in a court of law to support or defend treatment services provided. Therefore, it is essential to take your paperwork responsibilities seriously. All clinical documentation should be recorded on UCC templates and, in addition to the paper hard copy of the actual chart, an electronic version must be maintained on individual clinicians' data stick. Electronic private health information (PHI) must not be transmitted outside of the UCC. If handwritten charting is necessary, it is to be done in black ink only. Errors in charting should

have a single line through the mistake with your initials and the date. Never use white out to correct charting errors. Never alter the record after the fact. There shall be only one (1) record for each client receiving services at the University Counseling Center. When a couple is treated together, one chart should contain both individual's information. If one or both members of the couple seek individual treatment, then they should have individual charts, with cross-references to their couples treatment. Chart volumes will be cross referenced (e.g. each chart volume will have an outer sticker indicating the different UCC services the client is receiving) and alphabetized to enhance ease of access.

Client records will be stored in secured, locked file cabinets at the Center. ALL information about clients must be kept in the client files, located in the File Room. Recordings must be kept in your mailboxes in the Chart Room. All documentation related to clients is confidential and must remain on-site at all times. This includes written records, videotapes, digital voice recorders, and audiotapes. Progress notes must be completed immediately after the session. The Trainee and Supervisor must sign each progress note (see Progress Notes Form).

It is the Trainee's responsibility to ensure that their client's progress notes and chart records are up-to-date, completed accurately, and filed correctly. In order to file client records properly, it is necessary to have the client's name, chart number, and intake date on all charts. When a new client comes for intake, the Administrative Assistant will make the labels as he keeps the client list inside the front cover of the appointment book. Each clinician is responsible for notifying the Administrative Assistant of the status of each client (I: Intake; A: Active; T: Terminated), to be able to keep the client list up-to-date.

The intake package (Disclosure and Consent to Services form, Client Acknowledgement of Receipt of Notice of Privacy Practices, and Client Data Sheet) must be completed by the client at the client's first meeting with his or her assigned Trainee. The client will be offered to keep an unsigned copy, and the Trainee will place the other (signed) copy in the client file after it has been signed by the Supervisor.

In accordance with HIPAA regulations, clients will also receive a copy of the University Counseling Center's Notice of Privacy Practices at the first meeting. The client will complete a Client Acknowledgement of Receipt form at this time which is to be kept in the client file.

Release of Information forms, which are mailed or faxed, must be reviewed by the Supervisor and/or the Clinic Director prior to information being released. DO NOT fax or mail any client information to anyone, including the UCCS campus offices, without prior written approval from your Supervisor or the Director. When faxing client information, always include a cover page (they are in the folder next to the fax machine at the front desk) stating that attached data are PHI. If you are faxing information to an off-campus machine, only fax client data after calling ahead to verify the identity of the recipient.

Active and closed records will be filed separately. Staff or Trainees are not to remove records from Center premises under any circumstances. Only administrative and clinical staff will have access to Center records.

All records must be locked in the Chart room at night. No records, reports, test data, etc. may be left in desks, mailboxes, or any other open area. The file cabinets and chart room doors must also be locked at closing and when the Administrative Assistant station is unattended during business hours.

Client records shall be released from the Clinic's jurisdiction and safekeeping only under court order, subpoena, statute and/or only after the client has signed release forms specifically designating the conditions for the release of his or her records. Records will be secured in strictest confidentiality against use or tampering, loss, or defacement by unauthorized persons. Supervisors must always be consulted before records are released from UCC jurisdiction.

On occasion, clients may request to review their records. If such a request occurs, the request must first be discussed with the Supervisor. DO NOT RELEASE ANY INFORMATION TO CLIENTS WITHOUT FIRST DISCUSSING WITH

YOUR SUPERVISOR. Clients may request in writing copies of clinical evaluations and reports. Clients are not to be left alone with their records.

#### A. HIPAA

As part of the University of Colorado system, the UCC must follow HIPAA regulations regarding patient privacy. As of January 2009, the UCC is developing HIPAA compliant protocols for all operations at the Center. All Trainees will be required to complete two online HIPAA training courses offered through the University of Colorado Denver and Health Sciences Center (UCDHSC) Blackboard Online Training (<http://blackboard.cuonline.edu/webapps/portal/frameset.jsp>). The first course, HIPAA 101, is a comprehensive training course. The second course, 2006 HIPAA Update, is a shorter course that requires knowledge from the first course for completion. Upon completion of the second course, a certificate is awarded which must be printed and given to the Center Director as evidence of HIPAA training. The Director will announce the time frame for completion each semester for the new Trainees.

Formal HIPAA online training must be repeated every year. The Director will track each staff member's training date, register the staff member for the refresher course one month prior to expiration date, and provide regular training reminders until training is completed and documented with a new UCDHSC certificate.

Staff meetings will provide an opportunity to raise questions and concerns related to client privacy and Center security. Please bring up any issue that concerns you that the rest of us might have missed.

#### B. Computer Security

Although all computers at the University Counseling Center are password protected, because the UCC does not have a separate server to ensure electronic versions of PHI are secure from the rest of the campus, clinicians are not to store client information on the hard disks of their computers. Client information is NEVER to be e-mailed or transferred via disks or jump drives unless ALL identifiers have been stripped out and the case Supervisor's written approval is obtained.

To enhance security and protect client privacy, all computers should be set to go into a password-protected hibernation mode after 5 minutes of inactivity. Please check your computers to make sure this system is in effect.

#### C. Center Security

Any breaches in Center Security as outlined in Section II. 5. a.-f. guidelines or breaches in client confidentiality must be reported. A security breach reporting form is available in the Chart Room (along with other HIPAA required forms). Fill out the form and submit to the Director for review. The Director will make a copy of the form for records in the HIPAA Compliance manual. The Privacy Officer (currently the director) will discuss an appropriate course of action with the Center Director (such as refresher HIPAA training at the next staff meeting or posted signs to serve as reminders).

### VIII. Supervision

A variety of methods of supervision are available and will be employed for monitoring Trainee/client contact including:

- Presentation and discussion of cases in weekly supervision meetings. Bring recordings of sessions to each supervision meeting. Individual supervision should occur at least once per week for one hour.

- If the Trainee is in a UCC specialized training rotation, supervision will be included as part of the rotation.
- At the beginning of the training year, each Trainee will complete the Supervision Contract with his/her primary Supervisor.
- At the end of the Spring and Fall semesters, Trainees and their Supervisors will complete supervision and Trainee evaluation forms. Copies of these will be provided to the Clinic Director and Director of Clinical Training of the Trainee's department. The forms may vary based on the preferences of the department the Trainee is in.

## **IX. Log of Contacts and Progress Notes**

All client contacts (i.e. sessions, telephone calls, consultations, etc.) must be formally documented on the Nature of Contact form. In addition, any time client information is released or the client's case is discussed by phone or in person with an individual who is not on the UCC staff, a note must be made in the client's file on the Nature of Contact form. Extended and/or clinically significant phone conversations must be documented immediately and included in the file. Copies of fax cover sheets must also be kept in client's files as evidence of PHI disclosure.

Immediately following each session or client contact the Trainee should complete a Progress Note. This is a crucial clinical task. Progress Note entries are made for each session, even if the client does not attend. A notation of client cancellation (CC) or no-show (NS) would be made for the file as well as what was done (e.g., "client was called," "client called and said he will return next week"). Check up on your client's safety when dealing with cancellations and report it in the progress note (e.g., "client reported doing well, denies being suicidal."). All clinically significant phone contacts with the client should be documented in a Progress Note.

Progress Notes should be generated using the computer template, found in the Training and Orientation Folder. The hard copy is to be signed by the Trainee and Supervisor before filing. **IT IS NEVER APPROPRIATE TO USE CORRECTION FLUID ON PROGRESS NOTES OR ANY OTHER PAPERWORK THAT STAYS IN THE CLIENT'S FILE.** In the case of handwritten notes, any empty lines on the Progress Note should be crossed out, with a single line drawn through them. **REMEMBER:** judges, attorneys, medical doctors, school personnel, and clients may request copies of charts. They must be professionally completed, as they are legal documents. Sign all progress notes with your name, highest degree, and title. A Supervisor signature is required on all clinic documents.

**A.** At different times during the training year, treatment plans are due. Trainees and Supervisors are responsible for signing the Checklist of Document Charts form before any file is closed. Trainees must make sure all documents are complete and in order before they give the chart to their Supervisors for review. Supervisors must check that each item is completed and in order in the chart before they sign the Checklist of Document Charts.

\*\* It is Center policy that all Progress Notes are completed by the end of the day in which the service was provided. Please make sure that you have ample time to complete all documentation before you leave the Center. Timely and complete documentation is not only your ethical responsibility, it is also a legal requirement, and is the standard for professional conduct.

## **X. Receptionist**

All Trainees may occasionally be requested to serve as receptionist. This involves greeting clients, answering questions, and assuring peacefulness in and around the reception desk and waiting area. **CLIENT COMFORT IS ESSENTIAL.** Assuring it is the receptionist's responsibility. It is inappropriate to eat while at the reception desk. When assisting with reception desk responsibilities, Trainees are expected to help answer phones and direct messages to the appropriate staff or Trainee (voice mail if not personally available). Assisting with the front desk is important in allowing the Administrative Assistant to take breaks and continue to provide coverage for client services when the Administrative Assistant is at lunch, on vacation or is out ill, and to maintain communication

between UCC staff, clients, and community agencies. When necessary, the receptionist is to remind other Trainees and faculty that they should not "hang out" in the reception area. Other than scheduling appointments and paying fees, clients should not be visiting around the front desk.

A. Taking messages from prospective clients: Getting ready for intake

When a prospective client calls, fill out a phone message slip that includes the following information:

- Name of the caller;
- Date and time of the call;
- Phone number of the caller;
- Brief message regarding the reason of the call. This message must include the information about whether or not the call was an emergency call;
- Request of the caller (by checking one of the options on the right hand)
- Name of the person who took the call and wrote the message.

## **XI. Transfer and Termination Procedures**

At the end of each Practicum/Intern year, efforts will be made to transfer clients who have been served by outgoing Trainees to the new Trainees. It is likely that many clients will want to continue therapy after the Trainee's rotation has ended. In these cases, a Transfer is needed. There are no hard and fast rules for when to begin discussing transfers and termination with a client but a guideline is with at least 6 remaining sessions, check with the client regarding his/her desire to continue in therapy with a new Trainee. If your client(s) choose to transfer, inform the client(s) that every effort will be made to allow them to meet the new Practicum Trainee(s) in the last session. Clients are transferred during the last session of the year so they have an opportunity to meet the new Trainee and set up the first appointment. Also, Termination/Transfer Reports (template in the *Training and Orientation* folder) must be completed before a transferred client has his or her first session with their new therapist. The Administrative Assistant and Clinic Director together will assign transfer clients. Clients who are in crisis at the end of a rotation may be referred to another provider in order to assure the client's safety and wellbeing during the break. This decision is to be made by the Practicum Trainee in consultation with his/her individual Supervisor. These clients must be given appropriate emergency telephone numbers (i.e. shelters, hot-lines, etc.). Initial assignments of transfer cases begin at the May Staff Meeting and are confirmed before Trainees leave at the end of May.

Occasionally, a client requests a change of therapists during the course of treatment. When this occurs, case specifics should be reviewed with the Supervisor. If a transfer is made, then a Termination/Transfer Report should be completed.

Any time a client transfers or terminates the Administrative Assistant should be notified, to be able to keep the Client List up-to-date. Updates to the computer data base for each client's status will be done by the Administrative Assistant.

Trainees terminate clients when treatment is successful, when treatment is to be provided in another agency, or when clients no longer wish to participate in treatment. Trainees arrange or facilitate whatever follow-up may be necessary. To terminate a case, the Trainee completes a Termination/Transfer Report for any client seen for an intake and more than one treatment session. A progress note without an intake report is sufficient for cases where one or only intake session(s) occur.

Following the final (Termination or Transfer) session for each client, the Trainee should complete a Progress Note and a Termination/Transfer Report, also signed by the Supervisor. The Trainee is responsible for giving the chart that is ready to close to the Supervisor for review and final signature on the Checklist of Document Charts.

It is inappropriate and unethical for Trainees to agree or suggest that they will continue to see clients after their Practicum has formally ended. It may, however, be possible to extend your Practicum. If so desired, arrangements

should be made with the Clinic Director. Assignment of clients to new therapists will be the responsibility of the Clinic Director. Social contact with clients is not appropriate and not permitted.

## **XII. Public Relations**

Trainees will have opportunities to assist in on- and off-campus outreach activities, which can be counted toward practicum hours and which will enhance the practicum experience. These activities could involve workshops, seminars, public lectures, etc. Trainees will receive more details on these activities from the Clinic Director during orientation and the second week of training. Notification of outreach opportunities will also be presented at monthly staff meetings. If a Trainee is contacted by a media source regarding UCC or a UCC client, he or she should refer the matter to the Director.

## **XIII. Absences and Vacations**

If you are sick and cannot come into the Center on your scheduled day, let the office staff know in order to cancel your appointments. If not sick, you are responsible for re-scheduling your clients. Make sure to update the appointment book.

If you are away from the Clinic for any other reasons, absences should be arranged and approved by your Supervisor and the Director, and the office staff advised that you will not be here.

All Trainees/Interns are entitled to annual vacation time. This varies depending on the weekly training hours required. Pre-practicum Trainees who work less than 10 hours/week receive 1 day; Practicum Trainees who work between 10-20 hours per week receive 10-20 hours; and Interns who work between 20-40 hours per week have 20-40 hours to use during one semester. In addition to holidays recognized by the University, there are four weeks during the year when the UCC is closed. These are the last two weeks in June, and the Christmas and New Years weeks. You are encouraged to schedule your vacations around these times. During the training year, right before and during the finals weeks, and right before holidays, taking vacation time is strongly discouraged. Early July until the beginning of fall semester and early January are intensive training periods and much is lost by not being present at the Center at that time. May is also demanding as UCCS Trainees have increased stress due to finals, training winds down, clients are transferring to new clinicians, and new Trainees will begin to start assuming responsibilities of the Trainees who are finishing. Time away from the UCC due to attending professional conferences and trainings or to illness or family emergencies is not considered part of vacation days. When planning a vacation, you must secure approval from your Supervisor and UCC Director and complete the Vacation/Leave Request form. Vacation times are also to be recorded on the Central Scheduling Calendar located on the wall, behind the front desk. Once the days have been approved by your Supervisor, inform the Administrative Assistant of the days you will be away well in advance. A copy of the completed form is to be provided to the Director.

Extended Leaves of Absence will be reviewed with the Supervisor, UCC Director, and the Director of Clinical Training from the Trainee's academic department.

## **XIV. Communication with Primary Physician of Client**

It is good clinical practice for the Trainee to make an attempt to contact the primary Medical Doctor, especially for clients who indicate being under medical treatment, to discuss the nature of treatment at UCC and establish a collaborative relationship in the treatment of the client. Your client must agree to this and fill out a Request for Release and Exchange of Information form.

## **XV. Referral to Outside Specialists**

Per the ethical standards of mental health care service providers, knowing when to make referrals and making appropriate referrals is critical. The appropriate times for referrals fall under two categories:

1. There is a mental health care related need and the clinician is not able to provide immediate services to meet the need,

2. The services needed are outside of the clinician's scope of practice.

Keeping these principles in mind, the following are the situations we make referrals to outside specialists:

- Unfortunately very frequently there is a waitlist at the UCC for the clinical services. Therefore, because we are not able to meet the needs of the caller immediately, it is part of our standard procedure to make referrals using our community resource list, for all the callers who are in need of our clinical services.
- Because the Trainees provide services as a part of their academic program and licensure requirements, regardless of the continuing clinical needs of their clients, they leave UCC when they graduate or when they meet the requirements of licensure. Before each Trainee leaves the Center, they are responsible for making appropriate internal and outside referrals, to ensure a smooth transition for uninterrupted services.
- There are specialty areas (e.g. substance dependence treatments, psychopharmacological treatments) that may be outside the scope of the supervising clinician's practice and expertise. In these situations, the Trainees need to discuss the course of action that would clinically benefit the client most and make appropriate referrals.

## **XVI. Telephone Confidentiality**

Trainees must never give out personal telephone numbers (i.e. home, cellular, work) to the client. **THE ONLY PHONE NUMBER FOR CLIENTS TO USE IN CONTACTING THE TRAINEE IS THE CENTER'S NUMBER: 255-3265.** As an added safety measure, Trainees may desire to block their personal phones from Caller ID by dialing \*67 immediately before dialing the client's number. Use of cell phones for client contact is strongly discouraged since Center policy is that Trainees do not provide emergency or after hours services, both of which are often facilitated by cell phones.

When a Trainee contacts a client by telephone, s/he first must determine that the client is able to speak about his/her counseling concerns. Ask the client if s/he can speak freely. If this is not possible, the Trainee should arrange a time when s/he can call the client back.

When reaching a person other than the client on the telephone, Trainees must not give any indication of the nature of the call, or identify themselves except by first name, if pressed for a name (e.g., a male therapist calling for a female client may need to be sensitive to her husband's concern over the identity of the male caller). Trainees may not leave messages on answering machines or voice mail unless the client has given approval on message slip and/or the Client Data Sheet. The identification of incoming callers should be confirmed according to HIPAA regulations.

### **A. Electronic Confidentiality**

#### **"Protecting Online Identity and Personal Privacy**

We live in an age of unprecedented access to private information via the Internet and other electronic resources. Clinicians should be particularly aware of the fact that clients can obtain personal information about their therapists using the basic and common tools of the Internet. As such, you should be particularly cognizant about the type and nature of the personal information you make publicly available on the web. You should carefully consider how you use services such as Myspace, Facebook, Second Life or similar online venues. Keep in mind that you may also receive unsolicited electronic communications from your clients and you should consult with your Supervisor about how to address this if it does occur. When using your personal cell or home phone to contact a client, you should block the caller ID feature to prevent your client from having access to your personal number. Similarly, when calling clients on their cell phone, be aware that they may answer your call in a situation in which they are not comfortable speaking with you. You should ask your client whether you have reached them at an appropriate time to discuss clinical matters. Finally, you should discuss with your client their preferred method of being contacted

(email, mail, phone, cell phone) and whether their preferred medium is confidential (e.g. home phone shared with roommates)."

***DO NOT BREACH CLIENT CONFIDENTIALITY!***

**XVII. Facsimile (“Fax”) and Postal Service Policy**

In order to promote client confidentiality, faxing of client records should be avoided. Whenever possible, client records should be mailed after the Trainee has abided the following procedure:

- a. An authorization form (release of information form) is completed, signed, and dated by the client authorizing release of the material.
- b. The Clinic Director or Supervisor has been consulted and has approved of the release of information. Only the Clinic Director or Supervisor and in emergency cases, Ms. Rosemary Augustine, Sr. Assistant University Counsel (255-3820) are authorized to approve releases of information.

The Trainee will type a cover letter on Clinic stationery, have it signed by the therapist and Supervisor (or Clinic Director), and then copy the appropriate material and mail it to the recipient.

If faxing is approved by the Clinic Director or Supervisor, the Trainee or Administrative Assistant are to do the faxing. Per HIPAA guidelines, faxes should include a cover sheet stating that the attached data contain PHI (can be found in a folder beside the fax machine). Fax recipients must be phoned and identified prior to faxing the client data. The University Counseling Center fax cover sheet and the verification of transmission should be put in the client chart.

**XVIII. Authorization to Release/Obtain Information**

The Center will not release client information unless a Request For Release And Exchange Of Information Form has been completed and signed by the client, or if a release form has been received by the Center from a professional. ALL release forms received by the Center or by Trainees must be shown to and approved by the Clinic Director or Supervisor before any information can be sent out. **IT IS NEVER APPROPRIATE TO RELEASE CLIENT INFORMATION WITHOUT PROPER AUTHORIZATION SIGNED BY THE CLIENT.** This includes ANY information, including the fact that a client is being seen at the Center – this information is all considered by HIPAA guidelines to be PHI. Any unauthorized release of information is a breach of client confidentiality! When sending out information, make a copy of the signed Release Form and place the copy in the client’s chart. Mail the original. Document in a Progress Note when any information is released.

Information released about clients who are in couple or family therapy must be covered by a release form that includes all names of all persons involved in the therapy.

It is unethical, and may be illegal, to release information which did not originate at the University Counseling Center. Consult with the Clinic Director or your Supervisor.

Raw (test) data should only be released to professionals qualified to interpret the data.

The following are possible exceptions to the above policies regarding release of information and must be discussed with the Clinic Director or Supervisor prior to releasing information:

- a. Indication by the client of intent to physically harm him- or herself or another human being. In such cases the Trainee has a duty to warn either (a) the person who is likely to suffer the result of harmful behavior, (b) that person's family, (c) the family of the client who intends to harm

him/herself, (d) the appropriate legal agency, or (e) the client's treating psychologist or mental health professional.

b. Alleged elder or child abuse, in which case the Trainee has a responsibility to notify the appropriate authorities of such allegations.

c. A court order requiring release of information. **YOU SHOULD NEVER RELEASE INFORMATION WITHOUT FIRST NOTIFYING THE CLINIC DIRECTOR OR SUPERVISOR, WHO WILL THEN CONSULT WITH THE UNIVERSITY COUNSEL.** The client is notified that the court has ordered release of confidential information.

d. Information to probation officers, the courts (in cases of court mandated or court referred therapy), and/or social services as deemed necessary.

### **XIX. No-Show Procedures**

Follow-up telephone calls should be made regarding all cancelled appointments and all appointments for which the client does not appear ("no-shows"). The follow-up procedure should include:

a. Assessment of the client's well-being and potential to harm him/her self or others.

b. Offer of a new appointment.

c. Documentation on the Log of Contacts and on a Progress Note form that the client "no-showed," or cancelled within fewer than 24 hours. If the client cancelled at least 24 hours prior to the scheduled time, this should be documented in a Progress Note, including the reason for the missed appointment, the time of the new appointment, and indication of the client's safety status.

When unable to contact a client by telephone within one week, the following procedure should be followed by Trainees:

a. When safety is in doubt, after speaking with the individual Supervisor and checking with the Clinic Director, contact a police agency and request a welfare check for the client.

b. In other cases, a final attempt to contact the client must be made, with a clear deadline for the client to call back and an explanation that the file will be considered closed if the deadline is not observed. If the deadline is not observed, after reviewing the case with the individual Supervisor, write a Termination Report and close the client's file.

c. Repeated No-Shows or cancellations significantly diminish the likelihood of a favorable treatment outcome. Our guideline is to always discuss the reasons for missed appointments with the client. A maximum of three No-Shows, within a semester, can occur before the chart is considered closed. This is a guideline and should always be reviewed with the Supervisor.

It is the responsibility of the Trainee to inform the individual Supervisor about no-shows, late cancellations, or cancellations. This will enable the Supervisor to provide assistance to the Trainee for dealing with the situation.

### **XX. Court Procedures**

In cases in which a subpoena is served upon a Trainee, the Clinic Director will contact the issuing party and arrange for dismissal of the subpoena in lieu of the Clinic Director or Supervising Psychologist serving as witness for the University Counseling Center. The Clinic Director and the University Legal Counsel will review client records related to the subpoena. In most cases, Trainees may attend court proceedings as observers.

It is inappropriate for Trainees to release information to attorneys without written client consent and without first consulting with the Clinic Director, who will consult with University Legal Counsel prior to the release of information.

Whenever a subpoena is served to any University Counseling Center staff or Trainee, they must:

- a) inform the Clinic Director, and
- b) contact the University Legal Counsel, Rosemary Augustine, at 255-3820.

### **XXI. Non-Discrimination Policy**

It is the policy of the University Counseling Center to enhance the diversity of its clientele, Trainees, Supervisors, and staff. Diversity among Supervisors and staff helps to provide role models and mentors for Trainees, who will become the leaders of the future in academia and society-at-large. The Center takes explicit affirmative action to employ and advance qualified staff and Supervisors, train and advance qualified Trainees, and to serve clientele regardless of race, color, religion, national origin, sex, sexual orientation, age, disability, or veteran status.

The University Counseling Center is committed to providing reasonable accommodation and access to Supervisors, staff, Trainees, and clients who have disabilities. Anyone requiring such accommodation should make a request by informing the Director of UCC.

### **XXII. Sexual Harassment Policy**

The University Counseling Center does not tolerate sexual harassment by any staff member, Trainee, Supervisor, or client. Sexual harassment is an unlawful, discriminatory practice under Title VII. It has been defined as any unwelcome sexual advance, the request for a sexual favor, or any other verbal or physical conduct of a sexual nature that unfavorably affects the employee's work or produces an uncomfortable work setting. Sexual harassment of an individual occurs when:

- \* Submission to such conduct is made a term or condition of employment.
- \* Submission to or rejection of such conduct is used as the basis for making employment decisions about the individual.
- \* Such conduct has the effect of unreasonably interfering with the individual's work performance, or creates an intimidating, hostile or offensive working environment.

An employer is considered responsible for sexual harassment by any of his agents and Supervisory personnel. The employer also can be held responsible for the improper actions of co-workers and even of clients and customers if the employer knew or should have known of the conduct and did nothing about it.

The Supreme Court has ruled that consent on the part of the employee does not excuse such behavior; the determining factor is whether the employee finds the sexual advances unwelcome.

For a sexual harassment complaint to be upheld, the harassment has to be severe enough or pervasive enough to alter the conditions of an individual's employment and create an abusive working environment.

In a professional (Trainee/client) relationship, sexual intimacy is never appropriate, and is illegal in the state of Colorado. If sexual intimacy occurs in this context, it should be reported to the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, (303) 894-7766.

### **XXIII. Research Policy**

Trainees, Supervisors, and clients are encouraged, but not required, to participate in ongoing research projects at the Center. The UCC is supportive of clinical research and the integral role it plays in the training of scientist-practitioners. In cases where a Trainee's clinical research responsibilities increase, a temporary reduction in clinical service responsibilities can be negotiated with the Clinic Director, DCT of the Trainee's department, and Supervisor.

The University of Colorado at Colorado Springs' Institutional Review Board must approve all research projects through a formal review. Research at the Center could assist in improving client services, Trainee training, counseling efficacy, and the overall functioning of the Center. Research may also focus on normal and abnormal developmental processes and psychopathology.

Participation in all research conducted at the Center is optional for clients, Trainees, and Supervisors. Participation is voluntary and will not affect the level of service provided by the Center, the grade received by the Trainee, or employment at the Center.

Trainees are expected to know and abide by the APA ethical code and UCC Policies and Procedures for any research activity at the UCC.

### **XXIV. Gifts of Value**

Occasionally, clients desire to show their gratitude to Trainees, Supervisors, and/or the Clinic Director by giving gifts to the Center and/or the Trainee. Sometimes the gift giving is motivated by a desire to manipulate the Trainee and/or become a "favorite" of the Trainee. It is the policy of the University Counseling Center that GIFTS OF ANY MONETARY VALUE MAY NOT BE ACCEPTED BY TRAINEES OR STAFF. Trainees should express their appreciation for the generosity, but must explain to the giver that it is inappropriate for them to accept. Trainees may accept gifts such as poetry or drawings provided that the client's name is not on the gift. Trainees should explain this policy to clients prior to termination, thereby helping to avoid conflicts and hurt feelings.

### **XXV. Financial Policy**

The University Counseling Center has three fee schedules: clients whose financial aid need has been established by other University or government offices pay \$10.00 per 50-60 minute psychotherapy/evaluation session, when they provide proof of such financial aid approval; clients whose financial aid has not been established, pay \$20.00 per 50-60 minute psychotherapy/evaluation session. Fee for one-time emergency appointments will never exceed \$10.00, but will be determined on a case-by-case bases. Every attempt will be made to make reasonable financial accommodations for those who request services at the Center.

In the University Counseling Center Disclosure Form, clients are informed that they are responsible for paying for all sessions, and they must pay for missed sessions which are not cancelled at least 24 hours prior to the scheduled appointment (excepting emergencies).

The Trainee must confront clients who repeatedly fail to pay for therapy. The Trainee should try to determine if the fee is too high, or any other reason for the situation. The Trainee, under the direction of the Supervisor, is responsible for dealing with the problem and finding a solution.

Clients who are unable to pay for therapy should be informed that a reduction in the fee may be available. The Trainee will review the case with the Clinic Director who will determine if the client qualifies for a reduction in the fee. A meeting with the client and Director may be necessary.

## **XXVI. Drug & Alcohol Evaluation Procedure**

In most cases, potential clients with primary alcohol and/or substance abuse problems are referred for specialized treatment. Currently UCC has an addictions specialist on staff (Dr. Doug Smith), so after discussing the situation with Supervisors, these cases should be referred to the specialist. In the event that a current client presents with symptoms of alcohol or substance abuse, a drug and alcohol assessment is necessary.

Ask the following questions:

- a. What substance(s) do you currently use?
- b. What are your present substance use habits? (i.e. daily use, social use only, occasionally heavy use to the point of intoxication, or occasional light use not to the point of intoxication).
- c. When did you last take a drug or drink?
- d. Have you used drugs and/or alcohol daily in the past two months?
- e. Do you find it almost impossible to live without your drugs or alcohol?
- f. Are you always able to stop using drugs and/or alcohol when you want to?
- g. Where do you do most of your drinking or drug use (i.e. home, with friends, bars, restaurants, parties, social gatherings, etc.)?
- h. Do you drink or use drugs during your work day?
- i. Do most of your friends use like you do?
- j. With whom do you use drugs or drink? (i.e. alone, family, friends, neighbors, co-workers, strangers, etc.)
- k. Do you consider yourself to be a non-user, very light user, moderate user, fairly heavy user, or heavy user?
- l. Have any family or friends complained to you about your drug or alcohol use?
- m. Were your drug use or drinking habits ever different from what they are now?
- n. Has your drinking or drug use ever caused you to:
  - lose a job or have job problems?
  - have legal problems (DUI, arrest for possession, etc.)?
  - have medical problems related to your use?
  - have family problems or relationship problems?
  - be aggressive or violent?
- o. Have you ever neglected your obligations, family, or work for two or more days in a row because you were drinking or using drugs?
- p. Do you ever feel bad about things you have done while using?

q. People use alcohol and/or drugs for different reasons. Check any of the following that apply:

- It helps me to relax.
- It helps me to be more sociable.
- I like the effects.
- People that I know use drugs or drink.
- I use when I get angry or upset.
- I want to forget or escape.
- It helps to cheer me up.
- It makes me less tense or nervous.
- It makes me less sad or depressed.
- It helps me to function better.
- It helps me celebrate special occasions.

r. Have you tried to stop using drugs or alcohol in the past two months?

If yes, did you experience any medical or physical problems when you stopped?

s. Have you ever gone to anyone for help about your drinking or drug use?

t. Have you ever attended a meeting of Alcoholics Anonymous (AA), or any other self-help group because of your drug or alcohol use?

u. Do you feel you have an addiction to alcohol or drugs?

v. Do you want help with a drug or alcohol problem at this time?

After your client has answered these questions, and you suspect that your client does have an alcohol and/or drug problem, you need to set up a No Drug and/or Drinking Pledge (in Chart Documents and Templates file). It is the policy of the University Counseling Center that clients who sign the Pledge commit to regular attendance at AA and/or NA meetings. Your Supervisor and/or Clinic Director will determine the frequency of attendance. If your client prefers groups other than AA and NA, refer him/her to Rational Recovery and/or other substance abuse groups listed in sources such as the Yellow Book, the Center's resource folder in the *Commons File*, or by calling the local mental health Center crisis line.

If you suspect that your client has been abusing substances prior to coming to the session, you will ask:

- a. How did you get to the Center today?
- b. How much did you use/drink today?
- c. What did you use/drink today?

It is **inappropriate** to conduct therapy with a client who is under the influence of alcohol or drugs. In this situation, you must inform your client that you cannot have a regular session, and that you will meet at another time, when s/he is sober. You must determine:

- a. Is there a friend or relative available to give your client a safe ride home?
- b. Will the client be safe after s/he has gone home?
- c. If the client does not have a ride, the Trainee will call a taxi to take him/her home. If the client responds negatively and refuses to wait for the ride, the Trainee will inform the client that the Public Safety Department will be called to assist. Then the Supervisor will call x3111 and inform them that the client is under the influence and intending to drive home.
- d. If the client is willing to wait for a ride, inform the receptionist of the situation. The Supervisor and the Trainee must work together to assure that the client has safe transportation home.
- e. Make your Supervisor is aware of the situation and any ongoing events. Document everything carefully and thoroughly!

**A. Mandatory Drug/Alcohol Evaluation Related Referrals from Housing**

All mandatory referrals from Housing Department for drug and/or alcohol related evaluations go directly to the Addiction Specialist on staff (currently Dr. Doug Smith).

**XXVII. Unusual Incident Report**

An Unusual Incident Report (UIR) form is available in the Chart Documents and Templates folder to record incidents that fall outside normal clinic operations and that require the attention of the case Supervisor and Clinic Director. Examples would include: theft or illegal activity, client requiring medical attention, belligerent or other concerning behavior, etc. A hard copy must be provided to the Supervisor and Director and the original should be secured in the client's chart. If the incident did not involve clinic clients or staff but occurred in or around the UCC, the UIR should be left with the Clinic Director.

**XXVIII. Trainee/Intern Grievances Regarding Supervisors**

It is the policy of the Center that the following procedures must be adhered to in cases where Trainees have a grievance regarding their individual Supervisor:

- a. The Trainee must attempt to resolve the issue directly with the Supervisor.
- b. If the issue is not resolved, the Trainee and the Supervisor will arrange private meetings with the Clinic Director. If the Clinic Director is the Supervisor involved, the Director of Clinical Training at the Trainee's department will meet instead with the Trainee. Otherwise, the Clinic Director will consult with each party separately, and if necessary, will arrange a joint meeting of both parties and the Clinic Director for conflict resolution. Conclusions reached and solutions discussed will be carefully documented and kept in the Trainee's Practicum file.
- c. If no resolution can be achieved, the UCC Director will consult with the Director of Clinical Training, and a meeting may be arranged between the Trainee, Supervisor, Clinic Director, and Director of Clinical Training. Final decisions will be made at this meeting, carefully documented, and kept in the Trainee's Practicum file.

- d. In cases where a Trainee or an Intern's home program is outside of UCCS, their Director of Clinical Training would be notified and involved in any grievance activity.

### **XXIX. Supervisor Concerns/Difficulties with Trainees/Interns**

Individual Supervisors experiencing difficulties with supervisees (i.e. difficulty receiving feedback, poor clinical judgment, poor clinical performance, inappropriate behavior with clients, staff, Supervisors, or others) should make the Trainee aware of the concern and carefully document their observations and their conversations with the Trainee. At this point, the Clinic Director will be notified by the Supervisor of the difficulty. The Supervisors for that semester will meet together and discuss the Trainee-in-question's behavior, skills, and other pertinent information. A decision is then made by all Supervisors regarding what should occur. The Trainee's assigned individual Supervisor will then arrange a meeting between the Trainee and all or most of the Supervisors. The Trainee will be informed about the concerns of Supervisors, and the options available (if appropriate) to the Trainee to remediate the concerns. The meeting decisions will be documented, and placed in the Trainee's file. Regular video and live supervision will be done by the Individual Supervisors as well as by the Practicum Director, and if possible, the other Supervisors. The Supervisors will communicate on an ongoing basis with each other and with the Practicum Director. Careful documentation will be made by all Supervisors regarding the Trainee's development, behavior, and/or concerns, as well as the sessions observed and the "feedback" given. If additional concerns are voiced and/or no progress is observed, the Trainee will be informed of the consequences by the individual Supervisor and Clinic Director. The meeting is carefully documented and made part of the Trainee's file. The respective Director of Clinical Training for Trainees and Interns whose home programs are outside of UCCS would be involved in any grievance activity and remediation plan.

### **XXX. Client Grievances**

There is a standard procedure at UCC for client complaints that is outlined in detail in the Client Complaint Folder (can be found at the waiting area). A copy of any complaint filed by a client must be given to the Individual Supervisor and the Clinic Director. Each formal complaint must be entered in the Complaint Log, which is also in the complaint notebook. Please take time to review the Client Complaint Folder, to be informed of the standard client complaint procedures of the UCC.

### **XXXI. Referrals for Medication/Psychiatric Services**

The University Counseling Center regularly sees clients who are in need of psychiatric care. These clients should be referred to the Student Health Center (x 4444) or the appropriate psychiatrists. Telephone numbers may be obtained from the Resource List. Fees can vary greatly, and this issue should be explored prior to finalizing the referral. Referrals should be discussed in detail with the Supervisor or Clinic Director.

When the client is present in the Center, the Trainee might facilitate the referral by making the original contact with the Psychiatrist or the Student Health Center staff to make an appointment, and after identifying him/herself, and describing the situation, will hand the phone to the client.

If the client does not want assistance, the Trainee will provide the client with telephone numbers of at least three Psychiatrists. The Trainee will do a follow-up telephone call to the client to assure that the services have been scheduled.

### **XXXII. Trainee Evaluation**

Practicum Trainees will be formally evaluated by their Individual Supervisor on a variety of skills and activities at the end of each semester. Trainees also will formally evaluate themselves at the end of each semester. Maintenance of client contact hour logs and client records as well as attendance at and participation in Supervisory sessions and

staff meetings will be included in the evaluation. At the end of each semester, the Trainee and Supervisor will meet to discuss the evaluation. The Trainee will complete their self-evaluation and will bring it to a meeting with his/her Individual Supervisor. The Trainee will discuss his/her ratings with the Supervisor and will receive feedback on those ratings. The Supervisor will then complete his/her own evaluation. This will be the evaluation on record. Supervisors and Trainees will each sign the final copy of each evaluation. If ratings are satisfactory, plans will be made for continued growth and development. If ratings are unsatisfactory, plans will be made for improving the ratings. If the ratings remain unsatisfactory, a meeting will take place with the Practicum Trainee, the Individual Supervisor, and the Clinic Director of the Trainee's department, and specific plans will be made regarding (a) the Trainee's continued participation in Practicum and (b) the specific requirements to be implemented for the continuance of the Trainee's participation in Practicum. The decisions made at this meeting will be documented and a copy given to the Trainee. Practicum Trainees may be asked to complete an evaluation of their Practicum Supervisor and experience at the Center at the end of their Practicum, based on the requirements of their programs.

Evaluation forms may vary based on the preferences of the departments the Trainees come from. If the Trainee's department does not provide specific evaluation forms to UCC, UCCS Psychology Department's standard evaluation forms will be used for the process.

All Trainees will complete a Year End Review or Exit Interview with the Clinic Director before completion of their internship/practicum. This will be scheduled in the last two weeks of May and will involve about an hour focused on Trainee/Intern growth during the training year, areas for continued improvement, impressions about the training setting at the UCC and feedback for the Clinic Director.

The official Practicum Supervisor will assign grades for all Trainees. In cases when the Trainee receives supervision from someone other than the designated faculty member, the faculty member will assign the formal grade after consultation with the Supervisor.

### **FINAL THOUGHTS**

We hope that this Policy, Procedure, and Training Manual has provided you with a helpful introduction to the operations and policies of the University Counseling Center. We want your training experience here to be rewarding and positive. If there are questions you have or ideas about how to improve the training experience, please feel free to let us know. We wish you the best of luck and success as our Trainee and part of the UCC Clinical Team.

Enjoy the journey!!!