

**The Guidance Center
Practicum Manual**

Revised January 2020

Table of Contents

<u>Section</u>	<u>Page</u>
Welcome	3
Conditions of Placement	4
Mission and Vision	5
History	6
Training Philosophy	8
Aims of the Practicum Studentship.....	9
Competencies of the Practicum studentship	10
Clinical Responsibilities and Training Experiences	15
Supervision	18
Concurrent Self-Study Assessment	19
Due Process and Grievances	20
Scheduling	21
Administrative Tasks	24
Appendix A	34
Appendix B	35
Appendix C	37
Appendix D	38
Appendix E	39
Appendix F	43

Welcome

Welcome to the Practicum Program at The Guidance Center! The Practicum Manual outlines the training program requirements and expectations of practicum students. All expectations for practicum students regarding program and agency requirements, expectations, performance, continuation, and termination are detailed within the Practicum Manual. At the start of practicum each practicum student will be provided a written copy of the Practicum Manual and electronic access to the Human Resources Policy Manual. Both manuals will be reviewed with practicum students on the first day of practicum. Any additional questions are encouraged, and can be directed to the Training Director.

The Practicum Program at The Guidance Center is a one-year commitment. The training year runs from June to May. Due to the fluctuating nature of academic programs, official start and end dates are flexible. While it is preferred that a practicum student begin their training in June and continue through May, some exceptions can be made (e.g., starting practicum in August). Further, practicum students are required to commit at least 15 hours to the Practicum Program. Of those 15 hours, practicum students are required to attend training obligations on Fridays (see Clinical Responsibilities and Training Experiences).

Graduate schools may require differing numbers of supervised training experiences, and it is the responsibility of each practicum student to ensure they are aware of their academic institutions requirements. Any required additions to the training provided at The Guidance Center will need to be addressed with the Training Director. Furthermore, practicum students are required to complete all components of the training program outlined in the manual. This remains the case when a practicum student's graduate school requires less hours and/or training experiences than those provided through The Guidance Center, and/or a practicum student completes requirements of their graduate school prior to the agreed upon completion date of practicum.

Practicum students are respected for the variety of education and clinical skills received through their academic training programs, and are expected to abide by the highest ethical standards. It is also expected that practicum students are seeking to expand and enhance their professional skills, and prepare for entry into the profession of psychology.

Conditions of Placement

To be eligible for a practicum placement at The Guidance Center practicum students must meet all criteria outlined in below. Please see Appendices for additional information.

Enrolled in a Graduate Psychology Degree Program

Each practicum student is required to be enrolled in a Graduate Psychology Degree Program. Practicum students can be enrolled in a terminal masters or doctoral-level program.

Background Checks (See Appendix A)

Background checks are conducted on all practicum students upon their first day of the Practicum Program. Each practicum student is required to pass all necessary background checks.

Mission and Vision

Our Mission

The Guidance Center promotes healthy communities by providing integrated behavioral health care services and partnering in the delivery of general healthcare to those we serve.

Our Vision

We envision a healthy community of people who can access and benefit from state of the art, integrated healthcare which results in an enhanced quality of life for all.

History

The Guidance Center is the result of over 65 years of effort in Atchison, Leavenworth and Jefferson counties. The 43 clients served during the first three years of existence compares to the approximately 5,600 clients served annually by Center staff.

Among community mental health centers, The Guidance Center is one of the oldest in the state of Kansas. Originating in Atchison in 1937 as the Child Guidance Clinic, the center at that time held "clinic" one day a month during the school year for Atchison children who were referred by teachers or family members with problems such as behavioral issues, difficult interpersonal relationships, or truancy. At that time, funding came from the Red Cross chapter in Atchison, with a location provided in Central Grade School, and donation of clerical time and a welfare worker by the local welfare office. The county medical society contributed free examinations. Parochial schools also lent support. At that time, The Guidance Center was the only community mental health center in the State of Kansas supported entirely by community funds.

A mental health association was established in Leavenworth in 1958. In response to nationwide changes in mental health care, The Guidance Center joined forces with Leavenworth County and became a two-county center in 1964. A community mental health center was created, providing outpatient therapy and psychiatry services to individuals from Atchison and Leavenworth Counties regardless of the ability to pay. Funding was provided by mil levies in Leavenworth and Atchison Counties. Ten years later, a third clinic was opened in Jefferson County in the city of Oskaloosa.

In the 1990's, new approaches to the mental health care for adults and children with more serious mental illness contributed to the need to open a fourth facility. The Community Support Services facility, also located in the city of Leavenworth, was the home of more intensive services designed to meet the specialized need of these individuals.

In 1991, the Kansas Legislature enacted several laws that changed the way local community mental health centers operated. At that time, community mental health centers were legally designated to manage public community mental health care in Kansas. By 1998, 600 Kansas state hospital beds were closed, leaving The Guidance Center with the responsibility for providing programs and services for Atchison, Jefferson, and Leavenworth County residents who might otherwise have been confined to those institutions. As a result, children with severe emotional disturbances were able to live in their own community, and adults with serious mental illness were able to remain in contact with their established community supports.

Today, The Guidance Center has locations in the cities of Atchison, Leavenworth, and Oskaloosa. In May 2004, the separate Leavenworth facilities joined together, following a strongly supported capital campaign. The Guidance Center is supported from patient fees, county mil levies, State aid, grants and

contract, and other income sources. The Guidance Center is licensed as a community health center by the State of Kansas and the substance abuse program is also certified by the State of Kansas. The Board of Directors, made up of twelve community volunteers, oversees the administration of the center.

Training Philosophy

The Practicum Program offered at The Guidance Center trains practicum students with a practitioner-scholar model. This model focuses on training psychology students primarily interested in clinical development, (“learning by doing”) driven by evidence-based practices. The overall aim of the Practicum Program is to incorporate and apply scientific knowledge obtained from graduate-level education and empirically based literature, with clinical experiences. The Guidance Center is a community mental health center that provides services to, on average, 5,600 community members a year. Therefore, throughout the year, practicum students will have multiple opportunities to apply scholarly evidence towards experiential clinical activities. Additionally, practicum students will be supervised and mentored with a developmental approach in order to assist in the emergence of a mature professional identity. The Practicum Program strives to facilitate growth by supplying a plethora of diverse experiences and exposure in a community mental health center environment, thus offering a generalist training.

The primary focus of the Practicum Program is clinical training. Practicum students will be exposed to a broad range of diverse populations and modalities in order to increase competence working independently in the future. The beginning of the year will focus on the immediate training needs and will identify the training goals of each practicum student. Through experiential activities and professional interactions, diversity is intertwined into the training year. Supervision and didactic trainings will focus early and ongoing throughout the year on the self as an instrument, and gaining the necessary knowledge, skills, and awareness to increase cultural competence. Supervision incorporates not only mentor-level feedback and guidance, but also reciprocal peer discussion during group supervision and didactic trainings.

An additional focus of the Practicum Program is professional development. The Guidance Center strives to assist practicum students in developing a well-defined professional identity that incorporates the ability to think and act ethically, advocate for the profession, provide effective services, and confidently interact with multidisciplinary professionals.

Aims of the Practicum Program

In keeping with the general mission and philosophy of the training program, the Practicum Program is designed to assist practicum students in developing scientific and practice skills appropriate to those of a generalist practitioner working at the competency of an entry-level clinician. The community mental health center setting allows exposure to a plethora of experiences and modalities. More specifically, the Practicum Program has three overarching aims that guide the training provided:

1. To train generalist practitioners in the profession of psychology.

To achieve this aim, practicum students are trained to provide direct service with diverse clinical population and a variety of clinical domains, including: initial clinical assessments, individual and group therapy, and crisis intervention.

2. To train practitioners to broaden the scope of their services beyond those provided to clients.

To achieve this aim, practicum students are trained in the following: a multidisciplinary approach, to interact with professionals within the community, psychoeducation, and professional development skills.

3. To train practitioners to develop, and to be guided by, their professional identity.

To achieve this goal ethics and professionalism are topics that are introduced during orientation and discussed in many venues throughout the year. Also, staff serve as models and mentors to practicum students.

Competencies of the Practicum Program

Competency (A): Research

Practicum students will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities.

Competencies Expected:

1. Practicum students will demonstrate value and application of scientific methods related professional practice.
2. Practicum students will articulate issues derived from the literature in supervision and case conferences.
4. Practicum students will create treatment plans that incorporate current evidence-based interventions.
5. Practicum students will formulate appropriate questions regarding case conceptualizations.
6. Practicum students will demonstrate understanding and utilization of outcome-based data to improve therapeutic alliance and outcomes.

Competency (B): Ethical and legal standards

Practicum students will demonstrate knowledge, awareness, and application of ethical and legal standards/guidelines.

Competencies Expected:

1. Practicum students will demonstrate knowledge of the ethical, legal, and professional standards and guidelines.
2. Practicum students will demonstrate ability to follow agency (e.g., Practicum Training Manual, Policy Manual) policies.
3. Practicum students will demonstrate knowledge and application of ethical decision-making.
4. Practicum students will demonstrate knowledge of own moral principles and ethical values in discussion with The Guidance Center professionals.

5. Practicum students will demonstrate ability to openly discuss intersection of personal and professional ethical and moral issues.
6. Practicum students will maintain appropriate and timely clinical and professional documentation.
7. Practicum students will maintain appropriate boundaries with clients, trainees, and professional and administrative staff.

Competency (C): Individual and cultural diversity
Practicum students will acquire the requisite competencies in cultural and individual diversity for entry-level practice as clinicians.

Competencies Expected:

1. Practicum students will engage in self-assessment of individual and cultural diversity with recognition of own strengths and areas of growth.
2. Practicum students will demonstrate awareness, knowledge and understanding of self as a cultural being (e.g., race, ethnicity, social class, religion, sexual orientation, ability status, gender).
3. Practicum students will demonstrate knowledge of others as cultural beings (e.g., multiple cultural identities; sensitivity and responsiveness to one's culture, age, gender, sexual orientation, social class, religion, language, country of origin, ability status).
4. Practicum students will demonstrate knowledge of the role of culture in interactions of self and others.
5. Practicum students will apply knowledge, sensitivity, and understanding of individual and cultural diversity issues to work effectively with diverse others.
6. Practicum students will demonstrate awareness of the social, political, economic, and/or cultural factors that impact development and functioning.
7. Practicum students will use awareness to effectively intervene with clients in promoting action on factors impacting development and functioning.
8. Practicum students will demonstrate awareness of the difference between individual, institutional, and system-level barriers to change.

9. Practicum students will demonstrate understanding of appropriate boundaries and times to promote change on behalf of client(s).

Competency (D): Professional values, attitudes, and behaviors
Practicum students will develop the knowledge, awareness, skills, and attitude needed to demonstrate professional behavior.

Competencies Expected:

1. Practicum students will demonstrate honesty, personal responsibility, and adherence to professional values.
2. Practicum students will conduct selves in a professional manner across settings and situations.
3. Practicum students will accept responsibility for own actions.
4. Practicum students will demonstrate concern for the welfare of others.
5. Practicum students will demonstrate timeliness to meetings, sessions, supervision, and other professional activities.
6. Practicum students will develop and articulate self-awareness in attitudes, values, and beliefs.
7. Practicum students will demonstrate ability to recognize limits of knowledge and skills.
8. Practicum students will demonstrate consistent practice of self-care.

Competency (E): Communication and interpersonal skills
Practicum students will acquire and/or develop the necessary communication and interpersonal skills necessary to provide effective clinical services.

Competencies Expected:

1. Practicum students will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community.

2. Practicum students will show the ability to produce and comprehend oral, nonverbal, and written professional communications.
3. Practicum students will demonstrate the ability to maintain professionalism and deescalate situations when necessary during difficult interactions.
4. Practicum students will demonstrate the ability to accept feedback and direction from peers and supervisors.

Competency (F): Intervention

Practicum students will acquire requisite clinical skills and competencies for entry-level practice as clinicians.

Competencies Expected:

1. Practicum students will demonstrate clinical intervention and relationship skills.
2. Practicum students will demonstrate skills in gathering pertinent and relevant data to inform clinical decision-making.
3. Practicum students will apply concepts of typical/atypical behavior to case formulation and diagnosis in the context of human development and diversity.
4. Practicum students will demonstrate ability to critically review and integrate scholarly literature into their clinical work.
5. Practicum students will formulate and conceptualize cases based on theoretical orientation.
6. Practicum students will demonstrate ability to formulate appropriate treatment goals in collaboration with the client, and modify these goals when needed.
7. Practicum students will demonstrate ability to apply useful and effective evidence-based interventions.
8. Practicum students will evaluate progress of their provision of therapy, and use this information to improve their own effectiveness.
9. Practicum students will demonstrate ability to conduct a thorough and effective risk assessment.

10. Practicum students will use appropriate and effective interventions during crisis situations.

11. Practicum students will seek supervision appropriately.

Competency (G): Interdisciplinary skills

Practicum students will develop skills necessary to competently engage in interdisciplinary interactions.

Competencies Expected:

1. Practicum students will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community.
2. Practicum students will demonstrate awareness of the multiple professional roles and worldviews in providing client care.
3. Practicum students will respectfully participate in multidisciplinary meetings.
4. Practicum students will demonstrate ability to negotiate differences and handle conflict effectively.
5. Practicum students will demonstrate ability to provide effective feedback to others.
6. Practicum students will communicate clearly using verbal, nonverbal, and written skills in a professional context.
7. Practicum students will demonstrate flexibility and ability to work as part of a multidisciplinary team.
8. Practicum students will actively participate in seminars and meetings.

Clinical Responsibilities and Training Experiences

Practicum students gain clinical training through a variety of experiences, which are each linked to Training Competencies (see Competencies of the Practicum Program section) and includes: individual and group therapy, didactic trainings, crisis intervention, and professional development. Each practicum student will collaborate with the Training Director and their supervisor(s) to develop a Training Plan, which outlines an action plan for accomplishing Training Competencies, as well as the unique areas of professional development outlined by the practicum student (see Appendix B). Each of these experiences is outlined below. Additional unique opportunities may arise throughout the course of the training year, and may take temporary precedence over other obligations, as determined by the Training Director.

A. Outpatient Clinician

Each practicum student is expected to serve as an outpatient clinician. This is the practicum student's primary role and involves providing individual therapy to adults. Practicum students will see self-pay clients on a sliding scale fee. Practicum students will inherit a caseload of clients from the previous cohort of students. As the training year progresses practicum students will acquire new clients and expand their caseloads. Practicum students are expected to schedule an average of 7 clients per week. Practicum students that are available on Tuesdays are invited to attend the weekly Clinic Team Meeting on Tuesdays from 1:00 pm to 2:00 pm, unless otherwise instructed by the Training Director. Clinic Team Meeting provides an opportunity for providers of a client's treatment team to collaborate, and includes outpatient clinicians, as well as managers and/or supervisors from the Early Childhood, Youth, and Emergency Services Programs.

B. Intakes

The secondary responsibility of practicum students is to assist with conducting Initial Clinical Assessments/Intakes, for individuals seeking to initiate services at The Guidance Center. Practicum students will see self-pay Intakes on a sliding scale fee. Practicum students will then have the opportunity to inherit the individual from the Intake as a client on their caseload. The Training Director will review each new client assignment for appropriateness and risk level.

C. Group Therapy

Throughout the course of the training year practicum students will have the opportunity to co-facilitate group therapy for clients with severe and persistent mental illness (SPMI), as part of the Adult Psychosocial Program (APP). The primary purpose of APP groups is to serve as a means of skill building and psychoeducation regarding mental health and wellness.

D. Didactic Trainings

The Guidance Center provides didactic trainings for practicum students and doctoral interns on a monthly basis. The Guidance Center staff and individuals from the community are also invited to attend. Didactics are held on the second Friday of each month, unless otherwise announced. See Appendix C for a schedule of training topics.

G. Professional Development

Throughout the Practicum Program, practicum students are expected to abide by the highest ethical standards, expand and enhance their clinical/counseling skills, and prepare for entry into the profession of psychology. Each practicum student is encouraged to expand his or her professional range during the training year, including development of clinical skills and thoughtful exploration of less familiar areas of professional functioning. Practicum students will encounter an array of opportunities to enhance and expand their work ethic and skills as a general professional. It is expected that practicum students will seek out, and take advantage of, opportunities for growth. Components necessary for a successful transition from professional-in-training to professional are outlined, but not limited to, the factors below.

1. Working within systems

Practicum students will be afforded opportunities to enhance their knowledge of overarching systems fundamental to working as a clinician. Specifically, through the course of the Practicum Program at The Guidance Center, practicum students will gain knowledge and skills to function within a community mental health center system.

2. Collaboration

Throughout the training year practicum students will have several avenues to hone their abilities to successfully collaborate with others. As a clinician at The Guidance Center, practicum students serve as one member of a treatment team. As such, practicum students will enhance their ability to collaborate, share ideas, and receive feedback from members of a treatment team. Furthermore, practicum students will also learn to strengthen skills and the ability to respectfully work together with non-clinical staff.

3. Commitment

Practicum students will have a variety of avenues to develop their ability to successfully follow-through with commitments. Practicum students will be expected to demonstrate punctuality, dedication, and discipline in regards to the training program, clinical responsibilities, completion of necessary documentation, meetings and appointments, and daily attendance.

Additionally, practicum students will learn how to appropriately respond in situations in which they are unable to fulfill their commitments.

Supervision

Supervision is provided in a variety of formats, including: individual, group, and live supervision. Furthermore, audio and video recording equipment are available. The frequency and duration of audio/video recordings as a means of supervision are individualized to the training needs of each practicum student, and determined by each practicum student's supervisor.

Individual Supervision

Each practicum student will receive individual supervision from a doctoral intern. Doctoral interns are licensed through the Behavioral Sciences Regulatory Board as a Temporary Licensed Masters Level Psychologist. Additionally, a Licensed Psychologist supervises all supervision provided by doctoral interns. A Supervision Log is utilized to track progress, accomplishments, areas of growth, and required action steps (see Appendix D). Practicum students will receive specific feedback during weekly supervision. Practicum students are encouraged to share their experiences of supervision during scheduled supervision, and will also have the opportunity to formally evaluate their supervision experience biannually (see Appendix E).

Group Supervision

Group supervision occurs every Friday morning from 9:00 am to 11:00 am, with the exception of every second Friday of the month when didactic trainings are offered. Group supervision is provided by the Training Director (unless otherwise noted), and includes interns and practicum students. Group supervision provides an opportunity to discuss clinical cases, ethical concerns, and provide and receive peer feedback.

Live Supervision

The Guidance Center is equipped with a Live Supervision Suite, which includes two rooms, each divided with a two-way mirror. The two-way mirror allows for direct observation of live therapy sessions. Practicum students have the possibility of viewing live sessions conducted by their peers and supervisors. Furthermore, during a live session facilitated by the practicum student, bug-in-the-ear technology provides the student with real-time supervision and coaching. It is a program requirement that each practicum student engages in live supervision throughout the course of the training year. The frequency and duration of live supervision are individualized to the training needs of each practicum student, and determined by each student's supervisor.

Concurrent Self-Study Assessment

Practicum students are thoroughly intertwined in the program's ongoing self-study process. At the start of the training year, practicum students will complete an individualized Training Plan (see Appendix B) with his/her supervisor. This form allows each practicum student the opportunity to identify and discuss training goals and specific areas of focus for the training year.

Practicum students are generally required by their graduate school to have a mid-point and end-point evaluation completed by their on-site supervisor. Evaluation forms are typically provided by the practicum student's graduate school, and are completed by their supervisor at The Guidance Center. The Training Director also reviews these evaluations. If a formal evaluation form is not provided by the practicum student's graduate school, one will be provided by The Guidance Center. Each practicum student is required to be functioning at a developmentally appropriate level. While rating scales may vary by graduate school, at the end of the training year, 80% of all competency items are expected for successful completion.

Each practicum student will be given an opportunity to assess his/her supervisor at the mid-point and end-point of the training year (see Appendix E). This data is important to determine the competency of the supervisor and the strength of the supervision relationship. Due to the power differential of the relationship between the practicum student and the training program staff, open discussions are facilitated during supervision about the importance of providing accurate and honest feedback, and learning how to advocate for his/her educational and professional needs.

At the end of the training year, each practicum student will complete an Exit Interview Form to explore the student's experience of The Guidance Center, and assist in improving the quality of training (see Appendix F).

Due Process and Grievances

Due Process

At minimum, practicum students receive specific feedback during weekly supervision with their supervisor. Practicum students also receive a formal written evaluation of performance midway through the year and during the last month of the training year.

In the event that a serious performance problem is identified, the practicum student is notified of the problematic behavior. The Training Committee meets to investigate the problem, and then designs a plan for remediation of the problem behavior. The practicum student has the opportunity to respond to the identified problematic behaviors during the Committee meeting and before any deliberation or plan development occurs. The results of the investigation and the remediation plan are presented to the practicum student in writing and in person by the Training Director. A copy of these documents is forwarded to the Practicum Coordinator from the practicum student's graduate program.

The practicum student has the right to appeal the findings and plan elements to the Training Committee. The practicum student also has the right to continue the appeal, if desired, to the Training Director. A final appeal includes the Training Director and the Practicum Coordinator from the practicum student's graduate program. The outcome of this last appeal is considered final.

Grievances

A practicum student may file a formal grievance about the training program with the Training Director (see Appendix G). In the event that the grievance involves the Training Director, the practicum student would file their grievance with the Human Resources Director. Grievance forms are available in electronic or hard copy from the Human Resources Director. The Guidance Center prohibits retaliation and/or retributive actions stemming from any good faith complaint or grievance. The grievance is then investigated by the appropriate individuals. Once a conclusion is reached, a plan for remediation is developed and implemented with appropriate parties.

Scheduling

Each practicum student will collaborate with the Training Director to develop a training schedule based on clinical expectations, supervision, and other responsibilities outlined throughout the manual. Schedules must include at least 15 hours, and are submitted in three-month blocks. The Training Director must approve all schedules and schedule changes. Upon approval, practicum students will submit their schedule to the Patient Operations Coordinator, who will enter schedules into the Avatar system.

Schedule Viewing

In Avatar → Search Forms → Scheduling Calendar

Daily Event Records (DER)

DERs provide clinicians with a list of events for the day; this will include all scheduled appointments, meetings, and administrative time. A DER will be placed in the practicum student's mailbox each day.

- Practicum students are responsible for noting any appointment changes on the DER sheet. Changes might include added or cancelled appointments, changes in appointment time or duration, or unplanned additions to the schedule.
- Upon completion of any associated documentation, each DER is signed by the practicum student and placed in the designated Administrative Assistant's mailbox.

Scheduling Appointments

Client appointments are scheduled and cancelled through administrative staff at the front desk. Appointments can be scheduled in-person or over the phone (913-682-5118). Practicum students will determine appointment frequency, and will assist clients in scheduling follow-up appointments as needed. There are several scheduling exceptions, which should be addressed by the practicum student with their supervisor, and might include:

- **Scheduling in advance:** Clients can schedule up to two appointments at a time, unless otherwise indicated by the clinician. If it is determined that additional appointments can be scheduled in advance, the practicum student must notify the Patient Operations Coordinator to ensure that the client's chart is flagged indicating the scheduling exception.
- **Same-day appointments:** Poor and inconsistent appointment attendance might render a client on same-day appointments only. Same-day appointment status means that a client will continue to be seen for services, however they are unable to schedule appointments in advance. Rather, clients must call each day to check available appointments for that day. After scheduling and

attending three same-day appointments, clients may return to scheduling in advance. This decision should be discussed and approved with the practicum student's supervisor, and the client must be properly notified via letter and/or phone. The practicum student must notify the Patient Operations Coordinator to ensure that the client's chart is flagged indicating the scheduling exception.

- **Financials:** Occasionally, administrative staff might determine a client has accrued a back-balance due to unpaid services, and prohibit the client from scheduling until the balance is settled. If a client presents with elevated risk factors, it is important that this be reviewed between the practicum student the supervisor, and the Training Director so an appropriate plan is developed.

Time Off and Schedule Changes

Time off cannot be used within the first two weeks or last two weeks of the training year. Absences due to illness within that time frame will require a doctor's note. The Training Director must approve all anticipated time off, unless otherwise noted. If time off is approved, practicum students must complete the following:

- Practicum students will need to send an email to the Patient Operations Coordinator to make any schedule adjustments. It is the responsibility of the practicum student to ensure all scheduling adjustments are complete prior to time off, and that appropriate individuals are notified of any changes.

Unanticipated Time Off

When an unforeseen circumstance occurs that requires unanticipated time off, practicum students are required to notify the Training Director as soon as possible. If the Training Director is unavailable, all requests will go through the Associate Training Director. Additionally, it is important that administrative staff and all necessary individuals are notified of the practicum student's absence.

Holidays

The Guidance Center will officially close the entire day on eight (8) holidays and part of the day on two (2) holidays. See below for holiday closings.

***New Year's Day**

Martin Luther King's Birthday

Memorial Day

***Independence Day**

Labor Day

Thanksgiving Day and the day after Thanksgiving

Christmas Eve (office is open four (4) hours only – 8:00am to 12:00pm)

***Christmas Day**

New Year's Eve (office is open four (4) hours only – 8:00am to 12:00pm)

* If these holidays fall on Saturday, the preceding Friday will be a holiday. If they fall on Sunday, the following Monday will be a holiday.

* If Christmas and New Year's Day fall on a weekend, the ½ day holiday for Christmas Eve and New Year's Eve will not be observed.

Administrative Tasks

There are a number of administrative tasks that must be completed daily. Each of these tasks is described below. NO DOCUMENTATION, written or electronic is to be released without prior consent from a supervisor and must go through medical records.

While practicum students meet for individual supervision with a doctoral intern, all documentation, both written and electronic, will be co-signed by the doctoral intern's supervisor.

Avatar

The Guidance Center uses Avatar for electronic medical records. For additional information regarding Avatar visit TGC Central, or contact technical support (see below).

Technical Support

TBD

Caseload

Clinical caseloads are accessible via Avatar:

Avatar Homepage → Client → My Clients

In Avatar → Select Forms → "Individual Staff Caseload Report" → Select your name.

Progress Notes

Progress notes are the manner in which all interactions with, or about, clients are documented. All progress notes must be co-signed by a supervisor, and are submitted electronically via Avatar within 48 hours.

In Avatar → Select Client → Avatar CWS → Progress Note → TGC Progress Note → M.H. Leavenworth

Therapy Appointments

For an individual or family therapy appointment, complete the following options in Avatar:

“Ambulatory Progress Note” Tab:

- *Progress Note For:* Existing Appointment
- *Note Type:* Student/New Staff (Co-Signature Required)
- *Note Address Which Existing Service:* Click on the correct appointment date/time
- *Notes Field:* Enter billing code (ex. 1100) or reason for note (ex. Outreach)
- *User to Send Co-Sign To Do Item To:* Select supervisor’s name
- *Treatment Plan-Main:* Select
- *T.P. Item Note Address:* Select corresponding objective

“Clinical Data” tab:

- *Type of Note:* Therapy
- *Description of Consumer Presentation:* Select and complete appropriate boxes
- *Current Diagnosis Correct:* Yes or No
- *Medical Necessity:* Select appropriate
- *Intervention:* Select appropriate
- *Brief Description of Intervention Provided:* Include approximately one paragraph with sufficient information to document evidence-based clinical interventions provided and how these link to symptoms and diagnosis.
- *Risk Assessment:* Please see supervisor regarding selections. Assessment should be thoroughly documented including risk and protective factors, as well as justification for actions taken or not taken. If an individual has moderate to severe risk a supervisor and/or emergency services should be involved. Always provide crisis clinic and after hours information.
- *Consumer Response/Progress/Outcome:* Select and complete appropriate box
- *Plan:* Select and complete appropriate boxes
- *Schedule Follow Up Appointment:* Yes or No

Once all appropriate sections within the note are completed, return to the “Ambulatory Progress Note” tab, place the note to "Final", and "Submit." Any required changes or edits will place a note back to draft, and will appear in “My To Do List”. After edits are completed resubmit the note following the instructions

above.

Cancelled Appointments

There are several common instances when appointments might be cancelled. If an appointment is cancelled, a progress note documenting the cancellation is required. When completing the progress note, select "Informational" rather than "Therapy," and provide a brief description of the reason for the cancellation. In some instances, it might also be appropriate to send an outreach letter (see Outreach Letters section below). Additionally, edits to the DER should be made to correspond with any changes in appointments. Below is a list of common reasons for cancelled appointments.

- Appointment cancelled by client with more than 24 hours notice
- Appointment cancelled by client with less than 24 hours notice
- Appointment not cancelled by the client
- Appointment cancelled by therapist

Outreach Letters

Avatar provides a template for several common outreach letters. All outreach attempts should also include a progress note documenting the outreach. Cancellation letters are printed and signed by the practicum student, and placed in their supervisor's box to be signed and mailed. Below is a list of common reasons for sending an outreach letter. As a reminder, all documentation, both written and electronic, will be co-signed by the doctoral intern's supervisor.

When signing documentation, please sign *above* your printed name.

In Avatar → Select Client → Avatar CWS → Progress Note → TGC Progress Note w/Cancellation Letter → M.H. Leavenworth

- No show
- Not seen since
- Not seen after being referred
- No appointments scheduled
- Two no shows
- Close in 2 weeks
- Discharge

- Custom (please see supervisor prior to custom letters)
- Same day call

Contact with Collaterals

As stated above, all outreach attempts should be documented using a progress note; this includes contact with collaterals (e.g., family member, foster care, court). It is the practicum student's responsibility to ensure that a signed Authorization for Release of Confidential Information (ROI) form is on file prior to releasing any information about a client (see below). ROIs should be verified prior to every contact.

Authorization for Release of Confidential Information (ROI)

A ROI MUST be completed prior to the release of any client-related information. It is imperative to check the status of a release prior to releasing information, to verify what information may be disclosed and to ensure that a ROI has not been revoked. Active ROIs may be viewed in the client's electronic medical record. Any questions regarding ROIs can be directed to Medical Records.

Additionally, at times, administrative staff will request a clinician to witness a release. To complete a ROI, meet with the individual (regardless of whether they are your client) and review the form with them, including the purpose or need for the disclosure, the information to be disclosed, limitations, and the client's ability to revoke the release.

Treatments Plans

An active and up-to-date treatment plan must be maintained for all clients. An Initial Treatment Plan is completed with each client during the Intake process, and is valid for 30 days. All subsequent treatment plans are valid for 90 days. It is the responsibility of the assigned clinician to ensure that all treatment plans are valid and maintained.

In Avatar → Select Client → Search Forms → Treatment Plan – Main

- *Presenting Problem*: This section should include an overview of the client's concerns, symptoms, and functional impairment.
- *Problem*: This section should briefly state the primary concern(s) and focus of treatment.
- *Goals*: This section will include how the Problem is being addressed within the treatment period (90 days). Most treatment plans include one goal.

- *Objectives:* This section describes which services will be provided, and how the client will work toward accomplishing the goal(s). Objectives must be realistic for the 90-day treatment period, and measurable.

All treatment plans must be reviewed with the client in session (preferred) or over the phone. After the plan is reviewed, and the client is in agreement, the practicum student and client must both sign the treatment plan. The plan should remain in Draft status, and a copy printed and placed in the mailbox of the practicum student's supervisor. As a reminder, all documentation, both written and electronic, will be co-signed by the doctoral intern's supervisor. To print the treatment plan:

In Avatar → Open Client Chart → My Forms – Clinician → Treatment Plan – Main → Report → Print

The supervisor will review and recommend edits. After edits are completed by the practicum student, and approved by the supervisor, the practicum student will change the status of the plan from Draft to Final, and submit electronically to their supervisor. A printed copy of the finalized plan must then be placed in the supervisor's box. Supervisors will approve treatment plans electronically, and sign and submit the printed copy to the Medical Director.

Daily Living Activities - 20 (DLA-20)

The DLA-20 is an outcome measurement tool designed to identify the functional impairment related to an individual's mental illness. The DLA-20 should be completed for each adult client during each treatment plan update, and following any significant changes in a client's life.

In Avatar → Select Client → Adult DLA 20 → Select active "M.H. Leavenworth" episode

Diagnoses

It is important for each client to have an updated diagnosis or diagnoses. Avatar requires that a diagnosis be completed under each treatment service, also known as episode (e.g., mental health, medication management, case management). Please collaborate with other treatment providers and supervisors.

In Avatar → Select Client → Avatar CWS → Assessments → Diagnosis → M.H. Leavenworth

- *Type of Diagnosis:* Select appropriate
- *Date/Time:* Enter appropriate
- *Select "New Row"*

- *Diagnosis Search*: Enter DSM-V Diagnosis
- *Status*: Select appropriate
- *Ranking*: Select appropriate
- *Diagnosing Practitioner*: Your name
- *Justification for Diagnosis*: Describe exactly which DSM-V diagnostic criteria the individual meets

To default information from previous entries select "Episode to Default Diagnosis Information From" and Select "Diagnosis Entry to Default Information From."

Intakes

The Intake process requires completion of both electronic and paper forms. Prior to conducting the intake, an orange folder for the intake will be provided by the front desk. This folder contains basic information about the client, as well as all the forms and releases that need to be filled out during the intake. See below for outline of the intake process.

In Avatar → Select Adult Clinical Assessment or Youth Clinical Assessment (this opens all required electronic forms at one time; each form can also be opened independently).

To Be Completed With the Client Present:

- *Informed Consent for Treatment Form*
 - Review your name, title and license
 - Provide a copy of your business card
 - Review your supervisor's name, title, and license
 - Review confidentiality and limits
 - **Client must sign form**
 - Witness form
 - Provide client with yellow copy
- *Authorization for Release of Confidential Information*
 - Review purpose of authorization and complete as necessary
 - **Client must sign form**
 - Witness form

- *Medical Provider Care Coordination Notice and Authorization to Release Information*
 - Review purpose of authorization and complete as necessary
 - **Client must sign form**
 - Witness form
- *Initial Clinical Assessment (In Avatar)*
 - Gather information related to presenting concerns and reason for seeking services.
 - Gather information necessary for diagnostic impressions.
 - Ensure Risk Assessment is completed and documented.
- *Initial Treatment Plan (In Avatar)*
 - Review available services and any appropriate referral information
 - **Client must sign form**
 - Submit appropriate referrals via Episode Change(s)
- *Schedule Appropriate Follow- Up Appointments*
 - Walk with client to front desk and assist in scheduling any necessary follow-up appointments.

To Be Completed After the session:

- *Diagnosis Form (In Avatar)*
- *SED or SPMI Determination Form (In Avatar)*
- *AIMS Form*

Submit all electronic documents to your supervisor for approval.

Discharging vs. Closing Episodes

It is the responsibility of the practicum student to maintain an accurate caseload, which includes ensuring that all inactive cases are properly closed or discharged. Prior to closing or discharging a client, please discuss with a supervisor, and ensure that all proper outreach attempts have been made (see "Outreach Letters" above).

Episode change:

If the client is open to multiple services and you are only closing therapy. No diagnosis update necessary.

In Avatar → Select Client → Avatar CWS → Other Chart Entry → Episode Change

- *Episode Change Type*: Close
- *Episode Change Date*: Enter date
- *Primary Clinician Changing Episode*: Enter your name
- Program Transferred From/Closed = Individual therapy
- *Episode Change/Clinical Justification*: Include rationale for closing therapy
- *Notify All Applicable Clinical and Admin Staff of Episode Change*: Select Leavenworth Close/Discharge, Supervisor
- *Episode Change Status*: Final

Discharge:

If the client is only open to therapy OR choosing to close all services (e.g., moving). Diagnosis update IS necessary.

In Avatar → Select Client → Avatar CWS → Other Chart Entry → Discharge Summary

- *Discharge Date*: Enter date
- *Discharge Clinician*: Enter your name
- *Living Situation*: Select appropriate
- *Other Treatment*: Select appropriate
- *Occupation*: Select appropriate
- *Discharge Reason*: Select appropriate
- *Pres Prob, Course of TX/DSCH, Prog Toward IPP, DSCH Plan*: Include rationale for discharging from services.
- *Referred To*: Select appropriate
- *Notify Other Clinician of Discharge if Necessary*: Select Supervisor
- *Summary of Progress on Treatment Goals*: Describe progress

- *Notify Administrative Staff of Discharge: Leavenworth Close/Discharge*

Appendices

Appendix A: Background Checks

In the interest of protection for The Guidance Center's business operations and consumers served by the Center, background checks are conducted on all practicum students upon their first day of training. Safety sensitive positions may require updated background checks to be completed on an annual basis. These include criminal, child and adult abuse, social security, and driving record searches. Additionally, National Practitioner Data Bank searches are conducted for all licensed clinical and medical staff.

Any offer of practicum placement is considered to be conditional pending successful outcomes of these searches. Practicum students who have begun practicum while searches are being processed may not be eligible for continued practicum placement, or may require practicum modification, should the background check produce a finding of record. Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an practicum student from continued placement. Depending on a variety of factors (for example, the nature of the position, the nature of the conviction, age of the applicant when the illegal activity occurred), the practicum student may still be eligible for practicum. However, if the practicum student attempts to withhold information or falsify information pertaining to previous convictions, the practicum student will be disqualified from further practicum or employment consideration in any position with the company due to falsification of an application.

The Human Resources Director and Training Director will be informed of background check outcomes. Findings of record will be reviewed with the Training Director and Executive Director for determination of Center response.

Pursuant to the federal Fair Credit Reporting Act, the Center will provide a practicum student with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding the practicum student's eligibility for practicum. The report will be made available to the practicum student prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Appendix B: Training Plan

Name: _____ **Date:** _____

Career Goals: Please provide at least a few sentences describing your short and long-term career goals. We want to assure that your practicum year experiences correspond with these goals.

Training Goals: Please provide a few sentences related to your internship training goals.

Experiences: Please list specific experiences or exposures you would like to be provided during your internship year. This will help identify rotations, populations, and other activities that fulfill these requests.

Strengths: Please list training strengths or experience.

Training Needs: Please list specific training needs.

Barriers: Please list perceived barriers to completing your identified goals.

Signature

Date

Training Director Signature

Date

Appendix C: Didactic Schedule (2019-2020)

Internship Month	Topic	Time
July		9:00am – 4:00pm
August		9:00am – 12:00pm
September	Ethics with Dr. Jason Malousek	9:00am – 12:00pm
October	Refugee Mental Health with Dr. Krithika Malhotra	9:00am – 12:00pm
November	Transgender Mental Health with Dr. Ryan Cox	9:00am – 12:00pm
December	Suicide Risk Assessment with Dr. Amy Shoffner	9:00am – 12:00pm
January	Internship Interviews (FRI)	NA
February	Treating Sexual Offenders with Dr. Andrew Palacio	9:00am – 12:00pm
March	Child and Adolescent Treatment with Dr. Shannon Moran	9:00am – 3:00pm
April	TBD with Dr. Sal Carbonaro	9:00am – 3:00pm
May	TBD with Brandon Schmid, MA	9:00am – 12:00pm
June	TBD with Drea Tuott, MA	9:00am – 12:00pm

Appendix D: Supervision Log

Appendix E: Evaluation of Supervisor

Supervisor: _____ Date Reviewed: _____

Supervisee: _____ Term Reviewed: _____

Domain A: SUPERVISOR COMPETENCE

	Provides competent supervision of services to ensure welfare of patients (OVERALL GOAL).
	Ensures that patients receive competent services and protects others from harm.
	Possesses and demonstrates up-to-date knowledge and skill about the areas being supervised.
	Takes reasonable steps to ensure competence when less familiar with the areas being supervised.
	Sets appropriate boundaries and seeks consultation when supervisory issues are outside domain of supervisory competence.
	Refers trainee to other resources (e.g., consultation, research, etc.) when appropriate
	Demonstrates knowledge about the context of supervision (e.g., expectations of the system within the trainee works, departmental/institutional policies, etc.)
	Demonstrates knowledge about relevant events that may impact patient care (e.g., billing and administrative procedures, etc.) in the organizational context.
	Consistently enforces appropriate standards for billing procedures, documentation, and administrative protocols, and encourages trainee to become fluent in this domain.
	Demonstrates flexibility in teaching modalities, case conceptualization, and treatment plan suggestions
	Demonstrates scientific thinking and appropriate translation of scientific findings to practice.
	Collaborates with all faculty/staff involved in the training process at the site.
	Communicates with trainee's graduate program as necessary, especially when performance problems need to be addressed.
	Demonstrates knowledge about diversity issues that are specifically relevant to the setting and environment within which the trainee works.
	Possesses relevant knowledge, skills, and values/attitudes to provide culturally sensitive care and supervision.
	Provides evaluative feedback routinely to enhance development of trainee competence.
	Demonstrates and models transparency in the process of communication and encourages similar behavior in supervisee.
	Strives to be competent in the use of technology in clinical care (including distance supervision).
	Demonstrates awareness of the policies and procedures in place for ethical practice of telepsychology, social media, and electronic communication.
	Possesses relevant knowledge about legal issues specific to technology, supervision, and practice.
	Models ethical practice, decision-making, and professionalism by facilitating thoughtful discussion regarding relevant issues (e.g., social networking).
	Seeks to attain and maintain competence in the practice of supervision through consultation, education, and training.
	Demonstrates requisite knowledge of models, theories, modalities, and research on clinical supervision and relevant skills.
	Manages supervisory relationship appropriately while enhancing trainee's skills.
	Demonstrates familiarity with and uses a developmental approach to supervision.
	Formally and/or informally assess the learning needs and developmental level of the supervisee on an ongoing basis.
	Continually adjusts teaching model to skill level in accordance with the developmental model of supervision.
	Provides input consistent with developmental needs of supervisee (e.g., less specific feedback over time, increased encouragement of higher-level case conceptualization, promotion of autonomous thinking appropriate to level of training, etc.)

Domain B: DIVERSITY/CULTURAL COMPETENCE

	Strives for cultural competence across populations and settings (OVERALL GOAL).
	Demonstrates awareness and knowledge of diversity in all of its forms
	Develops and maintains self-awareness regarding his/her diversity competence, which includes attitudes, knowledge, and skills.
	Demonstrates efforts to be introspective, revise and update knowledge, and advance diversity skills.
	Models openness to self-exploration, understanding one's own biases, and willingness to pursue education or consultation as necessary.
	Recognizes the value of and pursues ongoing training in diversity competence as part of professional development and life-long learning.
	Attempts to be knowledgeable about the effects of bias and prejudice, and as necessary, models advocacy behaviors to promote change.
	Serves as a role model regarding diversity knowledge, skills, and attitudes.
	Strives to be familiar with the literature concerning diversity competence in supervision.
	Encourages sensitivity to diversity in all its forms.
	Establishes a respectful supervisory relationship to facilitate cultural competence.
	Creates a safe environment within which to address diversity issues in clinical care, supervision, and organizational context.
	Manages individual difference variables that may impact the supervisory relationship.
	Assists with and encourages the development of a cogent case formulation that includes individual difference variables.
	Assists trainee in navigating tension between personal and professional values in providing competent patient care.

Domain C: SUPERVISORY RELATIONSHIP

	Creates a supervisory relationship that facilitates effective clinical supervision (OVERALL GOAL).
	Values, creates, and maintains a collaborative relationship that promotes the supervisee's competence.
	Specifies responsibilities and expectations of both parties in the supervisory relationship.
	Identifies expected program competencies and performance standards.
	Collaboratively develops individualized goals for supervision in the form of a clearly specified supervisory contract
	Collaboratively assesses progress towards goals on an ongoing basis
	Regularly reviews progress of trainee and the effectiveness of the supervisory relationship and addresses relevant issues as necessary.
	Demonstrates sensitivity to multiple potential roles with supervisee and exhibits ability to perform and balance multiple roles
	Promotes growth and self-assessment in the trainee
	Encourages and uses evaluative feedback from the trainee on an ongoing basis
	Demonstrates respect for trainees, patients and colleagues
	Promotes autonomy appropriate to supervisee's level of training

Domain D: PROFESSIONALISM

	Prioritizes needs and welfare of patients and trainees, and exhibits integrity, professional behavior, accountability, and concern for the welfare of others (OVERALL GOAL).
	Models professionalism through his/her own behavior and interactions with others.
	Teaches knowledge, skills, and attitudes associated with professionalism.
	Provides ongoing feedback and evaluation of trainee progress towards meeting professional expectations appropriate for level of education and training.
	Is available as needed for consultation.
	Sets and keeps regularly scheduled meeting times.
	Provides for a covering supervisor during absences.

Domain E: ASSESSMENT, EVALUATION, AND FEEDBACK

	Provides appropriate and timely assessment, evaluation, and feedback (OVERALL GOAL).
	Promotes openness and transparency in assessment and feedback by relating this information to competency development.
	Describes how supervision is to be conducted and follows model described.
	Utilizes multiple methods of evaluation (e.g., live observation, chart review, tapes) to monitor performance.
	Provides direct, clear, timely, and behaviorally anchored feedback.
	Is mindful of the impact of feedback on the supervisory relationship.
	Incorporates trainee self-assessment into the evaluation process.
	Highlights trainee strengths and impact on performance.
	Seeks feedback from trainee about supervision and incorporates this information appropriately.
	Provides effective formative and summative feedback.
	Demonstrates knowledge of evaluation, process, and outcomes.
	Observes both positive and negative trainee behaviors.
	Balances between being supportive and challenging.
	Written material (e.g., notes, reports) is reviewed and returned with appropriate feedback in a timely manner.
	Supervisor submits all materials in accordance with departmental deadlines and policies.

Domain F: TRAINEE REMEDIATION AND MANAGING PROFESSIONAL COMPETENCE PROBLEMS

	Addresses problems with competence and provides remediation as necessary (OVERALL GOAL).
	Understands and adheres to the supervisory contract and procedures related to performance evaluations.
	Identifies current or potential performance problems promptly and directly communicates them to the supervisee.
	Addresses problems in a timely manner to allow opportunities for change.
	Communicates with supervisee's graduate program as necessary.
	Takes ethically appropriate action in response to supervisee's performance problems.

Domain G: ETHICS, LEGAL, AND REGULATORY CONSIDERATIONS

	Values and models ethical behavior and adheres to relevant legal and regulatory parameters (OVERALL GOAL).
	Demonstrates knowledge of ethics and legal issues specific to supervision.
	Demonstrates knowledge of and upholds professional ethical standards, and encourages this practice among supervisees.
	Models ethical practice and decision-making and conducts self in accord with APA and other guidelines and laws/regulations.
	Upholds primary ethical and legal obligation to protect the welfare of the patient.
	Provides information about expectations for and parameters of supervision in a clearly specified contractual agreement.
	Maintains accurate and timely documentation of trainee performance related to expectations for competency and professional development.
	Manages responsibility as “gatekeeper” to the profession by assessing suitability to enter and remain in the field.

Summary of Supervisor Strengths:

Summary of Supervisor Needs for Improvement with Recommendations:

Supervisee Signature

Date

Supervisor Signature

Date

Appendix F: Grievance Form

Practicum students should first meet with his/her supervisor or the individual with whom they have a complaint or grievance and try to resolve the issue informally. If the issue remains unresolved, or if the practicum student believes it is inappropriate to address the complaint informally, he/she should discuss filing a grievance with the Training Director. If the grievance involves the Training Director, the practicum student would file the grievance directly with the Human Resources Director. The Guidance Center prohibits retaliation and/or retributive actions stemming from any good faith complaint or grievance.

Date: _____

Name: _____

Date of incident: _____

Description of incident:

Reviewed by: _____

Date received by Training Director: _____

Outcome (to be completed by HR and/or TD):

Steps if outcome not resolved: _____

Signature

Date

Training Director Signature

Date

Human Resources Director Signature

Date