

PSYCHOLOGY CLINIC MANUAL

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF NORTH TEXAS
Denton, Texas

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I. INTRODUCTION

A. Philosophy and Purpose

The University of North Texas Psychology Clinic was founded in 1972. The purpose of the Clinic is threefold: Professional Training, Scientific Research and Community Service. Professional, competent training in clinical services and research is offered to graduate students in the applied programs of the Department of Psychology.

The Psychology Clinic staff of graduate students and their faculty supervisors provide confidential psychological services to the people of Denton County and the surrounding areas, including the Dallas/Ft.Worth Metroplex. These services are designed to be responsive to the needs of the community and related human services. Psychology Clinic services are directed toward prevention, evaluation, and intervention.

The professional orientation of the Clinic can best be described as eclectic. Family therapy, child therapy, marital counseling, and individual counseling and psychotherapy, group therapy and various evaluation/assessment methods are offered. Behavior modification, psychotherapy for life-situation/life-style adjustment, and chronic mental illness are available. Clients are thus able to receive appropriate help for diverse problems and students in training are afforded the opportunity to acquire related foundational and functional professional competencies.

B. Ethics, Confidentiality, and Professionalism

Professionalism, ethical conduct, and confidentiality prevail in the operation of the Psychology Clinic. The Psychology Clinic adheres to all appropriate professional guidelines stipulated by the American Psychological Association (APA, 2002 – including 2010 Amendments) and the state of Texas. The Clinic also utilizes specified procedures and practices regarding the use of social media for staff and clients (see appendices). Each case is handled jointly by a graduate student and an experienced, qualified psychologist. The psychologist supervises the training student directly and has ultimate responsibility for case management. Records and information concerning clients are for administrative (see Federal **HIPAA** law [1996] for additional information), professional and research use only. No information regarding a client may be given to another person or agency unless the client designates his/her willingness by informed consent in writing or as required by Texas Statute (i.e., **Health and Safety Code**, CHAPTER 611. MENTAL HEALTH RECORDS, SECTION 571.015 INSPECTION OF COURT RECORDS [See reference in Clinic Office]; **TEXAS RULE OF EVIDENCE**, RULE 510. CONFIDENTIALITY OF MENTAL HEALTH INFORMATION IN CIVIL CASES [See reference in Clinic Office]). Before a client gives approval for disclosure he/she should be made aware of the nature of the contents of such communication. No information regarding a client (even that he/she is a client) is transmitted to anyone via telephone, internet, or any other forms of communication. Client files and data (audio, DVD’s

and/or tapes, assessment data, etc.) are locked in the Psychology Clinic at night. When such files and data are used by the student-clinician and/or supervisor these materials are handled in a professional and ethical manner.

C. Clinic Staff

1. Professional Staff

Faculty supervisors oversee the vertical practicum teams that provide client care. The vertical team consists of graduate students at each level of training to each practicum team. One to three students at each level are assigned to each team, with an ideal team size of 5 to 7 members.

Each vertical practicum team is supervised and assisted each academic year by a faculty supervisor from the clinical or counseling psychology program. Students are generally assigned to a team for one year. Students in the various applied graduate programs are assigned to teams by their respective program directors.

The vertical team concept provides students at all levels of training with intense, in-depth, practical experience related to providing psychological services to clients. The assignment of students to a different vertical practicum team each year provides breadth with respect to professional orientations.

2. Administrative Staff

The Clinic Director is responsible for the administrative functioning of the Psychology Clinic. The Clinic Director also serves as Chair of the Psychology Clinic Executive Committee (PCEC) that oversees research and determines practices and procedures in the Clinic. The Clinic Director is assigned a research assistant (RA) who assists with the systematic collection of client outcome data as well as monitoring ongoing research projects. Administrative office personnel are an integral part of the Clinic functioning. They handle appointments, correspondence, filing, access to Clinic rooms, and other tasks assigned by the Clinic Director or Clinic Administrative Coordinator.

D. Physical Facilities

1. Therapy and Assessment Rooms

The Psychology Clinic is open while the university is in session, during which time a faculty supervisor is on duty. Morning, afternoon and evening appointments are available. Rooms are available for individual, group/family, and play therapy, as well as for vocational, psychological, and neuropsychological assessment. In addition, facilities are provided for digital

recording and one-way visual as well as audio observation/supervision.

2. Materials and Equipment

Assessment materials are stored in the Anna Wright Memorial Assessment Library (“Test Storeroom” – Terrill Hall room 125) and may be checked out by authorized students during the posted hours. Graduate assistants operate the Assessment Library. Students who check out assessment materials are responsible for maintaining the confidential nature of the test materials as well as for their professional and responsible use.

Student-clinicians can check out equipment; e.g., tape recorders, CD/Tape players/recorders by signing for the equipment with the Assessment Library staff. It is the responsibility of the student-clinician to report any malfunctioning equipment to the Assessment Library staff so that it can be repaired.

Audio equipment is available for training and therapy use (electronic listening device with microphone “bug-in-the-ear” system). This equipment is monitored and checked out from the Clinic Director. Individuals using the equipment are responsible for leaving it in good order and for reporting any malfunctioning.

3. Clinic Parking

Note: Please ask clients to return parking permit at the end of each session to be used by other clients scheduled on the same day (not applicable for end of day appointments).

SUPERVISED PRACTICA: PRACTICES, DUTIES, AND RESPONSIBILITIES

The UNT Psychology Clinic is simultaneously a community service, professional training, and scientific research facility. As such, its personnel - faculty, students, and staff are jointly responsible for their professional and ethical conduct, as well as procedural standards.

Coverage for the clinic is provided during all hours of Clinic operation by a faculty supervisor and a student-clinician. Practices, duties, and responsibilities involved in this coverage and overall management of cases are outlined below.

E. Practicum Team

The main vehicle of service, training, and research in the Psychology Clinic is the practicum team, which is comprised of a faculty supervisor and doctoral-level graduate students. Each of these individuals is responsible for specific duties and procedures.

1. The Faculty Supervisor

The duties and responsibilities of the faculty supervisor are considerable. He or she must constantly oversee, guide, and coordinate the professional training of students, the provision of high quality services to clients, and contributory participation in Clinic research projects. Both ethically and legally, it is the faculty supervisor's professional competence and license that are invoked and, at times, evaluated as supporting professional training and services.

Besides knowing and conforming with Texas State Law and the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (2002 with 2010 Amendments), faculty supervisors are responsible for the following:

- a) Maintaining professional licensure and providing most current copy for Clinic records
- b) Serving as the on-site faculty supervisor during assigned times when the Clinic is open. Each supervisor carries a cell phone while on duty
- c) Overseeing cases assigned to practicum students for intake, assessment, and/or treatment
- d) Meeting regularly with practicum students for both group and individual supervision to review case progress, the refinement and/or revision of clinical services, and other professional training (e.g., crisis management, suicide evaluations, supervision methods, etc.)
- e) The supervisor is responsible (professionally, ethically, and legally) for the quality of services provided to clients by team members.
- f) Transfer, termination, and disposition of cases is the responsibility of the supervisor.
- g) Signing all case progress notes, written reports and initialing letters or correspondence connected with assigned cases
- h) The supervisor is responsible for the quality of reports and integrity of files assigned to practicum team members.
- i) Providing feedback to students, to the Clinic Director, and to the Director of Clinical or Counseling Training, both verbally and in writing, on their evaluation of individual students' competencies, areas of concern or potential improvement, and overall professional development
- j) Serving as consultant to other teams when requested

2. The Practicum Student

Students are assigned to practicum teams by their program director on the basis of common interests, diversification of the student's professional training, and related factors. Whenever possible, students are assigned to practicum teams that best reflect the student's rank-ordered preferences and professional development.

Practicum students are expected to conduct themselves professionally, both within the Clinic and without. Within the Clinic includes appropriate behavior, professional attire, and responsible treatment of all materials.

In addition to the time spent in weekly team meetings and individual supervision, practicum students are expected to spend an additional 6 to 9 hours per week in direct services, record keeping, and session review. Students are given approval to accept cases by their faculty supervisor. Case assignments are always in accordance

with the student's developing competencies and the clinical needs and requests of the client(s).

- a) *Practicum students* are responsible for the following:
- (1) STUDENTS ARE TO ADHERE TO THE HIGHEST STANDARDS OF PROFESSIONAL PRACTICE WHILE IN THE CLINIC.
 - (2) Students are expected to check their clinic mailboxes on a regular basis for any messages and respond accordingly. Any messages with PHI must be shredded once the clinician has contacted the client and properly documented contact in the client's electronic record.
 - (3) Students are expected to arrive promptly for "on-call" duty time and scheduled appointments, to be dressed professionally (e.g., no flip-flop shoes, shorts, tattered jeans, strapless or spaghetti-strap blouses, tank-tops, etc.), to vacate therapy rooms promptly, 10 minutes before the next scheduled appointment, to leave therapy rooms in good order (replace any furniture moved, etc.), and report any malfunctioning equipment to Clinic office staff.
 - (4) The student assigned on-call coverage must notify the Clinic office staff at the beginning of their on-duty time and be available in the on-call room (Terrill Hall 147).
 - (5) The student on-call will be expected to take referral information from perspective Clinic clients who telephone or walk-in to the Clinic and schedule an initial intake appointment. Remember that individuals are afforded the same privilege of confidentiality whether they are a perspective or actual Clinic client.
 - (6) On-call clinicians will also be asked to assist with general clinic functions (e.g., answering telephone/taking messages) as needed.

NOTE:

The on-call student is acting as an agent of the Clinic for purposes of collecting general information regarding the presenting problem/referral question. The on-call student should maintain clear and professional boundaries that would in NO WAY imply a therapeutic relationship. Do NOT meet with walk-in intake/crisis clients in the on-call room. Sign out a Clinic therapy/assessment room so that digital monitoring can take place. Walk-in crisis clients should sign a ***Mental Health Care Services Consent Form***.

- (7) The On-call clinician takes "blue-sheet" or "pink-sheet" information over the phone or with the walk-in. If the individual is a prospective therapy client, the on-call clinician proceeds to the steps outlined below. However, if individual is requesting specialized services (e.g., assessment, child, group, couples/family, etc.) or there is a notice posted regarding a therapy waiting list, then the clinician completes blue/pink sheet and turns it into the Clinic Administrative Coordinator.
 - (a) Once blue-sheet information is completed, the clinician checks available "initial intake" appointment times and schedules with prospective client. There will be an appointment book in the on-call room to write down the client's name under the corresponding time. Be sure to ask client to arrive at least **45 minutes** before the scheduled appointment time to complete all necessary paperwork. It is also very

important that the client understand that he/she will initially be meeting with an “intake coordinator” and that his/her permanent therapist will be assigned after more information (and presumably a more appropriate match is made) is gathered.

(b) Complete the form which instructs the staff to schedule a room and notify the assigned intake clinician (via e-mail and clinician mailbox) of the scheduled intake.

- (8) The student on call will be expected to handle or assist with any crisis situations that occur during his/her designated Clinic coverage time (refer to the General Procedure Section in this manual for a discussion of Emergencies (p. 19).

(9) If, at the end of the Clinic day, an emergency situation arises or is in progress, the clinician will notify the Clinic office staff so that the on-duty supervisor can be notified and remain on duty until the emergency is resolved. The on-call student-clinician will also be expected to remain after hours to offer any assistance necessary (e.g., remain in the Clinic office after the office staff have left for the day, answer in-coming crisis-related phone calls, lock rooms etc.).

Note: All students working in the clinic are expected to provide “on-call” coverage unless explicitly receiving permission from the clinic director to do otherwise. For example, students working in the clinic to finish incomplete practicum coursework (e.g., assessments), even though not currently enrolled in practicum, are required to potentially provide an “on-call hour” timeslot as needed by the clinic.

- (10) Student clinicians will be scheduled for one "intake hour" in addition to their "on-call" hour. Please refer to General procedure section in this manual for a discussion of the "initial intake" process (p. 15).
- (11) IN ALL EXCEPT EMERGENCY SITUATIONS, CLINICIANS WILL VACATE CLINIC ROOMS **10 MINUTES BEFORE** CLINIC CLOSING TIME.
- (12) The Clinic is a public facility which offers services to Denton and surrounding communities. The decision to seek and receive psychological services is a serious matter for most individuals. Students need to be equally as serious about maintaining an appropriate environment where clients can receive professional services.
- (13) Students are to be in the Clinic **only** when they are conducting Clinic business.
- (14) The Clinic is **NOT** to be used as a gathering place. Students should utilize the lounge space located directly above the Clinic in Terrill Hall (room 247) or shared space in graduate student cubical-desk area (southeast corner of 2nd floor).
- (15) Computers, printers, copiers, and phones are for clinic-related activities only (i.e., practicum and applied course activities)
- (16) Practicum students’ Roles and Responsibilities (Goals of Vertical Team Concept) are generally as follows:

(a) Third Year Students and above:

- (i) Assume responsibility for assessment and/or therapy cases as instructed by practicum supervisor
- (ii) Assume responsibility for records management, consultation, peer supervision, referral, transfer, and termination of their Clinic cases as directed by the supervisor
- (iii) Perform Clinic duties as outlined in Clinic Procedures section of this manual (Section II, p. 11)
- (iv) Provide on-call coverage and conduct scheduled initial intakes as scheduled
- (v) Participate in team meeting case presentations

(b) Second Year Students:

- (i) Assume responsibility for assessment and/or therapy cases as instructed by practicum supervisor
- (ii) Perform Clinic duties as outlined in Clinic Procedures section of this manual (Section II, p. 11)
- (iii) Serve as on-call clinician and conduct scheduled initial intakes as scheduled
- (iv) Assist advanced team members and supervisor in practicum activities and observe their activities
- (v) Participate in team and case presentations

(c) First Year Students:

- (i) Meet course requirements for Psychology 5420/5430 and acquire basic assessment skills to administer and interpret psychological objective and projective tests. Successfully complete Psychology 5420/5430 check outs.
- (ii) Become familiar with all Clinic procedures and practices as outlined in this manual.
- (iii) Observe second, third and fourth year students conducting assessments, interviews, and therapy as well as all other associated Clinic procedures
- (iv) Perform interviews (social history, developmental history, mental status) and assist second year students with assessments after Psychology 5420/5430 check out, as directed by supervisor
- (v) Participate in intakes and therapy sessions at supervisor's discretion
- (vi) Attend team meetings
- (vii) Fulfill general practicum student responsibilities in the Clinic when working with advanced students on cases and intakes

F. PRACTICUM CASE LOAD AND HOUR REQUIREMENTS

1. Practicum Hours Tracking

- a) Practicum time logs are maintained by each practicum student to keep a running total of experience in practicum and other psychological interventions.

NOTE: Clinical record-keeping should begin at the very beginning of one's clinical training. Internship sites will require extensive information on their applications; the better your records are, the easier the application process will be.

Students are strongly encouraged to track hours by using APPIC's (Association of Psychology Postdoctoral & Internship Centers) requirements. Please consult with your program director regarding which specific format to adopt (e.g., Time2Track, MyPsychTrack, etc.).

- b) Each student is responsible for recording a cumulative total to ensure awareness of progress toward meeting his/her program's hourly requirements.
- c) APPIC requires that applicants record information regarding the populations served (see APPIC application on the web page located at WWW.APPIC.ORG for current requirements). Students should track this information as well.
- d) Additionally, the APPIC application will ask for information regarding treatment settings, type and number of tests administered, gender, and special populations served (e.g., disability, sexual orientation, minorities). Student-clinicians are **STRONGLY ENCOURAGED** to develop a routine for tracking this information (see APPIC application on the web page located at WWW.APPIC.ORG for current requirements) to keep as part of their personal records (**you will wish you had when applying for internship**).
- e) At the end of each semester, the student is responsible, in collaboration with his/her clinic supervisor and program director, for documenting hours. Documented hours should be given to the Psychology Department Graduate Coordinator for placement in student's file. The clinic database (i.e., Titanium) allows the clinic director, supervisors, and programs to track contact hours for auditing purposes only.

IMPORTANT NOTE: Each student-clinician is responsible for documenting the information required by his/her program. Please refer to your respective program manual and program director for additional information regarding practicum requirements.

G. EVALUATION PROCEDURES:

1. Supervisor Evaluation of Students

Supervisors provide all team members with periodic feedback on their practicum performance as part of the student's learning experience. This feedback process is an on-going part of supervision and team interaction. Supervisors provide formative

and summative evaluations each semester. The Practicum Evaluation Form should be completed by the supervisor, discussed with the student, signed by both student and supervisor each semester. A copy of the evaluation goes in the student's permanent file. The student's grade in practicum is therefore based on: **1)** meeting program hour requirements for direct client contact, technical assistance, observation, assessments, supervision received and/or provided; **2)** Supervisor's evaluation of student's performance; and **3)** Student's performance in the Clinic.

2. Clinic Evaluation of Students

- a) File Reminder Notices: Case files are reviewed periodically by the Clinic to check for completeness and accuracy. A notice is sent to the student via e-mail or placed in the student's Titanium "Task List" indicating what is lacking.
- b) Clinic Performance Input Into Practicum Grades:

Practicum students' performance in the Clinic is an integral part of their training experience. Case management and direct contact with community members as well as responsibility to an agency are aspects of the practicum which are emphasized within the Clinic. Therefore, the Clinic Director monitors and evaluates the performance of students in pertinent areas. This evaluation is weighted in the student's practicum grade.

- (1) The Clinic Director may suspend a student from the Clinic if his/her behavior violates ethical standards, Clinic procedures or places clients in jeopardy. If a student has not made up deficiencies and/or made arrangements for transfer/termination of cases prior to the end of the semester, the student will receive a grade of **Incomplete (I)**, or the student's grade may be lowered. Additionally, the student may be required to complete remedial work assigned by the Clinic Director in order to demonstrate minimal competency, professionalism, etc.
- (2) Students may appeal any disciplinary action of the Clinic Director to the Psychology Clinic Executive Committee (PCEC).
- (3) Students' Responsibilities in the Clinic: Evaluations are based on the ethical and professional manner in which the student conducts him/herself in carrying out the following duties and responsibilities:
 - (a) Check in on time for on-duty coverage and scheduled intake appointments
 - (b) Verbally review and appropriately document (i.e., Intake Note) the content of the **UNT Psychology Clinic Consent for Treatment** form with client and ensure signatures are obtained for any release forms used
 - (c) Keep ALL CLIENT DATA, INCLUDING AUDIO AND DIGITAL RECORDINGS, and files in the Clinic when not being used for supervision. Client information should **NEVER** leave the building, under **ANY** circumstances, without the approval of the Clinic Director
 - (d) Return messages left by clients and communicate with Clinic staff as needed regarding fees, appointments, etc.

CONFIDENTIALITY OF ALL DATA CONCERNING CLINIC CLIENTS IS THE RESPONSIBILITY OF THE STUDENT- CLINICIAN. THIS INCLUDES BUT IS NOT LIMITED TO AUDIO AND DIGITAL RECORDED MATERIAL, THE CLIENT FILE, TEST DATA, PERSONAL INFORMATION FORM, DRAFTS OF REPORTS, COMPLETED REPORTS, PROGRESS NOTES, ALL WRITTEN, TYPED, AND WORD-PROCESSING GENERATED MATERIAL (INCLUDING DATA STORAGE DISKS WITH CLIENT DATA).

- (e) Be on time for scheduled appointments
- (f) Enter appointments in Riverstick (i.e., digital recording) and Titanium (i.e., clinic database) **IN ADVANCE**
- (g) Contact and schedule appointment with assigned client promptly
- (h) Have intake reports, assessment reports, and other file data in the client folder as required (**exception** - initial intake paperwork is given to clinic staff)
- (i) Check personal clinic mailboxes and your UNT e-mail for messages and materials on a regular basis
- (j) Open/close files appropriately and in a timely manner
- (k) Maintain quality of intake and assessment reports, transfer, evaluation, and termination reports
- (l) **KEEP FILES UP-TO-DATE**
- (m) Monitor information on the Emergency Information Form to ensure that it is current
- (n) **TURN IN FILES 30 MINUTES** PRIOR TO CLINIC CLOSING TIME
- (o) Submit a "Transfer Request Form" (green) for all cases which need to be transferred (recommending who the new therapist should be with rationale) prior to submitting the file for closing
- (p) Submit a "Transfer of Supervision" form when the clinician is continuing with the same client but changing supervisors (most commonly in at the beginning of the Summer term and Fall semester)
- (q) When it is necessary to send reports, document communications, etc. from a file that has already been closed, the student-clinician will have the Clinic Director co-sign "File Activity" and or "Progress Record" entries.
- (r) Check bulletin boards and chalkboard regularly and adhere to any new procedures
- (s) **VACATE THERAPY/ASSESSMENT ROOMS PROMPTLY (10 MINUTES BEFORE THE NEXT SCHEDULED APPOINTMENT/END OF THE CLINIC DAY)**
- (t) Clean out mailboxes at the end of each semester, and **NEVER** leave client data (i.e. testing data, blue or pink sheets, etc.) in mailboxes. At the end of the spring semester, **EVERYTHING MUST GO**, in order for the staff to get ready for the next academic year! (**exception** - students enrolled in practicum for the summer sessions).

II. PSYCHOLOGY CLINIC PRACTICES AND PROCEDURES

As a service, training and research facility, the UNT Psychology Clinic follows procedures designed to ensure consistently high quality and confidential service delivery, to instill high standards and professionalism in students, and to gather data which promotes quality and advances knowledge.

NOTE: MANY SAMPLE FORMS MENTIONED IN THIS SECTION SHOULD BE AVAILABLE IN THE CLINICIANS' WAITING ROOM OR AVAILABLE FROM OFFICE STAFF.

A. GENERAL POLICIES AND PROCEDURES

THE FOLLOWING APPLY TO ALL CLINIC CASES.

1. Assignment of Cases

a) Therapy Cases:

Therapy cases are referred/assigned to student-clinicians by the Clinic Director on a rotating basis. The student and his/her supervisor determine appropriate disposition of the case (e.g., acceptance, transfer, or referral). When a case is accepted by a student-clinician and his/her supervisor, the procedures outlined in the following sections will be observed (See pp. 20-26 of this manual for procedures specific to therapy cases).

NOTE: Case load information reflects both the number of "bluesheet" referrals assigned and files currently open. Because therapy cases are assigned based on caseload and date of last case assignment, it is essential that students keep information updated (e.g., return "bluesheet" referrals as soon as possible, close inactive files).

b) Assessment Cases:

Assessment cases are referred/assigned to student-clinicians on a rotating basis by the Clinic Administrative Coordinator. The student-clinician and his/her supervisor determine appropriate disposition of the case (e.g., acceptance, transfer, or referral). When a case is accepted by a student-clinician and his/her supervisor, the procedures outlined in the following sections will be observed (See pp. 26-30 of this manual for procedures specific to assessment cases.)

2. Contacting Clients

a) Client phone numbers are available on the referral form, Personal Information Form, Emergency Intervention form, and client index card. The student-clinician should pay close attention to the contact number preferred by the client. These numbers should be kept current. Additionally, the student-clinician should carefully read information on the referral form regarding messages, voice-mail, caller I.D., etc.

(1) The student-clinician should be circumspect when calling a client or potential client. Leave only your name and number; do not identify

yourself as a clinician to family members, co-workers, answering machines, or voice-mail.

- (2) Use of the Clinic phones is restricted to client-related calls. Clinic Staff will not be responsible for taking personal messages.
- (3) The student-clinician should have possible appointment times clearly in mind to offer the client before calling.
- (4) **ALL** phone calls are recorded in a “File Activity” note entry in Titanium (e.g., messages left, appointments scheduled, etc.).
- (5) Student clinicians may contact clients through the psychology clinic@UNT.edu e-mail **only**. Do Not Use student or personal e-mail to communicate with clients. See the Clinic Administrative Coordinator for e-mail procedures.

NOTE: Any communication involving pertinent information (e.g., crisis intervention, detailed information disclosed by the client, physician/referral source contact, etc.) should be documented in a “Progress Note” entry in Titanium.

3. Appointment and Room Scheduling

- a) By the end of each week a student-clinician should attempt to set his/her appointments for the next week in the Riverstick recording calendar under “Schedule Management” and Titanium. This is essential to keep Clinic office staff adequately informed to answer questions from clients regarding their appointment time, clinician’s name, etc.
- b) Student-clinicians schedule rooms and appointment times IN ADVANCE, using both Riverstick and Titanium. In case of cancellation, the student or office staff cancels the appointment, which releases the room. When used for coursework (the lowest priority), the qualifier “Course Work” should be selected to indicate that the room is available for direct client services. Rooms MAY NOT be scheduled more than one week in advance. Only the Clinic Administrative Coordinator will assign rooms for the entire semester (typically reserved for courses only).

NOTE: Use of Clinic rooms is prioritized in the following manner: **1. direct client services, 2. applied training, 3. other approved uses (e.g., sport psych, research).**

- c) All “other” uses of Clinic rooms (e.g., research, studying for comps, etc.) must be approved in advance by the Clinic Director or Clinic Administrative Coordinator.
- d) Any appointments scheduled outside of regular clinic client hours (M-Th 10 am to 8 pm, and Fridays 10 am to 5 pm), must have a signed yellow “**Off Hours Request**” form submitted (with supervisor’s signature) to the clinic Administrative Coordinator before scheduling the client.

4. Use of Therapy Rooms

- a) It is the student-clinician’s obligation to vacate therapy rooms on time. Rooms used for therapy and assessment are vacated 10 minutes before the next scheduled appointment. The last appointment of the day ends 10 minutes prior to clinic closing time.

- b) It is the student-clinician's responsibility to ensure that the room is ready for the next session (furniture in place, etc.)

5. Recording of Sessions

- a) Is **required** for all sessions unless otherwise approved
- b) Digital recording of rooms is the sole responsibility of the student-clinician. Student-clinicians indicate for digital recording to occur (placing a checkmark in the box before clicking save) at the same time that an appointment or room (i.e., "resource") is scheduled in Riverstick, menu option "Schedule Management." Any long-term (longer than 1-week) storage of recorded material or burning on to DVDs is done only by making a request by using the Riverstick "Save/Burn Management" menu option.
- c) When students retain digitally recorded materials long-term (i.e., IRC requirement of the counseling doctoral program), it is his or her responsibility to notify the clinic when the material is no longer needed and can be deleted.
- d) Audio tapes for recording of cases are assigned to student-clinicians by the Clinic Administrative Coordinator as needed.

ANY RECORDED MATERIAL (E.G., AUDIO, DVD) ARE TO REMAIN IN THE CLINIC LOCKED FILE CABINET EXCEPT WHEN BEING USED FOR SUPERVISION. RECORDED MATERIAL MUST BE ERASED OR DESTROYED AT THE CONCLUSION OF A CASE OR END OF THE SEMESTER (unless approved by supervisor for purposes of meeting program requirements and communicated to the Clinic Director).

6. Forms Used at Intake

- a) **UNT Psychology Clinic Consent for Treatment** form MUST BE ELECTRONICALLY SIGNED BY ALL CLIENTS AND INCLUDED IN ALL CLIENT FILES. It is the student-clinician's responsibility to make sure the form has been **signed before** he/she discusses anything with the client.
- b) Each client is provided with the **Notice of Privacy Practices (NPP)** while completing intake procedures. A written copy is available upon request.
- c) **Emergency Information** is provided by ALL CLIENTS (printed copy placed at the top left-side of file). This information **must** be kept **up to date** and is the responsibility of the current student-clinician.
- d) **Adult Clinic Personal Information** must be completed by each adult client (over 18 years) receiving services. This information is completed online using the clinic laptop computers or with paper and pen. The clinic staff print the results after the client has completed them and before the intake interview begins. Adults also complete the Psychiatric Diagnostic Screening Questionnaire (PDSQ, Zimmerman, 2002).
 - Please see chart in Clinician's Waiting Room for immediate scoring information for PDSQ.
 - After scoring, per instructions on the wall, administer follow up semi-structured interview for significant scale(s) as directed by your clinic supervisor.
 - Semi-Structured Interviews to choose from (Examples):

- PDSQ Follow-Up Interview Guide
 - Structured Clinical Interview for DSM-IV Disorders (SCID-IV) and other Axis I interviews
 - Anxiety Disorder Interview Schedule (ADIS-IV)
 - Schedule of Affective Disorders and Schizophrenia (SADS)
 - Ex: Client endorsed 9 questions related to GAD. According to the scoring instructions, scores above 7 are significant, therefore you could administer the GAD section of the ADIS-IV to assess the client thoroughly.
- e) ***Child/Adolescent Personal Information*** must be completed by the child's legal guardian or a legally appointed agent. If the client is a child (under 18 years) the legal guardian must be present at the time of intake. If the legal guardian is not present, the client must be rescheduled at a time when the legal guardian can be present. This information is completed online using the clinic laptop computers or with paper and pen. The clinic staff print the results after the client has completed them and before the intake interview begins (printed copy placed on the left-side of file - see sample in clinicians' waiting room).

NOTE: Any child under the age of 12 MUST have a legal guardian or a legally appointed agent present in the Clinic at ALL times. Children 12 years of age and older may be left in the care of the student-clinician for reasonable periods of time, given that the guardian has provided emergency contact information and made appropriate arrangements for the child's lunch, transportation, etc.

- f) ***UNT Psychology Clinic Consent for Treatment*** for Minor Child must be electronically signed by the child's legal guardian BEFORE any psychological services can be initiated (also recommended to get signed assent when working with adolescents).
- g) ***Request for Release of Information Form***. If, in the judgment of the student-clinician/supervisor further information on the client needs to be obtained from individuals and/or agencies, then the clinician must have the client sign a ***Request for Release of Information Form***. Or a ***Two-way Release of Information Form***, signed by the client to allow the student-clinician to both receive and provide information. A separate form must be completed for each individual and/or agency to be contacted for information. The original is sent to the individual/agency specified and a copy is placed in the client's file (left side).
- h) ***Consent to Release Information Form***. If, in the judgment of the student-clinician/supervisor or by client request further information on the client needs to be sent to individuals and/or agencies, then the clinician must have the client sign a ***Consent to Release Information Form***. A separate ***Request/Consent for Release of Information Form*** must be completed and signed for each individual/agency to be informed about the psychological contact taking place.
- i) After the intake session, all forms are to be attached to an Open File Request Form (white half-page) and put in room 171 in the Administrative

Coordinator's Inbox. If the clinician is conducting the intake for the clinic (during clinician's scheduled "intake hour"), he/she should give paperwork directly to the office staff to be securely filed while the initial intake report is in progress. **NO FORMS ARE TO BE REMOVED FROM THE CLINIC EXCEPT FOR CONSULTATION WITH THE CASE SUPERVISOR AND MUST BE RETURNED 30 MINUTES PRIOR TO THE CLINIC CLOSING.**

7. Intake Interview

Students will be assigned intake cases in **two** ways.

- a) Clinician will receive a "blue sheet" with a half page (white) indicating the scheduled initial intake appointment has been made during that clinician's "initial intake" hour. The student clinician will also receive e-mail notification that the appointment has been scheduled.
- b) Clinician will receive a "blue sheet" with memo attached. The clinician will need to contact the client and schedule the intake appointment. This process will typically occur with child, couple/marital and family therapy cases, during wait-list times as well as at the beginning of the summer and fall semesters. In addition to documenting the appointment with an "Intake Note" in Titanium, the student will write an intake report to be approved and signed by his/her faculty supervisor and then attached to this same note.

8. "Initial Intake" procedures:

- a) Discuss Clinic operations, supervision, confidentiality, fees, etc. and (see intake interview procedures described in the following section) with the client. Properly document this has occurred in an Intake Note (Titanium).
- b) **Important note** – each intake clinician must ensure that his/her initial intake appointments are digitally recorded through the Riverstick system.
- c) Gather more detailed information from client regarding current presenting problem.
- d) Explain to client that someone will contact them soon to schedule his/her regular standing appointment time.
- e) Complete the "Initial Intake Report" according to the outline and example provided (**please refer to sample in clinicians' waiting room**).
- f) Turn completed report into the Clinic staff for the Clinic Director to review.
- g) The Clinic Director will return intake report to the student clinician's mailbox with noted corrections or OK to print on clinic letterhead.
- h) The student clinician should make any necessary changes and return to the clinic staff for the Director's signature (the student-clinician should assume perfection, print on clinic letter-head and sign corrected report).
- i) The Clinic Director will have the staff open the file and assign the case to a permanent clinician. **Note** - after seeing the client for the first scheduled appointment, the permanently assigned clinician should fill out an "Open File Request Form" in order to open the file under his/her faculty supervisor's name (all cases are initially assigned under the student clinician and clinic director). If a file has been opened and assigned to a student and the client never returns for his or her appointment, the student clinician simply needs to make a progress note entry explaining the situation, which is co-signed by the clinic director. The file is then submitted for closing

(please refer to section on file maintenance and closing).

- j) Each clinician will receive a notice when the case is assigned. The “Initial Intake Report” will suffice for the Clinic file and function as an initial treatment plan (as required by Texas Psychology Board Rules). When students are assigned a transfer case (i.e., current client), an Intake Report will not be required unless the faculty supervisor deems it necessary to the case.

9. General information about intake interviews

- a) The client should be informed about the scope of confidentiality (see resources in the Clinic office) and about the training function of the Psychology Clinic at the beginning of the Intake interview, using the **UNT Psychology Clinic Consent for Treatment** information. Additionally, it is important to inform clients at the outset concerning semester breaks, holidays, **charges** for missed appointments, etc. Copies of “Information Guide for Psychology Clinic Clients” are available in the Clinic office.
- b) Clinicians inform clients about necessity to check in with Clinic office staff before each appointment
- c) The Intake interview is used to obtain the information needed to determine proper assignment of the case and to provide information needed to complete an Intake Report or Assessment Report following Clinic guidelines. The report should include a summary of salient points of diagnostic and therapeutic information contained in the Personal Information data, as well as information gathered during the intake interview. It is designed to aid the therapist in sorting through obtained information to substantiate a reasonable diagnosis and to identify problem areas which most interfere with the client’s successful functioning.

10. Referral and Disposition of Cases

If the student-clinician, in consultation with his/her supervisor, determine that a referral is needed because the client’s problem(s) and/or needs do not seem appropriate for the services provided in the Clinic, such referral is made by the supervisor and student-clinician. Referral resources available in the community can be obtained by:

- a) Consulting the “Denton County Community Services Directory” in the Clinic office
- b) Consulting the Clinic Director
- c) Calling the Denton County Mental Health Unit-Screening, Referrals, and Emergency Program at **(800)762-0157**; general number **(940)381-5000**.

Referrals may be made to a private physician, a psychiatrist, the University Counseling and Testing Services Center (for students/staff/faculty of UNT only), Community Mental Health Agencies, or any professional or agency deemed appropriate to meet the needs of the client.

11. Psychiatric Referrals

The Student Health & Wellness Center (SHWC) retains consulting psychiatrists, two advanced residents from Southwest Medical School and one full-time psychiatrist. UNT Psychology student clinicians may refer UNT students to the

psychiatrists for diagnostic evaluation and assessment for medication. The following procedures should be followed:

- a) Be thorough in your evaluation and determine the client's level of need.
- b) Discuss with your supervisor the possible need for psychiatric referral, **before** making the referral.
- c) Discuss need for referral with the client. There are many reasons that a client may react negatively to a psychiatric referral, so be sensitive. Since many clients are apprehensive about seeing a "shrink" or taking medication, it is best to take an educative approach. Referring to it as a "consultation with a psychiatrist for the most accurate information" may be one way to help relieve some anxiety. Encourage them to talk with the psychiatrist about their concerns as well (e.g., medication side effects, dependency).
- d) Before the referral session, work with your supervisor to complete the **Psychiatric Consultation Request form** (located in Clinician's Waiting Room). This form covers the purpose of consultation and description of problem. **The Psychiatric Consultation Request form is printed on clinic letterhead and signed by student clinician and supervisor.** A copy of this form **MUST** be placed in the client's file.
- e) During referral session:
 - a. Have the client read and complete the **UNT Student Health & Wellness Center Mental Health Clinic Policy & Procedure form**. Then have the client complete the **UNT Student Health & Wellness Center Request for Release of Medical Records form** (this paperwork allows you to send and receive information to the psychiatrist). Student clinician will need to sign each form as witness. Copies of each of these forms form (located in Clinician's Waiting Room) **MUST** be placed in the client's file.
 - b. **Clients cannot call SHWC and schedule their intake appointments with psychiatrists. Student clinician must call to complete the referral and schedule the intake appointment.**
 - c. **During session** the student clinician should call the Student Health Wellness Center. You can use your cell phone to make the psychiatric appointment. Call the SHWC (940-565-2333) and press option for psychiatric appointments.
 - d. Give client a copy of the handout of the **UNT Student Health & Wellness Center Mental Health Clinic Policy & Procedure form** with the name of psychiatrist to be seen, date and the time of the appointment written on the form.
 - e. The SHWC must receive **Psychiatric Consultation Request form UNT Student Health and Wellness Center Mental Health Clinic Policy & Procedure form**, and **UNT Student Health & Wellness Center Request for Release of Medical Records Form at least 3 days** before the scheduled intake appointment. The original forms should be placed in an envelope marked confidential and delivered to the SHWC.
- f) Following referral session
 - a. The psychiatrist will usually be in touch with the referring counselor or send their intake notes to provide some feedback about the results of the interview.

- b. If this process gets delayed, simply ask the client what happened or call the Student Health Center to ask for the record.

12. Fee Setting and Collection

- a) There is no charge for the Intake Session. The on-call clinician who completes the therapy or assessment referral form (bluesheet/pinksheet) will quote a fee to the client using our sliding scale form. Clinicians will use the financial information provided by the prospective client to complete the fee sheet form (located in the on-call room). Upon completion, the two forms should be stapled together and placed in the Clinic Administrative Coordinator's desk-tray. Clients who need a reduction in their assigned fee must complete an application form and provide necessary documentation to the clinic director for approval (see office staff for appropriate forms).
- b) It is the responsibility of the student clinician to inform the Clinic office staff of any missed appointment in order that missed appointment fee is charged to the clients account.

NOTE: IF A THERAPY CLIENT DOES NOT PROVIDE 24-HOUR NOTICE OF CANCELLATION, **CHARGE ½** THE REGULAR FEE FOR MISSED APPOINTMENTS. ASSESSMENT CLIENTS ARE CHARGED **\$20.00** FOR MISSED APPOINTMENTS.

- c) No case file will be opened until the fee has been set and Clinic personnel have provided notification in writing.
- d) The student-clinician is responsible for ensuring that the client has CHECKED IN with the Clinic office staff BEFORE beginning therapy and/or assessment sessions regardless if fee is due. This is particularly important because the client check-in information will be used to audit hours of direct client contact reported by student-clinicians on the Semester Summary of Hours form.
- e) The clinician is responsible for checking the client's balance on a regular basis to ensure the account is up to date. Clients with more than three unpaid appointments will not be seen until a payment is made.
- f) The clinician is responsible for ensuring that the client HAS PAID ANY OUTSTANDING FEES BEFORE TERMINATION. Please check with Clinic office near to the termination date to verify that the client's balance is in good standing.

13. Emergencies

- a) Before seeing any cases in the Clinic, students should (a) read the Crisis Intervention Manual (located in the on-call room) (b) discuss crisis intervention procedures with their faculty supervisor, (c) rehearse or role-play the appropriate professional and ethical conduct for handling such emergencies, and (d) read relevant literature recommended by the faculty supervisor.
- b) If an emergency exists, or if there is a possibility that an emergency will develop with a new (Intake) client, the on-duty student- clinician should CONTACT the ON-DUTY SUPERVISOR promptly. The student-clinician's discussion with the on-duty supervisor should include consideration of the

following resources:

- (1) For UNT Students:
Campus Police Emergency 911
- (2) For non-UNT individuals:
Denton Police Dept. Emergency 911
Denton County Sheriff (940) 898-5601
Denton County Mental Health (940) 381-5000
EMERGENCY HOTLINE (800) 762-0157
- c) Emergencies are, in most instances, considered properly referred when the client is:
 - (1) In the custody of a family member or friend who assumes responsibility for the client.
 - (2) In the custody of a licensed psychologist or M.D. who assumes responsibility for the client.
 - (3) In the custody of the police.
- d) If an on-going client comes to the Psychology Clinic office in an emergency situation and that client's student-clinician (or faculty supervisor for the case) is not available, Clinic office staff notifies the on-duty student-clinician and the on-duty supervisor of the emergency.
- e) An Emergency Intervention Record (green) form must be filled out immediately following all emergencies by the student-clinician and signed by the supervisor who handles the case. If there is a client file on the person who has the emergency, the Emergency Intervention Record is placed in the Client's file (with progress notes). If the person is not a Clinic client, this form is given to Clinic Administrative Coordinator and placed in the general Emergency Intervention File.

14. Test Storeroom

- a) Checking out materials:
 - (1) 2nd, 3rd, and 4th year students can check-out materials during posted hours.
 - (2) 1st year practicum students should receive necessary materials from their course TA or an upper-level student-clinician from their practicum team. 1st year practicum students will be given full check-out privileges with their supervisor's approval (e.g., 1st year student-clinician who is administering their first independent assessment).
 - (3) Check-out requests will be processed by a Test Storeroom GSA.
 - (4) The student-clinician requesting materials must have a signed "Test Storeroom Agreement" form on file, acknowledging that he/she is assuming responsibility for the items checked out.
- b) Returning materials:
 - (1) Returns will be processed by a Test Storeroom GSA.
 - (2) The student-clinician returning materials will receive an e-mail verification that he/she has properly returned the items listed.

Note: It is imperative that students retain **ALL** receipts/email that may be needed to determine who must assume responsibility for missing Test Storeroom items. As computers are not infallible, students are

STRONGLY encouraged to keep **ALL** Test Storeroom receipts/email until graduation. Students who are unable to verify the proper return of a missing item(s) will be required to pay the replacement cost of the item(s).

15. Copying client information
- a) Please follow procedures provided in the subsequent *Therapy Cases* and *Assessment Cases* sections regarding any copying/ mailing of client information to outside agencies.
 - b) Assessment reports may not be mailed unless the fee is paid in full.
 - c) Copying client information for any other reason (e.g., sample report for internship application, comprehensive core requirement, and classroom instruction) **MUST** be approved by the faculty supervisor.

Note: Student-clinicians **MUST** meet with their faculty supervisor to determine what information needs to be redacted/concealed (e.g., internship application report sample), before submitting a work request for copying/ mailing.

B. THERAPY CASES

The following information is specific to therapy cases. See General Procedures section II (p. 11) for other information.

1. Intake Report

- a) The Intake Report should include:
 - Basic demographic data (name, date of birth and age, education, occupation, etc.)
 - Presenting Problem(s)
 - Behavioral Observations
 - Social History
 - Diagnostic Impressions
 - Summary and Recommendations

Important Note: All report writing is to be done in the document preparation room next to the Clinician's Waiting Room. **NEVER** save identifying information to the computer's hard-drive. Clinicians should use the "find and replace" editing command to replace non-identifying information (e.g., "Mr. X") with the clients actual name before printing. This modified document **MUST NEVER** be saved. De-identified information saved to computer disk **MUST** be properly password protected (see password protecting directions on p. 27).

- b) The Initial Intake Report or Intake Report **MUST** be submitted to the Clinic Director or supervisor **within 2 working days** of completing the intake interview. The student-Clinician who conducted the intake interview is responsible for writing the report.
- c) Examples of acceptable Intake Reports are available in the clinic staff room. This format is a guideline for writing intake reports. Reports are expected to

vary according to individual circumstances. In general, however, each report should cover the basic information called for in each of the sections outlined above.

- d) If a report is to be released to another agency or individual, the report is to be signed by the supervisor and student-clinician and returned to the Clinic for copying and mailing. A notation is made on the File Activity Note Titanium entry regarding disposition of the report or any copies that are released.

NOTE: Reports and correspondence are to be mailed by Clinic office **STAFF ONLY**. Student-clinicians are responsible only for submitting a work request with the necessary information (e.g., contact, address).

- e) **ABSOLUTELY NO** client data are to be removed from the building, under any circumstances, without the consent of the Clinic Director. The Personal Information and ALL other data associated with client file are to be returned to the Clinic Office **30 minutes** prior to the scheduled Clinic closing time.

2. Outcome Measures

Clients are asked to complete questionnaires at regular intervals during treatment **(these questionnaires are an integral part of training and thus are required unless waived by the Clinic Director)**. The 3 standard measures used by all clinicians in the Psychology Clinic are the (1) Outcome Questionnaire (OQ, Lambert and Burlingame, 1996) the (2) Working Alliance Inventory (WAI, Horvath & Greenberg, 1989) and the (3) Assessment of Signal Clients (ASC, Lambert et al., 2007). These are administered to clients via the netbook computer. Other measures may be used according to supervisor preference. The OQ is given each week and the WAI and ASC are given approximately every 3 weeks. If the client is coming in for the intake or first session, the student-clinician must indicate in Riverstick and Titanium (via comments box when booking appointment) to NOT administer the WAI and ASC. If the Client attends multiple sessions per week, the student-clinician must indicate to NOT administer WAI and ASC multiple times per week. However, all Clients are required to fill out the OQ at the first session (not the intake session).

Note - the clinician is responsible for monitoring client's responses to suicide oriented questions on the OQ (items 8 and 23 - available immediately in raw score form in Titanium) prior to final scoring, particularly regarding cases where monitoring is indicated (e.g., significant depressive symptoms).

3. Opening, Maintaining & Closing Files

- a) *New Cases:* (see Forms used at Intake, pp. 14-15)
At the time of the Intake interview, the student-clinician determines if the client is a new or returning client (seen at least once previously in the Psychology Clinic, and therefore, already has a file) and then proceeds as follows:
 - (1) The student-clinician fills out an Open File Request Form and attaches it

- to the top page of the Personal Information Form (consent signature form). This form informs Clinic office staff as to the disposition of the case; i.e., that the student-clinician and his/her supervisor will continue with the case; that the case will be transferred; that the case will be referred outside the clinic.
- (2) If it is determined at the Intake interview that the client will not continue as a client and he/she does not want to be referred to another professional or agency, a note should be entered in the electronic record, the Intake/Termination Report completed, and the file submitted for opening/closing.
 - (3) In any case, the student-clinician who conducted the Intake interview is responsible for writing the Intake report or Intake/Termination report and submitting it to the supervisor within 2 working days.
 - (4) If any of this information regarding therapy/assessment, fee, student/supervisor; date and student conducting intake is incomplete, the file will NOT be opened.
 - (5) **All** admission forms, testing materials, are to remain in the appropriate tray (TO BE OPENED, HOLD) until the file is opened.
 - (6) A FILE MUST BE OPENED AND AN INTAKE REPORT WRITTEN ON ALL CASES FOR WHICH AN INITIAL INTAKE INTERVIEW IS CONDUCTED.
 - (7) **ALL** direct client contacts (e.g., intake, assessment, therapy) or meaningful phone conversations (e.g., client crisis call, consultation with physician/case manager, client shares therapeutically relevant information) **MUST** be briefly noted in an "Assessment Note" or "Progress Note" entry in Titanium.
 - (8) All other contacts (e.g., phone messages, scheduling appointments, mailing documents **MUST** be recorded in a File Activity Note (Titanium).
- b) *Returning Clients:* (See Forms used at Intake, p. 14-15)
- (1) If a returning client is returning to see a previously assigned clinician, the original case file is checked out through Clinic office staff and submitted for reopening. A new file is **not** created.
 - (2) A new UNT Psychology Clinic Consent for Treatment form is completed and the Emergency Information Form is updated.
 - (3) The file is placed in the Clinic Administrative Coordinator's tray in the Clinic office, with an Open File Request Form (with the student-clinician and supervisor's name) paper-clipped to file.
 - (4) THE ABOVE PROCESS TAKES PLACE ONCE THE CLIENT HAS BEEN SEEN.
- c) *Counseling and Testing Services Clients:*
- (1) Clients being referred from CTS must call the Psychology Clinic to request services. A new blue-sheet referral form will be completed and the case will be assigned by the Clinic Director.
 - (2) The client may request to continue with his/her previous CTS therapist when calling the Clinic. This request will generally be accommodated unless refused by clinician's Clinic supervisor or if the request otherwise interferes with the training needs of other student-clinicians.
- d) *All Cases:*
- (1) It is the student-clinician's responsibility to check with Clinic office staff to see whether the case has been assigned a file number and opened. Cases are opened on the Friday following intake.

- (2) Student-clinician and supervisor must sign all Progress Notes and Reports. Follow the step-by-step instructions in the ***Titanium Users Guide*** designed for the clinic to close the file.
- (3) Due dates for forms and reports are as follows:
 - (a) Intake Report is submitted to supervisor within 2 working days of the completed interview.
 - (b) Assessment Report is submitted to supervisor within 1 week of completion of data collection.
 - (c) Progress Notes are completed and signed by clinician within **24 hours** of each session or appropriate contact (see Titanium Manual for note types). There should also be progress notes concerning unusual circumstances (e.g., to indicate if the client will not be seen for several weeks). Supervisor's co-sign all progress Note entries before or during supervision meetings.
 - (d) File Activity Notes should note the telephone communications, messages left, correspondence sent/received. Supervisor's co-sign all File Activity note entries before or during supervision meetings.
- (4) After the therapy case is opened, the file is set up by the student-clinician as outlined in "**Sample File**" located in Clinicians' Waiting Room.
- e) Co-therapy Files:
 - (1) Co-therapists decide between themselves who will be the clinician of record responsible for keeping the file up-to-date.
 - (2) File data must be reviewed and signed by the supervisor as with any therapy case.
 - (3) If the co-therapists are not on the same team, only one supervisor is responsible for the case.
- f) Family Case Files: (see Forms Used at Intake, p. 14-15)
 - (1) Family cases are kept in one file.
 - (2) If one of the family members is or has been seen for individual treatment, a separate new file **MUST** be opened for the family case.
 - (3) The file should contain signed UNT Psychology Clinic Consent for Treatment (adult and minor child), Emergency Contact Information, and Personal Information data for each member of the family.
 - (4) The intake can be written as a single report, with subsections for therapeutic and diagnostic specifics for each family member.
 - (5) In some instances, family members may be seen in individual therapy in addition to the family setting. Individual folders are set up for individual therapy cases and those files and the family file is cross-referenced.
 - (6) Therapists are responsible for notifying Clinic personnel regarding any changes in family members being seen at the clinic.
- g) Group Files:
 - (1) The file should contain a signed UNT Psychology Clinic Consent for Treatment, Emergency Contact Information, and Personal Information data for each client-member of the group.
 - (2) File data must be reviewed and signed by the supervisor as with any therapy case.
 - (3) If the co-therapists are not on the same team, only one supervisor is responsible for the case.

- (4) An ***attendance record*** must be maintained for the group (see Clinic Director for directions).
 - (5) If the client is also being seen in individual therapy, that file must also contain completed ***Personal Information*** data and be cross-referenced with the group file.
 - (6) If the group is formed from clients selected and interviewed specifically for the group, the Intake Report can be written as a single unit, with subsections for therapeutic and diagnostic data specific to each member.
 - (7) If the group is formed from clients referred from various Clinic teams, each client will already have an Intake Report in his/her individual file folder. A copy can be placed in the group folder. The files are cross-referenced.
- h) Checking Out Client Files:

Files are pulled by the Clinic office staff **ONLY**.

To have a file pulled:

- (1) The student-clinician fills out an "OUT GUIDE" and has an office staff member pull the file. An "OUT GUIDE" is completed for each file to be pulled.
- i) File Maintenance:
- (1) All files are regularly audited by Clinic office staff at two levels:
 - (a) The first level covers completeness and timeliness. Files are checked for the presence of all required forms, data, protocols, notes, reports, information releases, authorizations, and signatures. Student-clinicians whose files are deficient will receive reminders. If the reminders are ignored, deficiency notices will be sent to the clinician and his/her faculty supervisor (AND MAY AFFECT THE STUDENT'S GRADE).
 - (b) The second level covers consistency of file data with Clinic procedures and practices. Of primary concern are the Intake Report, Termination or Transfer Report, Progress Notes, File Activity Notes, and Assessment Report.
 - (2) Audits of files are intended to **aid** the student-clinicians in keeping client file information within Clinic and legal guidelines.
- j) Transfer/Referral of Cases:
- (1) A therapist who cannot continue a therapy case but determines the client needs further services is responsible, together with the supervisor, for transfer or referral. If the client is referred outside the Clinic, a Termination Report is prepared and filed. If the client is transferred within the clinic, to another therapist, a Transfer Report is prepared. The student-clinician must then complete a Transfer Request Form (green) and submit it to the Clinic Administrative Coordinator to be re-assigned. Any information the referring therapist can provide in terms of recommendations (e.g., gender of new therapist, etc.) will be helpful in assigning the case.

NOTE: All changes regarding the clinician assigned to a case MUST have either a new "Blue-sheet Referral" (i.e., assessment case to become a therapy case) or a green

Transfer Request Form (i.e., transferring to a new therapist) completed and given to the Clinic Administrative Coordinator for processing.

- (2) If a therapy case is transferred to another supervisor, with the same student-clinician continuing as therapist, the student-clinician completes a Transfer of Supervision Form, which is signed by the student-clinician and both supervisors and turned in to the Clinic Administrative Coordinator. Whether or not the clinician needs to prepare a Transfer Report is left to the discretion of the supervisors involved with the case.
 - (3) The Transfer Report should be a concise summary of the significant therapeutic material covered to date and should include a clear statement of the anticipated course of treatment and probable prognosis. Any questionable, difficult areas or complications should be noted.
 - (4) The therapist is responsible for ensuring that the transfer to the new therapist or referral is accomplished in a smooth, professional manner. It is recommended that the therapist prepare the client for transfer well before the therapist's actual departure. Since team supervisors are ultimately responsible for client management, it is necessary for the supervisor to monitor and ensure timely, appropriate disposition (i.e., transfer or referral).
 - (5) Under no circumstances should the referring clinician make any promises to a client concerning the re-assignment of the case. Although most recommendations are followed, not all clients can be accommodated (e.g., limited summer practicum teams).
- k) Termination
- (1) When a case is terminated FOR ANY REASON, the therapist is responsible for writing a note stating the reason for closure (e.g., client decided not to continue therapy, case transferred to an outside professional/agency, etc.). If the case is transferred outside the Clinic, the reason and the professional/agency to whom the transfer is made should be noted.
 - (2) The therapist is responsible for preparing a Termination Report. The Termination Report should be a concise statement of the client's course through therapy, significant difficulties and degree to which these were addressed, reason for termination, and probable prognosis.
 - (3) When a client terminates prematurely, the supervisor will decide on the appropriate procedure. Referrals to another Clinic therapist or to another agency or professional are possible options to offer a client who does not wish to continue with the same therapist. Any steps should be recorded in a Progress Note entry.
 - (4) Closing the file is initiated by the student-clinician by placing the client file in the "To be Closed" box with a note stating to close the case. The student-clinician must follow the step-by-step outlined procedure for closing a file located in the Titanium Users Guide for Clinicians.

C. ASSESSMENT CASES

The following information is specific to assessment cases. See the General Procedure's section II (p. 11) for additional information.

1. Assignment of Cases:

- a) Assessment referrals are assigned to students by the Clinic Administrative Coordinator on a rotating basis. The student and his/her supervisor determine appropriate disposition of the case (e.g., acceptance, transfer, or referral). When a case is accepted by a student-clinician and his/her supervisor, the procedures outlined in Section 2 below will be observed.
- b) Incoming and ongoing therapy cases provide another source for assessments. These are usually completed by on-team student-clinicians.
- c) Assessments are typically the responsibility of second or third year students as part of their team assignments (1st draft ASSESSMENT REPORTS ARE DUE FOR SUPERVISOR APPROVAL 1 WEEK AFTER TESTING IS COMPLETED).
- d) Students and faculty supervisors are **STRONGLY** encouraged to complete assessment report no later than 30 days after the completion of testing. Only in rare circumstances (with appropriate explanation documented in the client's file) should a final assessment report and feedback to the client occur more than 60 days after testing is completed.
- e) First year students who have been checked out on particular tests may administer those tests as part of the upper-level student's battery, but the upper-level student and faculty supervisor remain responsible for interpretation of the results and writing of the final report.
- f) Third year students may do assessments if they elect to do so or if assigned by their team supervisor.

2. Procedure:

- a) When a student receives an assessment referral and it is accepted by the supervisor, he/she should contact the client immediately to schedule an appointment to begin the evaluation. The student checks with appropriate clinic personnel regarding fee setting and collection.

Note: Assessment clients are expected to **pay ½** of the fee before test administration begins. The remainder of the fee should be collected before feedback or completion of the assessment report. Clients are charged **\$20.00** for missed assessment appointments.

- b) Tests to be included in the battery will be determined by the student together with his/her supervisor. The decision will be based on the information needed to answer the referral question. A test battery usually consists of a social history interview and psychological, vocational, and educational tests the student-clinician and his/her supervisor consider appropriate.
- c) The student schedules the appointment in the Riverstick and Titanium systems.
- d) When meeting with the client for the first time, the student makes sure the client has checked in with Clinic personnel to fill out all forms and questionnaires.

- e) The student-clinician **must** indicate which tests were administered in each Assessment Note and by attaching the “Test Admin.V2” form to the Feedback Note in Titanium (if client terminates services prematurely – this data form is attached to the “Feedback Note” with proper explanation/context provided in the text of the note).
- f) The student will also ensure that the client has completed the appropriate Clinic **Personal Information** data (Adult/Child/Adolescent) and any relevant authorization and/or release forms. **The fee setting and completion of forms will be accomplished before the interview and assessment begin.** (See Forms Used at Intake, pp. 14-15).
- g) Generally, the assessment fee is established prior to the first meeting. If the fee has not been established prior to this first meeting, the client must first talk to the Clinic office staff to set up their fee.

3. Assessment Files

- a) Clients who are in therapy or who are entering therapy do **NOT have separate files** for the assessment. The test protocols (bottom right) and reports (top right) are kept in the therapy files in the designated location in the file folder.
- b) ALL APPLICATIONS, RAW DATA, AND PROTOCOLS ARE KEPT IN THE CLIENT FOLDER AND ARE NOT REMOVED FROM THE CLINIC AREA EXCEPT FOR SUPERVISION. ALL MATERIALS ARE TO REMAIN IN THE BUILDING AT ALL TIMES AND RETURNED TO CLINIC OFFICE **30 MINUTES PRIOR** TO CLOSING.

Important Note: All report writing is to be done in the document preparation room (Terrill Hall Room 174) next to the Clinician’s Waiting Room. **NEVER** save identifying information to the computer’s hard-drive. Clinicians should use the “find and replace” editing command to replace non-identifying information (e.g., “Mr. X”) with the clients actual name before printing. This modified document **MUST NEVER** be saved. **Documents must be password protected.**
Directions to protect follow: To Password Protect (in Microsoft Word): (1) Open the document. (2) On the **File** menu, click **Save As**. (3) On the **Tools** menu in the **Save As** dialog box, click **General Options**. (4) In the **Password to open** box, type a **PASSWORD**, and then click **OK**. (5) In the **Reenter password to open** box, type the password again, and then click **OK**. (6) **Save**.

- c) The student enters ALL contacts with the client, including telephone contacts, missed appointments, messages left in “File Activity” notes in Titanium.
- d) **Assessment Notes** are required for **ALL** assessment sessions and should reflect any additional information (e.g., client’s effort, attention, affect, etc.) and tests administered on each session – DO NOT attach “Data Form” with tests administered until you have completed testing (i.e., only attach ONE form with all of the tests listed to final “Feedback Note” entry in Titanium).
- e) “Assessment Only” files should be closed after the assessment has been completed, the interpretive interview (if any) has been conducted, or the original report filed or forwarded to the appropriate individual/agency, or the copy of the psychological report has been placed in the file (disposition of report must be noted in file closing “Data Form”).

Note - If assessment file needs to be administratively closed before the evaluation is actually completed (typically at the end of the spring semester), the following phrase must be placed at the top of report: **“ADMINISTRATIVE ASSESSMENT CLOSURE REPORT” – DO NOT imply the report in any way represents a psychological assessment or evaluation.**

- f) Closing the file is initiated by the student by sending the Clinic Director a “Clinic Director - Close Request Note” saying “File XXXX is ready to close.” Only do this when the file is 100% ready to close – see Titanium User Guide for Clinicians for further information. **NOTE** – a diagnosis **must** be recorded and Instruments Administered Data Form completed in Titanium.
- g) For “assessment only” clients, Clinic office staff opens an assessment file after the Intake interview. “Assessment only” cases are opened in the same manner in which Therapy cases are opened (See pp. 22-26). It is the responsibility of the student-clinician assigned to the case to ensure that the assessment file is properly set up as outlined in the “Sample File” located in the Clinicians’ Waiting Room.

4. Assessment Reports

- a) Assessment reports **MUST** include the following statement at the beginning of the report (and may be added as an italicized, reduced font, footer on each page):

“The content of this psychological evaluation is based on the clinical interpretation of psychological test results, behavioral observations, and interview information in combination. The Psychology Clinic will not be responsible for additional interpretations or uses that are made of the enclosed test scores. Any release of this information other than to the client is strictly controlled by Texas statutes.”

- b) A report is written on every assessment. It should contain the following information:
 - Demographic information, test date, clinician
 - Referral Question
 - Tests Administered
 - Behavioral Observations
 - Background Information
 - Test Findings
 - Diagnostic Impressions
 - Summary and Recommendations
- c) The student-clinician, together with his/her supervisor, determine whether an interpretive feedback session to discuss test findings with the client is appropriate or whether this should be left to the referring person or agency.
- d) The report must be approved and signed by the student’s supervisor **BEFORE** it is submitted for copying or mailing.
- e) If the report is intended only for the Clinic file, it is placed in the client file after being signed by the supervisor and the student-clinician.

- f) If the report is to be sent to an outside agency/individual, or is to be given to the client, the following procedure is followed:
 - (1) The report is signed by the supervisor and student-clinician and returned to the clinic so that **ONE** copy of the report can be made for the clinic file.
 - (2) The **ORIGINAL REPORT** is mailed to the designated destination and the copy of the report is placed in the client file together with a “Feedback Note” or “File Activity Note” (which ever type pertains – see Titanium Manual) entry regarding disposition of the assessment report. The mailing date is noted in the client file in a “File Activity” note.
 - (3) The student-clinician notifies the Clinic Administrative Coordinator that it has been completed so their fee sheet can be updated and an invoice sent if appropriate.
 - (4) The file is submitted for closing (procedures outlined in previous section under maintaining assessment files (p. 28, section 3.f.).

5. Conducting an Assessment with an Existing Therapy Client

- a) Assessment of therapy cases is usually completed by the team handling the case.
- b) The content and extent of the assessment is determined by the supervisor and team members. This determination is based upon intake information and the data needed to clarify a diagnosis and treatment plan for that client. The assessment may be as limited as a PAI or as extensive as a full intellectual, personality, vocational, and education evaluation.
- c) The supervisor and team determine which student-clinician will take primary responsibility for assessing each client.
- d) When the assessment is completed, the report is written, signed by the clinician and supervisor, submitted for mailing or copying, and placed in the client file.
- e) Therapy clients are charged for assessments in accordance with the Fee Schedule. If, in the judgment of the clinician and his/her supervisor, there are extenuating circumstances, the fee can be adjusted or waived. In this case please notify the Administrative Coordinator in the clinic office to make arrangements for adjusting or waiving the fee.
- f) Sometimes it is important during the course of therapy to reassess a client who has been in therapy for some time. If a student clinician, with the support of his/her supervisor decides that a reassessment (or initial assessment of a client who has been in therapy) would be beneficial; the team determines which student will evaluate the client and proceeds as outlined above. The therapist discusses with the client the need for testing, sets the assessment fee, and introduces the assessment clinician to the client.

6. Office of Disability Accommodation (ODA) Assessments

- a) The prospective client typically initiates ODA referrals. However, on occasion, the Clinic receives referrals directly from ODA (usually with proper release of information provided).
- b) Clients referred from ODA pay for assessments based on the Clinic schedule of fees (i.e., there is no implied discount for UNT students).

- c) All assessment reports for ODA must include a DSM diagnosis as well as tables of I.Q. and achievement standard scores.
- d) For ADD/ADHD and learning disorder evaluations, it is particularly important to provide detailed recommendations that are specific to the difficulties/limitations identified (e.g., an individual may not meet the criteria for a learning disorder per se, however, he/she may have significant processing issues that impact his/her ability to learn etc.).
- e) When making recommendations for classroom or course accommodations, do not be overly specific (e.g., “extra two weeks on course assignments”). Providing more generalized recommendations such as “extra time during tests” allows the professionals at ODA to construct and modify accommodations to better tailor to the client’s specific needs in a variety of different environments.

D. OTHER IMPORTANT INFORMATION

- a) Students are **strongly** encouraged to purchase professional liability insurance as the University will not indemnify for practicum/course related activities. Students can purchase professional liability insurance through “The Trust” at a nominal fee, if they have an APA student affiliate membership.
- b) All subpoenas **must** be submitted to the Clinic Director who is recognized by law as the Custodian of Records for the UNT PsychologyClinic.
- c) Requests of information may be declined if the licensed psychologist determines that said release could jeopardize the client’s life. However, if such a refusal is made, written explanation of the reason(s) must be provided with 72 hours as well as providing information regarding the clients right to appeal.
- d) Test data (e.g., protocols) are not considered part of the client’s “mental health record” but rather are part of the clinician’s working notes. Although APA Ethical Principles discuss the client’s rights to such access, the Attorney General of the State of Texas has interpreted the law (A.G. Opinion 97-073) and determined that a licensed psychologist does not have to release raw data. Exception -- a licensed psychologist “shall” release raw data to a “qualified mental health provider” making such a request as well as “pursuant to a court order to whomever the order requires release.”
- e) HIPAA law does **NOT** supersede Texas State law. In other words, when HIPAA and Texas law conflict (e.g., release of raw data), Texas law trumps.
- f) When in doubt, seek consultation and notify the Clinic Director of any potentially legal issues involved with any Clinic case.

References

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APPENDECIES

UNT PSYCHOLOGY CLINIC SOCIAL MEDIA PRACTICES***Staff***

The following document specifies the UNT Psychology Clinic's practices related to the use of social media for employees and students. Social media includes personal blogs and other websites, including Facebook, LinkedIn, Instagram, Twitter, YouTube, or others. These guidelines apply whether employees and students are posting to their own sites or commenting on other sites. Please read this guide to informed how we, as mental health professionals, conduct ourselves regarding the use of the Internet. This document also provides information regarding how the UNT Psychology Clinic will respond to certain situations that involve the use of Internet.

As the internet evolves, these practices will need to be updated regularly. If there are any questions, comments, concerns, or ideas related to this material, please consult with the clinic director.

- Follow all applicable UNT Psychology Clinic practices. For example, you must not share confidential or proprietary information about the UNT Psychology Clinic and you must maintain the confidentiality of your clients.
- Ensure that your social media activity does not interfere with your work commitments.
- If you identify your affiliation to the UNT Psychology Clinic, your social media activities should be consistent with our ethical standards of professional conduct.
- Be respectful and professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior may reflect poorly on the UNT Psychology Clinic.
- If you communicate in the internet about the UNT Psychology Clinic, or about matters related to the services provided, you must ensure that you are following our confidentiality rules and expectations. Any form of "post" or conduct that reflects poorly on the ethical standards of psychology will be subject to review by the clinic director, and may result in disciplinary actions.

- Write in the first person. Where your connection to the UNT Psychology Clinic is apparent, make it clear that you are speaking for yourself and not on its behalf. In those circumstances, you should include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of the UNT Psychology Clinic." Consider adding this language in an "About me" section of your blog or social media profile.
- The UNT Psychology Clinic strongly discourages staff to accept any contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn), except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.
- Adding clients as contacts on these sites can compromise your confidentiality and our respective privacy. It also may blur the professional boundaries and complicate therapeutic relationship. Staff in client care roles should not initiate or accept friend requests from current or previous clients.
- The UNT Psychology Clinic discourages staff in management or supervisory roles from initiating "friend" requests with the student clinicians under their supervision; however, they may accept a request if they do not think it will negatively impact the work relationship.
- All materials from the clinic (e.g. assessment tools, tape/audio) and our facilities, as well as our client's identities, are to be kept confidential. Any activity that is questionable, that could violate HIPAA procedures, or give the appearance of violating private information, will be subject to review by the clinic director, and may result in disciplinary actions.
- Even with confidentiality protected, staff and trainees should refrain from providing any particulars about clients, positive or negative, that could be construed as "gossiping," complaining, or violating clients' privacy, even though their identities are being protected.

Thank you for taking the time to review the UNT Psychology Clinic Social Media Practices. If you have any questions, comments, or concerns about any of these

practices, or about potential interactions on the Internet, do not hesitate to bring them to the clinic director's attention.

Sign below to indicate that you have read and understand the above procedures.

Signature: _____ Date: _____

Printed name: _____

UNT PSYCHOLOGY CLINIC SOCIAL MEDIA PRACTICES

Client

The following document outlines the UNT Psychology Clinic's practices related to the use of social media, including personal blogs, websites, and apps such as Facebook, LinkedIn, Instagram, Twitter, YouTube, or others. Please read the information to better understand how we conduct ourselves as mental health professionals and how you can expect us to respond to various situations that involve the use of the Internet.

As the internet evolves, this practices will be updated regularly. If there are any questions, comments, concerns, or ideas related to this material, please feel free to discuss this with your clinician, the clinic staff, or the clinic director.

On "Friending"

The clinic director, faculty supervisors, clinic staff, student-clinicians, or other employees are not allowed to accept contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc.). We believe that adding clients as contacts on these sites can potentially compromise, not only your confidentiality, but our respective privacy. This contacting may also create issues regarding the therapeutic relationship.

There may be some faculty supervisors, staff members, student-clinicians, or other employees who publish blogs, have professional Facebook pages, or other similar professional social media pages. Clients are welcome to view the posts, and read or share articles published there. However, clients should not request "friendship" or to be added as contacts. We believe that such situations could increase the likelihood of compromised client confidentiality. Our primary concern is to protect clients' privacy and to preserve therapeutic relationships. Note that clinic staff, faculty supervisors,

student-clinicians, or other employees are not allowed to make a “friend” request or ask to add you to their contacts. If such situations arise, please bring it to our immediate attention.

On Interacting

Please do not use SMS (mobile phone text messaging) or messaging on social networking sites to contact us as these sites are not secure. Please do not use Wall postings, @replies, private email addresses or other means of engaging with clinic staff, faculty supervisors, student-clinicians, or other employees online, as such contacts could compromise your confidentiality. The best way to reach us is by calling the UNT Psychology Clinic phone number; if the person you are trying to reach is not available, we will take a message and pass it along to them. Please refer to your copy of our *Notice of Privacy Practices* for additional information regarding protected health information (i.e., HIPAA, 1996).

Email

We only use email as a way to arrange or modify appointments. Please be aware that these interactions must be made through the official UNT Psychology Clinic email address (PsychologyClinic@unt.edu). Please do not email us content related to your therapy or assessment session(s), as *email is not a completely secure or confidential* method of communication. You should also know that any emails that we receive from you, as well as any responses given, will become a part of your file.

ON THE USE OF SEARCH ENGINES

It is not a regular part of our practice to search for clients on search engines such as Google or Facebook. Extremely rare exceptions may be made during a specific crisis situation. If we have the suspicion that you or someone else may be in imminent danger and we cannot reach you through our usual means, there may be a situation in which we might attempt to find you in other ways to ensure your welfare. These are extremely rare situations, and we do not expect them to occur.

On Business Review Sites

There may be business sites in which the UNT Psychology Clinic is listed, and that include forums in which users can rate their satisfaction with the services provided.

Please know that those listings are not a request for testimonials, ratings, or endorsements from you as clients. We understand you have the right to express yourself in any way you wish; however, due to confidentiality issues and ethical concerns, we are not allowed to respond to any reviews, regardless of whether they are positive or negative.

Conclusion

We thank you for taking the time to review this document. If you have any questions or concerns about these practices and procedures, please feel free to bring them to our attention.