

Psychological Services & Research Centre (PSRC)

Student Handbook Draft

Summer, 2013

Acknowledgements: This manual was prepared with assistance from materials provided by the Association of Directors of Psychology Training Clinics, adptc.org.

TABLE OF CONTENTS

SECTION A - GENERAL INTRODUCTION

A1. PSRC MISSION	3
A2. PSRC OVERVIEW	4
A3. PHYSICAL SPACE & DAY-TO-DAY OPERATIONS	5

SECTION B - GUIDELINES FOR STUDENTS

B1. GENERAL INSTRUCTIONS FOR STUDENTS	9
B2. General Clinical Guidelines	13
Maintaining a Professional Atmosphere	13
Supervision	18
Videotaping Policies	19
Suicidality	20
Clinical or Medical Emergency	22
Violent or Threatening Client	23
Discharge Planning	24
Clinical Records	26
B3. Psychotherapy and Assessment Classes	29
Adult Therapy (OQ procedures)	30
Child Therapy (OQ procedures)	32
B4. Assessment Practica	35
Adult Assessment	35
Child Assessment	42
B5. Advanced PSRC Practicum	47
B6. Children at PSRC	48

A1. PSRC Mission

The Psychological Services & Research Centre (PSRC) is a non-profit clinical training and research facility run through the Department of Psychology at the University of Windsor. Clinical services (assessment, therapy, consultation) are provided by doctoral and masters' level graduate students who are completing clinical training under the supervision of Psychologists Registered in Ontario, most of whom are faculty members in the Department of Psychology. The three main goals of the PSRC are: (a) to provide professional training for Clinical Psychology graduate students, (b) to offer psychological services to the university and surrounding Windsor communities, and (c) to facilitate research conducted by Psychology graduate students and faculty.

In order to accomplish these goals and to meet all professional, ethical, legal, and fiscal requirements, a series of policies and procedures has evolved. The Policy and Procedures Manual is updated periodically to reflect PSRC policy and changes in the standards of practice.

It is the responsibility of all graduate student trainees to be fully cognizant of, and strive to adhere to, all current policies and procedures, including those described in the PSRC Policy and Procedures Manual.

A2. PSRC Overview

SERVICES & POPULATIONS SERVED

Most PSRC clients receive services from graduate student trainees who are taking various clinical assessment and psychotherapy courses in the Department of Psychology. Case assignments are made on the basis of student training needs and supervisory expertise, NOT on the basis of time or urgency. Most therapy clients at the PSRC are part- or full-time students at the university referred from the Student Counseling Centre. Therapy referrals from community agencies (e.g., Multi-cultural council, Children's Aid Society, LDAWE) are accepted as staffing permits, and most assessment clients are referred through community agencies. The level and types of services available at the PSRC depend on the specific assessment and intervention courses being offered at the time. Generally, individual psychotherapy appointments are available during fall and winter semesters. Specialized group therapy may also be available, depending on student training needs and supervisor availability. Assessment appointments are available throughout the academic year as a part of clinical coursework, with increased availability during the summer when practicum training in both adult and child assessment is offered.

The primary services of the PSRC are assessment and therapy. Emergency walk-in or crisis-oriented services for new clients **are not services offered at the PSRC**. While crises may arise during the course of treatment or assessment at the PSRC, such crises are expected to be infrequent. Procedures for handling emergency and crisis situations at the PSRC are described below.

Sensitivity to Diversity

A core value of the PSRC is to offer services and conduct research in an ethically responsible and culturally sensitive and responsive manner. Diversity in terms of gender, sexual orientation, linguistic, ethnic, national, religious, age, ability/disability, and socioeconomic differences is respected and valued in the training and the service delivery of this Centre. Such an emphasis is reflected in the diversity of clients served by the Centre which include international students and refugee clients. Student therapists participating in the PSRC advanced practicum are expected to have completed coursework in multicultural therapy/counseling offered in the Department of Psychology. Students should consult and adhere to

the guidelines of professional bodies for psychologists with respect to their conduct and practices: CPA (1996) Guidelines for Non-Discriminatory Practice; APA (1993) Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations; and APA (2003) Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists.

FEES POLICY

Individual and group psychotherapy is provided free of charge. All clients, however, are charged a \$10.00 rebooking fee for failing to give 24-hours advance notice of cancelled appointments. It is the responsibility of the Student Therapist to inform the Office Coordinator that the client is a late cancellation or a no-show, and the Office Coordinator will have responsibility for collecting the rebooking fee.

Psychological assessment services are offered on a fee-for-service basis with a sliding fee scale available to individuals with demonstrated need. Fees are relatively low compared to comparable services available elsewhere in the community.

Revenue generated by fee-for-service assessments is used primarily to purchase testing materials and other supplies needed to support the assessment program. Revenue generated by assessment services may also be used to pay non-faculty clinical supervisors, to support clinical colloquia, to pay annual fees for PSRC membership in clinical associations, and so on.

A3. Physical Space & Day-to-Day Operations

The PSRC is the main clinical training and research facility for the Psychology Department. It is located in three neighbouring houses on Sunset Avenue. The main house (326 Sunset Avenue) is where the PSRC Director, Clinical Supervisor, and Office Coordinator are located, and it also houses therapy rooms, a conference/meeting room, clinic files, and office equipment. The middle house (332 Sunset Avenue) is used primarily for research in clinical neuropsychology. The third house (336 Sunset Avenue) contains therapy and assessment rooms, student work areas, and observation and meeting rooms.

A total of six therapy or assessment rooms are set up for video-recording (three at 326 Sunset Avenue and three at 336 Sunset Avenue). One of the three rooms at 336 Sunset is accessible. A small assessment room with a desktop computer is

also located at 336 Sunset Avenue. The latter room is not set up for video-recording. These rooms must be reserved through the Office Coordinator.

Personnel

- **PSRC Director:** The director position is part-time and rotates among the faculty in clinical psychology. The director is responsible for administrative aspects of the PSRC, such as policy and procedure, record keeping, and supervising personnel.
- **Clinical Supervisor:** The clinical supervisor is a Registered Psychologist employed at the PSRC on a part-time basis. Major duties involve clinical supervision of M.A. and Ph.D. level students completing therapy or assessment practica at the PSRC. The supervisor is also involved in developing and implementing clinical training goals within the department, as well as in facilitating clinical research at the PSRC.
- **Office Coordinator:** The office coordinator is the only full-time employee at the PSRC. The coordinator oversees the day-to-day operations of the PSRC, including maintenance and shredding of clinical records according to College regulations, coordinating appointments and room schedules, collecting and depositing fees, liaison between referral sources and PSRC (e.g., tracking referrals from Student Counselling Centre and providing feedback when therapy classes are full and can accept no more referrals; answering the phone and providing information regarding services offered and terms), keeping the file room secure and monitoring for incoming confidential faxes, monitoring physical conditions and needed repairs or supplies for the buildings, keeping records of PSRC finances and activities, and assisting with development of and administration of Clinic forms.
- **Faculty Supervisors:** Faculty members teaching therapy or assessment courses are the primary supervisors for their students. If the primary supervisor is unavailable, there is a system of back-up supervisors available to students. Contact information for back-up supervisors is available from the Office Coordinator.
- **Advanced PSRC Practicum Students:** Senior Ph.D. level students are also available to assist less advanced students with non-emergency clinical questions and to support the office coordinator as needed, such as brief assessment and referral of walk-ins. Contact information for these student supervisors is available from the Office Coordinator.

Clinic Operations

- The PSRC is open year-round Monday through Friday from 8:30 to 4:30pm. Please note that the PSRC is closed each day from noon to 1pm so that the Office Coordinator can take a lunch break. Unless it is an emergency situation, please do not ask the coordinator to leave for lunch late or to return early. Appointments are generally booked within these business hours, but exceptions can be made to meet client needs, as long as arrangements can be made so that another person (another practicum student or supervisor) is present in the building for the duration of the meeting, AND the student's supervisor and back-up supervisor have agreed to be available at least by phone during the appointment.
- PSRC client records, the fax machine, and testing equipment are kept secure under lock and key. If you need access to records or equipment that is locked away, the Office Coordinator can give you access as appropriate.
- Please note that PSRC equipment (i.e., copy machine, fax machine, testing equipment, computers) are to be used for activities related to PSRC clients only. Codes for accessing computers, lock boxes, and rooms will be provided to students completing the Advanced PSRC and Summer Assessment Practica.

Activities at PSRC

- **Classes, Meetings:** The space at the PSRC is shared by the entire Psychology Department and has been reserved from time-to-time for diverse activities, including Applied Social internship, research, and class meetings. Students in the three clinical tracks often use PSRC space for clinical interviewing practice, seeing clients for their therapy classes, learning test administration, or assessing clients for assessment classes or practicum. Students in all tracks have also used PSRC space for collecting research data.
- **Advanced PSRC Practicum:** Students in the Adult track are required to take the Advanced PSRC Practicum in Fall and Winter terms of their 4th year. If there are unfilled positions, the practicum is available to Child or Neuropsychology students as well. Students in the Advanced PSRC Practicum receive intense training in integrative psychotherapy under the supervision of the Clinical Supervisor and the faculty members teaching 715 and 692/3. The placement is 20 hours per week. Students are encouraged to limit their time at PSRC to 20 hours and to reserve Fridays for dissertation progress. The students have a communal office at 336 Sunset, a separate large quiet room that is shared space for writing reports, access to a large

sunroom for meetings and case conferences, and two therapy rooms on the second floor and one on the first floor that may be scheduled for videotaping their sessions. In addition to undergraduate referrals from the Student Counselling Centre, these students have the opportunity to work with refugee clients from the Multi-Cultural Council, often with an interpreter, as well as opportunities to do group therapy on and off campus. These students are on-call one day per week as back-up for the Office Coordinator and on-site advisors for M.A. level students.

- **Assessment and Supervision Practica:** Adult and child assessment practicum opportunities are available during the summer at the PSRC. During Fall and Winter terms, adult assessment practicum opportunities are available on a more limited basis depending on referral and supervisor availability. **Students completing practicum** involving the assessment of children and adolescents are supervised by a Registered Psychologist with child clinical specialization. Students in the second year of the Child Clinical track are required to complete this summer practicum. Students whose training and career goals may be better met at another placement are required to apply to Child Clinical faculty for an exception to the requirement in fall of their second year. If there are unfilled positions, the practicum is available to Adult Clinical or Neuropsychology students as well. Referrals for the assessment practicum programs primarily come from local community sources, such as the Learning Disabilities Association and local physicians and pediatricians. During the summer, the Clinical Supervisor teaches a Supervision and Consultation seminar to Ph.D. level practicum students with prior assessment experience who provide supervision to less experienced students completing a practicum involving psychoeducational assessment of adults or children at the PSRC. These experiences are available to students from each of the three clinical tracks.
- **Student Responsibilities with Practica:** It is the responsibility of the student to ensure that approval has been received from the Practicum Coordinator before beginning a practicum placement. It is also the responsibility of the student to ensure that no client contact takes place outside of the dates included on the practicum application; otherwise, the student will not have liability insurance coverage.

B1. General Instructions for Students

Office Coordinator: Paulette Lafleur-Fleming

- The Office Coordinator is the only full-time employee at the PSRC, and is quite busy with many responsibilities. The coordinator is likely to be particularly occupied during the 15 minutes before therapy sessions begin due to checking in clients and helping them with paper-work and computerized tests. If possible, it is important that students avoid making extra requests or chatting socially with her during these times.
- The Office Coordinator has responsibility for building security, including making sure that only authorized personnel are in building. Each time you enter the PSRC, it is important to wait at the front desk until the Office Coordinator acknowledges you and then to introduce yourself and inform the coordinator of the purpose of your visit. The coordinator works with a large volume of new clients and new students, particularly at the beginning of each term, so please do not expect the coordinator to remember your name or the purpose of your visit after only one or two introductions.

Making appointments, booking rooms, getting equipment and files

- Making appointments with clients: Scheduling appointments can be challenging, particularly for assessment sessions that often do not occur at regular intervals as they do with therapy sessions. Although it may be cumbersome to find mutually agreeable times, please refrain from contacting the client through e-mail or your personal phone – use a phone at the PSRC if necessary. It is best if the PSRC Office Coordinator handles contacting and scheduling client meetings, as she is aware of other bookings in the centre.

If there is a need to change a scheduled appointment and the client is present, stop by the Office Coordinator's desk with the client and request a mutually acceptable day and time when there is a room available. If the client is not present, give the Office Coordinator a list of possible days and times and ask the Coordinator to re-schedule the appointment for you. You may call the client to re-schedule your self, but use a PSRC phone rather than your personal phone and first consult with the Office Coordinator regarding room availability.

- Missed appointments: It is the policy of the PSRC to charge a \$10.00 rebooking fee to clients who no show or cancel with less than 24 hours' notice. If a client no shows for two consecutive appointments, s/he is assumed to no longer require service. In the event that the client requests further service, decisions are made on a case by case basis in consultation with the primary supervisor. As with scheduling initial appointments, it is best that the Office Coordinator contact clients regarding missed appointments and re-scheduling.
- Cancelled appointments (therapy clients): At intake, the Office Coordinator will set up the client's e-mail so that all contacts from the client are automatically routed to both the therapist and the Office Coordinator. Consequently, the therapist may be informed of cancellations in a timely manner rather than waiting for the Office Coordinator to forward the e-mail during regular business hours.

The Office Coordinator should be informed of all missed or cancelled appointments. The Office Coordinator collects any rebooking fees. No show/late cancellation fees may be waived on a case by case basis with approval by the student clinician and primary supervisor.

- Premature or early terminations: If your client discontinues treatment early, please inform the Office Coordinator as soon as possible. The PSRC Therapy Termination Report should be completed in consultation with your supervisor and handed in to the Office Coordinator.
- Appointments after hours: It is best to make appointments during regular business hours when the Office Coordinator and other personnel are present, but it may be necessary to book appointments after hours in some situations. It is PSRC policy that no student clinician should be in session with a client when no one else is at the Clinic. If it is necessary to book a client outside of regular hours, use a buddy system (e.g., ask another student to work in the building during the session, or schedule the appointment at the same time as another clinician). Please note that the "buddy" is responsible for staying for the entire session. For example, if two clinicians book appointments after hours, and the client cancels for one, it is still necessary for both clinicians to remain in the building until the session is finished. Before booking an appointment after hours, it is also necessary to check with your supervisor and the back-up supervisor, both of whom must agree to be available at least by phone during the appointment.

- Reviewing client data: When you need a client file, the Office Coordinator will retrieve it for you. Do not write the client's name in your notes or on any forms. The client's name will be included when your report is ready for filing. The client's file is not to leave the building. The Office Coordinator will direct you to a quiet room in the building where you can review the file. (Exception: Advanced Practicum students may ask the Office Coordinator for the key and remove client files they need and take them to 336 Sunset, but all files must be returned the same day before the office closes or kept in the locked file cabinet at 336 Sunset.)
- Therapy "hours": Therapy hours are scheduled for 50 minutes. You should end your appointment at 45 minutes so that you can use the remaining 5 minutes for completion of post-session measures. Ten minutes are left free between appointments so that you can clear the room and the next party can come in and set the room up for his/her appointment. If your client is in crisis or needs more time to complete post-session measures, you should still leave the room on time and escort your client to the back-up room reserved for such purposes. The Office Coordinator can tell you which room is the back-up room.
Please note that sessions begin on the hour in the morning (9am, 10am, 11am), but on the quarter hour in the afternoon (1:15pm, 2:15pm, 3:15pm). The Office Coordinator has lunch from noon to 1pm, so starting afternoon appointments at 1:15pm gives student clinicians time to prepare for session and gives clients time for completing pre-session measures. **Please note that clients are told to arrive 15 minutes prior to your scheduled appointment time so that pre-session measures can be completed.**

Housekeeping issues (parking, office supplies, neatness)

- Office supplies, copying: Office supplies, copying and fax machines, and a printer are available at 326 Sunset. Please note that they are to be used only for purposes related to your clients. If you are uncertain about whether you are making appropriate use of supplies and equipment, consult with the Office Coordinator.
- Parking: PSRC **parking spaces** are reserved for the Office Coordinator and for clients with disabilities and supervisors, when space permits. It is PSRC policy **that students are not allowed to park in the clinic spaces.**
- Housekeeping: Please remember that the PSRC is used for many different activities and clients. It can quickly fall into disarray if all users are not careful to leave the space as they found it. If you notice a housekeeping

issue or depleted supplies, please inform the Office Coordinator immediately. In addition, please attend to the following guidelines:

- Clients are entitled to a therapeutic environment that is neat and consistent. Therefore, it is very important to return all therapy and assessment rooms to their original condition before leaving the room, including moving assessment tables and chairs back where they were initially positioned, throwing away used Kleenex and other trash, etc. For example, there is a portable testing table in the closet in room 222. After use, it should be returned to the closet.
- After your clients leave, check the waiting room and straighten it up (e.g., organize books or toys your client used) and throw out trash as needed so that the waiting room presents a professional appearance for the next clients.
- Eating is prohibited and drinking is generally discouraged in the therapy and assessment rooms, although in some circumstances adult clients may be permitted to drink beverages (e.g., to put clients referred from the Multi-Cultural Council at ease). In those instances, use the disposable cups supplied in the main house. If by chance, something spills, please clean it up immediately and notify the Office Coordinator if additional maintenance service is required.
- If you drink beverages or eat meals at PSRC, please bring your own dishes and clean up after yourself.
- Tissues are often needed during sessions. If you notice that the supply is running low in the room, please replace the box before it is empty. The office coordinator may not be aware that any particular room may have run out.
- Please return all assessment materials or other items borrowed from the PSRC (e.g., netbook, scoring templates) immediately following their use so that others may have access to them. It is vital that all components of the assessment material be kept together and returned to the correct location.
- Please turn off all lights/air conditioners/fans, and the white noise generator if you are the last one in a therapy room. In addition to wasting power, un-monitored electricity use poses a fire hazard in these old buildings.

B2. General Clinical Guidelines

Maintaining a Professional Atmosphere

The PSRC is a professional clinic and, as such, requires a level of professionalism that may not be necessary everywhere else on campus. As a consequence, student trainees may need to modify their attire and/or behaviour when they are in the clinic. Adherence to the policies below will allow us to provide respectful and professional services.

a. Professional Attire

Although there is no official dress code enforced at the PSRC, you are reminded that your attire may affect your credibility or unknowingly offend or distract your client. Please monitor your appearance when meeting with clients as their impression of you may affect their comfort level and behaviour. Your clothing and accessories (e.g., watches, jewelry) should not impede the administration of assessment measures or distract the client from the task at hand. When you spend time at the PSRC on days that you do not have appointments with clients (e.g., report writing), you still should be conscientious regarding your appearance. You should aim to preserve a professional atmosphere at all times.

Please note that not only can your clothing choices undermine your credibility (e.g., overly casual or disheveled clothing), your attire can also be a form of self-disclosure (e.g., certain types of jewelry, religious symbols, tattoos, etc.). Self-disclosure to clients should be done in a conscious and deliberate manner with the client's best interests in mind. While there are rarely "absolutes," it is a good idea to consider the message(s) you might be sending about yourself to PSRC clients. When in doubt, seek consultation from your supervisor as to whether your choices are appropriate to the professional role.

When clients come to the PSRC, they are looking for professional help. Dressing appropriately enhances your credibility and gives your clients confidence that you may be able to help them. Check with your colleagues or your clinical supervisor if you are unsure about what constitutes reasonably professional attire. ***You should be aware that it is within your supervisor's purview to comment on your attire if it does not appear suitable for clinical work.***

b. Professional Behaviour

When in the vicinity of the PSRC or around the PSRC office areas, please keep in mind that clients may very well be within view or earshot. Be mindful of our less than optimal sound-proofing. Observing the following guidelines will help you avoid inadvertently upsetting the client who may think you could be talking about him/her.

- All services available at the PSRC are confidential, and Psychologists are required to protect a client's right to privacy. All clients are assigned a case number and you are to use this number instead of their name in all e-mail communication and on reports until the report is finalized for printing. When greeting clients in the waiting areas, please refer to them by first name only.
- Do not discuss clients or even clinical material from courses in the halls. As part of group supervision, you may be privy to details of your peers' clients. Please refrain from discussing any client information in public areas.
- Do not discuss clients in any public place.
- When you are in the PSRC video room or observation room, remember that clients may be nearby. Boisterous talk or laughter is not appropriate. Remember to close the door if you are listening to videotapes.
- Boisterous talking and laughter are not appropriate in the waiting rooms or in the hallways or doorways by therapy rooms.
- Use a soft voice and take care to close doors softly when sessions are in progress.
- Always plug in the white noise generator before entering the therapy or assessment room.
- Make sure that all confidential information (e.g., sd card, clinical notes) are removed from the room at the end of the session.
- Leave therapy and assessment rooms in tidy and functional order when finished with a session. Dispose of coffee cups, tissues, paper, and other debris before leaving.
- Be cognizant of time limits, particularly when other clinicians are scheduled in the same room immediately after you. Ten minutes are

left free between appointments so that you can clear the room and the next party can come in and set the room up for his/her appointment. You should end your appointment at 45 minutes and use the remaining 5 minutes for completion of post-session measures. If your client is in crisis or needs more time to complete measures, you should still leave the room on time and escort your client to the back-up room reserved for such purposes. The Office Coordinator can tell you which room is reserved for back-up.

- Restrict eating and drinking to the student offices and conference rooms, to the extent possible.
- The front desk is a professional workspace for the office coordinator. It is important for clinicians to respect this space. Permission should be requested before utilizing the front desk area for activities other than brief routine tasks (collecting fees, answering the phone, etc.). There is an additional PSRC phone in the kitchen in the back that can be used more privately.
- Confidential information should **never** be discussed in the front desk area, and socializing at the front desk should be kept to a minimum. Clients should be addressed by first name only in order to protect privacy.
- Please use good professional judgment by refraining from discussing therapeutic issues with your client while entering or leaving the therapy or assessment room. You should restrict your public discussions to polite small talk.

c. **Maintaining Boundaries**

- The importance of maintaining a professional boundary between yourself and your clients cannot be stressed enough. At times during a psychotherapy session or assessment, it may be tempting to self-disclose as a means of building or maintaining rapport with the client. Always be mindful of the purpose of the appointment and the consequences of sharing personal information. If you feel the need to self-disclose, first consider the potential benefits and drawbacks of the disclosure and whether the benefits could be obtained through other means.

d. Clients from the Community

- Most clients at the PSRC are from the student population, but there are also clients from the Windsor-Essex Community. Students in the PSRC Advanced Practicum have refugee clients referred from the Windsor Multi-Cultural Council. In addition, assessments at the PSRC are open to the student population as well as the Windsor-Essex community. Community members may be less familiar with the campus or may have to travel farther to make their appointments. Please be flexible and courteous to clients who may arrive late for their scheduled appointments.
- Please explain clearly the parking issues and give them several possibilities: lot R (located at Askin/University), lot W (located behind Toldo building), as well as street parking. Also provide them with parking fee information so that they are prepared.
- Community members may be wary of having a student conduct their assessment, thus dressing appropriately and upholding professional boundaries may prove even more important with this population.

e. Implications of Publicly Available Personal Information

The information presented below was generated by the Council of University Directors of Clinical Psychology to assist you in considering the implications of various forms of electronic information that might be easily accessible to the public. You should seek to identify and manage various forms of unintentional self-disclosure.

- Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
- Clients are conducting web-based searches on trainees' names and finding information about therapists (and, sometimes, declining to come to clinics based on what they find).
- Potential employers are conducting on-line searches of potential employees prior to interviews and job offers.
- Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites

such as photographs, but text may also alert authorities to investigate further.

- Postings to certain listservs might reflect poorly on oneself and the program.
- Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will ever end up and might affect how others view you as a professional. Quotations on personal philosophy quotations, religious beliefs, and political attitudes might evoke adverse reactions from other people.
- Answering machine messages might be entertaining to your peers, express your individuality, and reflect your sense of humor. However, greetings on voicemail services and answering machines should be thoughtfully constructed. If you ever use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.
- A number of negative episodes have been documented in training programs and at universities where graduate students have been negatively affected by material on their websites, in emails, and on answering machine messages.
- Information that seems to be fun, informative, and candid may put both the student and the program and the student in a bad light. What might be seen as “private” self-disclosure indicating your perceptions of yourself among friends is actually very public. This includes blogs, webpages, personal pages in FaceBook and MySpace and other social networking sites. Anything on the World Wide Web is potentially available to all who seek.
- Trainees are reminded that as graduate students in our program, we have both interest in and expectations about how you portray yourself. You are encouraged to review your internet postings and consider whether there is anything that you would not want program faculty, internship interviewers, employers, family, or clients to read or view. Students are advised to engage in "safe" web practices and be conscious of maintaining professional demeanor and presentations.

f. Timeliness

- It is your professional responsibility is to respond promptly to any and all memos or e-mails sent to you by PSRC personnel. Please check your e-mail account at least once a day to make sure that

you are current with information and questions relevant to your clinical cases.

- Timeliness is also especially important in beginning and ending all sessions as scheduled. Aside from this being a matter of good clinical practice, other clients and their clinicians may be waiting to use the room.
- It is also very important that clinical record keeping be completed in a timely manner. Failure to do so is unprofessional and potentially unethical as poor record keeping may adversely affect the client's treatment in an emergency situation.

^Clinical Guidelines and Procedures

- a. **Supervision Mandate:** Supervision at PSRC is guided by the College of Psychologists Standards for Supervision of non-registered personnel. Supervisors must be authorized to practice within the activities, areas, and client groups that student therapists they will be supervising are working. The PSRC recognizes its responsibility in supervision to protect client welfare while facilitating professional development.
- b. **Informing Clients About Supervision.** All clients involved in therapy or assessments at the PSRC with Student Therapists/Assessors must be informed that the therapy/assessment is being provided under supervision. Clients should also be informed who the primary supervisor is, that they have the right to meet the supervisor if they choose, and that they can contact the supervisor if they have any concerns about their therapy/assessment through the PSRC Office Coordinator.
- c. **Contact with Supervisors:**
 - When you need to consult a supervisor beyond your regularly scheduled supervision time, your primary supervisor on the case is the first choice as that person is familiar with the client's history and response to interventions.
 - If the primary supervisor is unavailable and you need a consultation right away, contact the back-up supervisor for that day

(See the Office Coordinator for a current list of back-up supervisors and their contact information).

- If the primary supervisor is unavailable and you need a consultation right away, contact the back-up supervisor for that day (See the Office Coordinator for a current list of back-up supervisors and their contact information).
- If neither the primary nor back-up supervisor is available, contact the PSRC Director.
- **In the event that none of the above individuals are accessible, contact the Psychology Department and ask to speak to any available Clinical Psychology faculty member.**

d. **Maximizing Benefits of Supervision:**

- Your supervisors will attempt to provide you with the most effective supervision possible, and the supervision will be tailored to meet each student's individual needs. However, if you have concerns about specific aspects of your performance or would like to focus on something in particular, feel free to ask your supervisor to modify his/her supervision accordingly. Communication with your supervisors is crucial; the best way to get the learning experience that you want out of a practicum is to ask for it. PSRC supervisors are open to suggestions and will do their best to accommodate your needs. Your professional and personal development (e.g., learning what kind of clients you work with best/worst) are important components of the graduate school experience and these are appropriate matters to focus on during supervision. Supervision does not have to focus exclusively on matters related to current clients.
- **Problems or Concerns:** As noted above, communication is crucial. If you have a problem or concern with the supervision that you are receiving, please raise it with your supervisor. If you have a particular problem with a supervisor and have not been able to resolve the issue with your supervisor, it would be appropriate to contact the PSRC director or the Clinical Training Director. Ultimately, being assertive and addressing concerns directly will be to your benefit, not only in this practicum, but in your professional development.

e. **Videotaping Policies:**

- All individual therapy sessions with clients at the PSRC must be videotaped for purposes of supervision. Videotaping is an important

part of the supervision, and helps to improve the quality of services. Videotapes are considered part of the working file, and as such, are to be treated with the same concern for confidentiality as other parts of the client file. Videotapes are used for supervision purposes only, so all videotapes will be erased after the end of supervision for that client.

- SD memory cards for videotaping are available from the Office Coordinator, and each therapy room is set up with a camera and instructions for use. It is helpful to check your SD card before the session begins because the cards can fail after repeated use. Each student will be assigned a specific SD card that must be returned to the Office Coordinator after the therapy session. **The SD cards are not to leave the building.**
- Client data removed from the Centre, including recordings of sessions needed for supervision, must have all identifying data removed (in the case of assessment files) and/or be stored on an encrypted device or saved using encrypted software. Students may opt to purchase an encrypted storage device for their own use or to download and use free encryption software. Instructions for downloading and using encryption software are included in the Clinical Records section below.
- Encrypted files that are removed from the building for supervision may be de-encrypted during supervision or for private viewing for clinical purposes by the therapist, but they must not be saved in de-encrypted form.
- At the end of the semester or practicum placement, each student trainee must check to see that all clinical data are erased from his/her assigned SD card.

f. Suicidality

- The general guideline in dealing with suicidal risk in clients is to consult with a supervisor or other clinician.
- All students conducting clinical work should be alert and responsive throughout their work to the assessment and treatment of suicidal ideation and intent in clients. While there are measures and tools to help assess suicidal risk, they do not alleviate the need for careful clinical work conducted with appropriate supervision/consultation. Further information on suicide risk assessment can be found at: <http://www.suicideprevention.ca/about-suicide/risk-assessemnt/>

35 Years of Working with Suicidal Patients: Lessons Learned.
Donald Meichenbaum. *Canadian Psychology*, Vol 46(2), May 2005,
64-72.

- It is not unusual for clients in therapy to have some level of suicidal ideation, and an attempt should be made to create a therapeutic relationship in which such matters can be discussed. Many times clients have suicidal thoughts, but have reasons they would not carry them out. Students should familiarize themselves with the literature on suicidal risk and protective factors, so they are more comfortable in being able to assess level of suicidal risk.
- In the majority of cases, suicidal ideation can be managed in outpatient therapy with clients by enhancing protective factors, working on decreasing symptoms and distress, and developing safety plans. Clients who have suicidal ideation should be given contact information for local crisis services (Community Crisis Centre, Distress Centre), and encouraged to utilize these resources if their level of suicidal intent changes. Safety plans may include: removing access or making access more difficult to means, having family or close friends who are aware of the risk be part of a support network, having the client stay with someone else temporarily, verbally contracting with the client on safety until the next appointment. Clinical decisions regarding managing suicidal risk should be discussed regularly with your supervisor.
- The no-harm contract is not recommended for use with new patients, or with psychotic or impulsive patients. (Source: APA Practice Guideline, *Psychiatric Annals*, 34:5, May, 2004.)
- Concerns about imminent suicidal risk should be identified by assessing the level of suicidal ideation, whether there is a suicidal plan, the availability of means to carry out the plan, and whether the client is willing to engage in a robust safety plan.
- If there is some question about whether there is an imminent suicidal risk in a client, contact a supervisor immediately. If your supervisor is not available, contact the back-up supervisor (list available through Office Coordinator), the PSRC director, the PSRC Clinical Supervisor, the Psychology Department Clinical Training Director, or any Psychology Department Clinical Faculty.
- Options available in the case of imminent suicidal risk depend on the willingness of the client to cooperate on steps to enhance safety. The Campus Police or Windsor Police can be contacted to assist in having the client brought to the emergency ward (see section on Clinical or Medical Emergencies). Because it is a safety situation, you can

contact the emergency department of the hospital the client is being brought to and share the information you have about suicidal risk. If the client is more cooperative, it may be possible to contact the client's psychiatrist, if there is one, who may be of some assistance with getting the client admitted to hospital if the client attends on his/her own at emergency. Unless it is an absolute emergency, students should not be taking these steps without consulting with a supervisor.

- **Documentation:** Client records must reflect the clinical work you have done on assessing and managing suicidal risk in all clients. The best way to think of this is, in the unfortunate event that something ever did happen and an inquiry or lawsuit resulted, if it isn't documented, your word of what you did to manage the risk will not hold much weight. Your notes should reflect your client's report of suicidal ideation or intent, and what action was taken to help manage the risk. If you consulted with a supervisor in taking that action, document that you consulted.

Completed Suicides. It is a reality of the profession that, despite our best efforts, there may be clients who do complete suicide. Suicide cannot always be predicted or prevented. In such a case, it is important for you to seek support from colleagues and obtain supervision. The PSRC Director will help direct actions that need to be taken in such an event.

g. Disclosure of Information in Emergency Situations

Ontario privacy legislation permits the disclosure of personal health information in emergency situations. These disclosures are the responsibility of the custodian of personal health information (the PSRC Director), but all students and staff should be familiar with such disclosure. Some of the circumstances in which information can be disclosed without an individual's consent include: when disclosure is necessary in order to eliminate or reduce a significant risk of serious bodily harm to a person or group of persons; in the event of a grave environmental, health, or safety hazard to the public (Source: Fact Sheet, Disclosure of Information Permitted in Emergency or other Urgent Circumstances, by Information & Privacy Commissioner, July 2005, available at www.ipc.on.ca)

h. Clinical or Medical Emergency

Emergency walk-in and crisis-intervention are not services offered at the PSRC, but crises may occur in ongoing cases. On rare occasions, medical emergencies, such as accidental falling and injury of a client, may occur. If an immediate intervention is not essential, consultation with the primary supervisor is recommended. If the primary supervisor is unavailable, follow supervision guidelines as described above. If the emergency requires immediate action, the following steps are recommended:

- **Call 911:** A call from a **LAND LINE** from any building on campus will reach Campus Police. In any situation for which a medical response is warranted, you can request that Campus Police contact their Emergency Response Team (ERT) and dispatch the ERT unit to the scene. Once they arrive, the situation is assessed and a determination is made whether to treat, transport, or make alternative arrangements. According to the Director of Campus Police, normally both Campus Police and ERT will respond to medical emergencies.
- If ERT is unavailable and the situation is not severe or life-threatening, request that the Campus Police officer transport the client to campus Student Health Services.
- If the situation is severe and immediate treatment is needed, call 911 from a **CELL PHONE** which will connect you with the Windsor Police Service Emergency 911 Call Centre.
- PSRC students and staff should not transport clients in a personal vehicle. If a client is in need of transportation, such as to a hospital or community agency to protect physical safety (e.g., Hiatus House), and there is no available family member or friend to take the client, and the situation is not covered by the emergency procedures above, the clinician may request money from petty cash for a cab. This is an unusual situation, and the decision must be made in consultation with the PSRC director or designate.
- Let the client know that the above procedures are PSRC policy.
- Make arrangements to follow-up with the client after the crisis is resolved.

i. Violent or Threatening Client:

- Facing a client who is physically threatening or violent is an extremely rare event at the PSRC. Nevertheless, all clinicians must be as prepared as possible for such events, such as always being aware of clear paths to exit the room and building.

- Each therapy room has a panic button, and the clinician should sit within reach of it at all times. Keeping a personal cell phone within easy reach is also recommended.
- If you feel physically threatened by a client, physical safety takes priority. Politely terminate further discussion with the client for the time being. Indicate your willingness to discuss whatever issue is at hand at a later time. Allow the client clear, unimpeded access to the exit. Make no effort to restrain the client or otherwise prevent him or her from leaving. Do not insist that the client should stay with you to "talk it out." Do not physically approach the client.
- If you are alone with a client who attempts to physically harm you, move to both evade the client and isolate yourself from him/her. Speak loudly in a manner that alerts others to your immediate need of assistance. When you have successfully isolated yourself, attempt to call for help if the client is still on the clinic premises.
- If you are alone with a client whom you sense is on the threshold of a violent outburst, use this special code to alert the office coordinator that emergency assistance or monitoring is required. Calmly tell the client that you need to call the front desk. Then call ext. 7012 and say, "I'd like to speak with Dr. Green." The office coordinator will recognize the code and immediately call Campus Police.

j. Discharge Planning

- Students are referred to the PSRC from the Student Counselling Centre, with the intent that therapeutic goals will be set with the client in keeping with the timeframe for the course or practicum.
- In the event that there are ongoing mental health supports needed beyond the timeframe available at the PSRC, appropriate resources in the community should be found for the client to access, and termination should include transitioning the client to community services. Given that the mandate of Student Counselling is to provide brief services, students should not be referred back to Student Counselling following completion of therapy at the PSRC.

k. Referring Clients for Additional Services

- Quite often, it is helpful for clients to access additional services in conjunction with psychotherapy. Examples include: seeing a psychiatrist for an evaluation for medication, becoming connected with Student Disability Services for assistance or accommodations,

accessing emergency housing aid or food banks, or taking part in group treatment in addition to individual treatment.

- Students should familiarize themselves with available resources on campus and in the local community in order to be able to provide information, and facilitate referrals as needed. The Office Coordinator has a list of resources that can be printed for clients.
- Information on group treatments being offered at the PSRC and at Student Counselling is available on the websites or by calling the PSRC or Student Counselling. Concurrent individual and group treatment can be an effective option for many clients.

I. Community Resources

As a student in the Clinical Psychology program at the University of Windsor, you may not be familiar with the community and the services offered within. In order to provide optimal and ethical services to your clients, you should take initiative to learn about community resources. Some helpful tips and resources to are listed below:

- Talk to your peers. Many upper year students have similarly had to acquire knowledge about the community at some point during their training and may be aware of relevant services.
- Call the office of resources in which you are interested. This initiative will allow you to obtain current information regarding programs, eligibility, and timelines for application/programs.
- Search the internet. Often times the websites of local organizations provide links to other useful services. Be mindful that websites are not always up to date – a phone call will ensure that you obtain current information.
- Try to visit some of the relevant resources you come across. These centres usually have pamphlets and information on other resources available.
- **The Mood Anxiety Treatment Program** at Windsor Regional Hospital Campus offers free therapy for individuals with an anxiety disorder or a mood disorder. Individuals must be referred by a physician in order to access this program..
- **Community Counselling Alliance of Windsor and Essex County** (www.ccawindsoriessex.ca/) offers a variety of individual, family, and group counselling services.
- **Family Services Windsor-Essex Counselling & Advocacy Centre** (www.familyserviceswe.ca/) offers therapeutic counselling on a sliding-

fee scale, and individuals can self-refer for these services. Additionally, they offer a walk-in counselling clinic on Tuesdays from 12:00 noon to 8:00 pm.

- **Canadian Mental Health Association** (www.cmha.ca) provides services and supports to people who are experiencing mental illness as well as their family members.
- **The Learning Disabilities Association of Windsor-Essex** (LDAWE; www.ldawe.ca) provides information and referral services to individuals, parents, professionals, and other people interested in learning disabilities and ADHD.
- **Developmental Services Ontario** (DSO; www.dsontario.ca) helps adults with developmental disabilities connect to services (e.g., residential support, caregiver respite, employment) in their community.
- **Windsor Essex Community Health Centre** (www.wechc.org) offers many health services including free psychotherapy for individuals aged 12 – 24 years old.
- **Windsor-Essex.info** (<http://www.windsor-essex.info>) provides community information including: multicultural and spiritual resources, health resources, transportation, and employment – all of which may be helpful to different clients at different times.

Clinical Records

a. Release of Records:

- Psychologists are required to protect a client's rights of privacy, privileged communication, and confidentiality regarding psychological services. PSRC personnel will not release any record of a client's contact with the Clinic without her/his written permission. If release of records for one of your clients is requested, or if a client asks for a letter describing services received, students are to consult with the primary supervisor for the case.

b. Record Keeping Policies:

Record keeping policies at the PSRC shall follow the requirements in the Standards of Professional Conduct from the College of Psychologists of Ontario for client records. The College requirements are as follows:

1. A member shall keep a record related to the psychological services provided by the member for each client who has engaged the member to provide psychological services, or for whom such services have been authorized; and
2. The record shall include the following:
 - a. the client's name(s), address(es) and (if available) telephone number(s), as well as any other identifying information needed to distinguish the client from other clients;
 - b. the client's date of birth;
 - c. the date of every relevant and material contact between the member and the client;
 - d. the date of every material consultation, either given or received by the member, regarding service to the client;
 - e. a description of any presenting problem and of any history relevant to the problem;
 - f. relevant information about every material service activity related to the client that is carried out by the member or under the responsibility of the member, including, but not limited to: assessment procedures; resulting assessment findings; diagnoses; goals or plans of service developed; reviews of progress on the goals and/or of the continued relevance of the plan of service; activities related to crises or critical incidents; and interventions carried out or advice given;
 - g. relevant information about every material service activity that was commenced but not completed, including reasons for the non-completion;
 - h. relevant information about every controlled act, within the meaning of Section 4 of the Psychology Act, 1991 and subsection 27(2) of the Regulated Health Professions Act, 1991, and the regulations under both statutes, performed by the member;
 - i. all reports or correspondence about the client, received by the member, which are relevant and material to the member's service to the client;
 - j. all reports and communications prepared by the member regarding the client;
 - k. a copy of every written consent and/or documentation of the process of obtaining verbal consent related to the member's service to the client; and
 - l. relevant information about every referral of the client, by the member, to another professional.

3. All information recorded and/or compiled about an individual client shall be identifiable as pertaining to that particular client.
4. All information recorded and/or compiled shall be dated and the identity of the person who made the entry shall be identifiable.
5. Despite the requirements of Section 3, members are not required to keep personally identifiable information on persons receiving prevention, public education, group training, emergency or post emergency group services, or group screening services.

c. Encryption Protection for Confidential Records:

- Any videos of therapy sessions leaving the PSRC premises for the purposes of supervision or for personal review in preparation for supervision must be in encrypted format to protect the privacy of health records. Following the therapy session, students will remove the SD card from the camera and transfer it to a USB stick or other storage device and make sure it is in an encrypted volume. Students will have access to a netbook at 326 Sunset to transfer the data from the SD card, or they may also use their personal laptop – again ensuring that any video data (or other client health records) on a personal computer is encrypted. The netbook at the PSRC will have encryption software installed, and it is the responsibility of students to ensure they are familiar with the software.
- Encryption Protection for Confidential Records
- Download free encryption software, called Vera Crypt, at
- <https://veracrypt.codeplex.com>
- This software enables you to set up a volume (a container in a sense) that is encrypted, and you can then move files into this encrypted container to store them securely. You can set up the volume on either a computer or laptop, or on a portable storage device (e.g., memory stick).
- After you have downloaded the software, click on the Create Volume button after you open the software, and it will lead you through a series of steps to create an encrypted volume (container). Advice we were given was to use the default settings as you go through these steps. You will have to type in a file name of your choice when it asks for volume location. You will have to specify a volume size in these steps (the size you pick will depend on how many files and the size of files you anticipate storing – you can take a look at the size of some of your files on your computer to give you a sense of the size to specify. Keep in mind if you pick a very large size, it will take longer to set up.). You will also have to choose a password for your volume – a good password has upper and lower case letters, #s and special characters. The software recommends > 20 characters. During the process, it will ask you to move your mouse randomly as the encryption process occurs – moving the mouse increases the strength of the encryption. After some time, click on the Format button on that screen.
- To then open the volume, select the file name you chose under select file on the homepage for VeraCrypt, then click one of the drives, and select Mount. It will then ask you for the password. You can then drag files into this container to store them in the encrypted volume.

- When you are finished, click the unmount button to close and protect the drive.
- Important – Make sure you remember your password. The information in the encrypted volume will be lost if you ever lose/forget your password.

d. Retention of Records:

Unless otherwise required by law:

- (1) The individual client record shall be retained for at least:
 - a) ten years following the client's last contact; or
 - b) if the client was less than eighteen years of age at the time of his/her last contact, ten years following the day the client became or would have become eighteen.

B3. Psychotherapy & Assessment Classes

a. Assessment Classes

- Students enrolled in an assessment class (as opposed to completing a PSRC practicum) sign out testing equipment through the Test Library in the Psychology Department.
- Space for assessments should be scheduled through the Office Coordinator according to procedures described above.
- Consult with your course instructor and any Graduate Assistants assigned to your course regarding record maintenance, supervision, number and length of sessions to schedule, etc.

b. Therapy Classes

- Students enrolled in a therapy class are expected to be well-informed regarding clinic procedures and regarding current pre- and post-session measures used for all clients at the Centre. Below are instructions for current computer-assisted measures. Please see the Office Coordinator for assistance with any technical difficulties.
- Following the instructions, there are guidelines for interpreting and using session feedback, including how to handle negative client feedback, such as red or yellow alerts on the OQ. You must complete an Alert Tracking Form (see copy at the end of this section) whenever there is a yellow or red empirical alert for a client. The form should be turned in to the Office Coordinator. Your supervisor will consult with you regarding using this information to inform and improve your clinical interventions.

c. **Adult Therapy Classes:**

- **How Clients Access OQ-45**

Clients will complete the OQ at intake, and before each therapy session. Clients should be instructed to come to their appointment 10 – 15 min early to complete the OQ. The Office Administrator (Paulette) will assist clients in getting used to the process of completing the OQ.

Clients access the OQ through the desktop shortcut for the OQ Kiosk

(In case the shortcut is not working, the address is as follows:

<https://www.oqanalyst.ca/11755/kiosk/>

To get started, clients need their MRN# (PSRC File # that office administrator will give them when they first come in, and that is on their file), and their date of birth (in format M/D/YYYY). The correct instrument (OQ-45 for adult clients) and particulars (PSRC & Outpatient) and date should be all set for the clients.

Take the time to try out the OQ yourself. You can use the following MRN# and DOB to test it out.

MRN#: MRNTEST

DOB: 12/1/2000

- **Accessing OQ-45 Clinician Feedback**

Log on to the OQ Analyst at the OQ Analyst shortcut on the desktop.

In case the shortcut is not working, the address is as follows:

<https://www.oqanalyst.ca/11755/>

At the home page, you will use your last name as your user name (unless otherwise directed). Your initial password will be 1qaz@WSX. When you first log on, go to the preferences tab and change your password. Inform the office administrator of your new password so she can keep it as a back-up.

To review the Clinician Feedback from a client who has taken the OQ, go to the Administer Questionnaires tab, and select Review Questionnaires. Type in the client MRN#, and press Search. Select the client that appears in the box below, and press Show Info. A Questionnaire History should appear, listing administrations in the system for this client. Select the admin date you want, and click on Clinician Report. You should get the Clinician Report opening in a new window.

You will have to refresh the page, using F9 key, to get the newly completed OQ appearing for you if you log on before the client has completed the OQ. You may have to use the Refresh (F9) key every few minutes if the client still has not completed the OQ.

Important – If you are using a computer other than the netbooks, you have to make sure on your computer that pop-ups are allowed from this site so that the Clinician Report will show up. You can allow pop-ups by going to Tools tab at top, and select security, and click allow pop-ups from this site.

d. Child Therapy Classes:

- **How Clients Access Y-OQ-30.2:**

Clients will complete the OQ at intake, and before each therapy session. Clients should be instructed by the office administrator to come to appointment 10 – 15 min early to complete the OQ.

Clients access the OQ by clicking on the icon in the centre of the desktop titled ‘OQ Analyst Kiosk Login.’

<https://www.oqanalyst.ca/11755/kiosk/>

To get started, clients need their MRN# (PSRC File # that Office Coordinator will give them when they first come in, and that is on their file), and their date of birth/their child’s date of birth (in format M/D/YYYY).

The correct instrument (OQ-30.2 parent report or self-report) and particulars (PSRC & Outpatient) and date should be all set for the clients by the office administrator. The client simply clicks ‘Begin.’
 **However, parents completing the parent-report will have to click ‘Completed By’ then select their response from the dropdown list (e.g., mother, father, etc.) before clicking ‘Begin.’

Take the time to try out the OQ yourself. You can use the following MRN# and DOB to test it out.

MRN#: MRNTEST

DOB: 12/1/2000

- **Accessing OQ-45 Clinician Feedback:**

Log on to the OQ Analyst by clicking on the icon on the left side of the desktop: <https://www.oqanalyst.ca/11755/>

At the home page, you will use your last name as your user name (unless otherwise directed). Your initial password will be 1qaz@WSX. When you first log on, go to the preferences tab and change your password. Inform the office administrator of your new password so she can keep it as a back-up.

To review the Clinician Feedback from a client who has taken the OQ, go to the Administer Questionnaires tab, and select Review Questionnaires. Type in the client MRN#, and press Search. Select the client that appears in the box below, and press Show Info. A Questionnaire History should appear, listing administrations in the system for this client. Select the admin date you want, and click on Clinician Report. You should get the Clinician Report opening in a new window.

Important:

- Hit the refresh button periodically so that the new report will popup when completed
- Always double check that you are reviewing the report for the correct date
- Make sure on your computer that pop-ups are allowed from this site so that the Clinician Report will show up. You can allow pop-ups by going to Tools tab at top, and select security, and click allow pop-ups from this site.

General Instructions:

- Set the client/parent up in the therapy room to complete the OQ
- Wait in observation room, practicum room, or sunroom (as indicated by the office administrator) to access the clinician feedback
- After reviewing feedback return to therapy room

e. Suggested Protocol for Dealing with Negative Client Feedback

October 20, 2012

Red or Yellow Alerts on OQ 45 PSQ

“Some of your answers to the pre-session questionnaire indicate that you are feeling significantly worse since last session. Can you tell me more about this (refer to specific items)?”

“We need to determine why this is happening so we can develop a plan to address any problems.” (Therapist may have hypotheses based on knowledge of the client and use these as starting point OR can refer to dimensions and specific items in ASC as a guide to identifying possible problems OR administer the ASC.)

“When clients are not “on track” in terms of expected improvement, it is often due to (a) something that is going on in their life (e.g., an upsetting event, insufficient social support), or (b) something about therapy itself (e.g., either something between you and I or about what we are doing in therapy) or (c) the way they feel about therapy (e.g., not sure whether it can help). Or it could be a combination of these. Do any of these apply to you? Can you tell me more? “

In terms of therapy factors, the therapist may have hypotheses based on negative feedback on PSQ from last session and can ask the client about this. In the absence of specific feedback, the therapist should probe about possible problems related to client’s experience of the alliance or the treatment approach (e.g., feeling misunderstood, unsure how aspects of therapy can help; feeling disengaged, bored, or overwhelmed). Collaborate with the client to resolve alliance ruptures, or determine how to improve the therapy process.

Therapist also can ask about reductions over the past week in client motivation to work on their problems, commitment to therapy, and beliefs that therapy is relevant or helpful, or that they are powerless to change their problems, and discuss how to address these problems (individual supervisors can suggest strategies for increasing client readiness for change).

Negative Feedback on PSQ

Negative feedback on PSQ can indicate problems in the alliance, or the effective delivery of the treatment approach, or appropriateness of the treatment approach with this particular client. Supervision can help the therapist develop strategies to strengthen the alliance, implement the treatment model more effectively, or modify the model to better meet the client’s needs.

B4. Assessment Practica

Adult Assessment Practicum

a. Procedures for Assessments

- Assessment appointments are generally conducted over 3 – 4 meetings: initial intake, testing (1-2 appointments), and feedback session.
- Initial appointments are booked by Psychologist or PSRC office coordinator, and subsequent appointments are booked by student conducting the assessment in consultation with the PSRC office coordinator to ensure room availability and availability of supervising psychologist for feedback sessions.
- Supervising psychologist must be present for feedback when a diagnosis is communicated.
- Timeline goal for assessments is as follows: testing booked 1 week following initial appointment, and feedback booked 2 weeks following completion of testing.
- Draft of report should be completed 2 – 3 days before feedback session, and given for review to supervisor and supervising psychologist
- If there is a need to reschedule appointments, practicum students can call the client from a PSRC phone – not from your personal cell phone. Alternatively, you can ask the PSRC office coordinator to contact the client by phone or email to reschedule.

b. Practicum Hours

- Practicum students are expected to work a minimum of 2 days per week over the course of the summer practicum. Students are welcome to work extra hours/days, as long the total hours do not exceed those approved by the Practicum Coordinator and the dates worked do not extend beyond the approved range. Absences during the duration of the practicum should be approved by the Supervising Psychologist.
- Practicum students are not to meet with clients when there is not another graduate student, supervisor, or PSRC administrator present in one of the two houses (326 or 336 Sunset). It is best to have another person present in the same building when you are meeting with a client.

- We attempt to work with clients in booking appointments that also fit with their schedules, so some flexibility in hours/days worked by practicum students is beneficial

c. Role of PSRC Office Coordinator with Adult Assessments

- The office coordinator keeps a schedule of room bookings for all client appointments. Before booking an appointment with a client, check with the office coordinator to ensure there is an appropriate room available. When booking a room with the office coordinator, the following information will be needed: time & day & length of appointment, client file #, client first name, client phone #, room needs (whether you need a table and/or computer for testing, whether accessible room is needed), and whether any supervisors will also be present). The office coordinator must be informed any time an appointment is rescheduled, or if a client is a no-show for an appointment. If there are already other appointments booked for testing on the day requested, the office coordinator will inform you so that you can ensure the testing materials you require can be coordinated with others testing that day.
- The office coordinator will also make reminder calls to individuals scheduled for appointments the day prior to their appointment. Please advise the office coordinator of any special instructions that you are aware of for contacting clients. If the office coordinator is away, it is helpful if practicum students can make the reminder calls to clients. Reminder calls help to reduce missed appointments.
- The office coordinator is responsible for collecting any fees owed by individuals undergoing a psychological assessment. Some individuals pay for the assessment out-of-pocket, and some individuals have the cost for the assessment covered by a referring organization. Practicum students should familiarize themselves by looking in the file as to whether fees are due at the time of an appointment so they can ensure the office coordinator has time to collect the fees before the appointment starts.
- The office coordinator is responsible for ordering test forms. Inform the office coordinator if we are getting down to our last 2 or 3 test forms in the folders. **DO NOT USE THE LAST TEST FORM IN A FOLDER.** If you need a test form and it is the last one in the folder, make a copy of

the form, use the copy and inform the office coordinator immediately. When the forms have been replenished, immediately place a blank protocol in the file containing the photocopied form. In case of outside audit, it is necessary to demonstrate that the appropriate forms have been purchased.

d. Forms

The following forms are found in the filing cabinet in the file room along with test protocols.

- **Initial Consent**: this form *must* be completed with the client near the beginning of the first (i.e., interview) appointment. The consent document ensures that the client has made an informed decision to receive services at the PSRC. If it is not completed and something goes wrong or a client files a complaint, there could be very serious legal repercussions. The initial consent form provides information about the services offered at the PSRC, about confidentiality of information and results, and about the limits of confidentiality. There is also a section on the consent form regarding the release of information from the assessment to another agency (e.g., Learning Disabilities Association of Windsor-Essex County). Ensure that this is filled out before proceeding with the assessment. Each client should read the consent form before signing it, or have it read to them in the event that they have difficulty reading. In most cases it will be helpful to briefly explain our services, consent, and confidentiality to clients, even if they are able to read the form, as a good understanding of these concepts is important and they are somewhat complex. If a client refuses to sign the consent form after a full explanation and discussion of their concerns, contact your supervisor. If the supervisor is unable to be reached, or if the client still refuses to sign, we cannot provide services.
- **Consent to Obtain Information**: this form must be completed in order for us to obtain information about the client from other sources (e.g., doctor, psychologist, school, workplace, etc.). This includes not only formal documentation such as medical records, but also telephone conversations, and the form should be completed even if the client verbally agrees to allow us to contact other sources of information. If we do not have their consent in writing, many facilities will not share their information with us. In the event that the client is accompanied to the appointment by a family member or significant

other, we should ensure that they are open to having that person sit in on the interview before proceeding, but no formal documentation is necessary in such cases.

- **Consent to Release Information:** this form must be completed in order for us to release information about the client to other individuals beyond those noted on the initial consent form; it is essentially the opposite of the above-described consent to obtain information. If the client wishes us to send a report to some other treatment provider or to call them in order to discuss results, we must obtain consent for this.
- **Feedback Forms:** these forms are to be completed by the client after the initial interview, the testing session, and the feedback session. They will allow us to collect data regarding the quality of services being provided at the PSRC and may be used in future research projects. In the event that a client is unable to read the feedback forms, assistance may be provided by someone who is accompanying them, by the administrative assistant, by a supervisor, or by another student at the PSRC. If no one else is available, the primary assessor will have to read the form.

e. **Psychological Tests**

- The use of psychological tests is one component of a broader assessment process. A psychological assessment is more than the administration of a set battery of tests and the reporting of such test scores. A psychological assessment is a complex process of gathering information from a variety of sources, developing a case conceptualization and recommendations, and communicating the results in an appropriate manner.
- A list of psychological tests available within the PSRC and the Psychology Department's Test Library is available to students (website location). Test kits, stimuli, and manuals are kept in locked closets at 336 Sunset. Test forms are kept in a locked cabinet in a location near the office coordinator's desk.
- In the event multiple appointments for testing are scheduled on the same day, it will be the responsibility of the practicum student who is notified by the office coordinator that other testing appointments are

already booked to ensure the testing materials you require will be available. We have more than one copy of some tests; there are other spare kits of some tests in the Psychology Department test library, and it is also often possible to coordinate so that one person is using one test in the morning and the other person can use it in the afternoon.

- Testing materials are not to be taken off the PSRC premises. When not in use at either 326 or 336 Sunset, the PSRC test materials/kits are to be returned to their respective location in the test closets. Test closets are to be locked immediately after use.
- Practicum students shall familiarize themselves with the proper administration and scoring procedures for all tests used in the assessments they conduct. Any planned deviations from standardized administration should be discussed first with a supervisor. Any accidental deviations should be noted and considered in the interpretation of the results. All test forms should have the client # noted as soon as the administration takes place – this will help prevent any accidental mix-ups of client data. Behavioural observations of all clients should be noted either on the appropriate test forms, or on a separate behavioural observation sheet.
- Practicum students shall also familiarize themselves with the standardization, norms, reliability, and validity of any tests and techniques used. Part of the assessment practicum focuses on gaining skills in the appropriate selection of psychological tests. Information on the standardization group and the reliability and validity of tests for different populations and different assessment questions will be used in the appropriate selection of tests.
- For non-native English speakers, professional judgment is required to determine which tests are appropriate, and what variations in administration (e.g., use of an interpreter) would be acceptable. Consultation with a supervisor will be helpful in such situations.
- Practicum students shall protect the security of tests and respect test copyright. Test materials, such as test questions, test stimuli, test responses shall not be shared with anyone. Practicum students will protect test questions and stimuli from being shared as part of a client record. If there is a request for file information, test questions and stimuli should not be released.

f. Client Assessment Files

- Client files are kept in a locked filing cabinet behind locked doors in the PSRC file room. Keys can be obtained from the office administrator or in a lockbox in the back room. Files should contain all of the information collected from clients throughout the assessment process. This includes consent forms, feedback forms, test protocols, scoring printouts, interview forms, background questionnaires, information from third party sources, and, once completed, a copy of the final report.
- When a file is removed from the filing cabinet, the client information sheet from that file should be left in its place. This procedure ensures that anyone else looking for the file will know that it is being used. ***Client files and their contents should not be removed from the PSRC buildings.*** Work on the initial stages of reports (e.g., integrating background and test scores) should only be conducted in the PSRC buildings to ensure the confidentiality and security of client information. Once all relevant information from client files is in the report, editing can take place at other sites as long as identifying information is not included in the report.

g. Supervision of Adult Assessment Cases

- **General Policies:** Given that the PSRC assessment practicum is geared toward students with relatively little clinical experience, supervision will be frequent and intense, especially at the beginning of the practicum. This will ensure that students are adequately trained and supervised with regard to clinical interviewing, test administration, test interpretation, report writing, and feedback delivery. Initially, a supervisor will sit in on interview and testing sessions in order to ensure that important details are not missed and that errors in test administration are minimized. Later on, interview sessions may be videotaped for supervision, or students may engage in these activities independently and report back to their supervisor afterward. Typically, supervision should take place as soon as possible after clinical contact with a client (e.g., right after an interview) so that planning for the next steps can begin and any concerns or errors can be addressed.
- At first, supervisors may take the lead in some activities (e.g., asking a lot of questions in an interview), but it is expected that they will take more of a consulting role as students gain assessment experience.

Supervision regarding report writing may be provided in person or through email (e.g., using Track Changes and comments) at the discretion of both the students and the supervisors. It will not be unusual for multiple drafts of a report to be completed before the final version is approved. Try not to be too concerned about your performance – this practicum is a learning experience and you are not expected to be perfect. Treat each assessment and report as a work in progress and keep in mind that reports will not be finalized until your supervisors judge them to be satisfactory.

- **Graduate Student Supervisors:** With many clients, graduate student supervisors will provide your primary supervision. These students have completed advanced level coursework regarding assessment as well as assessment practica which have given them some expertise regarding psychological assessment. However, they are still learning themselves and will primarily act as consultants and mentors, with the supervising psychologist having the final say in approving reports and making decisions regarding assessment-related concerns or PSRC policies.
- **Supervising Psychologist:** The supervising psychologist will direct and manage the assessment practicum, and will also participate directly in the assessment of some clients. She will guide group supervision, assign clients and tasks to each student, and provide the final review of all reports. In addition, the supervising psychologist must be present at all feedback sessions in order to deliver diagnoses.
- **Peer Supervision:** Students are encouraged to discuss their cases with their student peers and get their input regarding case conceptualization, assessment techniques, the delivery of feedback, and so on. For instance, it may be useful to work together when learning new testing instruments in order to have someone to practice with and to discuss aspects of the tests that may be confusing. In addition, it is often helpful to get an alternative perspective on your case conceptualization or feedback plans. This can reduce the possibility that important details are missed and allow you to better prepare for giving feedback. Role plays of clinical interviews and feedback sessions can also be useful.
- **Group Supervision/Case Consultations:** Group supervision will occur each week and will provide opportunities to discuss cases with multiple colleagues, to learn about potential resources in the community, to address PSRC policies and procedures, and to discuss topics related to

psychological assessment in a group environment. An effort will be made to include everyone each week, and all students are strongly encouraged to contribute. As mentioned previously, the PSRC assessment practicum is a learning experience, and the best way to learn is to be an active participant in the assessment process.

Child/Adolescent Assessment Practicum

a. Starting the Practicum

The following information was prepared to give you an overview of what to expect in your child assessment practicum and to inform you of your typical responsibilities. While many of the basic PSRC policies and procedures are the same for all students on practicum at PSRC, some procedures are different for students working with child assessment clients and their families. It is expected that you will review the entire student handbook and then refer to this section for specific guidelines for your practicum experience.

- First, get a tour of the two houses (if you have not already been here before). The main things you will need are:
 - A key to 326/336 Sunset (see Angela for a key control form)
 - Codes to the lock boxes (there are two: one in each house)
 - Computer passwords
 - The list of usernames and passwords to the scoring programs (see document on the flashdrive and on the desktop of the Practicum Room computer)
 - The code to the door of the Bullpen
 - The location of the keys to the filing cabinets in the Bullpen
 - The password to the program voicemail (the extension is 3354, located in the Bullpen)
- The typical workspace you will use is the Bullpen
- There are flashdrives for students to use to store data or reports. Thus, you are welcome to bring your own laptop to use. However, please note that the flashdrives must be kept in the locked filing cabinet and must never be taken home.

b. Building Responsibilities

- There is a lot of equipment (e.g., netbooks, computers) and confidential information located in both houses. Thus, keeping this building secure is a priority.
- For 336 Sunset, the front door must be kept shut and locked at all times
- Paulette is responsible for 326 Sunset. If she is away and there is no one else in that house, the door is locked and a notice is posted (Paulette takes care of that).
- Before you leave the house, ensure the following:
 - The front and back doors are locked
 - All lights are off (unless others are still using the centre)
 - All confidential information is in the filing cabinet
 - All filing cabinets are locked
 - Desk space is cleaned up
 - Bullpen door is closed
 - All windows are closed
- Bathroom: check periodically that the bathroom supplies (located in the old shower) are adequate. If any hand soap, toilet paper, paper towel, or Kleenex is needed, see Paulette.
- If you see anything that needs maintenance attention, please notify Paulette.
- Thermostat: the thermostat should be set to something between 67F and 70F. As the air distribution in the house is uneven, some rooms (e.g., the Bullpen) heat up very quickly, while others (e.g., the Intern's office) do not. Thus, avoid turning up the thermostat too high, or you could make someone's assessment or therapy session very uncomfortable.

c. Assessment Resources

- All computer programs needed for scoring are located on the computer in the Practicum room.
- Each of the flashdrives have the forms and templates needed (e.g., the template for reports, etc.)

d. Other Responsibilities

- Tests
 - The forms are located in one of the filing cabinets in the Bullpen
 - Every two to three months, do a quick inventory of the forms, and determine if any need to be ordered
 - If any need to be ordered, speak to Paulette. She may ask you to look at the publisher website to make sure she is ordering the correct forms.
 - If any new tests are added to our library:
 - First, check that the invoice matches the order. Give the invoices and shipping receipts to Paulette.
 - Next, use the label maker (located in the test closet in the upstairs office) to label all of the books, etc. that come with the test. If there are any scoring templates, you can put them together in an envelope.
 - Organize the tests in the closet (alphabetically). If you need to shuffle things around a bit, that is okay.
 - Label file folders for each of the new forms, and place them in the Bullpen filing cabinet (alphabetically)
- This procedure manual
 - Make any updates that are needed, or change anything that needs to be changed, as needed.
- Workspace
 - As the PSRC is home to several other students (sometimes there is more than one assessment practicum student, adult assessment students, therapy interns), it is important that you keep your workspace clean and tidy.
 - During Fall and Winter terms, the therapy interns use the Intern office (the room with the larger table), and the assessment students use the Bullpen. During Summer term, both rooms are available to assessment students.
 - The custodial staff do not have access to the Bullpen. If the garbage or recycling need to be emptied, place the containers in the waiting room, and the custodial staff will take care of it when they come in later in the evening.
- Toys in the waiting room
 - Especially when germs are going around, the toys will need to be cleaned periodically.
 - The spray bottle with the blue nozzle contains “Benefect,” an all natural disinfectant. Shake the bottle, then just spray the toys and

wipe off. The main container is located on top of the filing cabinets in the Bullpen.

- As the cleaner has a strong smell, do it at a time when there are fewer people and you can open the windows to air things out a bit.

e. Child Assessment Procedures

1. Referral is received by Paulette Lafleur-Fleming, and she completes the “PSRC Phone Log for Assessment Referrals.” The referral is placed in Dr. Lee’s mailbox.
2. Dr. Lee contacts the person making the referral. More information is obtained regarding the reason for referral, and she decides whether the referral is appropriate. If the referral is not appropriate, the client is referred elsewhere. If Dr. Lee is unable to contact the parent (after three attempts), then the referral is returned to Paulette Lafleur-Fleming and a letter is sent to the client.
3. Dr. Lee gives the referral to the assessor, and discusses how the assessment should proceed.
4. The assessor contacts the parent and schedules the first appointment. The assessor reminds the parent to bring copies of previous assessments and recent report cards. The assessor should refer to the document “Initial Contact and Phone Call Guidelines for Child/Adolescent Assessments” (found in the “Forms and Templates” folder on each flashdrive) for what needs to be covered in the initial phone call.
5. The assessor will book a room for the interview with Paulette. Paulette will call the parent the day before the appointment to remind them and inform them of payment options.
6. At the first appointment, the parent arrives at 326 Sunset to make arrangements for payment, signs the consent form and completes the BASC-2 Structured Developmental History. Paulette will photocopy any other documentation the parent brings. When the parent has completed the developmental history, the assessor meets with the parent to review the history and to schedule the assessment appointment(s).
7. Book the appropriate room(s) for the assessment appointment(s) with Paulette. Paulette will call the family the day before the appointment to remind them and inform them if any payment is due.
8. The assessor will obtain the labeled file folder from Paulette for the client. All relevant paperwork (e.g., referral form, consent form, developmental history, other documentation, etc.) will be placed in the folder. In addition, a “Child/Adolescent Assessment Checklist”

(copies are found in the top drawer of the main file cabinet and in the “Forms and Templates” folder on each flashdrive) will also be completed as the assessment proceeds). All files are to be kept in the locked filing cabinet in the Bullpen.

9. If the child is 12 years of age or older, at the first assessment appointment, s/he should also sign the consent form.
10. If applicable, prepare an envelope with the PSRC address on it and any forms that need to go to a teacher. This envelope can be given to the parent to give to the child’s teacher. Be sure to include a letter to the teacher with the forms.
11. If the parent is completing any measures, these are done while the child is in testing. These measures are not usually sent home with a parent.
12. During and after the assessment, the assessor consults with Dr. Lee regarding appropriate measures and results / recommendations.
13. The assessor writes the report and consults with Dr. Lee regarding revisions. When giving a report to Dr. Lee for review, print off a copy of the report, place it on the top of the file, and give the entire file to her.
14. Once the revisions are complete, the assessor schedules feedback with the parent and Dr. Lee.
15. The assessor prints off a copy of the report (first page will be printed in colour as it has letterhead on it) and has Dr. Lee sign it. The report is then photocopied, and the copy is placed in the client’s file.
16. At the end of the feedback session, the “Child Assessment Satisfaction Feedback I” is given to the parent to complete, and the parent is informed that we are seeking information as part of our clinical procedures. The parent is offered the option of completing the form immediately and returning (in an envelope) to the assessor. Or the parent may take the form with them and return via self-addressed stamped envelope. Parent is also informed that they will be contacted by telephone in one month (Child Assessment Satisfaction Feedback II) and by mail in one year (Child Assessment Satisfaction Feedback III).
17. The assessor writes a reminder note for Dr. Lee to administer the Child Assessment Satisfaction Feedback II. The note should include: parent name, child name, preferred contact information, and the date of feedback. The note and a copy of the feedback form are given to Dr. Lee.
18. The assessor then ensures completeness of the client’s file by making sure all forms are organized (see “Child/Adolescent Assessment Checklist” for how the file should be organized), and that all forms

are labeled with the client's file number, name, date of birth, date form was completed, and the assessor's name. The file is then filed, placed in numerical order by file number.

B5. Advanced PSRC Practicum

- **Office space:** PSRC Advanced Practicum Students share the large front office at 336 Sunset, and it is for their exclusive use during Fall and Winter semesters. There is a computer available with wireless printing to the machine located at 326 Sunset. There is a locking file cabinet for storing clinical case materials during the day, but all client files must be returned to the Office Coordinator by 4:30pm each day. The file key is stored in a protected location known to the office inhabitants and the Office Coordinator. The bullpen (large room at the back of the first floor, next to the waiting room) is available as a quiet workspace for activities such as writing reports. This latter space is shared with other students. There are two therapy rooms and one assessment room on the second floor, as well as an accessible room with observation room on the lower level.
- **Keys:** Keys to the front office and to the buildings at 326 and 336 Sunset are available from the office coordinator. The coordinator also has codes to permit access to other locked rooms and storage areas.
- **Appointments, Room Reservations:** The Office Coordinator does appointment scheduling and room reservation. Where it is logistically possible, s/he will assign you to a consistent therapy room so that it is a more comfortable environment for you and your clients. It is essential that you inform the coordinator when you have no shows or cancellations so that the coordinator can keep accurate statistics and knows when rooms become available for scheduling.
- **Back-up Supervision:** The PSRC Advanced Practicum students serve as back-up for the office coordinator, usually one day per week. It is up to the advanced students to discuss and agree on a schedule at the beginning of each term. It is important to inform the Office Coordinator of the schedule and appropriate contact information for each advanced student. Changing days or times as needed is acceptable as long as students arrange to trade coverage with each other and keep the Office Coordinator informed of any changes.

While providing back-up coverage, it is not necessary to be physically present at PSRC, although it is helpful to be present if the student's schedule permits. Normally, being accessible by phone and able to travel to PSRC

within 10-15 minutes of receiving a call is sufficient. It is understood that the advanced students may have client appointments or classes on the days that they serve as back-up. The purpose of back-up coverage is to provide an additional resource for less advanced students when the office coordinator is unavailable due to illness or vacation (e.g., to greet incoming clients, to provide some first-line supervision on non-emergency clinical issues to less advanced practicum students) and to support the Office Coordinator in unusual circumstances, such as when there is an unexpected “walk-in” (e.g., doing a brief suicidality assessment, determining an appropriate referral or disposition).

- Practicum Hours: Students are to limit their time at PSRC to no more than 20 hours, spread over no more than 4 days per week. Fridays are to be protected for work on dissertation.

B6. Children at PSRC

PSRC should be a friendly and welcoming place for children and families. If a child is well-behaved and is old enough to be left alone in the waiting room, s/he can be "monitored" by the staff at the Front Desk. “Monitoring” means that staff can observe the child in the waiting room and be assured that the child is safe. At the same time, if a child is disruptive, is too young to be "monitored," or there are too many children in the waiting room, the Front Desk staff will inform the clinician. It is the responsibility of the parent -- with input from the clinician -- to identify ways in which the child can be monitored and/or contained in the waiting room. (For example, during the next session the parent could bring another adult to watch the child, leave the child at home with a sitter, or make other arrangements for the child's care.)

To ensure the safety of children who are seen at PSRC, we ask that parents/guardians follow these guidelines when bringing children to PSRC:

- Children must be accompanied by an adult at all times except during individual sessions with the child.
- Parents are responsible for waiting with their children in the waiting room until the child’s clinician arrives. Children must not be dropped off or picked up outside the building.
- Children must sit or play quietly while in the waiting room. They should not be left unattended and/or without an adult present.

- It is recommended that parents remain in the waiting area until the child's session is over. However, if parents must leave for any reason, the child's clinician should be informed, and the parent should return before the session is over.
- Clinic staff will not be responsible for supervising unattended children.
- Exceptions to these rules may be negotiated with the clinician (in consultation with the case supervisor).