PROTOCOLS, PROCEDURES, & TRAINING MANUAL FOR TRAINEES

of the

Gallogly Recreation & Wellness Center
Mental Health Services

January 2023 version
The University of Colorado at Colorado Springs

Table of Contents

Clinical Trainee Information

Welcome to your practicum/internship/postdoctoral placement at the University of Colorado Colorado Springs Wellness Center's Mental Health Services division (MHS). This protocols, procedures, and training manual (P&P) is provided to assist you in carrying out your responsibilities as a Trainee at the MHS. Please read the manual carefully and keep it as a reference during your practicum/internship/postdoctoral placement.

You have been accepted as a pre-practicum/practicum/intern/postdoctoral trainee by the Director of Clinical Training (also referred to as the Training Director), the Director of the MHS and approved by your academic program's Director of Clinical Training. The *minimum number of hours* per week for Practicum is 10-15 (15 hours, if you are a master's level clinical psychology trainee); for Counseling Internship and Social Work Internship training it is 20 hours per week and for Postdoctoral training it is 20-40 hours per week. If you wish to extend your Practicum/Internship (we would be happy to consider an extension if appropriate); please speak to the Training Director so that formal arrangements can be made. If you have been accepted as a pre-practicum Trainee, your training period will be one semester and you will be expected to work at the MHS a minimum of 6 hours per week.

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

As a Trainee it is your responsibility to be aware of and adhere to the protocols and procedures of the MHS. These responsibilities include but are not limited to:

1. Supervision: You must keep your supervisor informed of all services and activities connected with your clinical training year.

2. Ethics: You must abide by the APA Ethical Principles of Psychologists and Code of Conduct, as well as any ethics code within your field of study.

3. Documentation: You are responsible for timely and proper maintenance of client records and all other documentation required by the MHS and other associated agencies and funding sources.

4. Coordination of Client Services: You are responsible for coordination of services to your assigned clients, setting appointments, and assisting with referrals to and linkages with external agencies.

5. Protected Health Information (PHI): You are responsible for completing any trainings and adhering to professional standards for maintaining the confidentiality of the MHS clients' PHI. Directions will be provided for completion of these trainings.

Aims and Objectives

The training experience is considered one of the most important professional activities in which Trainees engage during their Clinical Psychology, Counseling or Social Work degree programs. Trainees are given opportunities to synthesize and apply knowledge gained in their course of study and other academic pursuits. Through the sharing of experiences in supervision, Trainees refine existing skills and acquire new skills.
During the initial practicum semester, Trainees will begin to see up to five client(s) under close supervision. The objective of this semester is to help the Trainee at this level begin to develop a professional identity, learn how to interview and evaluate clients, compose documentation for their services and get ready for their additional practicum or internship experience in a professional setting. Postdoctoral Residents will begin to see up to five clients in the first 2 months and then will gradually build their client load to 60% of their hours within the first semester. The objective of this semester will be to continue to

develop a professional identity, learn the processes within the MHS, compose documentation for services and prepare for additional internship or postdoctoral experiences in a professional setting.

Training Objectives: The training is designed to facilitate refinement of assessment, psychotherapy, and interviewing skills and the development of new clinical skills. For Postdoctoral Residents if/when there is consensus that the Trainee is ready; experience of providing supervision under the close supervision of a licensed supervisor can be arranged. Through closely supervised experiences, the Trainees can expand their repertoire of assessment and psychotherapy techniques and interpersonal relationship skills. Trainees will be closely supervised through the use of recording of all sessions, review of progress notes and all other related written materials (i.e. reports and letters), direct observation, and weekly face-to-face supervision meetings.

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

- Establishing and maintaining a helpful, supportive, and professional psychotherapy relationship with clients;
- Developing and applying of appropriate assessment and psychotherapy techniques;
- Creating case formulations to include – history, diagnosis, case conceptualization, and treatment planning;
- Maintaining client records;
- Learning about and using community resources when appropriate;
- Working effectively with supervisors, colleagues, and peers including appropriate consultation, analysis and presentation of sessions and case studies;
- Continuing development of professional identity and behaviors;
- Showing enthusiasm for and commitment to the Trainees' profession;
- Continuing a willingness to learn;
- Continuing development of personal traits that are conducive to effective counseling, learning, and professional development;
- Developing and using feedback methods that enhance relationships with supervisors, clients, and peers, and enrich self understanding;
- Understanding responsibilities involved with respective roles of psychology/counseling Trainee and academic Trainee-researcher; and
- Developing a professional role as a scientist-practitioner

Introduction to the Mental Health Services

A. What is the Mental Health Services at Recreation and Wellness Center?

The Mental Health Services (MHS) is a part of UCCS Division of Student Affairs. MHS is designed to serve the counseling and mental health-related needs of UCCS students. The mission of the MHS is threefold: (1) to assist UCCS students with their academic success when personal/psychological matters are complicating and interfering with the students' efforts; (2) to serve as a training site for graduate students in Clinical Psychology, Counseling and Social Work; and (3) in accordance with UCCS tradition, create, implement, and develop services that are open to various organizations in the campus community. The services for the UCCS students help them achieve their educational goals, define their career goals, learn more about problem solving processes, enhance their capacity for satisfying interpersonal relationships, and maximize their capacity for continued emotional growth. Students in other training programs can apply for clinical training for Practicum or Internship slots on a competitive basis. The MHS is a critical component of current PhD, PsyD, and master's level training because it serves as one of the primary training sites for doctoral and master's students. MHS is currently housed in the Gallogly Recreation and Wellness Center on the UCCS Campus. We have 7 licensed psychologists on staff, 3 licensed professional counselors, 1 licensed marriage and family therapist and 1 licensed clinical social worker. We have 15 offices, 8 of them equipped with video recording technology and two large group rooms. One group room is a full kitchen to expand our offerings for eating disorder/body image therapeutic work along with space for our dieticians to

provide services. MHS is within the Wellness Center which also has our health services with 4+ nurse practitioners, medical lab, 1 psychiatric nurse practitioner, a chiropractor, massage therapist and physical therapist as well as our wellness promotion office.

B. What Do the MHS's Staff and Trainees Do?

The MHS staff and Trainees

- Evaluate emotional and social difficulties and disorders in UCCS students that may be interfering with their academic success;
- Provide assessment with detailed reports and feedback to evaluate, diagnose and provide recommendations for various learning disorders and psychological conditions;
- Treat psychological disorders (e.g. depression, complicated bereavement, anxiety, posttraumatic syndromes, eating disorders, adjustment disorders, etc.);
- If it is determined that the client would benefit more from other resources in the community, assist in implementing the relevant community resources into their treatment plans, by making the appropriate referrals;
- Assist with solving problems in daily living such as family conflicts, problems in intimate relationships, loneliness, boredom, and/or work over-load;
- Educate UCCS students, faculty and staff, and care providers about typical difficulties and problems of college students, and the potential solutions of these problems;
- Consult with other service providers for UCCS students (e.g. health care, social services);
- Provide mental health consultations and evaluations for other UCCS offices and programs (Dean of Students office, Wellness Center Medical Services, Disability Services and University Testing, Department of Public Safety, and all other faculty and staff);
- Collaborate with community service agencies to offer innovative programs for UCCS students;
- Research, develop and implement optimally effective approaches to assessment and treatment, in accordance with the evidence-based practice models;
- Train future psychologists and counselors to work effectively with various populations.

C. Who Does the MHS Serve?

The primary target population for the clinical and diagnostic evaluation services of MHS is UCCS students, their families, and significant others. We can provide Couple's and Family psychotherapy if the UCCS student is also in the room, receiving direct services from the MHS clinicians. MHS also provides consultation services and serves as a referral source for the individuals who have concerns with regards to the UCCS students. As different on-campus and community-based projects are implemented at the MHS, these projects broaden the population that the MHS targets. By taking part in these projects, Trainees can work with and learn from these opportunities, throughout their training experience.

D. Training and Research Functions

In addition to clinical service provision, the MHS functions as a primary training site for Postdoctoral Residents, Psychology Internship, Ph.D., PsyD and M.A. candidates in clinical psychology, counseling and social work. The major components of the training program are direct clinical experience, individual and group supervision, didactic trainings provided by clinical staff, participation in staff meetings, interaction and collaboration with clinical staff, clinical and educational collaborations with community agencies, and case presentations and discussions. Training and supervised experience are offered in, individual psychotherapy, couples therapy, family therapy, group therapy and psychological evaluation and testing . The integration of training, research, and service is a priority for our training program. The primary services offered are psychotherapy (individual, couples, family, group), and psychological evaluations as they relate to the psychotherapy services the MHS offers. In addition, educational outreach activities, website information support and consultations about resources to cope with life transitions are regular services. Teams composed of clinicians and graduate students provide these services. The Supervisor is responsible for all clinical services, most of which are implemented by the Trainees.

Whenever there are community-based service projects at the MHS to bring in much needed additional resources and research opportunities, the MHS Trainees will be expected to take part in these projects that overlap with their research and career interests. At the MHS, Trainees are expected to be familiar with the APA code of ethics, along with their own ethical standards for their program, and follow these during research activities. Confidentiality applies to research activities involving Trainees and participants. The MHS's protocols and procedures and APA ethics are available to Trainees in electronic copies distributed during orientation and clinical training period, in addition to the online formats at MHS website and the APA website.

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

There are four training tracks at the MHS.

1. The pre-practicum track is designed for psychology Ph.D. students, who have no or very little clinical experience. The goal of this track is to provide Trainees with the very basic clinical skills to help them have a smooth transition to their practicum experience. Trainees are expected to have direct clinical service delivery; receive clinical supervision for their client; learn to create the appropriate documentation for services; and do a case presentation in staff meetings. It is a one semester training program with 6 hours per week commitment.
2. The practicum track is designed for Trainees who have no or very little clinical service experience. The purpose of this track is to provide hands-on training and experience in clinical psychology/counseling/social work in a professional environment. In this track, Trainees are expected to have up to 60% of their scheduled training time in direct clinical service delivery; receive clinical supervision for their client; learn to create the appropriate documentation for services; take the role of a co-leader in groups; and do case presentations in staff meetings. It is a one or two semester training program with a minimum of 10-15 hours per week commitment.
3. The Master's Counseling/Social Work internship track is designed for Trainees who have some clinical service experience. The purpose of this track is to provide hands-on training and experience in clinical psychology/counseling in a professional environment. In this track, Trainees are expected to have up to 60% of their scheduled training time in direct clinical service delivery; receive clinical supervision for their client; learn to create the appropriate documentation for services; take the role of a co-leader in groups; and do case presentations in staff meetings. It is a minimum of two-semester training program with a minimum of 20 hours per week commitment.
4. The Post-doctoral Residency track is designed for Trainees who have clinical service experience and have graduated with a Doctorate in Psychology. The purpose of this track is to provide hands-on training and experience in clinical psychology/counseling in a professional environment. In this track, Trainees are expected to have up to 60% of their scheduled training time in direct clinical service delivery; receive clinical supervision for their client; maintain appropriate documentation for services; take the role of a leader in groups; do case presentations in staff meetings, provide leadership within the less advanced trainees and learn the administrative aspects within the field of psychology. It is a one-year training program with a minimum of 20-40 hours per week commitment.

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

Trainees from the Counseling and Human Services Department at UCCS must have satisfactorily completed Theories and Techniques of Individual Counseling, Lab and Practicum in Individual Counseling, Human Growth and Development, Theories and Techniques of Group Counseling, Lab and Practicum in Group Counseling, Issues, Ethics, and Trends in Professional Counseling. Practicum Trainees from this department must be concurrently enrolled in Introduction to Marriage and Family Counseling, Practicum in Professional Counseling, Role and Function of the Community Counselor. Trainees from

other programs must have a comparable academic background. Trainees must have completed comparable coursework prior to filing an application.

All applications are accepted by a predetermined date for Spring and Fall semesters. Interviews with clinical staff are conducted with selected candidates, after review of submitted application materials by all clinical staff is completed. Practicum Trainee selections are announced by November for Spring semester and by April for Fall semester. After Trainee selection, Trainees will be invited to a Training/Orientation program with the Training Director, the licensed clinicians, and other graduate Trainees who have been working at the Wellness Center for at least one semester. All Trainees are required to attend this program. At that time, the Trainees will be asked to read the MHS's Protocol, Procedure, and Training Manual, complete the paperwork, and receive information about:

1. Liability insurance requirements
2. Individual disclosure form
3. Each step of the entire psychotherapy process from intake to termination
4. Documentation of all services
5. Clinical supervision process
6. Diversity and ethics
7. The Training Semester Calendar
8. Required online training
9. Background checks

The required hourly commitment per week varies; pre-practicum Trainees from Psychology Department will be required to work for a minimum of 6 hours per week, over one semester. M.A. and Ph.D. Practicum Trainees should be prepared to spend a minimum of 10-15 hours per week; Counseling Interns participate for 20-30 hours per week; and Postdoctoral Residents should be prepared to spend a minimum of 20 hours per week. Trainees are required to provide a copy of their expected weekly schedules to the Training Director and the office manager. This only needs to be updated when the schedule significantly changes, such as changing days when a Trainee is typically scheduled at the MHS. The Practicum Trainees typically begin their experience in January or August, but alternate and mutually agreed-upon times can be arranged between the Trainee and Training Director. Trainees are expected to meet with their clients at the Wellness Center ONLY, unless prior specific arrangements have been made and approved by their supervisor.

** The Practicum/Internship training runs according to the UCCS schedule. That means that the services and trainings are ongoing when the University is open. The MHS is fully functioning during most of Christmas break, spring break, and all of summer. Thus, you are expected to continue with your training during those times. A list of official holidays is available at the UCCS website. Trainees should plan on working even if the academic "semester" is over at the University and for one week past their graduation date to provide continuity of care for our clients. Discuss your vacation days with your supervisor and use the Vacation/Leave request form. Each Trainee has vacation allowance per semester that is equal to the number of scheduled hours during a typical week.

The MHS Training

In addition to clinical service provision, the MHS functions as a primary training site practicum/internship/postdoctoral residency candidates. The aim of the training program at UCCS MHS is to train clinicians in a multidisciplinary college mental health setting. The major components of the training program are direct clinical experience, individual and group supervision, didactic trainings provided by clinical staff, interaction and collaboration with clinical staff, clinical and educational collaborations with community agencies, and case presentations and discussions. Training and supervised experience are offered in psychological evaluation and testing, individual psychotherapy, marital therapy, family therapy, and group therapy. The integration of training, research, and service is a priority for our

training program. The primary services offered are psychotherapy (individual, couples, family, group), and psychological evaluations as they relate to the psychotherapy services the MHS offers. In addition, educational outreach activities and consultations about resources to cope with life transitions are regular services. Teams composed of licensed clinicians and graduate students provide these services. The Supervisor is responsible for all clinical services, that are implemented by the Trainees.

Training Competencies

The following are the specific profession-wide competencies in which Trainees will be trained at MHS:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

Training Activities

Trainees are required to attend the initial orientation prior to the start of the semester. The orientation is designed to acquaint all Trainees with MHS Protocols, policies and procedures, university regulations, ethical and service delivery guidelines, and orientation to culturally competent practice. There are additional trainings for the Trainees on crisis/emergency for our UCCS students. Throughout the year, the training team, which consists of licensed therapists including the MHS Director, meets on a monthly basis to evaluate timely issues in the training program. In addition, the training team utilizes time during the summer to evaluate the prior year's training program and to plan for the upcoming year.

General MHS Guidelines

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

I. Insurance

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

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

II. Expectations for Trainees

1. All Trainees are responsible for reading and understanding (1) the MHS Protocol, Procedure, and Training Manual and (2) the Ethical Guidelines. It is the Trainee's responsibility to be familiar with the APA Ethics Code related to their supervisor's ethical guidelines. Trainees must abide by these guidelines at all times. Ethical violations will result in one or more of the following:

(a) consultation with the Trainee's Supervisor and the Training Director;

(b) documentation of disciplinary action and remediation plan.

(c) possible immediate dismissal from training program. In addition, ethical violations may result in professional and/or legal charges.

2. The MHS is a part of a professional health services facility. Trainees are expected to reflect that image in both their dress and personal and professional behavior. The Dress Code Policy is as follows:

Dress Code Policy: All Wellness Center staff should dress appropriately for an office/professional setting. This includes neat, clean and ironed clothing, without tears or holes. Unacceptable attire includes shorts, bare midriff, low cut necklines, spaghetti strap tops, short skirts/miniskirts, sagging pants that reveal undergarments, tee shirts with triggering imagery or language, pajamas, sweats/athletic wear, flip-flop sandals, slippers. This policy applies to in-person attire as well as attire visible during Telehealth appointments and virtual meetings. Failure to comply with the dress code will result in the trainee using vacation time to change clothes. Repeat violations of the dress code may result in discipline, up to and including termination.
Tattoo Policy: Tattoos with triggering imagery or language should not be obviously visible to others.

The Recreation and Wellness Center is a No-Smoking facility. The No Smoking Policy is as follows:

Smoking/Vaping Policy: There are designated smoking/vaping areas on campus. Trainees must use these spaces for smoking or vaping activities. UCCS campus policy has determined smoking/vaping is not permitted within 15 feet of any campus building door on the UCCS campus.

3. Mail slots and Check-ins: Trainees will be given a mail slot to facilitate communication and the flow of information. It is the Trainee's responsibility to check their mail slot frequently for messages. If a client has an urgent need to speak with the Trainee, the Front Desk staff will call them at home or on their cell phone and leave a message in Medicat or TEAMS. Also, the calls that are made to the office numbers will be automatically forwarded to the main Wellness Center number (x4444).
Note: Trainees never give out private telephone numbers to clients. **Do not give out your home phone or cell phone numbers to clients**.

4. Use of the MHS is greatly facilitated by the Trainees and staff following these guidelines:

a. Clean up after yourself. Be sure that no client materials are left in any area (including your offices). **All materials that contain client information are stored ONLY in the Trainee workroom at the MHS.**

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

c. ONLY those Trainees who are in the pre-practicum, Practicum, Internship and Postdoctoral Residency or at the MHS as an approved class assignment may be in the Trainee workroom and in areas where one might be exposed to confidential client information. Remember, all client information is confidential.

d. Furniture and Audio/video equipment should not be moved. If you are using your own digital voice recorder, the recorder itself that has your session recordings must be stored in your mail slots before you leave the MHS, for any reason (temporarily to return, or for the day).

e. Computer disks/flash drives with confidential material (e.g. Diagnostic Interview reports, Termination Summary reports) should be stored in your mail slot. Do not transport ANYTHING containing client information outside the MHS. Doing so is a probable cause for dismissal.

f. Everyone should discuss their cases only in the MHS offices with office doors closed. The waiting area and front desk should remain clear for MHS business. Do not discuss any confidential information in any area where other clients or persons in the Wellness Center can hear you.

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

h. Keep office doors open when working in your office and not seeing or discussing a client as well as when offices are vacant.

i. The last Trainee or staff member to leave the Wellness Center is responsible for checking that the group room doors are locked from the inside, that all lights are shut off, coffee pot is turned off, and that the front door is locked and the back door is locked after you leave the Wellness Center

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

5. When community service projects become available, Trainees will have an opportunity to work with different organizations or groups, as they will be working for different projects. Trainees will be matched with these projects based on their interests and clinical skill levels.

6. Background Checks: The MHS will ask for background checks of Trainees. The cost will be borne by the MHS and/or UCCS. The Training Director will maintain a file with all completed background checks in the Trainees' permanent file.

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

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

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

that would be best for them, given they will be asked to come to the MHS for weekly appointments. Should there be a waitlist and the perspective client chooses to be on the waitlist, during the initial phone screening the perspective client will also be invited to come in for an initial 45~~30~~ minute screening which consists of meeting with a clinician to gain a better understanding of their presenting problem, identify any individuals who may be in crisis and have their case triaged (at which point, if it is deemed a crisis, they will be eligible for six crisis sessions), offer additional resources while they remain on our waitlist, and gain information for case disposition so that the perspective client may be matched with the appropriate clinician or Trainee. The Screening Form serves as the outline for the screening. Upon completion of the screening the Trainees meet with any supervisor for case disposition and staffing. The 45~~30~~-minute screening appointment is typically scheduled by the front desk at the time of the phone screening but can be scheduled by anyone and notated on Medicat. All clients who are placed on the waitlist are offered the opportunity to have a 45~~30~~-minute screening, typically within 48 hours of their initial call.

This information is recorded on a phone note in Medicat and in the WAITLIST in Medicat for staffing. Once the Trainee is staffed with a new client, the client contact must be attempted **WITHIN TWO BUSINESS DAYS**, to schedule an Intake Evaluation.

Clients will be assigned as they call into the MHS based on caseload, client needs (i.e. can only come on certain days), and Trainees interest and experience. Information about the new client will be in Medicat or during supervision. Once the appointment is made, the case is the responsibility of the assigned Trainee. If the client refuses treatment, the assigned Trainee must terminate the file following discussion with the Supervisor.

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

Prior to the Intake Evaluation, a variety of consent forms and information forms are presented (see Intake Packet Forms). Each Trainee should record their intake appointment with their client in Medicat, indicating that it is an "INTAKE" appointment. This intake time must be between 8:30 a.m. and 4:30 p.m. Intakes are never done during evening hours since we do not have crisis service and s~~S~~upervisory back-up available at those times, nor do we have a financial officer to arrange or set fees. We can on occasion include routine psychological testing as part of the intake process. This will involve screening tests to help identify clients who are contending with mood disorders, personality disorders, and thought disorders.

If a client fails to show for the first scheduled appointment, the Trainee should call the client, remind them of the missed appointment, and make an attempt to reschedule. During this conversation, it is important to remind the prospective client the importance of calling and cancelling the appointment they will not be able to make. If the client repeats their no-shows for the second attempted appointment prior to Intake, we will assume that this may not be a good time for them to be in treatment at the MHS. Discuss the matter with your Supervisor prior to attempting to reschedule. Clients who do not respond to phone calls or messages should be given a deadline to respond in the message the Trainee is leaving. During this message, the Trainee will emphasize that if the prospective client fails to meet the stated deadline, we will assume they are no longer interested in our services; and that should they change their minds, they will have to call the Wellness Center (255-4444) and get back on the waitlist. All the situations above should be discussed with your Supervisor. Please review the separate section titled *No Show Procedures* for more specific information.

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

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

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

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

Fees. The fee for services is $20 per session. This rate is the same for individual and couple/family sessions. The fee for a group session is $10.00. The Wellness Center does not accept any insurance. Although the front desk, who takes the initial phone call, goes over fees as well, the Trainee formally sets the fee with the client at the time of the review and signing of the Disclosure and Consent to Services form. Questions about fees and collection should be referred to your Supervisor, Training Director, or the MHS Director. The Supervisor is to be notified in the event a client is not following through with payment of fees. We never turn anyone away for inability to pay, which requires us to make reduced fee agreements on occasion. The agreements always have time limits (e.g., $5 per session agreement for 8 sessions) and they are recorded as a “general alert” in the Medicat system. When a general alert is placed on the client’s chart, it will automatically alert the front desk staff of the modified charge amount. Fees are due prior to each session and are usually collected by the Front Desk staff, or anyone else who is covering the front desk. If the appointment is scheduled as an emergency, the emergency is established, and the client is not able to pay, there will be no session fee for the first session.

As stated in the informed consent form, the names of the students who accrue debt through failure to pay the session fees will be sent to the UCCS Bursar’s Office and the owed amount will be placed on their student account. This point should be addressed with everyone at least one-time during intake, when obtaining informed consent.

No one will ever be denied services at the MHS for financial reasons. Fee reductions are available to clients whose financial circumstances change during treatment. The fee reduction should be based on evidence of the situational change and must be reviewed with your supervisor. Clients may be asked to provide documentation of changes in their financial status.

In certain cases, six sessions can be scheduled as crisis sessions prior to being assigned to a therapist or Trainee. In this event, the fees for services are identical to the MHS’s regular fee schedule.

Treatment Planning. Treatment contracts are due the second session.. Think of this document as a therapeutic contract, both parties are involved in the process of constructing the plan and determining mutual responsibilities. Every effort needs to be made to engage the client in the process and signing the document. There is a check box on the treatment plan to indicate that the contract was reviewed verbally but use of this should be the exception rather than the rule. Whenever this box is used, the reasons for doing so should be discussed with the Supervisor. Treatment contracts are signed by the client, clinician, and supervisor and then scanned into the client’s Medicat file.

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

Clients will be scheduling their appointments through the clinician or through the front desk. Trainees are responsible for keeping the Medicat calendar accurate and up to date. Not every Trainee has an individual

office, so offices will have to be shared. When appointments are made, please check each time to make sure there will be an available office for your session. This should help assure that the therapy rooms will not be double scheduled.

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

Follow-up phone calls should be made following all cancellations and no-shows. If the NS or cancellation is for a screening or an intake appointment, the calls are typically made by the front desk staff. If you would rather talk to your client, please ask them not to call to reschedule for those missed appointment. For clients that are in ongoing treatment, the clinicians follow up. The follow-up procedure should include:

a. assessment of the client's well-being and potential to harm self or others;

b. offer a new appointment;

c. documentation in Medicat of the contact and the information exchanged during contact.

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

a. When safety is a factor, contact police and request a welfare check for the client prior to waiting one week

b. In other cases, a final attempt to contact the client should be made with a clear deadline for the call-back and explanation that the file will be considered closed if the deadline is not observed.

c. Repeated cancellations and no-shows significantly diminish the likelihood of a favorable treatment outcome. Our guideline is to always discuss the issue and make it one of the clinical topics when this is the case.

If you are going to use someone else's office, make sure the Trainee who works in that office is informed. The group rooms may be used for sessions or as a workspace if the usual therapy rooms are booked, if the room is not being used by anyone else during the session. It is important to check with our office manager before using the group rooms for your session.

Greeting clients. Medicat will flag the Trainee when the client is ready. Trainees are responsible for checking the waiting room to see if the client has arrived, and for taking the client back for the session. Hallway conversations should be kept to a minimum to reduce noise level and prevent disclosure of potentially confidential information. You are responsible for seeing that your client goes back to the front desk to exit the Wellness Center. However, please do not stay up at the front desk with your client. Follow up appointments should be scheduled before you leave your office. At no time should a client be left to the client's own devices to wander around the MHS. If the Trainee is providing a telehealth appt. then the Trainee is responsible for calling the client on TEAMs or Zoom and initiating the session.

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

V. Session Recording Protocol

All sessions at the MHS must be recorded. When you record a session, use the MHS recording system with our private secure server. Clients are informed of the recording protocol BEFORE they are scheduled for an Intake by the Trainee. If other recording devices are used the Trainee must have prior written signed approval and made other arrangements with their supervisor and the Training Director along with written signed consent from the client. If client refuses to permit recording of sessions, the Trainee will not be able to treat and will need to refer to another provider. Discuss this with your supervisor.

VI. Crisis and Emergency Procedures

Should an emergency arise while you are working in the Wellness Center, contact your supervisor or the Training Director immediately. Keep your Supervisor's, Training Director's, and the MHS Director's contact information with you when away from the Wellness Center.

Crisis Intervention. Frequently, a person in crisis will be referred to the MHS to receive services. Crisis is defined as an individually overwhelming situation that severely disrupts the ability to follow through with daily tasks and responsibilities, in the absence of imminent danger to safety. In this event, every effort is made to see the person in crisis within 48 hours. At this point, the person is eligible to receive six crisis sessions and may also be placed concurrently on the waitlist (in the event that there is a current waitlist) so that they may continue services at the termination of their crisis sessions if they so choose. In the event that the clinician seeing the person in crisis has an opening and there is no waitlist, that person in crisis may become a client of the clinician at the termination of the crisis sessions should the person wish to continue treatment. If the clinician who initiated the crisis sessions has a full client load, the person in crisis will remain on the waitlist to be staffed with a clinician who has an opening.

The licensed staff at MHS addresses mental health emergencies. The Trainees who have taken the crisis and emergency training may make the emergency appointment, do a safety assessment, and provide appropriate interventions and make the referrals under the close supervision of the clinical staff.

Emergency Intervention. If necessary, for on-campus emergencies call (255-3111), for off-campus situations the Police phone number is (719)444-7000 (non-emergency), 911 (emergency) or 988 (mental health emergency). The campus Public Safety Department (ext. 3111) assists the MHS if needed, however transporting clients to one of the two nearest emergency rooms (Penrose Main ER: 776-5000 and Memorial Central ER: 365-5000) is provided by a "Lyft" account if the situation does not involve a medical condition. If the situation is complicated by a medical condition, seek assistance from the medical team or call 911 for an ambulance, then call the Public Safety Department (255-3111) to notify them of the 911 call you have made. When planning a mental health transport, make sure to fill out the transport agreement with the client before the officer arrives.

An emergency intervention prioritizes a two-tier evaluation, to answer the following two assessment areas: (1) Does MHS possess sufficient resources to be able to manage the case if out-patient intervention is possible, and (2) can the client contract for safety, does the living circumstances provide sufficient resources for safety, are they high functioning-enough to be able to follow through with any safety/crisis intervention plans? If the answer is "no" for either of these questions, the client is transported to an ER either via Department of Public Safety assistance, or with an ambulance. If the client is being sent to the hospital, the area ER mental health evaluators prefer to evaluate the client and make appropriate decisions and placements accordingly. Out of professional courtesy, we try to accommodate this preference; however, if there are circumstances that create a risk for the evaluation at the hospital to be carried out appropriately, the M1 forms for hospitalization can be found in the chart room of MHS or by visiting:

M-1 Emergency Mental Illness Report Application.pdf - Google Drive

If upon initial evaluation the Trainee finds that the case can be managed and treated at MHS as an outpatient setting, then the Trainee proceeds with emergency interventions, which prioritizes safety assessments and plans; and incorporates crisis interventions secondarily.

If throughout the course of treatment at any level assessment results change and the case is no longer appropriate for MHS for any reason, appropriate referrals are made immediately, to ensure the best services are provided for our clients.

A. Alleged Elder/Child Abuse and/or Neglect

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

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

a. Alleged victim(s) name(s), age, address, phone number, type of abuse/neglect, time, and place, and frequency of occurrence.

b. Alleged perpetrator's name, age, address, phone number, relationship to victim.

c. Does the alleged perpetrator have access to the victim and/or other older adults or children? If so, list person's/people's name(s) and age(s).

In some cases, the client reporting the abuse/neglect to the therapist should be told by the therapist that a report would be made to social services. This is a clinical judgment that requires consultation with your Supervisor. IMPORTANT: There are potential safety issues associated with telling the informant that a report is being filed. As much as possible, assess potential risks to the victim or possible retribution from the informant before notifying the informant that a report is being filed with Social Services. The Trainee must check with their Supervisor or Training Director before informing the client about the need to report.

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

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

The Trainee should discuss the following with the Supervisor:

a. reporting procedures,

b. client behavior and well-being,

c. Trainee's behavior and well-being,

d. questions and concerns regarding the situation,

e. how to document the situation.

REMEMBER:

a. Physical, sexual, and emotional abuse, and neglect of an elder or a child MUST be reported.

b. The Trainee's concern about abuse must be reviewed with the Supervisor as soon as possible following the clinical contact that led to the concern. Failure to discuss the concern with the Supervisor and, if necessary, reported to the appropriate agency, for the sake of preserving the Trainee-client relationship is not permissible and is an ethical violation.

c. When unsure about the need for reporting, the Trainee should (1) ask the Supervisor or Training Director, (2) contact Social Services for feedback, documenting the social service worker's name and the feedback given the Trainee.

d. A written report **MUST** follow any verbal report. The consultation with the Supervisor and/or Training Director must be described in a progress note.

B. Spouse/Couple Abuse Protocol

In cases of couple's therapy where spousal abuse is suspected:

a. The spouses/significant others will be seen alone in order to explore the possibility of abuse.

b. When abuse is identified, the victim will be given several phone numbers for shelters. S/he will be asked to not give these numbers to the abuser due to the risk of further abuse at the shelter. The safety of minors involved in the family system must be explored and appropriate action taken (see child abuse protocol). AFTER CONSULTATION WITH THE SUPERVISOR, A SAFETY PLAN MUST BE DEVELOPED WITH THE VICTIM.

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

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

C. Suicide/Homicide Evaluation

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

ASK THE FOLLOWING QUESTIONS:

a. Have you ever tried to hurt or kill yourself? (i.e., cut yourself, jumped out of car, taken too many pills, etc.). For homicidal thinking: Have you ever tried to physically harm someone else?

b. Has anyone else in your family ever tried to commit suicide? If yes, ask who, how, and when. For homicidal thinking: Is there a family history of violence?

c. Are you currently thinking of hurting or killing yourself in any way? For Homicide: are you

currently thinking or harming someone else? Who is that person?

d. Have you made a plan? (Or ask: What lethal things could you do on the spur of the moment to hurt or kill yourself or someone else?) If the client has a plan, ask about details. Ask about availability to weapons or pills. Ask about availability of site (Are you alone? You say you plan to do this at home, how have you planned to be alone?). If the client expresses intent to harm someone else, the intended victim is to be notified that they are at risk. Also inform the client that you are required to inform the intended victim. Police must also be notified in this case. Document that the notifications took place.

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

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

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

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

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

If the danger is HIGH but NOT IMMEDIATE:

1. Ask for a safety and/or a no violence contract.

2. Ask for the number of a family member or friend that you can call to support them.

3. Ask them to come in immediately to the MHS and see a clinician or give them the Crisis Line (988) or Emergency Room number for an immediate appointment.

4. Tell them you will call back in 30 minutes to see if they have made an appointment. Call and evaluate status at that time.

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

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

1. The Trainee may need to use our "Lyft" service to provide a ride to the emergency room for the client. If the supervisor agrees the Trainee may be allowed to accompany the client in the "Lyft". Of if more appropriate the Trainee will find a licensed clinician who can accompany the client in the "Lyft" or reach out to the Training Director or the MHS Director.

2. If a family member or friend says they will take the individual to a hospital, make sure they sign the Release of Unsafe Client To A Third Party For Transportation To The Hospital agreement before they leave the Center.

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

*** If you are speaking with your client on the telephone, and are not in the MHS, give the client these crisis Center or prevention numbers from the Mental Health Crisis Sheet.

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

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

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

1. Assess the client carefully for homicidal/suicidal ideation. Ask directly about suicidal/homicidal ideation and plans.

2. Clients who are unable or unwilling to sign a Safety and/or No Violence Contract committing themselves to not hurt themselves or any other person should be considered for hospitalization. The Supervisor and the Trainee should assess the situation and determine possible methods of transport to the hospital (i.e "Lyft", friend and/or family). There must be assurance that the client(s) and the transporter will be safe while going to the hospital.

3. If an appropriate friend or relative cannot be recruited, and it is determined to not use the "Lyft" service then you will contact the Colorado Springs Police Department by dialing 911. Inform the Police Dispatcher about the situation and tell them that you are requesting transport for a client to the nearest Emergency Room. Call 3111 to inform the Public Safety Department of your 911 call.

4. It is for the Supervisor to decide when the client will be told of the transport. Some clients will deal with this quite appropriately when hearing this early in the process. Other clients will benefit from hearing this only after the Police Officers have arrived, which will help to prevent the client from escalating. REMEMBER, it is always the Supervisor's decision to make. It is inappropriate for the Trainee to make this decision.

5. When informing the client that they will be escorted to the nearest hospital ER through our "Lyft" service, inform the client that, if appropriate and after reviewing with the Supervisor, the Trainee can accompany them to the hospital. This will help to minimize emotional trauma and maximize cooperation. The Trainee and Supervisor should discuss if it is more appropriate for the Supervisor to accompany the client to the hospital. Trainees are not allowed to provide inpatient treatment. If appropriate, the Trainee can follow up with phone contact and, with releases, discuss the case with the hospital treatment staff.

6. As soon as the Trainee and/or the Supervisor returns to the MHS, the situation and the

interventions will be documented immediately.

VII. Client Records

Medicat is an electronic health record system that is used at the Wellness Center for all clinical record keeping and scheduling purposes. It is the clinicians' responsibility to keep the chart organized and up to date.

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

The clinical record is a legal document that may be used in a court of law to support or defend treatment services provided. Therefore, it is essential to take your documentation responsibilities seriously. All clinical documentation should be recorded on Medicat. Electronic private health information (PHI) must not be transmitted outside of the Wellness Center and Medicat system should not be accessed from outside of the Wellness Center to work on documentation. If handwritten charting is necessary, it is to be done in black ink only. Errors in charting should have a single line through the mistake with your initials and the date. Never use white out to correct charting errors. Never alter the record after the fact. There shall be only one (1) record for each client receiving services at the Wellness Center except in the case of a couple receiving couples/family therapy. When a couple is treated, one chart should contain both individual's information. If one or both members of the couple seek individual treatment, then they should have individual charts, with cross-references to their couple's treatment.

Client records from before we transitioned to using Medicat are stored in locked file cabinets at the Wellness Center. ALL information about clients must be kept in the client files, located in the File Room, behind the front desk. All documentation related to clients is confidential and must always remain on-site.

Progress notes must be completed immediately after each session. All clinical documents should include the supervising licensed clinician's name, which will be added at the bottom of each document when they are "signed" and "locked" on Medicat.

It is the clinician's responsibility to ensure that their client's progress notes, and chart records are up-to-date, completed accurately, and filed correctly. To scan paper documents into the client charts, the "Scanning" basket is used. When leaving the documents in the basket, we add the following information:

- Name, DOB, and/or the student Medicat ID (sometimes students have identical names)

- When scanning paper documents into client charts, the following indicators are used to communicate which section of the chart the document should be scanned into:
  L: Legal notes, documents, letters created by the Wellness Center staff
  O: Document of any communication with outside parties (e.g. phone notes, treatment summary/assessment reports that were requested, discharge planning requests)
  GR: Group notes
  F/C: Family/couple's notes
  I: Individual therapy notes

The intake package (Wellness Center Consent to Services, Student Privacy Rights, and Disclosure, Wellness Center Mental Health Services Disclosure and Consent, **DSM I Crosscutting Measure** and Client Data Sheet) must be completed by the client at the client's first meeting some are done electronically before the session and some with the assigned Trainee. The client will be offered to keep an unsigned copy, and the Trainee will place the other (signed) copy in the client file after it has been signed by the Supervisor.

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

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

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

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

On occasion, clients may request to review their records. If such a request occurs, the request must first be discussed with the Supervisor. DO NOT RELEASE ANY INFORMATION TO CLIENTS WITHOUT FIRST DISCUSSING WITH YOUR SUPERVISOR. Clients may request in writing copies of clinical evaluations and reports. Clients are not to be left alone with their records.

A. HIPAA as a Guideline

Although the Wellness Center does not bill electronically, therefore is not a HIPAA site as part of the University of Colorado system, the MHS must follow medical record confidentiality regulations similar to what is outlined in HIPAA regulations, regarding patient privacy. As of January 2009, the MHS is developing HIPAA compliant protocols for all operations. All Trainees will be required to complete an online HIPAA training course offered through the University of Colorado Upon completion of the course, a certificate is awarded which must be printed and given to the Training Director as evidence of the HIPAA training.

B. Computer Security

Although all computers at the MHS are password protected, clinicians are not to store client information on the hard disks of their computers. Client information is NEVER to be e-mailed or transferred via disks or jump drives unless ALL identifiers have been stripped out and the case Supervisor’s written approval is obtained.

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

Additionally, please make sure you Medicat is set up to go inactive after 5 mins as well and that when you are not in your office Medicat has been closed and when you have a client in the room you use all precautions to keep Medicat from being visible to your client.

C. Wellness Center Security

Any breaches in the MHS Security guidelines or breaches in client confidentiality must be reported. A security breach reporting form is available in the Chart Room. Fill out the form and submit to the Training Director or the MHS Director for review. The Privacy Officer (currently the MHS Director) will discuss an appropriate course of action with the MHS Director and the Training Director.

V111. Log of Contacts and Progress Notes
All client contacts (i.e. sessions, telephone calls, consultations, etc.) must be formally documented in Medicat. In addition, any time client information is released, or the client's case is discussed by phone or in person with an individual who is not on the MHS staff, a note must be made in the client's file on Medicat. Extended and/or clinically significant phone conversations must be documented immediately and included in the file. Copies of fax cover sheets must also be kept in client's files as evidence of PHI disclosure.

Prior to bringing the client back for their session the Trainee will create a "ticket" within the Medicat system for payment after the session. Immediately following each session or client contact the Trainee should complete a Progress Note. This is a crucial clinical task. Progress Note entries are made for each session. A notation of client cancellation (CC) or no-show (NS) would be made for the file in Medicat. Check up on your client's safety when dealing with cancellations and no shows and report it in the phone progress note (e.g., "client reported doing well, denies being suicidal."). All clinically significant phone contacts with the client should be documented in a phone progress note. Progress Notes should be generated using the computer template, found on Medicat. The note is to be signed by the Trainee and Supervisor before filing. IT IS NEVER APPROPRIATE TO USE CORRECTION FLUID ON PROGRESS NOTES OR ANY OTHER PAPERWORK THAT STAYS IN THE CLIENT'S FILE. In the case of handwritten notes, any empty lines on the Progress Note should be crossed out, with a single line drawn through them. REMEMBER: judges, attorneys, medical doctors, school personnel, and clients may request copies of charts. They must be professionally completed, as they are legal documents. Sign all progress notes with your name, and then a Supervisor's signature is required on all clinic documents.

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

IX. Front Desk
All Trainees may occasionally be requested to assist the front desk staff. This involves greeting clients, answer phones, answering questions, and assuring peacefulness in and around the reception desk and waiting area. CLIENT COMFORT IS ESSENTIAL. It is inappropriate to eat while at the front desk. When assisting with front desk responsibilities, Trainees are expected to help answer phones and direct messages to the appropriate staff, Trainee, or Trainee (voice mail if not personally available). Assisting with the front desk is important in providing coverage for client services when the front desk staff is called away from the front desk, and to maintain communication between MHS staff, clients, and community agencies. When necessary, the front desk is to remind other Trainees and staff that they should not "hang out" in the reception area. Other than scheduling appointments and paying fees, clients should not be visiting around the front desk.

X. Transfer and Termination Procedures
At the end of each Trainee year, efforts will be made to transfer clients who have been served by outgoing Trainees to other clinicians. It is likely that many clients will want to continue therapy after the Trainee had completed their training. In these cases, a Transfer is needed. There are no hard and fast rules for when to begin discussing transfers and termination with a client, but a guideline is with at least 3 remaining sessions, check with the client regarding their desire to continue in therapy with a new clinician. If your client(s) choose to transfer, inform the client(s) that every effort will be made to allow them to meet the new clinician(s) in the last session. Clients are transferred during the last session of the year, so they have an opportunity to meet the new clinician and set up the first appointment. Also, Termination/Transfer Reports (template on Medicat) must be completed before a transferred client has their first session with their new therapist. The Supervisors together will assign transfer clients.

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

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

Following the final (Termination or Transfer) session for each client, the Trainee should complete a Progress Note and a Termination/Transfer Report, also signed by the Supervisor. The Trainee is responsible for informing the Supervisor that a client file is ready for review and final signature.

It is inappropriate and unethical for Trainees to agree or suggest that they will continue to see clients after their training has formally ended. Assignment of clients to new therapists will be the responsibility of the Training Director and Individual Supervisors. Social contact with clients is not appropriate and not permitted.

XI. Communication with Primary Physician of Client

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

XII. Referral to Outside Specialists

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

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

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

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

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

XIII. Referrals for Medication/Psychiatric Services

The MHS regularly sees clients who need psychiatric care. These clients should be referred to the Medical Health providers at the Wellness Center or the appropriate psychiatrists in the community. Telephone numbers may be obtained from the Resource List. Fees can vary greatly, and this issue should be explored prior to finalizing the referral. Referrals should be discussed in detail with the Supervisor or Training Director.

When the client is present in the Wellness Center, the Trainee might facilitate the referral by making the original contact with the Psychiatrist or the Medical Services staff to make an appointment, and after

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

XIV. Telephone Confidentiality
Trainees must never give out personal telephone numbers (i.e. home, cellular, work) to the client. THE ONLY PHONE NUMBER FOR CLIENTS TO USE IN CONTACTING THE TRAINEE IS THE CENTER'S NUMBER: (719) 255-4444. As an added safety measure, Trainees may desire to block their personal phones from Caller ID by dialing *67 immediately before dialing the client's number. Use of cell phones for client contact is strongly discouraged since MHS protocol is that Trainees do not provide emergency or after-hours services, both of which are often facilitated by cell phones.

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

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

A. Electronic Confidentiality

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

DO NOT BREACH CLIENT CONFIDENTIALITY!

XV. Facsimile ("Fax") and Postal Service Protocol
In order to promote client confidentiality, faxing of client records should be avoided. Whenever possible, client records should be mailed after the Trainee has abided the following procedure:

a. An authorization form (release of information form) is completed, signed, and dated by the client authorizing release of the material.

b. The Training Director or Supervisor has been consulted and has approved of the release of information. Only the MHS Director, the Training Director, or Supervisor and in emergency cases, University Legal Counsel (255-3820) are authorized to approve releases of information.

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

If faxing is approved by the Training Director or Supervisor, the Trainee or front desk staff are to do the faxing. Faxes should include a cover sheet stating that the attached data contain PHI (can be found in a folder beside the fax machine). Fax recipients must be phoned and identified prior to faxing the client data. The MHS fax cover sheet and the verification of transmission should be put in the client chart.

XVI. Authorization to Release/Obtain Information

The MHS will not release client information unless a Request for Release and Exchange Of Information Form has been completed and signed by the client, or if a release form has been received by the MHS from a professional. ALL release forms received by the MHS or by Trainees must be shown to and approved by the Training Director, MHS Director, or Supervisor before any information can be sent out. IT IS NEVER APPROPRIATE TO RELEASE CLIENT INFORMATION WITHOUT PROPER AUTHORIZATION SIGNED BY THE CLIENT. This includes ANY information, including the fact that a client is being seen at the MHS, which is considered to be PHI. Any unauthorized release of information is a breach of client confidentiality! When sending out information, scan the signed Release into the client's chart. Document in a Progress Note when any information is released.

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

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

Raw (test) data should only be released to professionals qualified to interpret the data after a release of information has been signed.

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

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

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

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

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

XVII. No-Show Procedures

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

a. Assessment of the client's well-being and potential to harm themselves or others.

b. Offer of a new appointment.

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

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

by Trainee:

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

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

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

d. The client will be charged for any No-Shows on their next appointment. At the beginning of the session when they arrive to pay for the session, they will be charged for two sessions. It will be important to relay that information to the client, so they are prepared.

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

XVIII. Court Procedures

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

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

Whenever a subpoena is served to any MHS staff or Trainee, they must:

a) Inform their supervisor, the Training Director and the MHS Director, and
b) Contact the University Legal Counsel at (719) 255-3820.

XIV. Outreach and Public Relations

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

XX. Gifts of Value

Occasionally, clients desire to show their gratitude to Trainees, Supervisors, and/or the Directors by giving gifts. Sometimes the gift giving is motivated by a desire to manipulate the Trainee and/or become a "favorite" of the Trainee. It is the protocol of the MHS that GIFTS OF ANY MONETARY VALUE MAY NOT BE ACCEPTED BY TRAINEES OR STAFF. Trainees should express their appreciation for the generosity but must explain to the giver that it is inappropriate for them to accept. Trainees may accept gifts such as poetry or drawings provided that the client's name is not on the gift.

Trainees should explain this protocol to clients prior to termination, thereby helping to avoid conflicts and

hurt feelings.

XXI. Financial Protocol
The MHS fee schedules: all pay $20.00 per 50-60-minute psychotherapy/evaluation session or $10.00 per group session. Fee for one-time emergency appointments will be determined on a case-by-case basis. Every attempt will be made to make reasonable financial accommodations for those who request services at the MHS, please discuss a fee agreement for a client with your supervisor if needed.

In the MHS Disclosure Form, clients are informed that they are responsible for paying for all sessions, and they must pay for missed sessions, which are not cancelled at least 2 hours prior to the scheduled appointment (excepting emergencies).

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

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

XXII. Drug & Alcohol Evaluation Procedure
Clients may present to the MHS with substance or alcohol abuse as part of their clinical picture; occasionally substance or alcohol abuse will be their primary issue. The MHS operates from a harm reduction model. We believe that while abstinence from alcohol and drugs is certainly a worthy goal, and is the most appropriate for certain clients, the majority of our clients will benefit from reducing their use and learning to use more safely while simultaneously increasing adaptive coping and self-care strategies. Harm reduction could look like reduced use daily, days without use, and/or damage control (e.g. not drinking and driving). Our goal is to empower clients to successfully reduce use and improve life skills, not shame them for their use. People often misuse substances as a substitute for more appropriate ways to deal with emotional pain or trauma, as a perceived way to fit in socially, or due to lack of knowledge about appropriate use. We can help teach our clients how to use moderately (if appropriate) as they also learn to increase coping behaviors.

Currently the MHS has several licensed addictions specialists on staff. It is possible that a case may require that they may be more appropriate for treatment by the specialist. Very rarely a client will need a higher level of care than we are able to provide at the MHS, such as medically-supervised detoxification or residential treatment. In these cases, they are referred to an appropriate community resource. This would be determined in consultation with a Supervisor and community providers. It is likely that the client would be able to resume treatment at MHS once their condition has been stabilized.

Use non-judgmental language when asking about current level of substance use. For example, ask clients "How much do you drink," not "Do you drink?" Be sure to clarify answers, finding out frequency of use, how much is used at a time, whether the person uses alone or with friends and, if relevant, in what ways the use is problematic and/or helpful for the client.

> If a client arrives to therapy under the influence of alcohol or drugs, assess whether it is safe to allow the client to leave MHS unattended. Determine whether the client was planning to drive after session and, if so, make arrangements for an alternative driver or call a taxi. **If the client responds negatively and refuses to wait for the ride, the Trainee will inform the client that the Public Safety Department will be called to assist. After consulting with your supervisor or another professional staff member the clinician will call x3111 and inform Public Safety that the client is under the influence and intending to drive home.** If the client is willing to wait for a ride, inform the front desk of the situation. The Supervisor and the Trainee must work together to assure that the client has safe transportation home. Make your Supervisor aware of the situation and any ongoing events. Document everything carefully and thoroughly.

A. Mandatory Drug/Alcohol Evaluation Related Referrals from Housing and/or Dean of Students Office

All mandatory referrals from Housing Department for drug and/or alcohol related evaluations go directly to the Addiction Specialist on staff.

XXIII. Unusual Incident Report

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

XXIV. Client Grievances

There is a standard procedure at the MHS for client complaints which is handled by the Wellness Center office manager and then is passed along to the MHS Director. Supervisors and Trainees will be notified if the client grievance has been filed and then protocols for the grievance will follow the Wellness Center policy.

XXV. Sexual Harassment Protocol

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

Sexual harassment of an individual occurs when:

* Submission to such conduct is made a term or condition of employment.

* Submission to or rejection of such conduct is used as the basis for making employment decisions about the individual.

* Such conduct has the effect of unreasonably interfering with the individual's work performance, or creates an intimidating, hostile or offensive working environment.

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

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

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

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

XXVI. Diversity and Non-Discrimination Policy

In accordance with University of Colorado Colorado Springs (UCCS) goal of inclusive excellence, the MHS training program strives to be inclusive of our entire community, regardless of social or cultural identity, background, perspective, or origin. Historically, certain social groups have been excluded from, and marginalized within, public higher education, thereby creating legacies of advantage and disadvantage. The MHS training program therefore promotes the principles of equity, inclusion and diversity—which are defined within a domestic context and a specific historical, social, and cultural framework—and an

intellectual environment that is inclusive of all stakeholders in order to overcome the historical legacies of exclusion.

The MHS training program is committed to promoting these principles to contribute directly to the quality of learning for all Trainees who participate in our program. This approach does not solely benefit groups that have historically been excluded or marginalized and oppressed, it simultaneously contributes excellence to the education and experience of all Trainees who participate in our program. To realize this potential requires more than seeking to diversify the composition of our Trainees, staff, faculty and administration along ethnic and racial lines. An equally important challenge is for members of the UCCS community to engage fully across social, cultural and national differences, and to integrate lessons from distinct cultural perspectives into their development of knowledge, skills, and character. This is a core value across campus in various departments and as a part of the MHS training program.

A core mission of our training program is to honor the diverse experiences and lives of our Trainees. We strive to provide a supportive and welcoming environment where Trainees can attain success in a range of areas. Our campus at large and MHS are dedicated to promoting and celebrating an inclusive environment for our student body, while making sure that our traditionally underrepresented populations feel valued in all aspects of their college experience from academic to therapeutic.

A. Non-Discrimination Protocol

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

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

The UCCS Office of Institutional Equity has a Mandating Reporting Policy for all UCCS staff, faculty, and students. Please find the policy at: https://equity.uccs.edu/oie-reporting-options

XXVII. Absences and Vacations

If you are sick and cannot come into the MHS on your scheduled day, let the office staff know in order to cancel your appointments.

If not sick, you are responsible for re-scheduling your clients. Make sure to update the Medicat calendar. If you are away from the MHS for any other reasons, absences should be arranged and approved by your Supervisor and the Training Director, and the office staff advised that you will not be here.

All Trainees are entitled to annual vacation time. This varies depending on the weekly training hours required. Pre-practicum Trainees who work 6 hours per week receive 6 hours; Practicum Trainees who work between 10-20 hours per week receive 10-20 hours; and Trainees who work between 20-40 hours per week have 20-40 hours to use during per semester. During the training year, right before and during finals weeks, and right before holidays, taking vacation time is strongly discouraged. Early August until the beginning of fall semester and early January are intensive training periods and much is lost by not being present at the MHS at that time. December and May are also demanding as UCCS Trainees have increased stress due to finals, training winds down, clients are transferring to new clinicians, and new Trainees will begin to start assuming responsibilities of the Trainees who are finishing. Time away from the MHS due to attending professional conferences and trainings or to illness or family emergencies is not considered part of vacation days. When planning a vacation, you must secure approval from your Supervisor and the Training Director and complete the Vacation/Leave Request form. Once the days have been approved by your supervisor, inform the front desk of the days you will be away well in advance. A copy of the

completed form is to be provided to the Training Director.

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

XXVIII. Research Protocol

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

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

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

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

XXIV. Supervision

The Trainee's clinical supervisor is an experienced person who over-sees their clinical and assessment work. The Trainee is working under their license for the care of their clients and the Trainee is expected to address all clinical issues and care with their supervisor. A minimum of 1 hour per week of individual supervision is provided. A variety of methods of supervision are available and will be employed for monitoring Trainee/client contact including:

- Presentation and discussion of cases in weekly supervision meetings. Bring information of the server recordings of sessions to each supervision meeting. Individual supervision should occur at least once per week for one hour.
- At the beginning of the each semester, each Trainee will complete the Supervision Contract with their primary Supervisor.
- At the end of the semester Trainees and their Supervisors will complete supervision and Trainee evaluation forms. Copies of these will be provided to the Training Director for MHS and Director of Clinical Training of the Trainee's academic program. The forms may vary based on the preferences of the department the Trainee is in.
- At the end of each semester, the Trainee will also be asked to fill out in-house evaluation forms. These forms are then utilized to identify areas of improvement of the MHS training program.

A. Supervisor Consultation Meetings

Supervisor consultation meetings are generally held monthly. The purpose of these meetings is for all pro staff members who participate in training and supervisory functions to review the individual progress and needs of each Trainee and trainee. In response to this shared information, primary individual supervisors integrate and subsequently present summary feedback to Trainees, and adjustments can be made to address concerns about Trainee performance, clinical load, or other areas of Wellness Center MHS functioning as well as to give evaluation feedback to Trainees. A secondary purpose for the supervisor consultation meetings is to provide training program updates, have dialogues about clinical supervision and the role of supervisors, and to further develop and refine the training program.

Performance and Expectations Standards

Performance Standards

All staff members, including Trainees, are expected to follow the highest levels of professional and ethical conduct. As professionals training to become Health Service Psychologists, Trainees are expected to strictly adhere to the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct along with their own Ethics code for their program.

Professional Relationships
The MHS professional staff recognize that there are power differentials between professional staff and Trainees, regardless of whether a formal supervisory relationship exists. The professional staff recognize that because of the power differentials, each professional staff member serves as a de facto supervisor to each Trainee. Professional staff subscribe to the principle that staff/ Trainee relationships are fundamentally intended to serve the best interests of the Trainees. Thus, each professional staff member is in an ongoing dialogue with self and colleagues about the parameters needed to ensure that the vulnerability of the Trainee is regarded and considered in all interactions, but particularly those that may extend beyond formal training activities. Where appropriate, professional staff include Trainees in a dialogue around the Trainee's best interests. Professional staff follow all university policies regarding relationships involving evaluative authority, avoid dual relationships with Trainees, and look to their respective ethics codes and to consultation with each other for guidance when questions arise. The professional staff welcome and encourage questions from Trainees about the nature of professional relationships in general, and at the MHS in particular. Where these relationships are concerned, professional staff always seek to serve as mentors and professional role models. During supervision, supervisors will refrain from connecting with Trainees on social media or socializing with Trainees outside of work/staff functions.

Trainee Personal Disclosure
Given our training program's goal to prepare effective generalist health service clinicians with consolidated professional identities, opportunities for personal exploration and reflection occur throughout the year. When appropriate, Trainees are encouraged, but not required, to explore historical influences and personal data which may affect subsequent professional practice. Exploration of history and personal data may occur in a variety of different ways. The following are offered as example situations that illustrate this concept in action:

The Trainee, with awareness that their professional activities may be impacted by personal experiences, may choose to disclose such experiences. Trainees are welcomed and encouraged to share personal information they determine may have bearing on their professional functioning with their supervisors or other MHS professional staff.

A supervisor may notice a single significant incident or patterns in behavior that suggest that a Trainee's professional conduct may be adversely influenced by personal issues. The supervisor may ask the Trainee to reflect on this in the context of encouraging professional growth. This reflection may include, but not be limited to, engaging in personal therapy to help resolve issues and facilitate personal and professional growth.

The training program functions in a manner consistent with the American Psychological Association's 2002 Ethical Standard 7.04 (Student Disclosure of Personal Information) as contained in the Revised Ethical Principles of Psychologists and Code of Conduct (APA, 2002).

Expectations Regarding Clinical Competence
Clinical competence encompasses the areas of skills and knowledge, ethics and professional standards, and personal/professional functioning. During the training, the minimum level of achievement is measured at the end of each semester. A satisfactory or higher on the Trainee Evaluation is required. If the Trainee receives a rating of less than satisfactory, the frequency of evaluations completed by all supervisors will shift to a monthly basis or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated. Trainee evaluations along with the complete official file are maintained indefinitely by the Training Director in a secure file.

Since Trainees make significant developmental transitions during training, evaluation and feedback are constant and ongoing processes over the training period. Training staff identify areas of excellence, as well as needed additional training, experience, or educational correction as quickly and accurately as possible.

Expectations Regarding Interpersonal Competence
Trainee s should know that to ensure their professional and ethical development, MHS professional staff, supervisors, and administrators will assess aspects of competence other than, and in addition to, a Trainee's clinical knowledge and skills. Areas which may be assessed include but are not limited to emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice. The training intention is to ensure—insofar as possible—that the Trainees who complete the training are professionally competent at their current training level and able to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner.

Expectations around interpersonal competence are applicable to settings and contexts in which evaluation would appropriately occur (i.e. on the job), rather than settings and contexts that are unrelated to the formal process of training (e.g. non-training, social contexts). However, irrespective of setting or context, when a Trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the Trainee; (b) raises questions of an ethical nature; (c) represents a risk to public safety; or (d) damages the representation of mental health clinicians to the profession or public, appropriate representatives of the training may review such conduct within the context of the program's evaluation processes.

In addition to the above ongoing evaluative processes, Trainees are formally evaluated in both written and oral form by their supervisors and the Training Director each semester. Should a supervisor or the Training Director notice a Trainee struggling with problematic behavior or an inability to meet program competencies, the Trainee may be subject to formal remediation, as regulated by the MHS's Due Process and Grievance Policy and Procedures.

Due Process for Trainees

General Guidelines for Due Process
Due process ensures that judgments or decisions made by the training program about Trainees are not arbitrary or personally biased. The training program has adopted specific evaluation procedures which are applied to *all* Trainees. The appeals procedures presented below are available to the Trainee so that they may address or challenge the program's action**.**

General due process guidelines include:

1. presenting to Trainees, in writing, the program's expectations in regard to professional functioning at the outset of training;
2. stipulating the procedures for evaluation, including when, how, and by whom evaluations will be conducted;
3. using input from multiple professional sources when making decisions or recommendations regarding the Trainee's performance;
4. articulating the various procedures and actions involved in making decisions regarding not meeting expectations;
5. communicating, early and often, with sponsoring institution about any suspected difficulties with Trainees;
6. instituting, with the input and knowledge of the Trainee's sponsoring institution, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies;
7. providing the Trainee with a written statement of procedural policy describing how the Trainee may appeal the program's actions or decisions;
8. ensuring that Trainee s have a reasonable amount of time to respond to any action(s) taken by the program; and
9. documenting, in writing and to all relevant parties (e.g., the Trainee's academic advisor or director of clinical training, supervisor), the action(s) taken by the program and the rationale.

Problematic Behavior

Trainees make significant developmental transitions during the training period. Part of the training process involves the identification of areas of strength, as well as areas needing improvement. Some behaviors, attitudes or other characteristics that need improvement may require a remedial plan to bring the Trainee to a passing level. Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment when a Trainee 's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior needing formal intervention typically becomes identified when one or more of the following characteristics exist:

1. The Trainee does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by experience and/or academic or didactic training;
3. The quality of services delivered by the Trainee is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The Trainee 's behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures to Respond to Problematic Behavior or Inadequate Performance

A. Basic Procedures

If a Trainee does not achieve an average score of satisfactory or higher on the evaluation at the end of the semester or if a staff member has concerns about an Trainee's behavior (i.e., ethical or legal violations, professional incompetence) the following procedures will be initiated:

A. Informal procedures -

1. In most cases, it may be appropriate to speak directly to the Trainee about these concerns. When that is the case, the supervisor will increase supervision, add new readings if appropriate, have the Trainee meet with other professional staff for support as needed.

B. Formal procedures -

2. In other cases, a consultation with Training Director will be warranted once the Training Director has been informed of the specific concerns, they will determine if and how to proceed with the problematic behavior or inadequate performance raised.
3. If the staff member who brings the concern to the Training Director is not the Trainee 's supervisor, the Training Director will discuss the concern with the primary supervisor.
4. If the Training Director and supervisor determine that the alleged behavior in the complaint, if proven, would constitute problematic behavior or a serious violation, the Training Director will inform the staff member who initially brought the complaint.
5. The Training Director will meet with the MHS Director to discuss the concerns and possible courses of action to be taken to address the issues.
6. The Training Director, supervisor, and MHS Director may meet to discuss possible course of actions, (as described below).

B. Notification Procedures to Address Problematic Behavior or Inadequate Performance

i. **Verbal Notice** to the Trainee emphasizes the need to discontinue the problematic behavior or inadequate performance under informal review and allow for the Trainee to present their perspective.

ii. **<u>Written Notice</u>** to the Trainee will be provided within 48 hours of the Training Director becoming aware of the problematic behavior or inadequate performance formally acknowledges:

a) that the Training Director is aware of and concerned with the behavior,
b) that the concern has been brought to the attention of the Trainee,
c) that the Training Director will work with the Trainee to rectify the problem or skill deficits, and
d) that the behaviors of concern are not significant enough to warrant more serious action.

iii. **<u>Written Remediation Plan</u>** summarizes the concerns that exist and outlines the supplemental educational steps to be provided and/or the remedial steps that the Trainee must take. The second written notice provided within 48 hours of identification that the problematic behavior or inadequate performance are still not being addressed by the Trainee will contain:

a) a description of the Trainee 's inadequate performance;
b) actions needed by the Trainee to correct the problematic behavior;
c) the timeline for correcting the problematic behavior or inadequate performance;
d) what sanction(s) may be implemented if the problematic behavior or inadequate performance is not corrected; and
e) notification that the Trainee has the right to request an appeal of this action. (**see Appeal Procedures**)

<u>Purpose and Components of the Remediation Plan</u>

The purpose of Remediation Plan (RP) is the provision of more intensive training as a psychotherapist and beginning professional mental health clinician. Although the intent is not punitive, it can, nevertheless, feel stressful for the Trainee involved. Trainees who view it as a genuine opportunity for growth and who take advantage of the increased supervision and training experiences offered by the MHS training program are most likely to benefit from these plans. The intent of the RP is to provide the Trainee with a clear **written** statement of what behaviors are deemed problematic and to facilitate the Trainee's ability to make the desired changes in the specified amount of time. The need to protect client and agency welfare will be incorporated into this plan when these issues are relevant to the problematic behavior or inadequate performance. Examples of potential components of an RP include (but are not limited to):

a) The Trainee is required to attend to professional duties more responsibly, such as completion of case notes in a timely manner or attending scheduled client and supervision sessions regularly and on time.
b) The Trainee is provided additional supervision time or the format and focus of supervision is modified in order to facilitate the development of therapeutic skills.
c) The Trainee is required to complete additional readings, courses, or to attend relevant workshops in order to supplement knowledge in deficient areas.
d) The Trainee is advised to seek personal psychotherapy to work through issues that may be interfering with their clinical skills or professional role.
e) Increased monitoring of the Trainee's performance including additional review of videotaped therapy sessions by the primary supervisor and/or other designated MHS professional staff. Viewing of therapy sessions by additional staff allows a wider learning perspective for the Trainee and reduces any perception of unfair treatment of a Trainee by a single supervisor due to differences in personality, style, or theory.
f) Reducing the Trainee 's clinical or other workload.

The RP will be put into writing with signed copies going to the Trainee, the Trainee 's file at MHS and the primary supervisor. Director of Clinical Training from the Trainee's sponsoring institution will also receive a copy.

The Trainee will meet with the staff involved in the RP at a designated time (e.g., one month) after the plan has been agreed upon by MHS and the Trainee to assess compliance with the plan and progress in the program. If sufficient progress has been made, the RP will be complete, and a follow-up letter written. If satisfactory progress has not been made, an extension of the RP or the following steps may be taken.

Probation

Formal probation of a Trainee may be implemented when serious concerns emerge about a Trainee 's competence, professionalism, emotional stability, or ethics. Probation is both a time-limited and remediation-oriented consequence. The primary purpose of probationary action is to bring the Trainee to an adequately functioning state as a professional. As a result, the Trainee is placed on probation for a specified period of time during which their behavior will be monitored by the primary supervisor in consultation with the rest of the MHS professional staff. The most common grounds for probation include:

a) Failure to make adequate progress on a Remediation Plan;
b) Consistent lack of responsibility in one's professional duties at MHS;
c) Significant inability to manage personal stress that interferes with the ability to deliver adequate services to clientele or to work with other professionals; and
d) A serious breach of the ethical standards of APA or the laws of Colorado.

The need to place a Trainee on probation will be decided upon by the Training Director, supervisor, and MHS director after a review meeting with the Trainee and their supervisor. A written plan for probation will be outlined. Faculty from the Trainee 's academic program shall be notified in writing and phone contact will be initiated with the academic program to involve them in the probation planning. The Trainee will be notified that they have the right to request an appeal of this action. (**see Appeal Procedures**)

Probationary status will be specified for a designated length of time and will include regularly scheduled evaluation sessions with the Trainee, supervisor, and Training Director. Termination of probationary status will be:

a) contingent upon demonstrated improvements in the Trainee 's functioning,
b) determined by the supervisor, Training Director and MHS Director,
c) communicated to the Trainee in writing by the Training Director within two working days of the final decision, and
d) the Trainee 's sponsoring institution will be notified of the disposition following the probationary period verbally and in writing within two working days of the final decision.

Failure to comply with the Probationary Plan or to significantly improve the concerns leading to probation can result in a number of consequences to be decided by the supervisor, Training Director, and MHS Director: Potential consequences may include:

a) Continuation of the probationary period.
b) Provision of an evaluation to the Trainee's sponsoring institution and other appropriate parties stating that the Trainee's progress is marginal.
c) Extension of the training experience at MHS. In situations in which the Trainee 's behaviors and/or skills need remediation, where the Trainee has made some progress toward change, but where sufficient progress has not been made prior to the end of the training program, the Trainee may be allowed to extend their training at MHS in order to complete the requirements. The Trainee must demonstrate a capacity and willingness for full remediation, and the academic program will be notified and consulted.
d) Suspension
e) Dismissal

Suspension

Suspension requires a determination that the welfare of the Trainee 's client(s) or the campus community has been jeopardized. In cases involving severe violations of the APA Code of Ethics or the Colorado statutes, where there is a preponderance of unprofessional behavior, or lack of change in behaviors for which a Trainee has been placed on probation, suspension of agency privileges or dismissal may be recommended consequences. This suspension may bypass steps identified in notification procedures in cases involving potential harm to clients. When this determination has been made, direct service activities by the Trainee will be suspended for a specified period as determined by the Training Director in consultation with the Trainee's supervisor(s), and the MHS Director. At the end of the suspension period, the Trainee 's supervisor(s) in

consultation with the Training Director and MHS Director will assess the Trainee 's capacity for effective functioning and determine if and when direct service can be resumed.

The Trainee will be notified immediately verbally and in writing and will be informed of appeal procedures. The Training Director will send written notification of this action to the Trainee 's sponsoring institution within two working days of the decision and will also contact the Trainee 's DCT by phone.

Dismissal from the Training Program
Dismissal from the MHS training program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time, rectify the problem behavior or concerns and the Trainee seems unable or unwilling to alter this behavior, the Training Director will discuss with the MHS Director the possibility of termination from the MHS training program and dismissal from the agency. Dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor. The MHS Director will make the final decision about dismissal. This dismissal may bypass steps identified in notification procedures if there are gross ethical violations and the Trainee will be notified that a hearing is taking place. When a Trainee has been dismissed, the Training Director will communicate verbally and in writing to the Trainee 's academic department that the Trainee has not successfully completed the training program.

Appeal Procedures
In the event that a Trainee does not agree with any of the aforementioned notifications, remediation or sanctions, the following appeal procedures should be followed:

1. Within five working days of receipt of the notifications or sanctions, inform the Training Director in writing and explain the grounds for the challenge.

2. The Training Director will convene an Appeals Panel consisting of two staff members selected by the Training Director and two selected by the Trainee. The MHS Director, who has final decision-making authority, will not sit on the Appeals Panel. The Trainee retains the right to hear all facts with the opportunity to dispute and/or explain their behavior.

3. An appeals hearing is conducted, chaired by the Training Director, in which the challenge is heard. Within five working days of the completion of the review hearing, the Appeals Panel submits a report to the MHS Director, the Trainee and the DCT from the sponsoring institution including any recommendations for further action.

4. If the Trainee is dissatisfied with the Appeals Panel decision the Trainee may go to the MHS Director to discuss their concerns. The MHS Director then makes a final decision regarding what action is to be taken.

5. Once a decision has been made, the Trainee and sponsoring institution are informed in writing of the action taken.

Grievance Policy and Procedures

The training provides many opportunities for interaction between Trainees and staff. It is a time of significant professional as well as personal growth, and transition between the status of "Trainee" and that of "professional". As a result of these complex dynamics, there is also the opportunity for conflict to arise on various levels. In the event a Trainee encounters difficulties or problems with a supervisor or other staff member or the quality of the program overall (e.g. inadequate supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts, robustness of the training), the following grievance procedures are established to aid in the resolution of the problem.

A. Informal process -
1. The Trainee will discuss the issue with their supervisor and the staff member(s) involved.

B. Formal process -

2. If the issue cannot be resolved informally, the Trainee should discuss the concern with the Training Director (if the concerns involve the Training Director, the Trainee should consult directly with the MHS Director).
3. If the Training Director is unable to resolve the concern, the matter will be brought to the attention of the MHS Director.
4. If the Training Director and/or MHS Director cannot resolve the issue of concern with the Trainee or the Trainee does not agree with the decision rendered, the Trainee can file a formal grievance in writing with all supporting documents, with the Training Director (the grievance should be filed with the MHS Director if the matter concerns the Training Director).
5. The Training Director will convene a Grievance Panel consisting of two staff members selected by the Training Director and two selected by the Trainee. The MHS Director, who has final decision-making authority, will not sit on the Grievance Panel. The Trainee retains the right to hear all facts with the opportunity to dispute and/or explain their case. (If the matter concerns the Training Director, the MHS Director will choose the 2 panel members and one of those selected members will convene the Grievance Panel).
6. A grievance hearing is conducted, chaired by the Training Director, in which the challenge is heard. Within five working days of the completion of the review hearing, the Grievance Panel submits a report to the MHS Director, including any recommendations for further action. Recommendations to the MHS Director are determined by majority vote of the Grievance Panel. (If the matter concerns the Training Director, the selected panel member will chair the grievance hearing). The determinations are also conveyed to the Trainee and the party being grieved.
7. The Trainee or the party grieved may come back and state the first plan is not working and a second plan of action is needed. If the initial plan of action fails, then the Training Director will convene another Grievance Panel within 10 days and offer another plan within five days of meeting. The MHS Director will have the final decision-making power after this second meeting.
8. The decision of the MHS Director may be grieved through out-of-agency mechanisms within the University of Colorado Colorado Springs (UCCS). A Trainee may go directly to UCCS Human Resources if they desire an out of agency hearing within the university, they will be directed to take their case to UCCS Human Resources office for further investigation and resolution. Additionally, the Training Director and the Grievance Panel may turn over any issues to UCCS Human Resources that are not appropriate for the training program to handle.

Trainee Evaluation

All Trainee applications will include a confirmation from the academic program, Director of Clinical Training, verifying the Trainee has completed all necessary training and education to start training. Trainees will be formally evaluated by their Individual Supervisor each semester, as well as informally evaluated by their Group Supervisors each semester. Maintenance of service records as well as attendance at and participation in Supervisory sessions and staff meetings will be included in the evaluation. The Trainee and Supervisor/s will meet to discuss the evaluations. The Trainee will complete their own self-evaluation from their program if applicable and will bring it to a meeting with their Individual Supervisor. The Trainee will discuss their ratings with the Supervisor and will receive feedback on those ratings. Supervisors and Trainees will each sign the final copy of each formal evaluation. If ratings are satisfactory plans will be made for continued growth and development. If ratings are unsatisfactory, plans will be made for improving the ratings. If the ratings remain unsatisfactory, a meeting will take place with the Trainee, the Individual Supervisor, the Training Director, and a specific plan will be made regarding (a) the Trainee's continued participation in MHS training program and (b) the specific requirements to be implemented for the continuance of the Trainee's participation in MHS training program, following the training program Performance and Expectation Standards and Due Process Policy. The decisions made at this meeting will be documented and a copy given to the Trainee. Trainees may be asked to complete an evaluation of their Supervisor and experience at the Wellness Center at the end of each semester.

A formal evaluation will be provided to the Trainee's academic program Director of Clinical Training at the end of each semester. In addition to the academic program requirements, the Trainees and their Supervisors will be asked to complete the MHS's internal evaluation documents.

All Trainees will complete an Exit Interview with the Training Director before completion of training. This will be scheduled in the last two weeks of the training period and will involve a half hour focused on the Trainee's growth during the training period, areas for continued improvement, impressions about the training setting at the Wellness Center, and feedback for the Training Director.

If the academic program assigns a formal grade for any part of the MHS training program, MHS clinical staff who contributed to the training of the Trainee will only provide feedback for the academic program upon request. This feedback will be the same feedback that is in the Trainee's folder at the Wellness Center. The formal grades will be assigned by the faculty at the Trainee's academic program.

FINAL THOUGHTS

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

Enjoy the journey!!

Appendix A

Telesupervision Policy

Mental Health Services (MHS) program uses videoconferencing to provide weekly individual and group supervision to all Trainees when access to in person supervision is not possible due to logistical issues or safety of our Trainees and staff. This format is utilized in order to promote interaction and socialization among Trainees when they cannot meet in person. Trainees and supervisors meet in a virtual conference room on Microsoft TEAMS and interact via high-quality real-time transmission of simultaneous video and audio. MHS training program places high value on cohesion and socialization of the Trainee cohort, and virtual meetings via videoconferencing are an effective way to foster connection during intervals between in-person meetings. The use of videoconference technology for supervisory experiences is consistent with MHS' model of training and aim as MHS places a strong training emphasis on access to behavioral health care for our UCCS student body, which may include the use of telehealth services.

MHS training program recognizes the importance of supervisory relationships. Individual and group supervision is led by members of the MHS professional staff, on a rotating basis, to provide Trainees with the opportunity to experience a breadth of supervisory relationships and supervision modalities. It is expected that the foundation for these supervisory relationships will be cultivated initially during MHS' orientation, such that Trainees will have formed relationships with the entire MHS professional staff prior to engaging in videoconference supervision if safety is not a concern. For all clinical cases discussed during group supervision, full professional responsibility remains with the Trainee's primary supervisors, and any crisis or other time-sensitive issues are reported to that supervisor immediately. Trainees are provided contact information for all MHS

supervisors including email and phone numbers, so crisis and time-sensitive information can be reported, as necessary.

All MHS video conferencing occurs over a secure network using site-administered videoconferencing technology. Supervision sessions of Trainees using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. When Trainees provide supervision of supervision the recording will be made on Avigilon which is our recording server for our clinical services and will only be used for supervision purposes. All Trainees are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the Office of Information Technology (OIT) Help Desk.

Appendix B

C-8 I. Profession-Wide Competencies

Introduction

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and postdoctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

• Consistency with the professional value of individual and cultural diversity (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.

• Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.

• Level-appropriate training. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.

• Level-appropriate expectations. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.

• Evaluation of trainee competence. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

I. Research This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the postdoctoral level

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Trainees are expected to:

Doctoral students:

• Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. • Conduct research or other scholarly activities. • Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

Interns:

• Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

II. Ethical and legal standards This competency is required at the doctoral, internship, and post-doctoral levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees at all levels are expected to demonstrate competency in each of the following areas:

• Be knowledgeable of and act in accordance with each of the following:

- the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
- relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
- relevant professional standards and guidelines.

• Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.

• Conduct self in an ethical manner in all professional activities.

III. Individual and cultural diversity This competency is required at the doctoral, internship, and post-doctoral levels.

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible. Trainees at all levels are expected to demonstrate:

• an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

• knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;

• the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to:

Doctoral students:

• Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups and apply this approach effectively in their professional work.

Interns:

• Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Post-doctoral residents:

• Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

IV. Professional values and attitudes This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Doctoral students and Interns are expected to:

• behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

• engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

• actively seek and demonstrate openness and responsiveness to feedback and supervision.

• respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

V. Communication and interpersonal skills This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction and are evident across the program's expected competencies.

Doctoral students and interns are expected to:

• develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

• produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

• demonstrate effective interpersonal skills and the ability to manage difficult communication well.

VI. Assessment This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

Doctoral students and Interns are expected to:

• Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

• Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).

• Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

• Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

• Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

• Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

VII. Intervention This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population, or other systems.

Doctoral students and Interns are expected to demonstrate the ability to:

• establish and maintain effective relationships with the recipients of psychological services. • develop evidence-based intervention plans specific to the service delivery goals. • implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. • demonstrate the ability to apply the relevant research literature to clinical decision making. • modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking, • evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

VIII. Supervision This competency is required at the doctoral and internship level.

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

Doctoral students:

• Demonstrate knowledge of supervision models and practices.

Interns:

• Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

IX. Consultation and interprofessional/interdisciplinary skills This competency is required at the doctoral and internship level.

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

Doctoral students and Interns:

• Demonstrate knowledge and respect for the roles and perspectives of other professions.

Doctoral students:

• Demonstrates knowledge of consultation models and practices.

Interns:

• Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

• role-played consultation with others. • peer consultation, provision of consultation to other trainees.