TEXAS TECH UNIVERSITY

The Psychology Clinic Manual of Procedures and Requirements

See also (available on TechShare, in clinicdocs → Manuals and Instructions):

- **Clinic Plan for In-Person Services in Light of COVID-19 (Updated; 2022-2023)**
- **Clinic Telepsychology Clinician and Supervisor Manual (Updated; 2022-2023)**
- **Titanium Manual for Therapists (Updated; 2022-2023)**
- **Supervisor Operations Manual (Updated; 2022-2023)**

2022-2023 Edition

This manual is consistent with the APA code of Ethics and the Rules & Regulations of the Texas Behavioral Health Executive Council (BHEC) - State Board of Examiners of Psychologists (TSBEP).

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SECTION I: OVERVIEW

1.1 General Information

The Texas Tech Psychology Clinic was first opened in the early 1970's and has a long history of providing quality services to the Lubbock area and University community. The Clinic is located within the Psychological Sciences building and is a primary training site for doctoral students from the Clinical and Counseling Psychology programs. The purpose of the Clinic is threefold: 1) to provide multi-disciplinary, evidence-based training to doctoral students under the supervision of program faculty, 2) to provide high quality, affordable psychological services to the University and to the community; and to 3) advance theory-based mental health research.

Students have appropriate training and experience before taking on service delivery roles in the Clinic. Because training is a developmental process, training experiences are sequenced to match the level of the student's preparation. Clinic practicum training is individualized in order to guide the clinical training experience for each student. Training is developed and implemented by collective efforts of the Clinic director, program director of training, and the Clinic supervisory faculty. Training plans are created with the trainee at the start of practicum training, reviewed during training, and discussed at the conclusion of training to assess progress and identify areas in need of further training needs.

Student therapists are at all times assigned to specific faculty supervisors who are ultimately responsible for the oversight and management of cases assigned to students in their practicum section. That is, it is up to faculty supervisors to see that student therapists abide by all Clinic policies and procedures as outlined in the Clinic Manual that are necessary to effectively and efficiently manage caseload assignments. **Faculty supervisors have the discretion to either dismiss students from participation in practicum, or issue a non-passing grade to students who fail to abide by these policies and procedures or fail to remediate any behavior deemed unprofessional or inappropriate during the course of training**.

All operations of the TTU Psychology Clinic, and the supervision of student trainees, are in accordance with the American Psychological Association's *Ethical Principles of the American Psychological Association* and *General Guidelines for Providers of Psychological Services,* and the Rules & Regulations of the Texas Behavioral Health Executive Council (BHEC) - State Board of Examiners of Psychologists (TSBEP).

1.2 Diversity Statement

In tandem with the commitment to diversity upheld by the University and Department of Psychological Sciences, the Psychology Clinic values the various characteristics that make individuals unique. That said it is our duty to provide and maintain a safe and secure environment for persons receiving service and to treat all clients with dignity. Student trainees and supervisors are expected to educate and support one another in a process of self-reflection that challenges us to be aware of our biases in order to ensure that individual differences are recognized, honored and respected. Services are extended to individuals regardless of cultural, ethnic or sexual identity, age, religious

beliefs, socioeconomic status, physical disability, or gender differences.

- Clients who come to the Psychology Clinic represent a broad diversity of cultural and ethnic backgrounds. This is one of the most important considerations in your training, as it entails your learning to discern the presence of behavioral, cognitive, or emotional characteristics in a client which are produced or modified by the person's cultural experiences and context. **Students and staff working in the Psychology Clinic will respect the cultural diversity represented in our clients, and we will draw diagnostic inferences and make recommendations for interventions that consider the relevance of such diversity.**

1.3 Program Faculty and Clinic Staff

Clinical Program Supervisors

Jason Van Allen, Ph.D.*
Caroline Cummings, Ph.D.
John Cooley, Ph.D.
Andrew Littlefield, Ph.D.
Sean Mitchell, Ph.D.
Adam Schmidt, PhD.
Jonathan Singer, Ph.D.
Sarah Victor, Ph.D.

Counseling Program Supervisors

Sheila Garos, Ph.D.*
Nicolas Borgogna, Ph.D.
Paul Ingram, Ph.D.
Brandy Piña-Watson, Ph.D.
Chris Robitschek, Ph.D.

***Program Director of Clinical Training**

Clinic Director: Megan Thoen, Ph.D.

The Clinic Director coordinates and is responsible for all aspects of the Clinic. Any recommendations for changes in policy, the scope of Clinic operations, or any encountered problems, should be addressed to the Director.

Clinic Office Manager: Denae Jackson

The Office Manager is a full-time employee in the Clinic. The major responsibilities of the Clinic office manager include serving as liaison to practicum sections, facilitate community relations, maintain Clinic records, field client communications, supervise co-directors and oversee the day-to-day operations of the Clinic.

Co-Directors

When funding is available, an additional number of graduate students are employed as graduate student co-directors. Co-directors maintain the Clinic during the day and evenings

when the office manager is not on duty. The co-directors are instrumental in the day to day operation of the Clinic. Their functions include serving as an initial contact and reception to clients who call and visit the Clinic, assisting with scheduling and preparation of intake appointments, placing calls to clients when needed, managing Clinic files, notifying therapists when clients arrive, and handling client payments.

Undergraduate Intern

The undergraduate intern will support the Clinic office staff while working towards their course requirements of PSY 4302 (Undergraduate Internship in Psychology). The intern will observe phone screening assessments for new clients, assist with scheduling and managing patient appointments, will assist with office opening and closing procedures, and learn about the in the organization/management of a busy mental health agency. The intern will gain experience with local community resources, as well as learn about screening for service appropriateness. Direct supervision will be provided by the Clinic Office Manager and Clinic Director, with opportunities to work with the co-directors.

1.4 Contact Information

Clinic Director:	Megan Thoen, Ph.D.
Mailing Address:	TTU Psychology Clinic Box 42051 Lubbock, Texas 79409-2051
Physical address:	TTU Psychology Clinic 2810 18th Street (Dept. of Psychological Sciences), Rm. 111A Lubbock, Texas 79409
Telephone:	(806) 742-3737
Fax:	(806) 742-3799
Email:	**psychology.clinic@ttu.edu**
Webpage:	**https://www.depts.ttu.edu/psy/clinic/**

1.5 Hours of Operation

The Texas Tech University Psychology Clinic is open during the following hours:

Monday:	**8:30 am – 5:00 pm**
Tuesday:	**8:30 am – 8:00 pm**
Wednesday:	**8:30 am – 8:00 pm**
Thursday:	**8:30 am – 3:30 pm; 5:00 pm – 8:00 pm***
Friday:	**8:30 am – 5:00 pm**

*The Clinic is closed from 3:30 – 5:00 on Thursdays so that students may attend professional development workshops and colloquiums.

The Clinic is also closed for one hour each day for the Clinic office manager to go to lunch during semester breaks when co-directors are not available to provide additional coverage of the front office. A detailed email is sent to each therapist with the time of closing. Also, time is blocked in advance to notify on Titanium (watch for overlaps).

The Clinic operates for a 12-month period and is closed on university holidays and on weekends. The Clinic is also closed during times the TTU campus is officially closed (e.g., between semesters). If Texas Tech University closes for bad weather, the Psychology Clinic also will close.

During holiday periods when only the departmental and clinical staff is on duty, clients may be scheduled during regular daytime hours (*8:30 am - 5:00 pm with posted lunch break*). There will be one evening each week during holiday periods that therapists will be able to see clients until 8:00pm (a detailed email will be sent out to each therapist with the late day information). Except in unusual circumstances, all clients should be seen during regular Clinic hours. Conducting sessions without the presence of clinical staff raises the potential for unnecessary ethical and legal risks and liability. When such arrangements are necessary, there **must** always be someone other than the therapist and the client in the Clinic area. In addition, supervisory clearance must be obtained prior to the session. If the usual practicum supervisor is not available for sessions between semesters, arrangements must be made for supervision from other faculty members.

The Psychology Clinic is NOT equipped to handle crisis situations such as high suicide risk or the need for other emergent care. Thus, Clinic personnel are NOT available 24 hours per day. Calls received after hours will hear a message in English that provides the following information:

- The Clinic's normal operating hours
- Instructions about leaving a message
- Instructions if the caller is experiencing an emergency

1.6 Parking

In order to be compliant with the University's License Plate Recognition (or LPR) program, when clients come to the Clinic they will be required to provide Clinic staff with the year,

make and model, and license plate of the vehicle they will be driving. This information will be entered into the University Parking Services Portal set up specifically for the Clinic client use. This program allows us to be more efficient in the monitoring of the Clinic spaces and better able to manage the misuse of the space by students or former clients.

- Four (4) parking spaces are reserved for clinic clients in Lot R-3. They are located towards the library, north end of the lot, and marked as follows on the concrete bumper:

  Spaces R3-7, R3-8, R3-9, R3-10

- Students and faculty are <u>not</u> allowed to use the four spaces designated for Clinic clients during daytime weekday operating hours. **Any unauthorized vehicle is subject to ticketing and/or towing during working hours.**

- Should all Clinic parking spaces be filled when a client comes for a scheduled appointment, they will be instructed to park as closely as possible to the reserved Clinic spaces in an unreserved space (i.e., an area parking space).

1.7 Clinic Purchases

The purchase of Clinic supplies and materials **must** be approved first by the Clinic Director. However, the final authorization of Clinic purchases rests with the Department Chair. Requests for needed or desired supplies can be sent directly to the Clinic Director who may or may not request further information or justification for the request.

- ***Clinic revenue is not available for the support of faculty or student research expenses.***

1.8 Titanium Software

Most Clinic operations (e.g., scheduling, client file maintenance, correspondence) are handled through Titanium. Each therapy room, the group rooms, the therapist workroom, and the Clinic office are equipped with this program. The Clinic officer manager will assign each student or faculty member a Titanium ID and password. In order to do so, the office manager will need to know your eraider login. Titanium will prompt a user when a new password is needed.

Once established, practicum students and supervisors will be activated in Titanium and will be able to access the program. Supervisors will have access to all case information completed by students in their practicum section. Once a student or supervisor leaves the clinic, they will be "de-activated" in the program until they return to the Clinic in the future.

Please refer to the Titanium Training Notes location on TechShare for more information about using Titanium.

1.9 Orientation and Annual Updates Meeting

A required general orientation will be held each fall semester for all entering Clinical and

Counseling graduate students. This orientation will include training on Titanium as well was a general overview of the operations of the Clinic. All returning Clinical and Counseling students (i.e., those in their 2nd year and beyond, excluding those on internship) must attend the required annual updates meeting (occurring during the initial few days of duty for the fall semester). This meeting will include an overview of the policy/procedural changes for the upcoming year. If the orientation/annual updates meeting cannot be attended for any reason, an individual meeting must be scheduled with the Clinic Director to review the information, prior to beginning to provide any Clinic services. This meeting is considered coursework-related, thus all efforts should be made to attend. The date/time of the meetings will be announced far in advance. At the Clinic Director's discretion, this orientation and annual updates meeting may be required for others as well. Faculty are encouraged to attend the annual updates meeting.

SECTION II: CLINIC SERVICES

2.1 Services Provided

The Psychology Clinic provides a range of outpatient services to children, adolescents, and adults. These services include individual therapy, family, marital or couples therapy, behavioral parent training, vocational counseling, and psychoeducation. Therapists address a broad range of issues such as depression, anxiety, relationship and interpersonal problems, emotional and behavioral problems, eating disorders, substance use (limited) and problems with stress and coping. The Clinic also provides various types of testing and assessment services to the TTU (e.g., athletic department; Student Disability Office) and Lubbock communities. **Note:** Current Department of Psychological Sciences faculty/staff and graduate students, including their children, are **not** eligible for services through the Clinic due to the potential dual relationships/conflicts of interest.

2.1a Group Psychotherapy

Therapists are strongly encouraged to design and lead, or co-lead, groups of several types, including process groups intended to address specific issues such as assertion training or therapy groups to address concerns such as eating disorders or substance abuse. A reduction in the individual psychotherapy caseload will be arranged for any therapist leading a group. Caseload reduction will be done in consultation with the therapist's supervisor.

2.1b Consultation, Educational Workshops, and Other Events

When opportunities arise, therapists are encouraged to participate in various consultation opportunities, workshops, and educational events. Depending on individual interests and the opportunities available, therapists may be involved in planning and conducting special workshops for selected groups in the Clinic (e.g., smoking cessation group) or on campus.

2.1c Psychological Assessment

The Psychology Clinic provides a variety of psychological assessments (evaluations) to clients. The nature and scope of all psychological assessments will be determined by the therapist in

consultation with their supervisor. Assessments are designed to answer specific referral questions and may take several visits by clients to complete.

- Payments to therapists and supervisors are available for assessments that are not conducted to fulfill a course requirement (e.g., comprehensive examinations).

2.1d Vocational Assessment

Vocational assessments can be conducted when clinically indicated or requested by a client. Note: The Clinic no longer carries many vocational assessments due to limited use. Please consult with your supervisor prior to committing to such an assessment to ensure the Clinic has the resources needed.

2.1e Psychological/ Learning Disability / Attention-Deficit/Hyperactivity Disorder (LD/ADHD) Evaluations

Students who have completed the I.Q., Objective Testing, and Neuropsychology courses are eligible to conduct evaluations for community clients (exceptions may be granted with supervisor approval). A limited number of faculty are willing and able to supervise these assessments. Payments for conducting LD/ADHD evaluations are as follows:

- For each evaluation completed with community clients, therapists receive $75.00 in a departmental travel fund; Supervisors receive $150.00 in a Clinic fund to purchase items or use for travel.

2.1f Services for Children and Adolescents (minors)

The Psychology Clinic provides mental health evaluations and counseling services to children and adolescents (ages 3-17) as well as to family members. Services include in addressing issues pertaining to psychological and emotional trauma related to abuse or neglect, family violence, grief and loss, relationship problems, and common mental health disorders such as depression, anxiety, anger management issues, and attention deficit hyperactivity disorder.

There are certain situations when minors are referred for services that warrant proof of guardianship. These services include, but may not be limited to custody situations, court-ordered treatment, and establish authority for consent. It is imperative in these situations that legal guardianship of the child receiving services is verified. In cases of shared custody, the individual designation as “primary” must be established. Office staff will request this documentation which will be scanned into the client’s file. The Clinic does NOT provide custody (or custody-related) evaluations.

2.1g Community Referrals and Consultations

Calls received with requests for services that not appropriate for the Clinic will be referred to the most appropriate community agency or person that may be able to assist the caller. Unless there are established competencies endorsed by a supervisor or the Clinic Director as more suitable for a caller or client, differential recommendations to various area practitioners are not made.

Where client finances are exceptionally limited, the referral process becomes more restrictive. Clinic staff can be consulted regarding possible referral sources for such clients. For outpatient psychiatric consultation, only few options exist. Individuals who are already clients of the Veteran's Administration (806-472-3400) or the Lubbock local mental health authority (StarCare; 806-740-1421) may be eligible for psychiatric consultations through those agencies. TTU students will be referred to TTU Student Health Services and/or Student Counseling Center.

2.1h Wait-Listed Clients

There may be times when there will be more individuals seeking service than there are therapists available. Potential clients who call the Clinic to schedule services during this time will be given the option of being placed on a waiting list or being referred to an outside agency.

2.1i Exclusionary Criteria for Clients Deemed Inappropriate for the Clinic

Given that the TTU Psychology Clinic is a training facility, there are some client issues that are not appropriate for our services. These include but are not limited to:

- ***Probation/Parole Cases*** - The individual is on probation or parole and will require the therapist to make regular reports to a community supervision officer. Therapy is being sought solely for the purpose of meeting requirements for mandatory or court-ordered treatment.

- ***Chronic Substance Abuse Cases*** - The individual has a long history of and is currently abusing substances. Use is determined to be habitual and constant. Individual is currently using methamphetamine and/or is an IV user. As a result of this drug use the individual is experiencing significant and/or severe impairment and life consequences. This individual has a history of in-patient substance abuse treatment but currently is not in recovery and not attending any 12-Step or other treatment-focused meetings.

    - ***Child criteria:*** The child is a chronic substance abuser.

- ***Untreated Bipolar Disorder or Psychosis Case*** – The individual is actively psychotic and/or non- compliant with psychopharmacological treatment for a diagnosed psychotic or bipolar disorder.

- ***High Suicide Risk*** – The individual has the intent to complete suicide, has a plan in place, has attempted 2 or more times in the past six months, or has attempted suicide 3 or more times in the past year.

    - ***Child criteria:*** The child has made at least 1 suicide attempt in the last 6 months OR has made 2 or more attempts in their lifetime.

- ***Highly Aggressive or Homicidal Risk Cases*** – The individual has a history of anger and impulse control difficulties that have resulted in explosive or aggressive behavior and/or arrests.

- ***Medically-Involved Eating Disorder Cases*** – The individual has an eating disorder that requires or has required intensive medical management and in-patient treatment. (If no symptoms have been present for at least 2 years for an adult and 6 months for a child, then the client is appropriate.)

- ***Child only: In custody/under supervision of juvenile authorities***

- ***Child only: Engages in sexually inappropriate behaviors (e.g., inappropriate touching towards others, sexual assault, etc.)***

- ***Child only: Is involved in a custody/legal case and services are only needed for court purposes***

- ***Child only: Is moderately or severely developmentally disabled (e.g., intellectual disability, autism spectrum disorder) (Note: Will take these clients for ASSESSMENT ONLY)***

Note: The Clinic Director reviews all phone screenings completed by the co-directors to determine its appropriateness prior to the case being accepted for services at the Clinic. Occasionally additional information is provided at intake that may indicate the client is not appropriate for services; in those situations, the supervisor can contact the Clinic Director for a request to transfer the client to a more suitable Clinic therapist or for the client to be referred to an outside provider.

2.2 Client Fees

The Clinic does not accept insurance. Individual, group, family, and conjoint therapy session fees are on a sliding scale that takes into account income level and number of dependents. The client will be counted as a dependent along with any other people that they count as dependents on their federal tax return. If the client is responsible for payment, then fees will be based on their income. If the client is a minor or has a legal guardian, the fees will be based on the income of the parent or guardian. Fees are generally not negotiable. A reduction in fees may be granted after review by the Clinic Director.

The Clinic's first priority is to provide a quality training experience for our clinical and counseling psychology doctoral students. Therefore, the Clinic will be flexible in accommodating people seeking services. The Clinic staff will work with clients who are experiencing temporary financial difficulties to arrange a reduction in fees with the understanding that their fee status will be reassessed once their financial situation improves. **Fee reductions are subject to review by the Clinic Director**.

2.2a Income Verification

All clients are to provide proof of income to Clinic office staff. Fees are determined based on Client's gross income. Staff will notify clients of this requirement and will have clients fill out an *Income Verification Form*. Upon receipt of income information, Clinic staff will set the client fee

and enter the fee amount in the client's Titanium file. Clients who fail to provide income verification will be charged the full fee ($50.00 per session).

- **Therapists are NOT to discuss the setting of fees with clients. Fee determination is handled solely by clinic staff and the Clinic Director.** However, should a client request a reduction in fees, or a therapist become aware of a change in the client's financial situation, the client or therapist may request a fee reduction. The client and/or therapist will be asked to provide a rationale for the reduction to the Clinic Director and a new *Income Verification Form* must be completed by the client that reflects the change in their financial status.

- Clients who are unwilling or unable to pay their associated fee will be referred to another agency.

2.2b Intake interview Fee

The fee for an initial intake interview and related testing (if needed) is $25.00 for all individual clients, couples, or families. If the intake last more than one session, subsequent intake sessions will be charged the established session fee rate.

2.2c Cancellation Fees

It is the client's responsibility to cancel their appointment if they are unable to attend a scheduled session. Failure to cancel an appointment 24 hours in advance without cause will result in the client being charged the amount of their session fee.

2.2d Discounted Fee Eligibility

Discounted fee rates are available for the following persons:

- TTU or TTUHSC faculty and staff receive a **10%** fee reduction. This discount does not extend to family members or for testing services.

- TTU/HSC undergraduate and graduate students are eligible for a $10.00 session fee.

- Up to a 25% fee reduction for sessions is possible for individuals who elect to participate in research projects. This fee reduction is only on sessions that occur while the client enrolled in the study, the client must not be receiving any additional compensation for their participation, and the study must be approved by the TTU Institution Review Board/Human Research Protection Program (as this fee reduction needs to be approved as form of compensation to the participant).

2.2e Unpaid Fees

Clients are informed that they risk a suspension in services for unpaid fees. The consent form clearly states that at any time if a client has two unpaid sessions or an unpaid balance of $50 (whichever happens first), services will be suspended until the balance is paid and the client can resume payment of their regular session fee. Clients are also to be charged their full session fee for no-show appointments and for failure to cancel appointments without 24-hour notice without cause. Previously terminated clients that wish to return to services must pay any outstanding Clinic balance before they will be assigned to a therapist.

2.2f Routine Assessment Fees

Certain routine psychological assessment materials will be provided to clients free of charge. The costs of these assessments are covered by practicum course fees (see Sections 10.10-122 for other assessment costs).

2.2g Fees for Specialized Evaluations

Vocational assessments, LD/ADHD evaluations, IQ, and psychological evaluations are provided to clients on a fee-for-service basis. The cost of these evaluations is listed in Sections 10.10, 10.11, and 10.12, respectively.

2.2h Course-related Assessments

Clients who receive testing to fulfill course requirements for students (e.g., I.Q, Objective, Neuropsychology courses) will not be charged for these assessments. The cost of these testing materials for use in the course may be subject to additional fees charged to students enrolled in relevant courses (see section 10.8).

2.3 Session Limits

Clients seen at the Psychology Clinic are eligible to receive short or long-term therapy depending upon the nature of the clinical issue and the course of treatment deemed most appropriate.

Individual and couples sessions are scheduled for 50 minutes, beginning at the top of the hour or half hour, beginning at 8:30am. The last appointment that begins at the half hour is 3:30pm and all appointments from 4:00pm until closing must only be scheduled on the hour. Group therapy and family therapy appointments may extend to 1.5 to 2 hours in length.

It is critical that sessions begin and end on time, and it is the responsibility of the therapist to do so. **Clinic staff will notify the supervisor and Clinic Director of any therapist who is consistently mismanaging their time with clients.**

2.4 "No-Shows" and Subsequent Termination

If a client fails to attend a scheduled appointment (ANY type of appointment), the therapist should contact the client by phone as soon as possible after the missed appointment to determine the reason for the missed appointment (valid reasons are exempt from this policy) and attempt to reschedule. If given permission in advance to do so, the therapist may leave a message for the client. **This message should include a timeframe with which the client must return the phone call (e.g., within 2 business days) and that failure to return the phone call within this timeframe may result in termination of services. This phone call to the client should be made on 3 consecutive business days following the missed appointment with this same information.** Each communication (including the provided timeframe) should be documented in a client correspondence note.

- Should the therapist be unable to leave a message (e.g., voicemail box is full or not set-up, no permission to leave a voicemail), the therapist should send a letter (example available on TechShare in the clinicdocs folder, "Sample Letters") to the client **giving**

the client 5 business days from the postmark (i.e., approximately the date the letter went in the outgoing mail) to contact the Clinic to reschedule and that failure to contact the Clinic by this date will result in termination of services.

- If therapists have permission to contact the client by email, they also may use email as a form of communication for this correspondence. However, copies of that email correspondence need to appear within the client's file as client correspondence notes.
- **Failure to respond to the voicemail, email, or letter by the specified date should result in a termination of services and a termination letter should be sent to the client notifying them they have been terminated and their case is now closed** (example available on TechShare in the clinicdocs folder, "Sample Letters"). This termination letter also can include other resources should the client still need services.
    - If the client was not actually ever seen (e.g., failed to attend the intake), in lieu of a termination summary, a "client not seen for services" note should be completed.
    - Clients who are terminated for "no show" appointments who wish to return for services will be placed at the bottom of the waitlist. If they will be assigned in the same semester as their previous termination, they will be assigned to their former therapist, if possible.
- **If the client fails to reschedule by the stated timeframe or reschedules and fails again to show (without cause), the therapist will terminate the client** and send the client notice their case is now closed (example available on TechShare in the clinicdocs folder, "Sample Letters").
- **All termination summaries or client not seen for services notes should be completed within 5 business days of the final correspondence.**

The period of time to keep a case open pending contact to reschedule an appointment **should not exceed 2 weeks**. (Exceptions to the 2-week rule apply only during times the Clinic is closed for holidays or when the therapist knows a client is out of town.)

SECTION III: CLINIC OPERATIONS

3.1 Telephone Numbers

Therapists and supervisors are required to provide Clinic staff with current contact information including email address and a phone number where each can be easily reached.

3.2 Messages and Interoffice/Interdepartmental Correspondence

All messages issued by Clinic staff, faculty supervisors, or received from clients will be transmitted electronically. Part of therapist professional responsibility is to check the Titanium task list each day and respond promptly to any tasks that require attention. Please check task lists **daily and routinely** to make sure to stay current with information and questions relevant to clinical cases.

3.3 Maintaining Clinic Rooms, Work Rooms and Equipment

Each client and therapist have the right to expect a therapeutic environment that is neat, comfortable, and consistent. Thus, it is critical to return all therapy and assessment rooms to their original condition before leaving the room. This includes moving furniture that may have been moved back where it was originally positioned, throwing away used Kleenex and other trash, **and ensuring that electronic equipment in the room is ready for the next therapist to use**. Chairs normally in each room should not be removed. If they are removed, they need to be returned following the end of the session.

- Be sure to log completely out of any Clinic computer after use.

- Unless you know that someone is using the room after you, lights should be turned off when you leave the room. Please leave the doors of the therapy rooms open when rooms are not in use.

- The therapists' lounge and work rooms are to be kept clean and neat at all times. Though you are welcome to be comfortable in this space, remember that you share this space with other colleagues. Others are not responsible for picking up after you. It is important that this area reflect a professional atmosphere.

- Please report any problems in therapy rooms or testing cubicles (e.g., equipment that isn't working properly) to the office staff as soon as the problem is noticed.

- It is the responsibility of each therapist to see that each cubicle and all testing equipment is ready for the next user upon completion of testing by their client. If you've printed assessment profiles, ensure all pages are printed so client information is not left in the printer.

- Instructions for use of cameras and computers in therapy rooms can be found in the *Titanium Manual for Therapists*.

3.4 Waiting Room Area

Children under the age of 12 are not allowed to be left unattended in any part of the Psychology Clinic and therefore must be accompanied by a parent, guardian, or other adult family member. Leaving Clinic staff or other therapists in charge of children outside of therapy rooms places undue responsibility on Clinic staff and therapists, and exposes the adults involved to potential liability risk. It is understood that this may pose a difficulty when therapists are working with families and want to meet with the adults apart from the children. Therapists should consult with their supervisor about how to resolve any difficulties that may arise from this policy.

- If a parent, guardian, or other responsible adult is not able to stay with a child in the waiting room, the child client's appointment will need to be rescheduled.

- Minors are not allowed to be dropped off and picked up for services. Any parent or legal representative of a child client has questions concerning this policy should be directed to

the Clinic Director. A failure to abide by this policy may result in a refusal of services.

3.5 Therapist Workroom

Room 161 is the designated workroom for therapists in the Clinic. This room contains a phone for making calls to clients, two computer workstations, and file cabinets for psychotherapy notes* and other working documents.

*HIPAA definition of psychotherapy notes 45 CFR § 164.501: "Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record [emphasis added]… excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date."

- **Each therapist is responsible for the maintenance of their working client files and must purge and shred any documents that are no longer needed for the management of cases at the end of each semester.**

- Therapists should be vigilant about protecting the confidentiality of any identifiable client information that is in electronic or paper files. Clinic staff will create folders in TechShare for each therapist to use for storing electronic files during practicum training. Therapists need to be sure to password protect their saved documents on the workroom computers, and these documents should be saved in the therapist's folder on TechShare. Please ask clinic staff for help in password-protecting a file, if needed. At the end of each semester, all files on Clinic computers not within the designated TechShare folder labeled with the therapist's name will be subject to deletion.

- When using the workroom scanner, **be sure to delete the created local copy of your file once it is added to Titanium.**

3.6 Therapist Lounge

Room 104 is designated as the therapist lounge. This area is meant to serve as an informal meeting place for practicum students. Personal items must be kept in the closet and students are responsible to see that the lounge area is clean and neatly kept.

3.7 Therapy Rooms

Each therapy room contains a workstation and computer. Computers in these rooms can be used when completing Titanium intake data forms, the administration of measures prior to or during a session, or for completion of case documentation and scheduling.

- Computers in therapy rooms may be used by therapists when workroom computers are not available and only when rooms are not scheduled for client appointments. To use a computer in a therapy room, the therapist must block off time in that room by adding a "Not Available" or "Phone call in session" placeholder to the room's schedule on

Titanium.

3.8 Clinic Security and Personnel Safety

Combination locks are installed on doors to the Clinic office, therapist lounge, and therapist workroom. Codes for each of these locks can be obtained from Clinic staff.

SECTION IV: PROFESSIONALISM

The official title of all graduate student therapists is *Psychologist in Training.* Graduate students, faculty, and Clinic staff are expected to follow standards related to professional behavior while in the Clinic. This includes, but is not limited to: (a) keeping scheduled appointments with clients on time; (b) maintaining the confidentiality and security of client records except as needed for supervision purposes; (c) taking care not to discuss cases with colleagues where the possibility of being overheard exists; and (d) exhibiting professional behavior when engaged in off-site community contacts or telephone communications. In addition, all Clinic staff, Clinic trainees, and supervisors will be expected to adhere to the APA Ethical Principles for Psychologists, related APA documents on standards of practice, and the Rules and Regulations of the Texas State Board of Examiners of Psychologists (TSBEP). The most thorough acquaintance with those writings will occur through related coursework, including PSY 5306, *Professional Issues and Ethics*. However, therapists should pursue these materials on your own if coverage has not already been completed by the time you initiate clinic activities. Relevant Board rules and statutes are available on TechShare. The APA Code of Ethics is available at http://www.apa.org/ethics/code/index.aspx

4.1 Professional Title and Document Signatures

The official title of all graduate student therapists is ***Psychologist in Training***. The therapist should also use their legal name and list their degree (e.g., B.A., B.S., M.A., or M.S.) on all correspondence, reports, and psychotherapy notes (Note: Titanium records the correct title by default). All written correspondence relating to a client must be co-signed by the faculty supervisor or, if the case is no longer open, by the Clinic Director. If the correspondence is co-signed by the supervisor, ensure the typed signature block is the supervisor's complete (proper; full) name and title (e.g., Jonathan A. Smith, Ph.D., Faculty Supervisor).

4.2 Timeliness

If a student finds that for some reason they cannot avoid being late for a session, a Clinic meeting, or meeting with their supervisor, the student must notify the Clinic office and/or their supervisor via telephone, text, or email.

- Punctuality is especially important when beginning and ending therapy and assessment sessions on time. Other clients or therapists may be waiting and deserve to be able to have a full session. Likewise, at the end of Clinic business hours, co-directors and Clinic staff need to lock up and deserve to be able to leave on time.

- Completing documentation on time and keeping case notes up to date are important professional responsibilities. Failure to do so can adversely affect the client's treatment in an emergency. Check with your faculty supervisor regarding their expectations concerning when client notes, intakes, or other documentation is due for review if they vary from Clinic policy.

4.3 Professional Appearance and Decorum

The Clinic's general expectation for dress is business casual; this applies whether or not you're scheduled to see clients. That said, in terms of what to wear in the Clinic, what is most important is that clinicians balance their need to present their authentic selves with the notion that this is a place vulnerable people in psychological pain are coming to us for help. There are no specific policies on what to wear while in the Clinic, but we do expect that clinicians are intentional in their choices and recognize how their physical presentation may influence client, staff, and supervisor perceptions. Discussions about balancing authenticity with managing expectations are encouraged in supervision and/or via consultation with the Clinic Director. (Adapted, with some excerpts verbatim, from the University of North Carolina at Greensboro's Psychology Clinic policy.)

4.4 Social Relationships with Clients

Social relationships with clients are prohibited and constitute a dual relationship. In cases where accepting a case would knowingly constitute a dual relationship (e.g., an assigned client also is in a class taught by a student therapist), the student must notify their supervisor of the conflict and see that the case is reassigned prior to initiating contact with the client for an intake appointment. **Any student discovered engaging in an inappropriate dual relationship with a client is subject to program/department disciplinary action**.

4.5 Competence

If a therapist is unsure about their competence to perform any clinical task (assessment, diagnosis, case conceptualization, addressing specific topics treatment planning etc.), they should discuss the case with their practicum supervisor. Consultation with more advanced students and other professional supervisory staff with unique expertise also are encouraged. Though this is a training clinic, some rudimentary skill is necessary, and prerequisite courses are designed to ensure that a measure of competence is present.

4.6 Contact by Media Representatives and Public Statements

If any co-director or student therapist is contacted by a member of the media for an interview or for any comment concerning clinic operations, questions about psychological topics, or any other issue, they should direct the person making the inquiry to the Clinic Director.

4.7 Student Malpractice Insurance

All therapists are required to have liability insurance before they can be involved in providing therapy, consultation, or assessment services to clients. Students in external practicum settings also are usually required to have malpractice insurance (depending on specific

program policy and characteristics of the external practicum setting). Malpractice insurance for students' practicum work, in the Clinic and in external settings, can be purchased on an annual basis through the Psychology Clinic. All Clinic trainees are expected to purchase the insurance, and the insurance fees are normally collected at the beginning of each fall semester. A copy of the insurance policy is kept is available for review by request. If a student does not purchase coverage through the Clinic, they must obtain insurance on their own, which can cost considerably more; a copy of the insurance must be provided to the Clinic office.

4.8 Travel and Other Clinic Absences

If a therapist is traveling for any reason (such as attending a professional conference, going on vacation, or attending internship interviews), the therapist must inform their practicum supervisor and the office staff of their absence prior to leaving campus.

- A therapist must indicate how long they will be absent from the Clinic by inserting a "Therapist Vacation" **PLACEHOLDER** in Titanium for each day away (see Therapist Titanium Manual). In the comments for this placeholder, the therapist should note who will be covering their clients in case of emergency, and how they might be reached if necessary during the absence.
    - The back-up therapist appointed is preferred to be another therapist who is currently on duty in the Clinic and from the same program. As a last resort, the back-up therapist can be the supervisor of record (with that supervisor's approval).
    - Therapists must be sure that the amount of time blocked in Titanium accurately reflects the amount of time away from the clinic (i.e., if gone for 3 days, the placeholder should reflect a block of 3 days, from 9am to 5 pm each day, etc.).

SECTION V: CONFIDENTIALITY AND THE PROTECTION OF CLIENT PRIVACY

Visits to the TTU Psychology Clinic are protected by the highest professional standards of confidentiality as specified by Texas statutes and the *Ethical Principles of Psychologists and Code of Conduct* from the American Psychological Association. All Clinic staff, trainees and supervisors should be thoroughly familiar with information contained in these documents. Though the Clinic is not legally considered a HIPAA covered entity, since we engage in electronic record keeping the Clinic will abide by compliance standards set forth by HIPAA and the Privacy Rule.

Confidentiality applies to all case sensitive information in the Clinic (e.g., client files, case identifying information, audio/digital recordings, phone messages, and formal/informal contacts).

5.1 Discussion of Clients

Information pertaining to clients is to be discussed only with supervisors and Clinic personnel.

Discussions of clients with anyone outside of the Clinic may not take place without the written consent of the client or their legal representative. This includes any acknowledgment that the client is being seen at the Clinic, or that anyone affiliated with the Clinic has ever heard of them.

- Only clinic staff, practicum students, faculty, and the Clinic Director are to access confidential client information. ***Anyone who is found accessing client information for non-work or training-related issues is subject to disciplinary action which could include removal from practicum, removal from a staff position and/or expulsion from the Ph.D. program.***

- Any discussion of a client with Clinic personnel should always be professional and follow Clinic policies related to confidentiality. There must be an educational benefit to the discussion, the discussion must be intended to benefit the client, and is limited to Clinic personnel with a need-to-know about the client or with insight to offer.

- HIPAA allows health providers who are rendering professional services as part of a team, or interacting with other appropriate professionals concerning the welfare of the client (provided that all persons receiving the information abide by the rules of confidentiality), to share information about the client without the client's consent.

    - Consultation with other professionals is permitted without consent or authorization if the client is not identified. Thus, discussion of cases among Clinic trainees and staff for training or consultation purposes should only be undertaken in ways that preserve client confidentiality.

- In the matter of confidentiality, know all the rules, but always remember that **you cannot even acknowledge (or deny) that you have seen or have an appointment with a client to anyone who does not have either an *a priori* legal right to have clinical information about the client (i.e., the client, or a parent or legal guardian), or an appropriately executed consent form to receive clinical information about the client. Do not talk about cases, even without names, outside of the Clinic.**

    - Breaches of privacy and confidentiality often occur in a seemingly innocuous manner. One should never discuss a client in the presence of another client, family, or friends except with that client's permission and then only for matters of direct relevance to case objectives. Similarly, discussions of clients should not occur in the therapist workroom or lounge. Therapists should not answer questions on the telephone about clients except when the caller is clearly identifiable and informed consent from the client has been obtained. Phone messages may be left for clients only with permission of the client.

5.2 Teaching Examples

Given that some clients are also TTU students, and Lubbock is a relatively small community, there is a strong potential, even with identifying information altered, a client could be identified even with disclosure of limited information. Additionally, the perception, regardless

of the validity, that Clinic clients are frequently discussed in classes could harm the reputation of the Clinic and negatively impact someone seeking services for fear they also will be used as an example in classes. Teaching assistants and supervisors must take extreme care when discussing case examples by eliminating any identifying information about a client and by not stating the client was a "Clinic client" when discussions are held in (non-practicum) courses.

5.3 Returning Calls and Leaving Messages

When making telephone calls, therapists should maintain client confidentiality and not identify the Clinic initially. The therapist must say something similar to the following: "This is Sam from Texas Tech University. I'm returning Cam's call." The reason for this is that the person on the other end of the phone may have no idea that "Cam" has sought an appointment or information about the Psychology Clinic. Repetitive rounds of phone tag can be avoided by asking when a better time for calling may be, or request that the client call and leave a message including the best times and dates to reach them. The therapist may suggest times and dates when a client could reach the therapist by telephone and leave the Clinic telephone number or the therapist's personal Texas Tech phone number.

If attempts to return calls result in busy signals or no answer, the therapist should briefly document the activity on a "Client Correspondence Note" in Titanium. For example, a therapist may write: "Busy at 10:15 am on 9/22/12" or "No answer at 2:35 pm on 11/23/11." If you left a message for the client, you should note it as well. For example, a therapist may write: "Left message at 11:10 am 12/3/12 for client to call therapist back."

The only phone numbers a therapist may give a client are campus numbers. **You must never give clients your home telephone number, cell phone number, or home address.**

5.4 Exceptions to Confidentiality

There are a few exceptions where confidentiality can be broken. The client is made aware of some these exceptions in statements made to them during their phone screening interview. One exception is when the information is sought under court order. Another would be when in cases of suspected child, disabled adult, or elder abuse. The therapist has a duty to take preventive action at times when a danger is posed to the client or others; however, try to be realistic in inferring such dangers from client revelations. The impact of such measures may be detrimental to subsequent therapy, so the decision to break confidentiality should be as judicious as possible. The student's supervisor should be consulted immediately in such situations. When the supervisor is not available, efforts should be made to contact any available clinical or counseling faculty. If that is not successful, the therapist should seek guidance from the Clinic Director.

A violation of any of the recommended procedures for preserving client confidentiality **will be considered by the Department as a breach of ethical conduct that may result in serious disciplinary action against the student**. Additionally, the Clinic and supervising faculty may be held liable in cases where a clear breach of client confidentiality and/or violation of client privacy are established (e.g., FERPA; see FERPA information on TechShare).

- Information about a client can be released with the client's consent, or the consent of the parent/guardian if the client is a minor. A release of information form must be signed and scanned into the client's file before any information is released.

5.4a Recording of Sessions

New clients are informed about the recording of sessions by Clinic staff at their initial appointment. By signing the *Adult/Adolescent Informed Consent and Service Agreement,* the client acknowledges that they have been informed and understands that clinical information will be shared with other doctoral students in training and with faculty supervisors. During the initial intake session, the therapist must answer any question the client may have concerning the forms they completed. It is also recommended that a therapist review confidentiality with the client and when it may be breeched without client permission.

5.4b Clients Right to View Their File

On occasion, clients may ask to see (or obtain copies of; see 5.5f Release of Client Records) their files. Such requests should not be granted until the therapist has discussed the matter with their supervisor. Clients are legally entitled to see files that are in their official client file and have the right to have misinformation in this file corrected. However, it is important to see that file documents are accurately interpreted, so any client review should occur in collaboration with the therapist. Care must be taken in report writing and record keeping so that material will be fully informative and clinically useful without being damaging or dangerous if read by the client.

According to Texas statute 611.008 under the Health and Safety Code: "Upon receipt of a written request from a patient to examine or copy all or part of their recorded mental health care information, a professional, as promptly as required under the circumstances but not later than the 15th day after the date of receiving the request, shall: make the information available for examination during regular business hours and provide a copy to the patient, if requested; or inform the patient if the information does not exist or cannot be found."

5.4c Authorized Disclosure of Confidential Information in Judicial or Administrative Proceeding

See the Texas Health and Safety Code, Sec. 611.006, "Authorized Disclosure of Confidential Information in Judicial or Administrative Proceeding" (https://texas.public.law/statutes/tex._health_and_safety_code).

5.4d Assessment Data, Collateral Information, and Personal Notes

Usually test protocols, all raw test data, and information from other professionals are withheld from the client. Personal and informal notes by the therapist regarding a client should not be included in the official client file but should be kept in a separate psychotherapy notes folder in the file cabinet in the therapist lounge. These psychotherapy notes are for individual use and do not form part of the client file, therefore no right of access is required. These notes should not contain any identifying data nor be disclosed outside the context of supervision or professional consultation. Rough drafts of official client paperwork or notes from sessions should be removed and destroyed after being transcribed to a permanent document (i.e., formal intake report or progress notes, etc.). All paperwork regarding clients, either official client paperwork or more informal psychotherapy notes, should be kept secure and

confidential at all times.

5.4e Phone Messages

Confidentiality issues may arise when leaving messages on client answering machines and voice mail; thus, no message should be left without prior permission of the client.

5.4f Therapist Lounge and Workroom

The Clinic workroom has been provided for use by students in practicum. In addition to providing working space, this area may contain files with psychotherapy notes, raw assessment data, etc. These **files are to be kept in the locked file cabinets located in the workroom unless the therapist is seeing the client, preparing for a session, or using the file in supervision.** Under **NO** circumstance may files be removed from the building. It is necessary that every effort be made to ensure confidentiality of client data and to ensure that other items contained in work areas are safe. No session recordings will be released from the Clinic unless specifically approved by the supervisor and clinic director (e.g., for legal purposes).

5.4g Referral for Psychiatric Evaluation for Medication

If a therapist and supervisor determine that medication may be of benefit to a client or that a medication review by a psychiatrist is called for, referral is available to the TTU Student Health Services psychiatric clinic or TTUHSC Department of Psychiatry. In such instances, a client may be given the phone number directly. However, if the client would prefer that the therapist make the initial contact, they may do that provided, the client signs a release of information form allowing you to make the call and disclose confidential information. It is advised to have the client sign a release of information form for any outside provider they may be referred to in case communication with that provider is desired or warranted over the course of treatment.

5.4h Additional Exceptions to Confidentiality

According to Texas Statute 611.004 of the Health and Safety Code, disclosure of client information is allowed without client consent under the following circumstances:

- To a governmental agency if the disclosure is required or authorized by law
- To medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient
- To qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b)
- To a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs
- To the patient's personal representative if the patient is deceased
- To individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional
- In an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c)
- To designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the

person in custody

- To an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:
  - will not use or disclose the information for any other purposes; and
  - will take appropriate steps to protect the information
- To satisfy a request for medical records of a deceased or incompetent person pursuant to Section 74.051(e), Civil Practice and Remedies Code.

5.5 Security of Materials, Data and Client Information

Each therapy room and some testing cubicles have a webcam that is used to record sessions. All sessions are to be recorded unless explicit exceptions are discussed with, and granted by, the faculty supervisor.

5.5a Digital File Security

Digital files of sessions are NOT to be saved to a disk or stored on any other website, personal computer or media device (personal laptop, iPad, etc.). Digital files are confidential information.

Accessing digital recordings of sessions outside of the Psychology building is permitted under the following conditions:

- **The user will access the digital files via a TTU-managed computer or via a remote desktop connection to a TTU-managed computer.**
- **The user must be in a secure and private location such as their home or another private office.**
- **No other individual, including but not limited to partners, children, friends, family members, etc., can be in the room during viewing.**
- **Use of headphones when watching a session when another person is in the home.**
- **Duplicating digital recordings or saving a digital recording to a local hard drive is STRICTLY PROHIBITED and may result in disciplinary action against a student for violation of client confidentiality.**

5.5b Storage of Client Digital Files

Digital recordings of files must remain on the Clinic's designated TTU server. Titanium records are automatically stored on the TTU TOSM server. Certain client files (e.g., therapist notes, etc.) may be stored in therapist files at: \\TechShare.tosm.ttu.edu\depts\psychology\clinicdocs*your student folder.* See instructions

for establishing a connection to TechShare in the Titanium Training Notes.

- Therapists need to be sure to password protect documents saved to the TechShare folders.

5.5c Deletion of Client Digital and Electronic Files

Digital recordings of sessions **must be deleted from the server every three weeks** by the therapist, unless a supervisor or the clinic director has requested that a session not be deleted for legal or training purposes. Some files may be retained if a client is continuing services the following semester.

- Electronic notes and other files kept in therapist folders in TechShare must also be deleted at the end of each semester unless the therapist is continuing to see the client the following semester or the case is being transferred.

    - When cases are transferred, any electronic files that are needed by the new therapist must be transferred to that therapist's folder on TechShare prior to the onset of the following semester.

5.5d VPN Off-site Access to Client Electronic Files

It is possible to access Titanium from home if you use a PC. However, you **MUST** use either a TTU-managed computer or connect via a remote desktop connection to a TTU-managed computer. When not connected to a TTU wired or wireless network, you must first establish a VPN network with TTU. Instructions on how to connect to the VPN are available at https://www.askit.ttu.edu/portal/app/portlets/results/viewsolution.jsp?guest=0&solutionid=140702103827226&hypermediatext=null.

Once connection to the VPN is established, you can then establish a connection to Titanium and to the TechShare folder.

- To access Titanium: Click to open the My Computer (or My PC) icon on your computer.
    - Clear the word "computer" or "This PC" from the address bar
    - Type in the link \\TechShare.tosm.ttu.edu\depts\psychology\titanium\
    - In this folder, you should see the Titanium "Ti10" application
    - Right click on this application. A window will open. Click "send to" and select Desktop. This will place the Titanium icon on your desktop and should open the program for you as long as you are connected via VPN.

- Connecting to Titanium via a VPN connection means that you will have remote access to client files. This poses a particular security risk. It is absolutely essential that anyone who is accessing Titanium from a remote location ensure that client information remains protected. Thus, no other person should be present or have access to your computer while in use with Titanium. Upon completion of your work, you must be certain to exit (i.e., log out from) the program.

5.5e Release of Client Records

Only certain documents or information contained in a client's electronic file may be printed

and released from the Psychology building. Any documents (e.g., correspondence to collateral contacts) that contain patient identifying information or personal health information (see TechShare for list of PHI information) cannot be printed and removed from the Clinic, electronically transmitted to anyone other than clinic and faculty personnel, or released to third parties without express written permission of the client ***and*** permission of the faculty supervisor. Therapists must obtain a signed *Release of Information Form* (forms available on TechShare) from clients before releasing any information to third parties about the client's participation in therapy or their care. Correspondence to clients, such as letters sent by the therapist directly to the client to confirm appointments, can be issued without a release as these types of correspondence were included in the patient's original signed informed consent.

- Records may be removed from the Clinic's jurisdiction and safekeeping only in accordance with court order, subpoena, statute, or a signed authorization for release of records by a client and/or client representative.

- In addition to legal requirements, each client has a right to an accurate, up-to-date record of services rendered. However, should a client request to see clinical information from their file the therapist must first check with the practicum supervisor to determine how best to provide the information requested by the client.

- Any paper documents associated with the client file will be scanned into the client's Titanium file and shredded thereafter.

- **Unauthorized removal of client file information from the Clinic is grounds for disciplinary action**.

5.5f Reasons the Electronic Record is Important

The kind of information recorded in the client's electronic record is extremely important for several reasons:

- It is the primary instrument for recording the client's presenting concern and the treatment planned.

- When a therapist leaves the Clinic or a case in transferred to another practicum section, the record should be sufficiently detailed to permit continuation of care.

- It is the only real defense against malpractice and liability suits.

- It is a document that can be reviewed by the patient.

- Remember, "if it's not documented, it didn't happen."

5.6 Maintenance of Paper Files

It is the therapist's responsibility to return a client's paper file to the file cabinet in the workroom for secure storage. Paper files may only be taken out of the file cabinet when the therapist is seeing the client, preparing for a session, or using the file in supervision. Under no circumstance may files be removed from the building.

5.7 Limits and Disclosures

Confidentiality applies to all case sensitive information in the clinic (e.g., electronic client files, digital recordings, and formal/informal contacts).

- Only official Clinic employees, graduate student therapists, faculty, and the Clinic Director are to access confidential information. Access to the Clinic is limited to work-related activities only.

- Clients are informed by Clinic staff that trainees are under the direct supervision of a faculty supervisor who will observe therapy sessions via digital recordings. This and any other potential limits to confidentiality will be explained in full to clients prior to the onset of receiving services by clinic office staff and is outlined in the Adult/Adolescent Informed Consent and Service Agreement.

    - Standard 4.03 of the APA Ethics Code states: "Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives."

- Student therapists will ensure that any client questions regarding the protection of, and limits to client confidentiality, are answered and understood. Student trainees also will inform clients of the availability of the attending faculty supervisor should the client have concerns or questions about their care.

SECTION VI: INFORMED CONSENT

According to the APA Ethics Code Standard 3.10: "When psychologists conduct research or provide assessment, therapy, counseling or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation…"

Additionally, per TSBEP Rule 465.2(a)(4), "All individuals who receive psychological services requiring informed consent from an individual under supervision **must be informed in writing of the supervisory status of the individual and how the patient or client may contact the supervising licensee directly**." This notification should be done when services begin, and whenever a new supervisor is assigned. The APA Ethics Code requires therapists to notify clients of the name of their current supervisor as well: "When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor" (2017 APA Ethics Code, section 10.01(c)).

- For ease, this written communication could be the provision of the supervisor's business card to the client.

6.1 Adult Consent Form

All adult clients (or parents/guardians of child/adolescent clients) are given a consent form to

read (i.e., *Adult Informed Consent and Service Agreement*) and a copy to keep by office staff when they begin services at the Clinic.

6.2 Adolescent Consent Form

A consent form is available to adolescents ages 13-17 (i.e., *Adolescent Informed Consent and Service Agreement*). This form is given to the client and their parent/guardian by office staff and should be reviewed by the therapist to ensure that all questions the adolescent client and their parents may have been answered. Though parents or a legal representative is required to give consent in most instances, adolescents who are able should assent to services.

6.3 Couples/Group Consent Form

A separate consent form for each client within the couple and group must be used (forms on TechShare).

6.4 Informed Consent and Fee Agreement Form

All clients must sign the appropriate "*Informed Consent and Fee Agreement*" form when initiating services at the Clinic. This form acts as the signature page for consent and an acknowledgement and promise to pay for services received. If the form is not signed and on file with the Clinic office, no services can be provided.

6.5 Disclosure of Client Information to a Third Party

Clients must complete the appropriate *Release of Information Form* (a flow chart related to which form should be used is available on TechShare in the Release of Information folder) in order to give the Clinic authorization to disclose protected information from clinical records.

A release of information is required before any information can be exchanged with individuals or agencies outside the Clinic. This includes written and oral transfer of information.

- All information released in any form must be discussed with the client in advance.
- Disclosures must be limited to the minimum necessary to carry out the intended purpose of the request.
- When completing this form, the client designates the specific person to whom the information will be disclosed and/or released to, as well as the purpose of the disclosure.

6.6 Consent to Treatment by a Child

According to Sec 32.004 of the Texas Family Code, a child may consent to counseling without consent from parents, a managing conservator, or guardian for suicide prevention, chemical addiction or dependency, or sexual, physical, or emotional abuse. In addition, a psychologist, with or without the consent of the child who is a client, can advise the child's parents or, if applicable, managing conservator or guardian of the treatment given to or needed by the child, and rely on the written statement of the child containing the grounds on which the child has

capacity to consent to the child's own treatment. Exceptions to this include when consent is prohibited by a court order.

6.7 Revocation of Consent

According to Sec. 611.007 of the Texas Health and Safety Code, a client or a client's legally authorized representative may revoke consent to release or disclose information to another professional at any time. A revocation is valid only if it is written, dated, and signed by the client or their legally authorized representative.

SECTION VII: CLINICAL CASE MANAGEMENT

When conducting therapy, trainees work collaboratively with clients and in consultation with their supervisor to conduct an initial assessment, formulate a treatment plan, enumerate treatment goals, and conduct on-going evaluation of the treatment provided. Modalities employed in service delivery include but are not limited to psychodynamic, interpersonal, behavioral, CBT, humanistic and evidence-based services to clients.

7.1 Maintenance of Client Files and Electronic Documentation

Official files are kept on all Clinic clients. Their primary purpose is to document the client's treatment history at the Clinic. Documentation requirements are based on guidelines derived from professional and ethical standards, legal considerations, research needs, and supervisor preferences. Files are extremely valuable when clients need continued care with another professional, when there are legal issues around the case, and when there are issues regarding billing.

- **Therapists are responsible for maintaining the files and that the files are kept up to date**. An authorized Clinic staff member and/or the Clinic director will monitor files kept in Titanium (via task lists) and in TechShare folders to help make sure that requirements are met, and that TechShare files that are no longer needed are purged in a timely fashion.

7.2 Integrity of Case Files

The Clinic has a legal and ethical obligation to maintain the integrity of clients' files. As such, case files documents are not to be taken out of the building at any time. All records are confidential, and therapists are responsible for the confidentiality of those records. If the therapist requires any part of a client's record for their use in supervision (i.e., formal intake report, assessment evaluation report, etc.) then copies may be made. The copies will be treated as confidential material and great care must be taken to keep all files, copies, and personal notes secure (e.g., locked desk drawer or filing cabinet). When the copies' purpose has been completed, the copies must be shredded.

7.3 Assignment of Clients

All prospective clients will undergo both a brief pre-screening (to determine any obvious, initial

reasons the client may not be appropriate for the Clinic prior to placement on the waitlist) and a phone screening conducted by Clinic staff. Once the phone screening is completed in Titanium and determined to likely be appropriate for treatment in the Clinic, Clinic staff will do their best to determine which student therapist might be most appropriate for the client. This determination will be based on several criteria including assignment guidelines set by respective supervisors, therapists' level of training, the nature of the clients' presenting problem, and each therapist's caseload.

- A phone screening for couples will be conducted with the person who called to initiate services. When the client is a child or adolescent, a parent or guardian will complete the phone screening on behalf of their child. With regard to families, separate phone screenings may or may not be conducted with individual family members, as often family information can be elaborated during the intake interview.

- When a closed file is re-opened because the client was previously treated or assessed in the Clinic and is once again seeking services, the same intake procedures will be followed as is instituted for new clients. If an electronic file does not exist for the client, office staff will establish the electronic file which will be linked to the client's old record. Clients who have been seen previously in the Clinic and have a paper file will be assigned a 5-digit case number in Titanium.

    - Clients seen at the Clinic previously, who have since terminated, will be reassigned to their original therapist whenever possible.

    - Within Titanium, phone screenings are sent to a supervisor unsigned. Rejected cases are returned unsigned to the co-director for reassignment. Cases that are accepted are signed on line #2 and forwarded back to the co-director. The co-director will then lock the note by signing on line #3. This will remove the note from both the co-director and supervisor task list.

    - Once the supervisor receives notification in Titanium, they will have **24 business hours** to review the case. The supervisor will indicate whether the case will be accepted or rejected.

        - If the case is accepted by the supervisor, the student will be notified by office staff via Titanium that they have been assigned a new client.

        - If rejected, office staff will reassign the client to another therapist.

- **Note: In the course of treatment, it may become clear that the client may no longer be appropriate for treatment within the Clinic (e.g., due to increased substance use, recurrent suicide attempts, etc.). In this situation, consult with the supervisor and/or clinic director, if needed, for guidance on how to terminate the client (and provide other resources as needed).**

7.4 Therapist Caseloads

In general, therapists are expected to carry an active caseload of ~5 cases at a time for those

on a “full” prac in the Clinic. A therapist may have more or less clients on their caseload depending on the request of the supervisor.

- At times, it may be necessary for a therapist to be assigned more therapy or assessment cases to help maintain an active caseload and keep their number of clinic-related hours at an expected level. For example, if some clients are not seen on a weekly basis, the caseload may be increased.

- New clients will be assigned to therapists as former clients are terminated or discontinue therapy and/or as psychological assessments are completed.

- If a therapist is working with groups or families, the total number of active cases in their total caseload may be reduced. Although clinic staff and supervisors will keep track of therapist’s caseloads, the therapist also should inform the clinic staff when an opening in their caseload occurs to expedite a new assignment as soon as the formal termination documentation has been received.

- Once a duty of care is initiated with a client (i.e., after a treatment plan has been reviewed with the client), work with that client is to be carried to completion (i.e., mutual agreement to terminate or transfer to another therapist within the Clinic).

- Therapists should not decline new case assignments except in unusual circumstances, such as when a dual role relationship exists. Should a therapist believe they cannot effectively or ethically provide services to a client, they must discuss the situation with the practicum supervisor immediately. The case may be transferred only with a supervisor’s approval.

- If a therapist would like an additional client, but their caseload is considered “full” by the practicum supervisor, the therapist is encouraged to discuss the possibility of an additional case assignment with that supervisor. If the supervisor agrees the therapist can take on additional clients, the therapist must notify office staff they are able to accept new clients and that approval for this has been granted by their supervisor.

- In cases where a client informs the clinic staff that they would like to be assigned to a different therapist in the Psychology Clinic, the client will first be encouraged to discuss the request with their current therapist.

    - If for some reason the client is unwilling to discuss this with their current therapist, office staff with contact the therapist and therapist’s supervisor to inform them of the request and to determine how best to proceed with the client’s care.

- Whenever possible, special requests for case assignments (child, family, specific clinical issues) will be honored. However, factors such as the needs of other practicum sections, student training needs, supervisor preferences, etc., will be considered before requests are granted.

- The practicum therapist (along with their assigned faculty supervisor) is responsible for all clients through the end of the current semester until faculty supervising the following semester are on duty. This responsibility extends to both student and supervisor regardless of whether the therapist and/or supervisor are scheduled to be in the Clinic during the upcoming semester.

    - Responsibility of a practicum therapist and faculty supervisor for a client ends prior to this time only when a client is transferred or terminated.

7.5 Scheduling and Managing Appointments with Clients

7.5a Scheduling Intake Appointments

A therapist will be notified via Titanium they have been assigned a new client. Upon receipt of that notification, the client **must be contacted within 2 business days** to schedule an intake appointment.

- Be sure to follow the procedures outlined in section 2.4 related to no-shows and terminations: If you cannot reach the client to schedule the initial intake by the specified timeframes, the client's case should be promptly closed with a client not seen for services note be routed to the office.
- Intake appointments are scheduled for two hours. The format for intake appointment notes varies by supervisor; the therapist should verify with their supervisor their desired format. Some examples are on TechShare, and data forms related to intakes are available in Titanium. See section 7.10a for more information.

7.5b Scheduling a Client Appointment

Therapists are responsible for scheduling client appointments (individual, group, couple, family, assessment) using Titanium Scheduler (see *Titanium Manual for Therapists*). **Therapists MUST inform clinic staff whenever a client appointment is rescheduled, moved, or cancelled on the day of the original appointment so that billing information for all client appointments remains accurate**. Once an appointment is completed, the therapist must indicate on the schedule in Titanium that the client attended (see *Titanium Manual for Therapists*).

7.5c Client Arrival

When a client arrives for their appointment, they will check in with office staff. At that time, clinic staff will access or establish the client's electronic file and collect the appropriate fee based on the client's income information. New clients will be given consent forms and other office paperwork to review, fill out, and sign. At this time, clients also will be informed of any opportunities to participate in research that may be ongoing in the Clinic. Clients who are interested will be given the *Research Participation Form* (if not already completed to indicate their interest) which will then be scanned into the client's electronic file.

Therapists should wait for their client in the therapy room they have scheduled for the session. The therapist must be logged into Titanium under their username prior to the client's arrival. Clinic staff will check the client in, and upon doing so the therapist will be

notified by a “pop-up” window on the computer that their client is ready to be seen.

7.5d Scheduling Assessments

Assessment only client-related appointments are scheduled in Titanium using their respective appointment codes. Any other testing should use the “Other Assessment” code. This allows the Clinic to produce a statement for billing and will generate relevant notes within Titanium.

7.5e No Show or Cancelled Appointments

No show and cancelled appointments must be tracked in Titanium; the original appointment must not be deleted and the attendance should be marked accordingly. A client’s file needs to be an accurate reflection of all attendance. For example, you may have one client’s cancelled appointment and another client’s attended appointment listed in the same hour.

7.5f Recurrent Appointments

Recurrent appointments can be scheduled using Titanium. However, you must first check to be sure that no placeholders are set in the schedule where you plan to make client appointments. **If an appointment is scheduled over a placeholder in Titanium, the placeholder will be hidden. Thus, unless the schedule is checked to be certain a desired time slot is clear, it is possible to schedule an appointment OVER a placeholder.** Titanium will NOT alert users in this case. For this reason, use of placeholders for appointments is not recommended.

7.5g Length of Appointments

Initial intake appointments are 2 hours in length. The client should be asked to arrive 30 minutes prior to the scheduled start time of the intake to sign consents, determine fee eligibility, and complete any other needed paperwork.

Individual appointments are 50 minutes long and begin at the top of the hour or half hour (last half hour session is at 3:30pm). First appointments of the day may be scheduled at 8:30am.

- Once a client is escorted to the lobby after the session, it is essential the therapist return to the room where the session was held to check that no client files have been left on or saved to the PC desktop, and to logoff the computer. If any unsecured electronic or written records are discovered by any therapist or by clinic staff, notify the originator of the record immediately. If they cannot be located, notify clinic staff, the practicum supervisor and/or the clinic director. **Failure to secure records may lead to disciplinary action.**

- It is important that sessions end on time to allow for the next therapist to login to Titanium in preparation for their client session.

- It is critical that last sessions of the day end on time. If a session has not concluded by 7:50pm on days the Clinic is open late, the co-director will knock softly on the door to prompt termination of the session. The only exception is when a client is in crisis; in those situations the co-director should be notified of this as soon as is feasible.

- ***Note: Failure to manage session time effectively will be reported to the Clinic director***

who will notify the student's supervisor. Continued disregard for session time limits may result in disciplinary action for failure to maintain professional conduct.

7.5h Waiting for Clients

Therapists must wait in the room they have scheduled and be logged into the computer with Titanium open to be notified of their client's arrival. A window will pop up to tell the therapist their client has arrived.

- Since clients may be late, **therapists should wait a minimum of 15 minutes** and check their Titanium Schedule to see if the Clinic office indicates the appointment has been cancelled or is a "no show" before leaving the Clinic.

7.5i When a Therapist Must Miss an Appointment

It should be rare that a therapist must cancel an appointment. This may occur due to cases of illness, an emergency, or for approved absences (e.g., travel to conferences, vacation). When absences are unforeseen, the Clinic staff can contact the client(s) so that the client will not make a needless trip to the Clinic if the therapist hasn't already notified their client(s). When a therapist knows in advance they may miss an upcoming appointment with a client, they are responsible to contact that client to reschedule well in advance. The therapist should also notify their supervisor and the clinic staff if an absence must occur.

7.6 Transfer of Cases

Transfers are completed when a client is not terminating treatment but their case is being transferred to another therapist working in the Psychology Clinic. Although transfers can happen at other times, transfers typically occur when a student therapist is completing their practicum work in the Clinic and moving on to a new practicum site or internship.

- When a therapist plans to transfer clients, they must inform their practicum supervisor well in advance in order to arrange for the transfer to another therapist in a timely manner.

- The current therapist must complete a Transfer Summary note for all transferring cases. Instructions for how to complete this note are in the Transfer Summary note template in Titanium (as well as in the *Titanium Manual for Therapists*).

- The current therapist should discuss options for transferring the case with the Clinic staff, as well as the potential new therapist. The Clinic staff will check the desired therapist's caseload to be sure they are able to accept the case. Transfer arrangements should not be made without notifying the Clinic office manager; failure to notify the office manager may result in the client not being transferred as intended.

- If transfer of the case involves a new supervisor, Clinic staff will send the new supervisor a Transfer – Reassignment note to inform them of the potential new assignment. If the new supervisor approves the transfer, the new therapist will receive a note in Titanium to inform them of the transfer assignment. If the case is not approved, Clinic staff will arrange for assignment to another therapist.

- Once reassigned, the current and new therapist can meet to discuss the case.

- Whenever possible, it is highly recommended that when transferring a client to another therapist, the present therapist bring in and introduce the new therapist to the client prior to the client's last session with their current therapist. Being transferred is often a stressful and uncomfortable experience for the client. Introducing the client to the new therapist helps maintain a continuity of care which often aids in the client continuing treatment. (See section 7.10e for transfer documentation requirements)

- The office manager will only adjust therapists' official caseload number when the office manager receives a signed transfer reassignment note through Titanium (indicating that the past therapist no longer needs access to the file; **this can NOT be done based only on verbal reports from therapists/supervisors**). Therapists can provide verbal report of their adjusted caseload to the clinic office staff. Clinic staff can add an unofficial "*" next to their former client's name prior to completion of paperwork to note that a client is no longer a part of the therapist's load. Clinic office staff will take transfer suggestions into account during case assignment.

7.7 Termination of Cases

The successful termination of the psychotherapy relationship is each therapist's goal. The ending phase includes a review and reinforcement of individual change which has occurred in the therapy; the therapist guides the departing client to a resolution of the relationships with the therapist and the individual is helped to face future life demands with the tools provided in the therapy. The ending process of therapy may also arouse a reappearance of presenting symptoms and/or previous conflicts that have been dealt with in treatment. Additionally, the ending may trigger unresolved conflicts related to previous losses and separation.

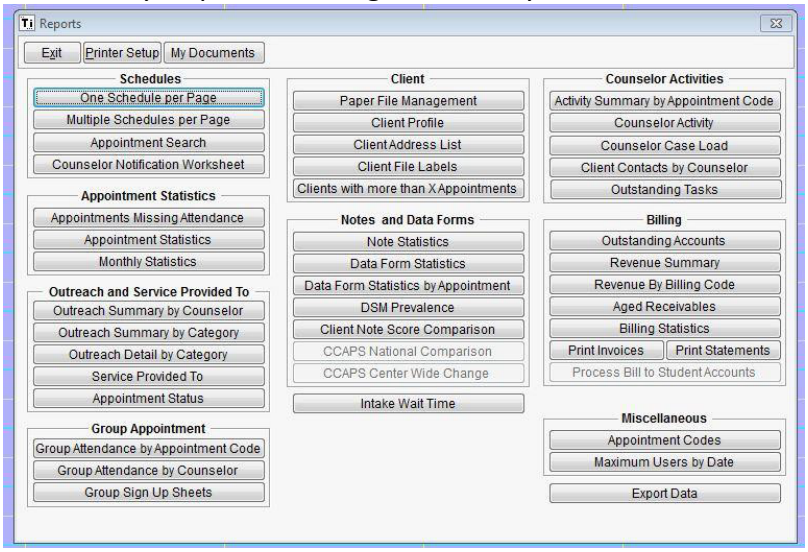
- When a therapist plans to terminate a client, they must inform the practicum supervisor well in advance in order to discuss any pending therapeutic issues and to begin discussion of termination with the client.

- It is essential to allow Clinic staff sufficient time to process files for clients who are terminating. The Clinic staff will only adjust therapists' official caseload number when the office manager receives a termination summary (this can NOT be done based only on verbal reports from therapists/supervisors). (See section 7.10f for documentation requirements.) Therapists can provide verbal report of their adjusted caseload to the Clinic office staff. Clinic staff can add an unofficial "*" next to their former client's name prior to completion of paperwork to note that a client is no longer apart of the therapist's load. Clinic office staff will take this into account during case assignment.

- If a therapist is leaving the Clinic (for internship, another practicum, etc.), notice needs to be provided to the Clinic office manager as soon as the date of departure is known. **This notification should be provided at least 2 weeks before the end of the semester in which the therapist will be leaving and NO LATER than the last day of class of the semester.**

7.8 Caseload Reports

Titanium is able to generate a number of reports about client and therapist activities (see diagram below). Therapists or supervisors who would like a report relevant to their practicum caseload may request one be generated by office staff.



7.9 Notes and Maintenance of Task Lists

The task list is accessed under the "Open" tab in Titanium. This list serves as the main communication "hub" in Titanium and **should be checked daily**. All communication in Titanium takes place via a note system. Specific note templates have been designed in Titanium to manage client records and communications between parties using Titanium software. Many notes contain instructions for both therapists and supervisors to ensure the correct execution of Titanium procedures and maintenance of client records. **Thus, all users of Titanium should read the text contained in note templates to ensure the proper information is provided and the note routed to the correct party.**

- All clinical documentation in Titanium must be locked (i.e., signed on Line 3) by the Clinic Director, the office manager, or the faculty supervisor.
- Security level for therapists allows them to sign only on line #1
- The security level for codirectors allows them to sign on line #2 or line #3 ONLY when line #1 is NOT signed.
- Note templates often explain who the appropriate party is to sign on Line 3. Should a note need to be "unlocked" due to an error, contact the Clinic Director or office manager who can unlock and reroute the note.
- More information about Titanium can be found in the *Titanium Manual for Therapists* on TechShare.

7.9a Student Task List

The student task list will indicate if there are any past client appointments that need notes or signatures, if there are any notes forwarded from the supervisor that need to be revised, any past appointments where attendance was not indicated, notes that were not distributed (in the case of group, family or conjoint appointments), or if additional information is needed in

the client's file. In addition, this list is where you will receive communications from Clinic staff concerning client calls, messages, cancellations, etc. **Task lists should be maintained in a timely fashion; no tasks should be older than 5 business days.**

- Miscellaneous and correspondence notes can only be cleared from task lists by sending the note to a supervisor and having the supervisor sign the note on line #3.

7.9b Supervisor Task List

The supervisor task list will indicate if there are any notes, assessments, intakes, etc., from students in your practicum that need to be reviewed and signed. You will also receive notifications from your supervisees concerning client communications. In order to clear the communication from all parties' task list, the supervisor must sign the note on line #3. Supervisors may also use the task list to communicate with students in their practicum section about issues related to case management and supervision. **Task lists should be maintained in a timely fashion; no tasks should be older than 10 business days (Note: Phone screenings or case assignments requiring supervisor review should be addressed within 1 business day as outlined above).**

7.10 Client File Documentation

A copy of documents that are added as attachments into a client's Titanium file are automatically saved in the "clinicdocs/SCANS" folder on TechShare. This folder will be purged weekly by Clinic office staff.

The following guidelines are meant to serve as a guide for clinical case management and documentation of client-related matters. These guidelines reflect the minimum standards of the TSBEP regulations and APA Ethics Code. Thus, these guidelines are minimalist in nature and do not in any way substitute for the requirements deemed essential for successful completion of practicum set forth by: 1) either the Counseling or Clinical programs, or 2) by any one practicum supervisor, regardless of program.

- **Client documentation is not considered complete until it has been signed by the practicum supervisor (see TSBEP Board Rule 465.2(a)(5)).**

- Be specific, concise, and objective.

- Be sure to directly address any sensitive issues such as suicide, potential dangerousness, and suspected child or elder abuse.

- In addition to documenting every patient contact, be sure to document skipped appointments, telephone calls, contacts with significant others, and consultations you have obtained as appropriate. Copies of correspondence related to the case must also be a part of the record.

- Printed or faxed records and psychological reports should be marked "CONFIDENTIAL."

- Always consider the possibility that persons such as the client or others may eventually read the file. Thus, it is important to use judgment so that you will avoid using injudicious slang or pejorative terms when writing progress notes, intake reports or anything else in the client's file.

- Consider what will be of help to another therapist who may work with this client in the future, as well as what may help minimize potential confusion or distortion of meaning should the file be examined by the client, another therapist, or by someone else as the subject of a court order.

7.10a Intake Documentation

The data to be gathered at intake, as well as the format for intake appointment notes and related intake reports, varies by supervisor. Sample intake interviews and report formats are available on TechShare, and a data form to add to a note is available within Titanium as well. Be sure to confirm with the supervisor the desired intake procedures.

- No intake report is necessary if one has already been completed for the client (e.g., transfer clients); however, this may be required by the supervisor.

- Clients must be given a diagnosis either after the intake or within 2-3 sessions thereafter. This diagnosis should be added on the diagnosis tab for the documentation where this diagnosis was first made (e.g., intake note); the diagnosis does not need to be repeated on every note (but could be, if desired). This is important for statistical purposes. Remember, a diagnosis can always be modified.

7.10b Client Progress Notes

Client progress note templates are available in Titanium. Templates are available for SOAP notes, DAP notes, and narrative notes. The type of template used is determined by the practicum supervisor. Regardless of the type of note used, all documentation concerning clients should be comprehensive, accurate, and well organized. Standard abbreviations may be utilized if approved by the practicum supervisor. All records should be grammatically correct and free of spelling errors. Once a note is completed, progress notes should be signed on line #1 by the therapist and forwarded to the supervisor who will sign line #3 and lock the note.

- **Progress notes should indicate any high-risk behaviors** (e.g., suicidal ideation/attempts, homicidal ideation) reported by the client. In addition, the **note should indicate plans for any follow-up assessment or institution of commitment to treatment agreements, crisis response plans and/or detailed recording of notifications to authorities** (e.g., mandating reporting of abuse)**.**

- Progress notes also should include all information outlined in the Texas Psychological Association's notice on audits and documentation from March 2021 (available on TechShare in the Texas Board Rules and TX Statutes folder). This guidance includes things like start and stop times of the session, client's response to treatment, and for telehealth, specifically the location of the client.

- **In addition, progress notes may contain the following:**
  - Purpose of visit: why the patient came to the Clinic [e.g., assessment feedback, for ongoing psychotherapy session, etc.]
  - Nature and length of the service provided [e.g., individual session; 50 min], including session modality (e.g., Skype for Business, Zoom)
  - Who (other than the client) attended the session
  - Objective findings: What was observed during the appointment [e.g., nature of test findings, major issues patient chose to deal with in therapy session, etc.]
  - Any new relevant information
  - Services/interventions rendered: What was done in the session [e.g., dealt with specific issues in therapy, continued relaxation training, etc.]
  - Homework assignments and completion
  - Response to treatment including: How the client reacted to what was done [e.g., responded well to interpretations, was able to successfully approach feared situation after desensitization, etc.]
  - Plan: What is expected to be done next session [e.g., see for next session in one week, terminate therapy, refer elsewhere, etc.

7.10c Group Progress Notes

An individual note for each group client in attendance should be completed following each group session. The note may document the client's level of participation, quality of feedback given and received, and specific client issues discussed. Individual notes should not identify other group members by name.

7.10d Progress Summaries

Progress Summary notes (a stand-alone note), with the corresponding Progress Summary Data Form and most recent diagnosis**, are required to be completed by the last day of class for each semester (i.e., Spring, Summer II only, Fall) for all continuing clients.** Unless required by a supervisor, a progress summary is not required when a client is either transferring to another therapist or terminating treatment at the end of the semester. In such cases, either the *Transfer Summary* or *Termination Summary* in Titanium should be completed.

7.10e Client Transfer Summaries

A client *Transfer Summary* note and corresponding transfer summary data form are available in Titanium. A stand-alone Transfer Summary note is required to be completed whenever a therapist will be transferring a case to another clinician in the Clinic (e.g., when the treating therapist is leaving the Clinic for internship, etc.); **this summary needs to be completed within 5 business days of the final session with the ending therapist**.

- A diagnosis (on the diagnosis tab of the Transfer Summary note) is required on all Transfer Summaries.

- A Transfer Summary note and all other documentation associated with the client must be completed prior to actual transfer of the case.

- Once completed, the Transfer Summary is signed on line #1 by the therapist and sent to

the practicum supervisor for review. If no changes are needed the supervisor will sign the note on line #2 and forward the note to the office manager. **Transfer Summaries must be sent to the office manager so that cases can be appropriately reassigned in Titanium.** The office manager will sign the note on line #3 which will lock the note and clear it from task lists.

7.10f Termination Summaries

A stand-alone *Termination Summary* note and the corresponding termination summary data form are required to be completed whenever: 1) a client initiates the termination of therapy, 2) a therapist initiates termination of therapy with a client, 3) the client and therapist mutually agree that termination is appropriate, 4) a client fails to show for a return appointment and is unable to be contacted, or 5) a client is no longer able to continue treatment (e.g., incarceration, prolonged illness, death). **Termination summaries also are required at the conclusion of an assessment only case to ensure the client is properly closed out. These summaries need to be completed by the therapist within 5 business days of the final session/correspondence.**

- A diagnosis (on the diagnosis tab of the Termination Summary note) is required on all Termination Summaries.

- Once completed, the Termination Summary is signed on line #1 by the therapist and sent to the practicum supervisor for review. If no changes are needed the supervisor will sign the note on line #2 and forward the note to the office manager. The office manager will sign the note on line #3 which will lock the note and clear it from task lists.

7.10g Treatment Plan

Treatment plans help guide the therapy process and increase the probability the therapist and client will both "go in the same direction" as the issues that brought the client to treatment are addressed. The plan forms a contract for the work that the client and therapist will do together. These plans can often be empowering for many clients. A treatment plan can be developed with or without the client but should be reviewed and agreed upon by the client. **A written treatment plan contained with the client file is required per TSBEP guidelines (465.17(b)(1)).** This can be included as part of the intake (e.g., using the Treatment Plan data form), or a separate document (using the Treatment Plan note type); wherever it is, it needs to be clearly indicated/label as the treatment plan.

- At a minimum, a treatment plan should include: (a) Identifying Problem, (b) Agreed Upon Long Term and Short Term Goals, (c) Interventions/Techniques to be Used, (d) Frequency, (e) Treatment Modality, (f) Outcomes, (g) Anticipated Timeframe/Completion Date for Goal(s), and (h) Who is Responsible for Treatment Services (see TSBEP guidelines (465.17(b)(1)) .

- Treatment plans should be completed no later than the third session after intake. Treatment plans can be updated when needed but should be reviewed by the therapist and supervisor at least once every six months.

7.10h Timeliness of Documentation

All clinical documentation should be completed in a timely fashion. Per the TSBEP (Rule 465.22(a)(4), this is defined as, "All records and record entries shall be created in as timely a manner as possible after the delivery of the specific services being recorded." Practicum supervisors may stipulate when certain client documentation is due. Students must comply with these stipulations. All general documentation should be routed for supervisor approval within 5 business days of the service provided, unless otherwise specified within this manual. See Section XX for a quick reference guide of Clinic-required timeframes for documentation.

7.10i Psychotherapy Notes

The federal *Health Insurance Portability and Accountability Act (*HIPAA) distinguishes between a patient's ***official medical record*** (i.e., the client's official file), which is more accessible to patients and managed care companies, and ***psychotherapy notes***, which HIPAA excludes from patient or managed care access. The ***official medical record*** is considered to include the more objective facts regarding work with the client, such as appointment times, modalities & frequencies of treatment furnished, results of clinical tests, and any summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. ***Psychotherapy notes*** are records documenting or analyzing the contents of private, family, joint, or group counseling session *that are separated from the rest of a client's medical record*.

- According to HIPAA guidelines, therapists are not required to keep psychotherapy notes. Thus, all information can be included in the client's official file. However, if they so choose, therapists can keep additional information (beyond the minimal amount of information that is listed above) in a separate psychotherapy notes folder or electronic file. Written material must be kept in the locked file cabinet in the Therapist's workroom. Electronic psychotherapy notes must be password protected and kept in the therapist's TechShare folder.

- Psychotherapy notes are less accessible to the client. Therefore, therapists are encouraged to restrict more speculative interpretations of work with clients to psychotherapy notes which are not included in the official client file.

7.10j Correspondence to the Client or Others Designated by Client

There are times when written correspondence must be sent to the client or others. In such instances, appropriate form letters are prepared. Once signed by the therapist and supervisor, the original letter is sent to the client or person designated by the client and a signed copy is retained in the file. This information should follow the HIPAA and the Privacy Rule regulations.

Psychology Clinic letterhead and Department of Psychological Sciences envelopes are available at the Clinic office. This stationary is available to Clinic staff members and therapists to write letters or other documents associated with Clinic business. When sending mail, make sure to use the "CONFIDENTIAL" stamp in the upper left-hand area of the envelope (by the return address). Therefore, if the envelope is returned, it can be given back to the Clinic and minimizes the risk of someone else opening the envelope and potentially breaching a client's confidentiality.

7.10k Email Correspondence

Currently, it is recommended therapists avoid contacting clients through email unless no other means of communication have worked. Much information passed along the Internet is not secure and therefore can breach confidentiality. Also, the HIPAA regulations set guidelines regarding the transmission of electronic data. Clients should be informed that information transmitted via email may not be secure and therefore may not be confidential.

- If any emails are sent from the therapist, they must include the following (including the highlighting): **Please be aware that e-mail communication can be intercepted in transmission or misdirected; consider communicating any sensitive information by telephone, fax, or mail. If you request Psychology Clinic communication to be sent to you unencrypted via your personal email, and you return communication to the Psychology Clinic via your personal email, you acknowledge that your personal health information (PHI) is being transmitted through an unsecure means of communication.**

SECTION VIII: PRACTICUM REGISTRATION AND PROCEDURES

- **All students who see clients in the Clinic (for either therapy or assessments) must be registered for a minimum of 1 credit hour of PSY 5002 (Advanced Practicum), 5311 (Introduction to Psychotherapeutic Intervention and Management), or 5314 (Beginning Child Practicum), and must have purchased the malpractice insurance for the semester/year in which the clinical work would be completed; at this time, first-year students are not eligible to conduct therapy or assessments.** Please refer to the specific program's handbook related to how many hours of practicum should be taken each semester; credit hours reflect the size of the student's Clinic caseload.

- Practicum students are required to report their practicum hours to their respective program director and/or practicum coordinator each semester.

- Practicum assignments for the next semester or summer session should be forwarded to the Clinic Director and Office Manager **by the last class day of each semester**. This will assist Clinic staff members in facilitating client assignments for the following semester.

8.1 Tracking Practicum Hours

Students are responsible to track their practicum hours for every site in which they receive training. Tracking these hours systematically will make completion of the AAPI form much easier when applying for internship. Students are encouraged to use one of the methods below to track their hours. Regardless of the method used, students are required to submit a copy of their practicum hours the complete for each site at the end of each semester to their program's practicum coordinator.

8.1a Time2Track

Time to Track is an online program that allows you to track all aspects of clinical hours at the

Masters, Doctoral and Internship training levels. Many institutions actually require their students to use Time2Track; however, this is not a requirement for the Clinic. Time2Track can be accessed at http://www.time2track.com. A particular advantage of Time2Track is the program's ability to generate information on clinical hours and activities accrued by therapists in one simple step. It is advised that Time2Track be completed each week and kept up-to-date to ensure that credit for practicum activities completed in any one semester is accurate. Note: The Clinical program requires their students to use Time2Track, the Counseling program strongly recommends the use of Time2Track.

8.1b Excel Worksheet

Students may opt to use an Excel spreadsheet that has been prepared specifically to track training hours. The file can be obtained from each program's practicum coordinator (example on TechShare).

SECTION IX: SUPERVISOR RESPONSIBILTIES

The format of supervision may vary across supervisors. Regardless of these differences, the purpose of supervision is to maintain close contact between program faculty and students in a clinical context, to encourage the adoption of a scientist-practitioner model in clinical practice, and to facilitate the development of clinical skills. The direct supervisor will monitor supervisee's activities at a developmentally appropriate level. This includes but is not limited to ensuring that each supervisee is informing clients of their supervisory status and providing supervisor contact information, their paperwork is done completely and in a timely manner, that they are addressing high risk areas with clients (e.g., suicidal/homicidal thoughts, psychosis, sexual assault, etc.), proper maintenance of electronic files, and that they maintain a professional demeanor while working in the Clinic. Feedback should be given to supervisees on a regular basis regarding these areas both formally and informally.

- Faculty supervisors will guide their trainees' preparation of treatment plans, goals for therapy and preferred format for progress notes. Faculty supervisors will review, approve, and co-sign all progress notes, assessment reports, letters and other relevant documents prepared by student therapists on behalf of their clients.

- The criteria by which trainees will be evaluated are provided to trainees at the beginning of the practicum experience.

- Times for individual and group supervision are set at the discretion of the supervisor. Supervision times can occur on any day at any time so long as they do not conflict with students' course schedules and occur during hours the Clinic is staffed (if the supervision meeting occur within the Clinic). Supervisors can schedule supervision times directly through Titanium or request those times be entered into the schedule by Clinic staff.

- Currently, there is no mandated requirement by APA or the Commission on Accreditation concerning the format of practicum supervision. Supervisors may choose to conduct supervision of practicum students individually, in group, or in some combination of both. Note: TSBEP Board rule 465.2(a)(7)(C) indicates that at least 50% of supervision needs to occur face-

to-face.

9.1 Evaluation

When the student has completed a semester of practicum experience (as with each subsequent semester), the supervisor will determine the student's progress and will meet with the student to review and discuss the evaluation, sign the evaluation form, and return the form to the practicum coordinator for their program. The purpose and intent of the evaluation process is to specify for the student and supervisor the development and acquisition of specific skill sets achieved over the course of training. The evaluation process is designed to give the student frequent and specific feedback regarding their clinical development and allow for focused remediation or attention to problem areas should any arise.

- Supervisors ensure that the Clinic's policies are followed, and that case assignment, type of treatment, and the amount and type of supervision trainees receive, are appropriate for that student's developmental level of competence.

- Clinic staff also will provide feedback at the end of each semester to the clinical training directors of each program related to the student's professionalism and compliance with Clinic procedures and policies.

9.1a Supervisor Evaluation of Practicum Students

Trainee evaluations are integrated and reviewed by the supervising faculty and director of training to assure that acquired practicum experiences and performance are in concert with their academic objectives and are part of the ongoing review of progress toward the degree.

Practicum supervisors evaluate each trainee at the end of each semester using the appropriate program competency evaluation form (available on TechShare or the department webpage). These forms provide feedback about student progress and may also provide information to be included in students' annual evaluations.

9.1b Student Evaluation of Practicum Sites and Site Supervisors

Supervisor performance is evaluated on a regular basis and includes feedback from trainees. If required by a student's program, students will complete a practicum evaluation form to provide information concerning their experiences and appropriateness of supervision at a site. Forms are completed for training at the Clinic and for external practicum sites; these forms will be provided by the respective program practicum coordinators. This information is used to monitor the type and quality of practicum training experiences and to aid in the future placement of students.

SECTION X: ASSESSMENTS AND OTHER RESOURCES

The Psychology Clinic provides assessments and evaluations for specific purposes that may or may not co-occur with on-going therapy. Assessments are provided children, adolescents, and adults. Some common reasons why an individual would be assessed at the Clinic include: evaluation of learning disabilities; evaluation of problems related to the ability to sustain attention and concentration; educational and career planning, evaluation of emotional difficulties, and for

education and research. Summaries of evaluations that are used for educational or research purposes must be appropriately de-identified of personal information. All test data and reports must remain confidential.

10.1 Types of Assessments

The types of assessments performed at the Clinic include but are not limited to those that assess attention-deficit/hyperactivity disorder; learning disabilities, depression and anxiety; neurocognitive disorders; psychosis and thought disorders; and personality disorders. The nature and scope of all psychological assessments will be determined by the therapist in consultation with their primary supervisor and are designed to answer one or more specific referral questions. Also, keep in mind that psychological assessments may require two to three visits by the client so be sure to discuss this possibility at the onset of testing.

- Evaluation reports (e.g., LD/ADHD, psychological battery) will not be released to the client until all fees for the assessment are paid in full.

- **In order to release a report to any third party a *Release of Information Form*** (available on TechShare) **must be signed and placed in the client's electronic file**.

10.2 Appropriateness of Testing

Testing is not performed for reasons such as evaluating a child's IQ in order for a parent to defend their child's placement in a gifted program at school. Any question about the appropriateness of a request for an evaluation should be discussed with the practicum supervisor or Clinic Director.

10.3 Qualifications to Perform Evaluations Using Psychological Tests

In most cases trainees will have to complete certain coursework before being able to conduct evaluations independently with supervision. These courses typically include Objective Testing, IQ, Neuropsychology and in some cases, Vocational Psychology. The coursework required is up to the discretion of the faculty supervisor of the evaluation.

10.4 Informed Consent for Assessments

Standard 9.03 of the APA Ethics Code states that "Psychologists obtain informed consent for assessments, evaluations or diagnostic services… except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers." In addition, clients (or their legal representative) must be informed of the nature and purpose of the assessment in language that they can clearly understand.

10.5 Release of Test Data and Maintenance of Test Security

Standard 9.04 of the APA Ethics Code states that "Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law." In addition, therapists must "make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to [the] Ethics Code" (APA Standard 9.11).

10.6 Obtaining Assessment Materials

All assessments can be requested in an Excel file named "Assessment Checkout Spreadsheet" in the Assessment and Library Request folder in TechShare. Using the tabs at the bottom of the file and the dropdown menus, therapists can find the list of assessments needed. A complete and up-to-date list of all assessments can be found in a Word document in this folder as well.

Assessments must be requested before 8:00 a.m. on the day they are needed. Therapists may pick up the assessment in the Clinic office on the day it is to be used. Assessment kits may be kept for 24 hours, after which time they must be returned to the Clinic office.

- **It is the responsibility of the individual checking out any test materials (e.g., kit, carrying case) to ensure that the item(s) is returned in good and complete condition. The person to whom materials are last released will be responsible to replace any missing, lost, or damaged items.**

10.7 Standard Assessment Protocol (SAP)

NOTE: Administration of the SAP is on hold indefinitely.

The SAP was developed by the clinical and counseling faculty at TTU to encourage empirically-based assessment and treatment planning by practicum therapists, and to provide additional training for students in assessment scoring, interpretation, and report-writing, and generate data for research. The SAP can be completed electronically in Cubicle C, D, and E. Therapists will escort their client to the cubicle. Once completed, the co-director on duty will score the SAP and provide the therapist with the results prior to beginning the initial intake session. The SAP includes the following measures:

- Depression Anxiety and Stress Scales
  - Symptoms of depression, anxiety, and stress
- Questionnaire for Eating Disorder Diagnoses
  - DSM-IV eating disorder primary and NOS diagnoses
- Personality Diagnostic Questionnaire - 4
  - DSM-IV personality disorders, proposed diagnoses, and validity scales
- Scales of Psychological Well-Being
  - Psychological, emotional, and social well-being
- Satisfaction with Life Scale

    - Assessment of one's life situation in terms of one's own personal standards
- Positive Affect scale of the Positive and Negative Affect Scales
    - Extent to which a person feels enthusiastic, active, and alert
- Simple Screening Instrument for Substance Abuse
    - Signs & symptoms of substance abuse
- Depressive Symptom Index – Suicidality Subscale
    - Brief screening tool for suicidal ideation

10.8 Course-related Assessments

Use of assessments for research or other courses is only allowed when the materials involved are not required for practica. If assessments are required for other courses, at least one set or testing kit must remain in the Clinic for practicum use. Materials may be checked out for the semester by the instructor, TA, or instructor-designated class member who must inform office staff that materials are to be used for course instruction.

- **A special fee to supplement course fees may be charged to students for the purchase of materials used in an assessment course.**

- **It is the responsibility of the individual checking out any test material (e.g., kit, carrying case), book, videotape, or manual to ensure the item(s) is returned in good and complete condition. Responsibility for replacing missing, lost, or damaged items belongs to the individual last checking out the item.**

10.9 Assessments for External Practicum Sites

Assessment materials can be requested in advance for use in approved external practicum settings using the "Assessment Checkout Spreadsheet" in the Assessment and Library Request folder in TechShare. **Be sure to denote which external site the assessment is for in your request.**

10.10 Vocational Assessments

Note: The Clinic no longer carries many vocational assessments due to limited use. Please consult with your supervisor prior to committing to such an assessment to ensure the Clinic has the resources needed.

Vocational assessments can be requested by individuals in the community who are not current Clinic clients. In such cases, Clinic staff will explain to the caller that vocational testing may be most helpful if accompanied by vocational counseling. If vocational testing only is appropriate, the minimum number of visits would include separate visits for the screening, the clinical interview, time to complete measures, and 1-2 sessions (or one extended session) for explanation and exploration of the results. Payment to the student and supervisor are likely for these assessments, the amount of which will depend on how extensive the evaluation is and what measures are selected. The charge for vocational testing which includes materials, scoring, interpretation, report writing and follow-up with the client will be determined on a case-by-case basis.

Vocational assessments may also be requested by current clients or suggested to clients by therapists if deemed relevant to client issues. Therapists who have successfully completed the Vocational Psychology course are eligible to administer vocational assessments.

10.11 Learning Disability (LD) /Attention-Deficit/Hyperactivity Disorder (ADHD) Assessments

LD/ADHD assessments are performed for community clients and clients currently seen at the Clinic. Students who have completed the Objective Assessment course, Neuropsychology course, and I.Q. course are qualified to perform these assessments (exceptions may be granted with supervisor approval). The charge for LD/ADHD testing which includes materials, scoring, interpretation, report writing and follow-up with the client is $700.00.

10.12 Psychological Evaluations

Psychological evaluations can be requested by individuals in the community who are not current Clinic clients. Payment is likely for both the supervisors and student, the amount of which will depend on how extensive the evaluation is and what measures are selected. These evaluations will include a clinical interview, time for the client to complete tests, and 1-2 sessions (or one extended session) for explanation and exploration of the results. The charge for psychological testing which includes materials, scoring, interpretation, report writing and follow-up with the client will be determined on a case-by-case basis and starts at $400.00 (max. of $700.00).

Psychological evaluations may also be requested by current clients or suggested to clients by therapists if deemed relevant to client issues. Therapists who have successfully completed the IQ and Objective Assessment courses are eligible to conduct these evaluations. There is a $25 fee for each assessment, if the assessment occurs after the initial treatment plan is established. There is no fee if this testing is required to establish initial diagnoses and treatment plan.

10.13 Research Assessments

Clinic resources are NOT available to purchase materials for research purposes. Faculty or students who conduct research in the Clinic that requires the use of assessments must provide funding for the purchase of those assessments. Discounts through the Clinic related to the purchase of research materials are no longer an option, however, most test publishers have options for students to purchase such materials at a discounted rate (students should contact the test publisher for details).

10.14 Computer Administration and Scoring of Assessments

Some assessments (such as the MMPI-3 or PAI) can be administered and scored using the computer located in Cubicle E. Co-directors can assist therapists in learning how to use the computer programs prior to use with clients. If there are problems with the program or equipment, please inform the Clinic office. Instructions for accessing the programs also can be found in the binder in Cube E.

10.15 Assessment Reports

Since assessment reports are often written for other professionals and an abundance of information may be summarized in an assessment report, it is not unusual for clients to have questions or not understand what the assessment data fully means. Therefore, it is required that clients obtain feedback about their assessment results prior to the assessment report being released. This feedback should be done in person. If absolutely necessary, although not ideal nor recommended, the feedback can be done via telehealth or over the phone with supervisor approval. The final signed copy of the report (as an attachment) and documentation of the feedback session should be in Titanium in an "Assessments Note" so if the client contacts the Clinic in the future for an additional copy of the report, it is seen that feedback session has been completed and is not needed again.

- Note: **All raw test data needs to be uploaded into Titanium**, as all raw test data needs to be retained as with any other client-related documentation. Once the raw test data is uploaded and saved to the client's Titanium file, the originals/hardcopies can be destroyed.

10.16 Resource Library

All resources available for use are listed in up-to-date Word documents in a folder named "Assessment and Library Requests" in TechShare. Open the appropriate Excel file to request the resource(s) needed. Resource requests must be received by the Clinic office before 8:00 a.m. on the day they are needed. You may pick up the requested material in the Clinic office on the day it is to be used. Testing kits are due back the next business day, and books may be kept for one week, after which time they must be returned to the Clinic office.

- **It is the responsibility of the individual checking out any resources to ensure that the item(s) is returned in good and complete condition. The person to whom materials are last released will be responsible to replace any missing, lost, or damaged items.**

SECTION XI: LEGAL ISSUES AND CRISES

A number of legal and ethical issues may arise over the course of service delivery to clients in the Clinic. Moreover, often a conflict occurs between what is ethical and what is legal. These situations are difficult and require consultation with faculty, consultation with the Clinic Director, and knowledge of the APA Code of Ethics, the Rules & Regulations of the Texas State Board of Examiners of Psychologists (https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/) and relevant sections of the Texas Family Code, the Health and Safety Code and the Occupations Code (https://statutes.capitol.texas.gov/). Many relevant sections from the various Codes are provided on TechShare ("Texas Board Rules and TX Statutes" folder). **Supervisors, therapists, and office staff are expected to be familiar with the federal and Texas laws and procedures governing mental health practice.**

11.1 Responding to a Subpoena **(Adapted from "Responding to Subpoenas" by Floyd L. Jennings, J.D., Ph.D.)**

Subpoenas are devices used to get material before a court in an effort to resolve disputes. Important principles to remember include:

- A subpoena is NOT a court order thought the language it contains suggests that it is (e.g., You are hereby ordered, required, demanded to appear…)

- A subpoena is issued under authority of a court to compel the appearance of a witness at a judicial proceeding, or the disclosure of information in the witness's possession to the court.

- Always respond to a subpoena. This may include contacting counsel to submit a motion to quash the subpoena.
  - Disobeying a subpoena could subject you to a contempt citation, and sanctions ordered by a court (which might be financial).
  - However, releasing information – even in response to a subpoena, **without the consent of the person or in the absence of a court order may subject you to penalties or a lawsuit.**
  - **Give the information only with the client's consent or a court order.**
  - Inform the court if you believe the information may be privileged. Privilege may be invoked by the client and by the therapist on behalf of the client.

- Consult with TTU General Counsel as needed (https://www.texastech.edu/ogc/).

11.2 Reporting Child Abuse and Neglect

Therapists have a duty to report child abuse and neglect. According to Texas state law, *child abuse* "refers to any mental or emotional injury to a child which results in observable impairment in the child's growth, development, or psychological functioning." In addition, abuse includes causing or permitting a child to be in an injurious situation, physical injury that results in substantial harm, current use by a person of a controlled substance that results in harm to a child, permitting or encouraging a child to use a controlled substance, sexual abuse, child trafficking, and failure to make efforts to prevent these abuses.

Neglect includes leaving a child in a situation where the child would be exposed to risk of physical or mental harm, placing a child or failing to remove a child from a harmful situation, failing to seek medical care for a child causing risk of death, disfigurement or bodily injury, and failure to provide a child with food, clothing, or shelter.

A therapist also must make a report if they have cause to believe that an adult was a victim of abuse or neglect as a child and the therapist determines in good faith that disclosure of the information is necessary to protect the health or safety of another child or an elderly or disabled person.

More information can be found at https://www.dfps.state.tx.us/contact_us/report_abuse.asp. If you are still not sure if you need to make a report or not after consulting with your supervisor, you can contact the Department of Family and Protective Services (DFPS) 24-hour abuse hotline at 1-800-252-5400 to consult; they will then advise if you need to make a report or not.

11.2a Reporting Requirements and Procedures

When abuse or neglect is suspected (with good cause), a report must be made to the authorities **as soon as possible, and no more than 48 hours later per the Texas Family Code**. The report must be made directly by the therapist of Clinic staff member who suspects abuse or neglect. In such cases client information is not considered privileged or confidential. Always consult with your supervisor prior to making a report.

Who to call:

- If a parent, other family member, teacher, babysitter, or other care giver is the suspected abuser, call the Department of Family and Protective Services (DFPS) 24-hour abuse hotline at 1-800-252-5400.
- If a neighbor, stranger, or other non-family member who does not live with the child is the suspected abuser, in additional to calling DFPS, you also can call the local law enforcement agency.
    - The law allows you to report a case directly to the responsible agency (e.g., CPS), and if you make the report to DFPS, it will be referred to the appropriate state agency. If you prefer, you may report to a law enforcement agency.
- If the child is in believed to be in an emergency or life-threatening situation, law enforcement or 911 should be called immediately.

Information that must be reported includes:

- The name and address of the child
- The name and address of the person responsible for the care, custody, or welfare of the child
- Any other pertinent information concerning the alleged or suspected abuse or neglect

If a report needs to be made, it needs to be included within a note in Titanium. Be sure to include the provided case/reference number you're provided when you call/file the online report. The format (online or phone call) of the report to DFPS is up to the discretion of the supervisor.

11.2b Immunity from Liability

According to the Section 261.106 of the Texas Family Code, "A person acting in good faith who reports or assists in the investigation of a report…is immune from civil or criminal liability that might otherwise be incurred or imposed."

11.3 Reporting Adult with Disabilities or Elder Abuse

Therapists have a duty to report adult with disabilities or elder (those aged 65+) or abuse and neglect. According to Texas state law, abuse refers to the negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly or disabled person by the person's caretaker, family member, or others, or sexual abuse of an elderly or disabled person, including any involuntary or nonconsensual sexual committed by the person's caretaker, family member, or other

individual who has an ongoing relationship with the person.

"Exploitation" means the illegal or improper act or process of a caretaker, family member, or other individual that involves using, or attempting to use, the resources of the elderly or disabled person, including the person's social security number or other identifying information, for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person.

"Neglect" means the failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain, or the failure of a caretaker to provide such goods or services.

More information can be found at https://www.dfps.state.tx.us/contact_us/report_abuse.asp. If you are not sure if you need to make a report or not after consulting with your supervisor, you can contact the Department of Family and Protective Services (DFPS) 24-hour abuse hotline at 1-800-252-5400 to consult; they will then advise if you need to make a report or not.

11.3a Procedure for Reporting Adult with Disabilities or Elder Abuse

In cases of suspected abuse, exploitation or neglect of an adult with disabilities or an elderly person, the therapist shall make a report **as soon as possible, and no more than 48 hours later per the Texas Family Code**, to the Department of Family and Protective Services via the 24-hour abuse hotline at 1-800-252-5400 or their online reporting system. Always consult with your supervisor prior to making a report. The format (online or phone call) of the report to DFPS is up to the discretion of the supervisor.

The report should include:

- The name, age, and address of the elderly or disabled person
- The name and address of any person responsible for the elderly or disabled person's care
- The nature and extent of the elderly or disabled person's condition
- The basis of the reporter's knowledge
- Any other relevant information

If a report needs to be made, it needs to be included within a note in Titanium. Be sure to include the provided case/reference number you're provided when you call/file the online report.

11.4 Dealing with High Risk Clients: Crisis Management

Dealing with high risk clients can be quite anxiety provoking for the therapist, and knowledge of procedures designed to assist clients in emergency situations can help to reduce such anxiety. Most therapeutic interventions can continue through such challenging periods, with the client benefiting a great deal from the therapist's support and guidance through the process. Supervisors (or, if necessary, the Clinic Director and/or other clinical faculty) will guide therapists in formulating and carrying out a clinical plan and interventions through periods involving risks. Thus, it is recommended that therapists be familiar with telephone listings of ancillary resources.

11.4a Viewing a Session in "Real Time"

Should there be a need to monitor a session in "real time" this can be done through Skype for Business. All computers in the therapy rooms are equipped with Skype for Business. A supervisor can setup any Skype for Business-enabled device such as a laptop computer, tablet computer, or smartphone in the therapy room to provide the live transmission of video and audio from the session to be monitored. The PC or resident computer in the therapy room will be the device that is making a video recording of the therapy session; thus, this computer cannot be used to transmit (Skype) the session and another device must be used.

A supervisor can observe the session "in real time" using a different Skype for Business-enabled device in another location in the Clinic (e.g., room 166). Both the therapist and the supervisor will sign-in to their Skype for Business TTU accounts on their respective Skype for Business-enabled devices. For instance, the therapist must sign-in to Skype for Business using a laptop computer in the therapy room in order to transmit the session. The supervisor can sign-in to Skype for Business using the computer in another room (e.g., 166) in the Psychology Clinic to receive and view the session.

- The connection between the computers will need to be established and tested several minutes before the scheduled client appointment time.
- Initiate the Skype for Business video phone call from the room where the session is being held (on a laptop, smartphone, etc.). Accept the video phone call in the "observing" room.
- Mute and turn off video from the Skype for Business account in the room receiving the transmission.

11.4b Guidelines for Dealing with a Crisis

- Discontinue all other scheduled activities (i.e., assessments, interventions, classes, etc.) until the crisis has been resolved.
- Assess the situation by listening to the client, asking questions, and determining what the client needs to effectively cope with the crisis.
- Present yourself in a caring and calm manner. Offer non-judgmental support as well as unconditional acceptance and reassurance.
- Invite the person to talk. Try to avoid too many probing questions. If the person does not volunteer to talk, you might say, "What happened?" or "Do you want to talk now?" Avoid statements like, "You just need to calm down."
- Help the client understand that their reactions are normal, but temporary. The situation often seems both dire and endless to the person experiencing the crisis. Thus, the goal is to help the client see that they will eventually return to normal functioning.
- Get help from your supervisor, other faculty, other students and/or the Clinic Director. You do not have to rely solely on yourself.
- Develop and action plan with the client. Ask the person what they could do to help reduce their distress? Offer clear, simple, and effective options for dealing with the crisis.
- Follow-up with the client to see how they are doing and to check whether certain plans (e.g., calling a friend) were executed.

11.4c Emergency Situations

An emergency situation is one in which the client presents behaviors, thoughts, or feelings that

are beyond the intervention capabilities or experiences of the therapist or purview of the Clinic. In such situations clients may exhibit bizarre behaviors, delusional thoughts, hallucinations, suicidal ideation and plans, threats of harm or actual harmful acts to self and/or others, drug or alcohol intoxication, extreme anxiety about real or imagined threats, or extreme emotionality from which the client does not recover. If you anticipate that a client might be in danger of a crisis, inform your practicum supervisor and the Clinic office staff before proceeding with the session. Remain with the client(s) until the emergency has been resolved or until the client(s) has been transferred to an appropriate service delivery agent or agency.

Steps to follow in these circumstances include:

- In cases in which a therapist anticipates a client is at more imminent risk, they should arrange for another student, a faculty member, or Clinic staff person to monitor the session prior to meeting with the client.

- The practicum supervisor should evaluate the situation to determine if the student can facilitate what needs to be done, and if so, should supervise the process very closely. If the student is unprepared to handle the situation, the supervisor should intervene and take full responsibility for the emergency. When the supervisor is not available, it is the responsibility of the Clinic Director or another faculty member to manage the crisis.

- Immediately notify your practicum supervisor, Clinic Director, or another faculty member. If you must leave the session temporarily to find help, do not abandon the client if they are in danger of imminent harm. Ask a colleague to help.

- "***Dr. Black***," is the signal used to call the TTU Police for immediate assistance. It is better to err on the side of being cautious in order to provide safety and protection to the client, to yourself, and to other Clinic personnel. No therapist is expected to put themselves in danger while working in the Clinic.

- If an unanticipated situation arises in which a therapist is concerned for their safety, or has reasonable cause to believe a client is about to harm themself, the therapist should either:
  - Mention during the session being monitored that they may need to consult with "**Dr. Black**" or,
  - Make an excuse to leave the room (e.g., to get a resource, consult with someone), keep the door ajar and inform Clinic staff of the need to contact "**Dr. Black**."

- Under no circumstances should physical actions be employed to restrain or challenge a violent client. Always step aside and/or literally escape from a physically combative client. Faculty, staff, and students have the right to physically extricate themselves from a combative client, but should not restrain a client or behave in an aggressive manner toward the client except under very unusual and extreme circumstances (i.e., a clear physical danger to self or others).

- The Clinic is equipped with an emergency panic/help system in certain rooms. Four rooms (157, 158, 164, and 165) are outfitted with panic buttons, located directly behind one of the armchairs, which go directly to the TTU police. These buttons can be pressed discretely and silently during session. A silent emergency light will also turn on in the Clinic office to alert staff that there is an emergency situation that requires TTU police.

11.4d Voluntary Hospitalization or Referral to Another Agency

If hospitalization is deemed necessary and the client agrees to voluntary admission, the therapist should assist with transportation arrangements (i.e., helping the client call a friend/family member for a ride). You are never to transport or escort a client yourself. Similarly, do not pursue a client who has left the Clinic contrary to your advice.

When a crisis situation occurs with a client and they are willing to seek or be referred to other services, therapists must immediately initiate the following steps:

- Determine the nature of the current crisis and institute suicide prevention plans, if appropriate (see Section 11.4f).
- Contact your supervisor immediately. If your supervisor cannot be reached, contact other faculty in the therapist's program, the Clinic Director, or any available clinical or counseling faculty (in this order).
- Determine if the referral agency (e.g., StarCare, UMC, TTU police) is appropriate to the client's needs.
    - StarCare/MHMR and Sunrise Canyon Hospital (walk-ins 24/7 at 1950 Aspen Ave.; crisis line: 806-740-1414) (adults only)
    - If is a TTU student, TTU Crisis Line: 806-742-5555
    - There are no Lubbock facilities for children, the closest are:
        - River Crest Hospital (San Angelo, TX; 800-777-5722)
        - Northwest Texas Healthcare System – Behavioral Health (formerly The Pavilion, Amarillo, TX; 800-537-2585).
    - Walk-in crisis available 24/7 at any emergency room for adults or children
- Discuss the referral with the client and why you suggest the referral.
- Initiate contact with the agency if the client is unable to do so. Identify yourself, the Clinic, and your relationship to the client; state what the client needs; identify the client's name, age, sex, nature of crisis, and brief clinical history (with the client's permission).
- Make sure the client makes contact with the referral agency.
- Obtain written consent to release information whenever possible. If not possible, document that you received assent from the client.
- Transportation to the hospital should be arranged with the client's friend or family member. If the client has no one to call, TTU Police can be contacted to arrange a ride via EMS (clients will be charged by EMS for this service).
    - Note: If the client says they will seek hospitalization on a voluntary basis but then refuse to do so, you can call TTU Police to assist with a possible involuntary detention.
- If the client leaves the Clinic without resolving the crisis, Lubbock Police can be contacted to conduct a welfare check (and if they live on campus, TTU Police can do this).

- After the crisis is resolved, documentation related to the crisis should be entered in Titanium **as soon as possible** (and no later than 24 hours following the end of the crisis).

After the crisis: Follow up on the client's progress with the referral agency in accordance with what is deemed appropriate by the therapist and their supervisor to best meet the needs of the client.

11.4e Involuntary Detention

If a client will not voluntarily agree to hospitalization in the case of suicidality, extreme risk of self-harm, imminent danger to others, or is so seriously mentally ill that they are substantially unable to care for themselves, the therapist should initiate involuntary hospitalization procedures.

Locally, one in-patient unit available for adults: StarCare/MHMR Sunrise Canyon Hospital (806-740-1414). There are no Lubbock facilities for children, the closest are River Crest Hospital (San Angelo, TX; 800-777-5722) or Northwest Texas Healthcare System – Behavioral Health (formerly The Pavilion, Amarillo, TX; 800-537-2585).

Should a client require hospitalization via involuntary detention, the following steps should be taken:

- Unless to do so would provoke violent or aggressive behavior, let the client know the steps you will take to ensure their safety. Inform the person of what they can expect will happen next. In some instances, waiting for the police to arrive before doing so may be advisable.
- Contact TTU Police (806-742-3931) who will arrive to determine if the client is an imminent harm to self or others. If it is determined the person meets criteria for an emergency/involuntary detention, they will then contact the StarCare/MHMR crisis team to facilitate admission to Sunrise Canyon Hospital or other appropriate facility.

After the crisis is resolved, documentation related to the crisis should be entered in Titanium as soon as possible and no later that 24 hours following the interaction.

11.4f Responding to Suicidal Risk

Suicides have been very rare among clients at the Clinic over the years. This is attributed to the quality of care the Clinic offers and to the vigilance and good judgment of our staff concerning suicide risk. The key to reducing the risk of suicide is being alert to indicators of suicidal risk and, to know how to conduct a thorough assessment, execute a suicide prevention plan, and to discern when hospitalization is necessary. Treatment of suicidal clients should include ongoing assessment. Consultation with supervisors (and the Clinic Director, if needed) should occur whenever suicide risk becomes a concern.

How a therapist relates to a suicidal client may prove just as crucial as the specific interventions that are established. Always take a suicidal message or threat seriously. Even if the odds seem low or it seems like a superficial gesture, the desperation implicit in this type of behavior must be respected.

Do not mince words, but speak openly and directly (e.g., “Are you talking about killing yourself?”) -- This is one way of acknowledging the gravity of the message. Try to determine the message or effect the client is attempting to convey. The interventions attempted may well be dictated by what you construe the message to be. Try to promote the client’s perception of your genuine concern. Sometimes the most credible evidence of this is your commitment of precious time to the client.

Avoid taking responsibility for the life of the client. Hospitalization would probably be warranted if the client personally seems unwilling or unable to assume that responsibility. Your empathic expressions will best advance therapeutic movement by conveying a genuine concern and/or discomfort, as well as responsible and realistic limits. Try to make future opportunities more immediate and salient than the stated temporal and seemingly untenable situation the client reports.

Five frequently mentioned guidelines for managing the suicidal client include (1) stay calm, be prepared to take immediate action, and protect yourself; (2) communicate empathy and that you really do care; (3) get expert consultation; (4) remember that the legal Standard of Care is typically defined as care that is “average, reasonable, and prudent” and (5) a breach in confidentiality may be warranted in cases where the client presents a clear and immediate danger to themself.

In cases where clients are expressing suicidal thoughts the therapist’s initial task is to determine the lethality of the suicidal ideation and plans for suicide. **In assessing the lethality or imminence of suicide threats, it is both prudent and practical to consult with your supervisor or another member of the Clinical or Counseling faculty before taking further action.** There are legal implications when you do not consult an appropriate faculty member in deciding on the course of action to take. Thus, the prime imperative is to keep your supervisor informed when such emergencies occur. To accomplish this, you will need to have available to you at all times the phone numbers where your supervisor and alternate faculty can be reached during evening and weekend hours. Do not hesitate to call, because ultimately your faculty supervisor holds legal responsibility for the handling of your cases.

Should you fail to reach a clinical/counseling faculty member or Clinic director, any of the Clinic staff can be contacted to offer some assistance and continue the effort to locate the needed supervisory assistance.

It is the therapist‘s responsibility to thoroughly investigate all aspects of the following indicators. Keep in mind that a caring person who inquires as to whether they are suicidal does not drive people to suicide.

Important questions to ask a potential suicidal person and to consider:

- Have your problems been getting you down so much lately that you‘ve been thinking about suicide?
- Do you have a specific method of suicide under consideration?
    - The more time that method allows for intervention, the less immediate the threat

(e.g., guns are likely to lead to immediate lethality more so than drug overdoses).
    - In addition, the client should be asked to surrender any weapons to a friend or family member, or to the police (Lubbock Police will accept such weapons).
    - They also should be asked to flush any pills and do so in front of a witness.
- Have you attempted suicide before? If so, how long ago was it?
    - The more recent it was, the greater the risk.
- How lethal was the method? Does the person believe the method was lethal? Did the person attempt in a place where they would likely be discovered?
- Is your suicide plan definite with arrangements and means in place? (assessing lethality)
- Is the client a substance abuser?
    - Substance abusers tend to be impulsive and their cognitive and inhibitory abilities may be compromised by their drug use.
- Is the client psychotic and not thinking clearly?
- Does the client have any serious medical conditions that may lead them to think that death is the only way out of suffering?
- How long has suicidal ideation persisted?
    - The longer the duration of ideation, the more serious the threat.
- Has there been a sudden change from severe depression to a euphoric state that might indicate that a decision has been made?
- Has anyone in your family ever attempted or completed suicide?
- Does the person really want to be dead, or just stop the emotional pain they are feeling?
- What has been keeping you alive so far?
- What do you think the future holds in store for you?
- Do you have anyone to turn to for support?

In emergent situations where it is believed the client is not safe from self or other harm even after some effort at intervention was made during their visit, hospitalization may be warranted.

- See Section 11.4d for voluntary hospitalization procedures
- See Section 11.4e for involuntary hospitalization procedures

In non-emergent situations, there are several effective interventions that should be put in place before the client leaves the Clinic. Any such interventions should be implemented with supervisor guidance.

- Some supervisors will require the therapist to obtain a written commitment (contract) from the client to contact you before acting on any suicidal impulse. The form is available on TechShare.
- Set up extra appointments during the crisis. Contacting the client the next day and continuing to contact 2-3 times per week for the next month is advised.
- Help the client generate a “reasons to live” list. Give the client a copy of the list.
- Complete a *Crisis Response Plan* client that includes specific steps for the client to follow to de-activate suicidal thinking and urges as well as a *Commitment to Treatment Form* with the client. These forms are available on TechShare (“Therapist Resources” folder).
- Work with the client to develop a short list of family, significant others, and friends and their phone numbers that they can keep in their wallet or purse in the event of a crisis.

Clients should not be supplied with the home phone numbers of the therapist.

- Inform clients about how they can make rapid contact with another agency for assistance (as the Clinic is not open 24/7 and we do not have an answering service). High-risk clients should be instructed to call 911 if they feel they are in danger of harming themselves. For those high-risk clients who are TTU students, they can contact the 24-hr Texas Tech Crisis HelpLine at 806-742-5555.

Additional Crisis Hotlines

- **The National Suicide Prevention Lifeline** (1-800-273-TALK), available 24/7
- **National Text Line** (Text 741741), available 24/7.
- **StarCar/MHMR:** 806-740-1414 (24-hour crisis line).
- The client also can go to any emergency room for assistance.

Common Failures in Suicide Assessment

- Failure to document
- Failure to evaluate for suicide risk at intake and subsequently throughout treatment when risk indicators are present
- Inadequate history-taking or failure to secure previous records
- Failure to evaluate the adequacy of current interventions
- Failure to clearly specify treatment plans including criteria for hospitalization
- Failure to safeguard the outpatient environment

11.4g Dealing with Dangerous or Aggressive Behavior

Clients who are referred to the Clinic are screened for past and present indicators of violent or aggressive behavior. Nonetheless, it is possible for a client to become aggressive or violent under certain conditions (e.g., psychosis). A number of steps should be taken should this occur:

- Above all, safety first! Protect yourself and others. Remove yourself physically from the situation and seek assistance.
- Pay attention to your gut.
- Enlist the help of supervisors and peers if possible.
- Maintain a calm but firm tone of voice and body language. Make only calm, deliberate motions.
- Resist provocation to anger (but be aware of your own emotions). Reacting with anger will only escalate the situation.
- Set limits on dangerous behavior in a non-threatening manner.
- Attempt to de-escalate the situation by trying to "talk the person down." As an agitated client's ability to reason abstractly disintegrates, they will respond more to isolated stimuli and less to context of the situation.
- Don't argue with delusions!
- Time is your ally in most circumstances.
- Assaultive patients are looking for controls and reassurances that they will receive help and will not have to feel ashamed or embarrassed about what happened later.
- Never challenge the client's self-esteem. Support the client's ability to remain calm, cooperative and in control.
- Interventions which decrease the perceived threat and diminish feelings of impotence

have the greatest chance for success.

- Never try to set limits on feeling, only on actions. You have to help the client differentiate between feelings and actions.
- Avoid win-lose, right-wrong situation. Calmly repeat limits and present reality. Be firm but understanding. Do not shout, argue, or become emotionally involved.
- Do not corner the individual physically or psychologically. Withdraw from power struggles. Use logical and natural consequences, rather than reward and punishment. Offer choices.
- Provide truthful reassurance and do not make promises you can't keep.

11.4h Procedure for Managing a Client Who May Have Used Substances Prior to a Session

If you suspect that your client has been using substances prior to their session, you should ask the client how they got to the Clinic, how much they used or drank today, and what did they use or drink today.

It is inappropriate to conduct therapy or a psychological assessment with a client who is under the influence of alcohol or drugs. Should this be established, you must inform your client that you cannot have/continue a session, and that you will meet at another time when they are sober. In the interest of safety, the therapist should encourage the client to secure a safe mode of transportation home. The client will be welcome to wait in the Clinic lobby until their transportation arrives. Please note, it is not the therapist's responsibility to make sure the client follows this advice and the client is free to leave the Clinic in the manner they choose; such an incident is NOT a reason to break client confidentiality (e.g., reporting to police the client left the Clinic potentially intoxicated would NOT be an appropriate reason to break confidentiality).

11.4i Documentation of high-risk client Events

It is essential that extra care is taken when documenting events related to any type of high-risk situation. Notes must be extremely detailed. At minimum notes should reflect the following:

- Information about any assessments or evaluations that were conducted (report specific findings)
- Obtained relevant historical information
- Receipt of any collateral information of records
- Discussion of limits of confidentiality
- Information discussed during consultation with supervisor
- Direct evaluation of thought of self-harm or harm to others
- Implementation of appropriate interventions
- Any ancillary resources provided to the client
- Detailed account of any contact with authorities
- Steps taken toward voluntary or involuntary hospitalization

11.4j Responding to a Client's Death

Following an unexpected death of a client, the therapist should inform and talk about this as soon as possible with their designated supervisor and their academic advisor. Specific reaction to, and procedures for dealing with the untimely death of a client may differ based on the particular situation, the particular client, the particular therapist, etc. The student's academic advisor and research supervisor(s) should be informed, in general terms, so that

additional assistance can be provided to the student during this time. Should Clinic staff or another faculty member learn about a client's unexpected death before the therapist, the therapist will be informed as soon as possible by a faculty member; preferably their practicum supervisor. This should be done in person so that the student and supervisor can process what has occurred and make plans for what courses of action should be taken. Additionally, the Director of the Psychology Clinic should also be informed and possibly consulted regarding appropriate responses to take. Maintaining both client confidentiality and appropriate record-keeping in the official client file continue to be very important during this time.

The therapist and their supervisor should consider whether accommodations should be made to the students' workload, including work with clients, in order for the student to better cope with this loss. It may be helpful during this very stressful time for the therapist and/or supervisor to obtain therapy services.

11.5 SB 212 Reporting

Texas Senate Bill 212 (SB 212) was signed into state law after the 2019 Texas legislative session and was in effect as of January 1, 2020. All new reporting obligations and penalties in the law must be followed. SB 212 requires non-identifiable data related to the reporting of certain incidents to be gathered. These incidents include:

- Dating Violence
- Domestic Violence
- Sexual Assault (non-consensual intercourse, non-consensual contact, rape, fondling, incest, etc.)
- Sexual Harassment
- Stalking

This impacted the Clinic in the following way: **If a Clinic client, who is a currently an enrolled TTU student (main campus only) or employed TTU employee (main campus only), discloses any of the above incidents occurring WHILE they were student enrolled at or an employee of the institution at the time of the incident, a SB 212 report must be made. The notified therapist or co-director must then complete a SB 212 Report (data form found within Titanium) to the note related to when the incident was disclosed.** On these data forms, only the following is recorded: date information was received, incident type reported, and (if known) location of the incident. The Clinic director will then use these data forms to make the necessary reports to the TTU Title IX Office. Note: If a client references the same incident during Clinic services, and a SB 212 Report has already been made, an additional SB 212 report does not need to be made. If a client reports a new incident, another SB 212 report should be made. Questions about this required reporting should be directed to the Clinic director or to the TTU Title IX Office (https://www.depts.ttu.edu/titleix/).

SECTION XII: RESEARCH CONDUCTED IN THE CLINIC

Faculty and graduate students are strongly encouraged to conduct research in the Clinic. The Clinic's primary function is to provide mental health services to the TTU and Lubbock community. So

long as service and training objectives are not disrupted in the Clinic, research activities are welcomed. Anyone wishing to conduct research in the Clinic must first meet with the Clinic director. The purpose of this meeting is to determine the feasibility of the project (i.e., how the study will be executed, recruitment requirements, etc.), assess how it will be funded (if applicable), review proposed postings or announcements and determine what assistance may be asked of clinic staff. **ANY AND ALL MATERIALS USED FOR RESEARCH PURPOSES IN THE CLINIC MUST BE PAID FOR BY THE RESEARCHER. Clinic funds are NOT available to support faculty projects or student research conducted for 7000 projects or dissertations.**

It is critically important that discussion with the Clinic director happen well in advance of initiation of the study. This is necessary in order to inform Clinic staff of any procedural issues they may be asked to assist with, to set up file access in Titanium if need be, etc. Researchers will be responsible for all scheduling in the Clinic and must work in concert with Clinic staff to ensure that Titanium schedule is accurate and up to date should any changes occur. Similarly, priority will be given to practicum sessions for room preference, access to testing cubicles and computers as well as scheduled appointment times. Some studies may not be accommodated in the clinic due to specific restraints in resources or staff. Of course, all studies would have to be approved by the TTU IRB/HRPP.

All new clients are asked if they are interested in participating in research that may be ongoing or about to start in the Clinic (form on TechShare). As with any research, clients are free to choose NOT to participate in research, and should they participate, must be allowed to withdraw from participation at any time. Clients who participate in research may receive a 25% reduction in their fees while enrolled in the study (with appropriate IRB/HRPP approval for such an incentive).

Some studies may require a file review to identify eligible participants. Should this be necessary, that review must between the times the phone screening is completed up to completion of the initial intake session with the client's assigned therapist. File review is up to the researcher to complete. It is not a function of the Clinic staff or therapist. Similarly, clerical assistance cannot be provided, and the Clinic staff will not be responsible coordination of research activities (making calls, distributing payment incentives, etc.).

SECTION XIII: PRIVATE PRACTICE OPTION FOR FACULTY

Licensed TTU Department of Psychological Sciences faculty who wish to, may provide assessment and / or psychotherapy services to private clients on a fee-for-service basis in the Psychology Clinic. The following stipulations apply:

- The primary provider of these services **must** be the faculty member (e.g., in cases where students may assist with assessments).
- Service delivery must be limited to 10 hours per week.
- Faculty therapists must be currently licensed by the state of Texas. A copy of the license must be submitted to the Clinic office.
    - If the faculty member is not yet licensed, they must be under supervision of a licensed

psychologist, and the supervising psychologist must be the final signer on any Clinic-related documentation.

- Faculty must submit a copy of their personal malpractice coverage with minimum coverage limits of $1,000,000/$3,000,000.

- Client referrals must be established apart from clients seeking services at the Clinic. However, if the Clinic has lengthy waitlists, faculty can opt to be assigned from the waitlist.

- Clinic staff will establish Titanium files for faculty clients. This is necessary in order to collect client fees. Staff will collect the client's session fee.
  - Clinic staff will post payments in the client's file.
  - Payments will then be allocated to the Clinic and to the faculty provider's professional development account (see section 13.1 Financial Arrangement for Services Provided by Faculty).

- Faculty providers must inform Clinic staff of the person(s) who will serve as back-up for their clients during time the faculty member is away or unavailable. Should an occasion arise in which the faculty member or their back-up contact are unavailable and a client is in crisis, the Clinic staff will refer the client to emergency contacts outside the Clinic (e.g., UMC emergency room, StarCare, Lubbock Police Department).

13.1 Financial Arrangement for Services Provided by Faculty

Faculty who see clients in the Clinic as part of their private practice will have income from client fees allocated as follows:

- 25% of fees assessed will be credited to the Psychology Clinic.
- 75% of fees assessed will be credited to the faculty member's TTU professional development account which can be used to support research and professional activities. The faculty member must use these funds in accordance with state laws. Examples of appropriate expenditures include computer equipment, graduate student research support, travel to professional conferences, professional fees, research equipment, journals, and books.

SECTION XX: QUICK REFERENCE TO PSYCHOLOGY CLINIC REQUIRED TIMEFRAMES FOR THERAPISTS

Task	Timeframe
Contact new assigned clients	Within 2 business days
All client correspondence notes	Within 1 business day of the correspondence
Adding a diagnosis (on a diagnosis tab)	After the intake, or within 2-3 sessions thereafter
Completion of written treatment plan	By the end of the 3rd session after intake, updated at least every 6 months
All progress notes	Within 5 business days of the service provision
Crisis-related notes	ASAP and within no more than 24 hours of the service provision
Completion of formal assessment (LD, ADHD, neuro, IQ, psychological)	Report should be completed within 30 days of the 1st assessment appointment
Maintaining a client on a caseload	No more than 4 weeks between sessions, and no more than 2 weeks between communication
Completion of progress summary	By the last day of class of the semester
Completion of transfer summary	Within 5 business days of the final session with the ending therapist
Complete termination summary or client not seen for services note	Within 5 business days of the final correspondence/session

SECTION XXI: ACKNOWLEDGEMENT OF POLICIES

I acknowledge that I have access to a copy of the Texas Tech University – Psychology Clinic Manual of Procedures and Requirements.

I have read and understood the contents of this Manual and all referenced Addenda and will act in accordance with these policies and procedures.

I understand that if I have questions or concerns at any time about the Manual, I will consult my immediate practicum supervisor, my Director of Clinical Training, the Clinic Office Manager, or the Clinic Director for clarification.

_____ _____

Practicum Student Signature Date

_____

Practicum Student Name (Please Print)

Please return this signature page to the Clinic office (hard copy) no later than the last class day of the first week of the semester.