



Clinic Policies/Procedures Manual

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CLINICAL POLICIES

Clinic Modalities

A couple means two persons, not necessarily married, who attend sessions and are counseled together by the same counselor. A family may or may not include a couple, but must include a parent or guardian and a child who attends sessions and are counseled together by the same counselor.

Parental Consent for Minors

All minors (under 16) will be required to have parental or guardian consent for services. In cases where minors live with a legal guardian, a court document must be presented giving the guardian the right to provide permission for mental health services. For clients 16-18yrs old, the center strongly recommends written parental consent.

Policies for working with Children and Youth

Intakes

If a potential client requests an intake and s/he is over 15 years old, s/he may have the intake with no guardian consent, no guardian signatures, and no guardian present. However, if the client is over 15, comes to the intake with a guardian, it is recommended that unless the client requests differently, that the parent is included in the intake and co-signs all authorization forms.

For potential clients under 15 years old, a guardian must co-sign all forms in the intake packet. It is also standard practice to include the parent in the intake process with clients under 15 years old.

First Session with a client under 15 years old

PAPERWORK

1. Counselor must have a guardian sign their personal disclosure statement. (The client can co-sign if they like.) Give a copy of the disclosure to the guardian (and client if desired).
2. Counselor must also bring the "PARENT AUTHORIZATION TO TREAT A MINOR" form (located in the forms bin in the student room) to the first session and have the guardian sign.
3. It is expected that during the first session, you bring in the minor and guardian to sign the forms above.
4. It is best practice, but not legally required, to have both guardians sign the disclosure and authorization form if possible. In some cases, this will not be possible (one parent's whereabouts are unknown) or unsafe (domestic violence, restraining orders, etc.). Consult with a supervisor for specific situations, and document in the file if there was a reason the other guardian was not notified of client's treatment.
5. A guardian has a right to look at their child's file at anytime – so be thoughtful about how your progress notes are written.

DISCUSSION

1. It is highly recommended that once paperwork is signed, that the counselor, minor, and guardian have a discussion about how to keep the guardian informed about the progress of treatment. It is important to have this discussion with both the guardian and minor present, so it is clear and transparent from the very beginning of the counseling relationship about how confidentiality will be treated. A sample conversation may be as follows:

As your child's counselor, it is important that your child feels s/he has some privacy with me. However, as the child's parent, it is also important that you are informed on your child's progress in counseling. What I would like to suggest is that we plan to have you come in at the end of session either every week or every other week for about five minutes and (insert client's name) and I will tell you about how things are going in counseling. Additionally, I promise that I will always let you know if there is a situation revealed to me that would endanger your child.

Note: If this is what you, the client, and the client's guardian agree to, be sure to ask your client what s/he wants to discuss with their guardian prior to inviting the parent in at the end of session.

2. If you have a client with whom you plan to do play therapy with as a primary approach, it is also helpful to explain how play therapy works to parents. There are some sample information flyers you can give to parents explaining play therapy that you can use, or you can just have a discussion with the guardian about play therapy. A sample conversation may look something like this:

For children, counseling often works best if we work in their first language, which is through playing. By using toys, art, and other mediums, we can help your child working through their troubles in a way that is less threatening to them than attempting to sit down and have an adult-like discussion with them. I want to assure you that if you ask your child about our sessions, and they talk about playing with puppets or painting, please know that we are not just "playing" with them, but we are continuing to work on their challenges through alternative methods.

3. It is also important to talk to the parent and child about the mid-session break and ask how they want that to work. Generally, unless the child has been a long-term client, we prefer to not leave children under 10 years old alone in the counseling room during break, as it can be scary for them (and a liability for us). Children may wait in the waiting room with their guardian during the break, or the guardian may come into the counseling room during the break. This is important to discuss so parents know they should not leave the waiting room of the clinic for anything longer than short breaks during their child's session.
4. Parents will often, in their anxiety to have their child feel better, feel the need to tell you in front of the client about recent problems with their child during the first session (e.g. "Last night Susie screamed at me about doing chores and then also threw a pencil in class today"). This can be difficult to manage, because you don't want the parent to feel dismissed, but you don't want to have your client's immediate impression of therapy as a place where all their "bad" behaviors are discussed. It can be helpful to listen to the parent briefly, empathize that the situation must be stressful for them because it is clear that they care deeply about their child, and that you are hopeful things can improve, then gently dismiss them from the session.

First Session with a client who is 15-18 years old

PAPERWORK:

1. Client will sign the counselor's personal disclosure statement and be given a copy of the disclosure. If the guardian is involved, it is best practice to have the guardian also sign the disclosure form and receive a copy.
2. A minor consent form is NOT required, but may be used if the guardian is present.

DISCUSSION:

1. *If the guardian is present:* It is highly recommended that once paperwork is signed, that the counselor, client, and guardian have a discussion about how to keep the guardian informed about the progress of treatment. It is important to have this discussion with both the guardian and client present, so it is clear and transparent from the very beginning of the counseling relationship about how confidentiality will be treated.
2. *If the guardian is not present or aware of client's involvement in treatment:* It is important to define when we will have to involve the guardian (see following section) when reviewing confidentiality with the client.

Dangerous behaviors and working with clients under 18 years old

The Center's policy is to involve guardians when any minor is engaging in dangerous behavior. This includes clients aged 15-18 who come to counseling without their guardian's knowledge. The laws are vague about what is considered "dangerous" for minors. For example, a counselor would not be able to break confidentiality if an adult client was cutting on themselves (without suicidal intention). With minors, this is not as clear of a distinction in the law. Consult with a supervisor on these "gray" areas. Some examples of areas where we would likely include guardians may include: significant cutting, high risk substance abuse, unsafe sex when someone is HIV positive or knowingly engaging in sex with someone who is HIV positive, drinking or using drugs excessively when pregnant, dating violence. The best

approach in these situations is to encourage the teen to self disclose to their guardians, with the option of having the counselor be present as a support to the client and family.

Confidentiality and Client Records

All information obtained is confidential and can only be released with the client's written consent. The exceptions to the right to confidentiality are when disclosure of records is mandated by federal and state laws such as court order, risk of harm to self or others, and child or elder abuse.

Clients requesting more than one simultaneous counseling modality

Clients at the Center may request more than one treatment modality. For example: a family who is seeking family counseling may also request individual child treatment. Or one or both partners in couples counseling may request individual adult counseling in addition to their couples work.

The general Center policy is that a client may be in only one treatment modality at a time.

This policy does not apply to situations where, for instance, a child and a mother are both receiving individual therapy from different therapists and are not also in conjoint therapy.

Exceptions that may be granted to this general policy based on the individual case and therapeutic needs of the clients. Therefore, if a student/counselor would like the Center to consider a treatment plan that involves more than one simultaneous counseling modality for a client, the following procedures will be followed:

1. Discuss the rationale for an exception with your individual supervisor
2. Complete the request form outlining the request and the rationale signed by both the student/counselor and the supervisor
3. Submit the written request to the clinic Director for review. The clinic Director will have the final approval authorization.

If the request is approved:

1. Clients will be notified that all treatment will be reviewed every semester and may or may not receive approval for the next semester.
2. Clients are aware that they are financially responsible for all treatment provided.

Supervision

If you are receiving specific case supervision, aside from your primary supervisor, it is the specific case supervisor's responsibility for signing notes and managing the case.

CASE MANAGEMENT

Criteria for determining who qualifies for Case Management services

- A. Students released from psychiatric hospitalization within the last month.
- B. Students who are experiencing barriers in accessing community resources, have been unsuccessful two or more times with their primary clinician's help, AND present with any of the following:
- C. Cases involving multiple units and providers, such as the Disabilities Office, on or off-campus psychiatric or medical providers.
- D. Disruptive behavior in academic and/or residential settings.
- E. Frequent use of crisis services (2-3 times per semester), though not in crisis, and difficulty following through on suggested resources
- F. Students at-risk of academic failure.
- G. Other cases TBD on a case-by-case basis in consultation with the Case Manager and/or the Director.

- H. Students may continue to receive Case Management services for as long as determined appropriate by the Case Manager and primary clinician, in consultation with the Director as needed.

Procedure for referral for case management services.

- A. Student clients who meet the above criteria can be referred after consultation with the Case Manager regarding appropriateness of the referral.
- B. The Case Manager may contact the student to schedule an appointment, if necessary, otherwise may work with the student through phone contact. Additionally, s/he may provide resources and/or consultation with the referring clinician. The Case Manager will contact the student only after the primary clinician has informed the student of the Case Manager's role in his/her treatment. If possible, the clinician will introduce the student and the Case Manager prior to initiation of Case Management services.
- C. The Case Manager will consult with the current clinician throughout the case management process as needed.

Protocol for documentation

- A. The Case Manager will use the Case Management Student Referral form and the Case Management Contacts Log for each student receiving direct case management services. A Case Management case number will be assigned to each case that is the same as the existing client number.
- B. The Case Manager will file all recent case log entries on a monthly basis in the client's file under Progress Notes and Case Notes as indicated on the purple Client File Checklist.
- C. The Case Manager is not required to keep files or maintain documentation on students not contacted directly by the Case Manager. This includes students for whom the Case Manager solely provides consultation and/or researches resources for the primary clinician.

WALK IN EMERGENCY/CRISIS PAPERWORK PROCEDURES

For active clients

- 1. Counselor will create a case note
 - a. Case note will be filed in the following places
 - i. active file - walk in counselor will notify current counselor

For inactive clients

- 2. Counselor will create a case note
 - a. Case note will be filed in the following places
 - i. inactive file
 - ii. crisis consultation file (located in bottom drawer of active filing cabinet)
 - iii. Jenny-Lynn's Crisis Contact File (located in Supervisor's hanging files)

For new clients requesting intake

- 3. Counselor will create a case note
 - a. Case note will be filed in the following places
 - i. crisis consultation file (located in bottom drawer of active filing cabinet)
 - ii. Jenny-Lynn's Crisis Contact File (located in Supervisor's hanging files)
 - iii. Front Desk (attached to other intake paperwork)

For clients requiring a 72 hour hold, the paperwork process will be the same as above.

CPCE 5910 POLICIES

Evaluation and Grading

The final grade reflects level of performance at the end of practicum. The grade is not cumulative.

A letter grade of "A" indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates excellent counseling skills, high standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession.

A letter grade of "B" indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates strong counseling skills, above average standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession.

A letter grade of "C" indicates that the student did not complete all course requirements in a timely and professional manner, needs to improve counseling skills, may need to examine personal and/or professional standards, appears to be unwilling to learn or lacking in commitment to the counselor profession. Further, the student will be required to re-take Practicum after s/he has fulfilled the additional stipulations required of him/her by the faculty, and may lead to a re-evaluation of the student's participation in the counseling program by his or her faculty advisor, Practicum supervisor, the Practicum Director, and CPCE faculty. Students may only repeat their Practicum once.

A letter grade of "F" is given in cases of unethical behavior or grossly lacking counseling skills. In this situation, re-evaluation of the student's participation in the program will be done by the Supervisors, Practicum Director, and the Division Director, developing a remediation plan for the student or possibly resulting in dismissal from the program.

In cases where the student has failed to meet the required number of clock hours, a grade of "IW" (Incomplete) will be given. Failure to complete the requirements within one semester will result in re-evaluation of the student's continued participation in the counseling program.

Repeating Practicum

The supervisory team consists of the Clinic Director, clinic staff, and supervisors. The team evaluates students' progress bi-monthly and conducts formal evaluations at midterm and at the end of the semester. The supervisory team may identify students who are not meeting Practicum objectives at the midterm evaluation. In these cases, a formal remediation plan will be designed by individual supervisor and the practicum student. Both will sign the document and track progress. These students may be required to continue in Practicum for a second semester unless they have proven themselves to be proficient by the final evaluation at the end of the semester. Students who are required to repeat Practicum must register for CPCE 5910 for 3 credit hours and must participate fully in the course requirements for the duration of the subsequent semester. Students repeating Practicum may not register for Internship (CPCE 5930) until they have completed Practicum successfully.

Failure to complete Couple and Family Hours

If a student is in the Couple and Family Track and cannot complete the required 16 hours of direct service with couples and families due to a lack of clients, the student may be allowed to move on to Internship if the following requirements are met:

- The student's number of direct service hours totals 30 or more.
- The student has at least 12 hours of direct service with couples or families.
- The student has demonstrated a skill level that the supervisory team agrees is sufficient for Internship.
- The student is performing at an acceptable skill level, has made a concerted effort to complete the required hours, and was only hindered by a lack of couple or family clients on their caseload.

If the student is given permission to move on to Internship, the procedure will be as follows:

- The student will receive an IW in Practicum, which will be changed to the appropriate grade following the completion of the required direct service hours.
- The student will complete the required hours at their Internship site and will submit a final Practicum Log once the required hours have been completed.

Hours counted toward the completion of Practicum may not be counted as Internship hours.

Special Accommodations

If a practicum student wants/needs accommodations, they must work with the office of disabilities to specify the accommodations they are requesting. If they don't ask for accommodations, it will be assumed that the student is able to perform all the functions required of practicum as outlined in the competency document.

ADMINISTRATIVE POLICIES

Fees

UCD students are eligible for up to 10 free sessions per academic year. For clients who are members of the greater Denver Metro community, there will be a sliding fee scale which will be used to determine payment for counseling services based on family size and annual household income.

Client Record Keeping Procedures

In order to comply with The Center's ethical, professional, and legal responsibility to maintain records on behalf of past, present, and potential clients in a confidential manner, a professional file will be developed on each client containing: a) initial assessment interview notes, b) intake summary and case treatment plan, c) case progress notes, d) termination summary, e) client consent documents, e) assessment reports, and f) any other documents appropriate to the treatment of the client. This professional client file will be maintained in a secured room for 5 years beyond termination of client services.

Closing Client Charts

Please call the client twice a few days apart. If you do not hear back, make a third call and leave the following message:

Hello this is _____ from the UCD Student and Community Counseling Center. Since I have not heard back from you, I assume that you do not wish to engage in counseling at this time. If you actually do want counseling, please call back within three business days. If we do not hear from you, your file will be closed, but it can be reopened at a future time. Thank you.

Procedural Guidelines for Dealing with Potentially Violent Clients

A counselor in the UCD Student and Community Counseling Center has a legal responsibility to follow certain procedures when he/she becomes aware of potentially violent behavior on the part of the client.

- A. Evidence of Potentially Violent Behavior -The following criteria is sufficient cause for notification to the intended (identifiable) victim and for the invocation of these procedures:
 1. When there is a clear and immediate probability of physical harm to the client.
 2. When there is a clear and immediate probability of danger to other individuals.
 3. When there is a clear and immediate probability of danger to society.

- B. Procedures to Follow
 1. Evaluation and Documentation--As part of the process of identifying the intended violent action (threatened violence towards a specific victim), the counselor should immediately:
 - a. Notify their clinical supervisor or other clinical faculty designated in the Counseling Center (This conversation should be noted in writing and signed by both parties).
 - b. Assess the potential for violence by referring to the checklist in Appendix G.
 2. Based upon consultation, a mutual decision will be made with respect to the level of danger and whether to begin crisis management procedures.

- a. It is recommended that the supervising faculty consult at least one other clinical faculty to assess danger and determine a course of action.
 - b. In cases where there appears to be no real danger, in the opinion of at least two clinical faculty members, a decision may be made to proceed no further in the evaluation at that time.
 - c. In cases where there appears to be reasonable concern for danger, a decision may be made to undertake further evaluation. In those instances, the following steps 3 through 8 may be initiated so long as there remains reasonable concern.
3. The clinical faculty will meet to determine a treatment plan, intervention strategies, or to consider options such as further psychological assessment, referral to an outside professional, or other appropriate medical/psychiatric collaboration.
 4. Continual contact with the Clinic Director and other supervising faculty.
 5. In cases involving UCD students, appropriate University officials will be notified.

Notification of Client, Police and Intended Victim

1. Notify the client at the time of disclosure, as set out in the section above, that you have a duty to warn the intended victim and the local police.
2. Notify the police, or other appropriate agencies. This should include the police in the community of the intended victim. Be specific about the threat and the nature of the assistance required.
3. Notify the intended victim. Be specific regarding the nature of the threat and other steps in process or steps intended (i.e., phone call, certified mail)

Sick Time

The Staff of the UCD Student and Community Counseling Center and Practicum Training Clinic recognize that we as professionals are committed to our work life as well as to our personal relationships including the care and welfare of our children. At times, we recognize that parenting responsibilities will trump our professional commitments. When children are ill, in need of home care, and other childcare arrangements are not viable, we encourage and support both staff and trainees staying home even if that means rescheduling clients. We do not support bringing sick children and/or children who are in need of childcare to the Center. For several reasons, sick children and/or young children need to be cared for at home, not at work. If on occasion, staff or trainees need to stop by the Center for a few minutes, children may accompany them.

Dress Code

You are required to wear professional dress while in the clinic. Items such as; short skirts, leggings and short tops, and lower cut sweaters and not considered professional. If the staff notices inappropriate clothing they (with another staff member) will privately let you know.

Procedural Guidelines for Referring to Health Center at Auraria

For Emergency/Urgent Referral (requiring urgent medication evaluation but not hospitalization), the Counselor calls Health Center at Auraria front desk: 303-556-2525. Request to speak to or page psychiatrist regarding urgent psychiatric referral. During phone consultation Psychiatrist/Physician will arrange for client to be seen. The Counselor escorts patient to Health Center at Auraria, faxes referral form to Health Center at Auraria: 303-556-3881. If after business hours page the on call psychiatrist at 303-352-4455.

For standard referrals. The counselor gives client Health Center at Auraria number: 303-556-2525. The counselor and client sign UCD Referral form (located in Admin's office) and faxes referral form to Health Center at Auraria: 303-556-3881.

The level of care is dependent on how the client is presenting. If client is presenting with routine Depression and/or Anxiety refer to the Primary Care Medical Provider or Psychiatrist. If client is presenting with complex Depression, Complex anxiety, any other diagnoses refer to the Psychiatrist.

To see a primary care medical provider, the Initial visit (1 hour) is \$65-100, then the follow up (1/2 hour) - \$40-55. They will be seen at least 2-3 times for follow up visits over the next several months. The Psychiatrist's initial visit (1 hour) is \$200, a follow up (1/2 hour) is \$105. Frequency varies on condition and patient progress.

If the client has student health insurance the health Center at Auraria will bill insurance. Medication requires a \$20 co-payment at time of service. If the client has health insurance not accepted by Health Center at Auraria, the client must pay in full at time of service. The Health Center at Auraria will provide a "super bill" that the client can submit to insurance company. If the client has no health insurance they must pay in full at time of service.

Gift Giving Policy

The giving and/or receiving of gifts can be a very important task in the termination process with clients. However it is very important that it is done with therapeutic consideration and with consultation with one's supervisor. As a counselor is considering whether or not to give a gift, the following items should be thought about and discussed in supervision.

1. Is the counselor trying to find a way to "make-up" for insecurity about his or her own qualities as a therapist?
2. Is the gift attached to the therapy/relationship?
3. Will the gift make the client feel obligated to the therapist?
4. What is the monetary cost of the gift?* Is it excessive?
5. How do I define excessive?

Generally it is not recommended that therapists give gifts to clients who may have a personality disorder due to high potential for the client misunderstanding the meaning behind the gift (Pipes & Davenport, 1990).

*In general, we encourage giving gifts that are symbolic rather than monetary. Any gift of monetary value must be approved by the supervisor before being given to the client.

Ideas for quality gift-giving with clients: (Again, remember to discuss these with your supervisor and consider the client in their cultural context)

1. Remember to customize the gift to your client. Think about what would be memorable about the unique relationship you have had with this particular client and what he/she worked on in counseling. (Such things as a copy of a writing or poem that fits the client)
2. Often a 'symbolic' gift is memorable. (Such things as articles from nature, "this sprig of lavender is meant to remind you to soothe yourself. . ." etc. etc)
3. Compose a letter and read it slowly in session to the client. You can address such things as their growth, strengths, and /or your appreciations and what you have gained through knowing the client.
4. Provide a tray of various items from nature and ask the client to choose something that would be a helpful reminder of their counseling process.

As the counselor is considering receiving a gift from the client, the counselor should ask his or herself the following questions and discuss in the next supervision.

1. Is the gift excessive? (How am I defining excessive?)
2. What appears to be the client's motives for giving the gift?
3. Is it culturally respectful to accept the gift?
4. Do I feel comfortable accepting the gift?