



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

Clinic Manual 2017

Psychological Services Clinic

Table of Contents

<u>Section</u>	<u>Page</u>
PSC Mission Statement	4
PSC Diversity Statement	4
Purpose	4
Staff	5
Hours	5
Professional Liability Insurance	5
Definition of Services Provided	5
Procedures and Paperwork	6
Approved Abbreviations for Notes	6
Accessing Long Term Files	7
Pre-session	7
Standard Case File Organization	7
Forms	8
Policy on Cancellations & Missed Appts	9
Post-session	9
Facilities	9
Etiquette and Rules	10
Dress Code	11
Storage and Observation of Client Files and Digital Recordings	12
Fees	13
Psychiatric Services	13
Practica: Paperwork and Security	14
Appendix A: Guidelines for Dealing with Crises	17
Crisis Management	17
Emergency Situation	17
Emergency Contact Information	18
Suicide Assessment	20
Responding to a Potentially Suicidal Client	20
Managing a Suicidal Client	21
Common Failures in Suicide Assessment	22
Risk Assessment Categories and Hierarchical Questioning	22
Dealing with Dangerous or Aggressive Behavior	25
Client Under the Influence	26
Fire Emergency	26
Appendix B: Service and Financial Policy	27
Appendix C: Relevant Websites	29
Appendix D: Child Abuse Reporting	30
Appendix E: At-Risk Adult and Elder Abuse Reporting	31
Appendix F: Supervision of Children	32
Appendix G: Guidelines for Using Playrooms	33
PSC Clinic Forms	34
Student Forms	
Practicum Rules Agreement	35
Student/Faculty HIPAA Agreement	36
Practicum Hours Log	38
Practicum Evaluation Form	39
Group Practicum Evaluation Form	41
Family Practicum Evaluation Form	45
793/4 Practicum Evaluation Form	49

795 External Practicum Evaluation Form_____	51
Clinic Orientation _____	56
Intake Forms	
Individual Adult Intake _____	60
Adolescent Intake _____	63
Minor Intake _____	68
Family/Couples Extended Intake _____	72
Informed Consent	
Client Rights Statement _____	74
Consent/Assent for Treatment of a Minor _____	77
Group Therapy Participation Agreement _____	79
Client Rights Statement – Off Campus _____	81
HIPAA	
Notice of Privacy Practices (NPP) _____	84
Fees	
Payment of Assessment Fees _____	86
Third Party Payment of Counseling Fees _____	87
Client Forms	
Play Therapy Session Summary _____	88
Termination	
Termination Procedures _____	90
Case File Organization _____	92
Date to be Shredded Chart _____	93
Scanning Paperwork Procedures Form _____	94
Cover Sheet for Paper File _____	95
Correspondence	
Fax Cover Sheet _____	96
Disclosure of Protected Health Information (D-PHI) _____	97
Verification of Services _____	98
Example of a Letter to a Client for Missed Appointments _____	99
Safety	
Personal Safety Plan _____	100
Crisis Response Plan _____	101
Child Abuse/Neglect Report _____	102
Adult Protection Report _____	106
Threat Assessment Form and Intervention Plan _____	109
Critical Incident Report _____	112
Spanish Forms	
Client Rights Statement _____	113
Consent/Assent for Treatment of a Minor _____	116
HIPAA-Notice of Privacy Practices (NPP) _____	117
Client Rights Statement – Off Campus _____	119
Request for Long Term Files _____	122
Greeley Resource and Referral List _____	123

University of Northern Colorado's Psychological Services Clinic (PSC) Mission Statement

The Psychological Services Clinic (PSC) is a mental health agency staffed by masters and doctoral level counselors-in-training in the College of Education and Behavioral Sciences (CEBS) at the University of Northern Colorado. We are a teaching, training, and research center. For over 50 years, the PSC has offered counseling and psychological assessments to children, adults, adolescents, couples, and families living and working on campus and in the surrounding communities. Licensed professional counselors and psychologists closely supervise students in our six graduate programs. Through such supervised service, the students in our programs train to become practicing counselors and psychologists.

The mission of the Psychological Services Clinic is to provide training opportunities for counseling and psychology graduate students, to apply scientifically valid assessment and treatment techniques in a professional and ethical manner; to provide high-quality, affordable mental health assessment and treatment services to individuals of all ages, including couples and families; and to promote research on psychological concerns, clinical assessment techniques, and therapeutic interventions. The PSC accepts clients without regard to race, creed, ethnicity, sexual orientation, or source of referral, and is dedicated to training graduate students to work with a diverse range of clientele.

Diversity Statement

The Psychological Services Clinic at the University of Northern Colorado embraces the diversity embodied within individual and group differences. We offer culturally competent and empirically supported services in a safe and affirming space. Our therapeutic, assessment, outreach, and educational programs are delivered in a caring and compassionate manner that recognizes the unique characteristics and experiences of the individual.

Our faculty and graduate student clinicians are committed to the promotion and affirmation of diversity in its broadest sense. We recognize that prejudice and discrimination based on sex, gender identity and expression, ethnicity, race, sexual/affectional orientation, age, physical and mental abilities, size, religious beliefs, and socioeconomic class, have historically impacted mental health practices, both in terms of defining mental health issues as well as in the provision of care that is informed by cultural awareness and identity-affirmation. Prejudice and discrimination run counter to our professional ethics as a clinic, and are viewed as detrimental to the practice of psychotherapy, assessment, outreach, and educational programs.

PURPOSE

The Psychological Services Clinic (PSC) was established to meet the following primary goals:

- Provide meaningful professional training for masters, specialist, and doctoral students in the delivery of traditional and innovative psychological services.
- Provide additional community resources for a wide variety of professional psychological services including assessment, play therapy, individual, group, and family counseling.

The policies and procedures documented in this manual apply to all practica. All faculty and students engaged in practica are expected to be familiar with the information contained within this manual. Depending on the program, all faculty and trainees must adhere to the American Psychological Association or American Counseling Association Ethical Standards and Code of Conduct.

STAFF

Administration

The Clinic Director (CD), is a licensed psychologist. The Assistant Clinic Director (ACD) is an advanced doctoral student who has completed APCE 793 and 794. Advanced APCE doctoral students staff the PSC and are typically enrolled in clinic practicum (APCE 793/794). A critical duty of these students is to assist in generating a client base for the clinic by conducting classroom/ community marketing presentations and phone intakes. These students also provide a variety of psychological services for the community, including counseling and psychological assessments.

HOURS

The PSC hours vary, depending on the hours clinical practica are conducted. Typically this is from 9:00 am - 4:30 p.m. Monday through Friday, and several evenings per week for family, group, and play therapy practica. These hours are subject to change according to university scheduling, client needs, and supervisory availability. Appointments must be scheduled during regular office hours. Appointments are scheduled according to the university calendar.

NOTE: The PSC does not have emergency/crisis services or 24-hour services, and it is typically not open on Fridays or weekends, except for scheduled practica. The PSC is closed on posted university holidays, and for several weeks between the Summer and Fall Semesters. Please make clients aware of this 'university schedule' so they will understand these breaks in their treatment beforehand and make plans accordingly.

PROFESSIONAL LIABILITY INSURANCE

Faculty teaching approved practica and assessment courses have university liability coverage. Nevertheless, we encourage all faculty to obtain liability insurance through one of the professional organizations. Students have some liability coverage through the university while enrolled in clinical practica in both on and some off-campus settings; however, students should purchase malpractice insurance through the APA Trust or other provider and should never see clients through the PSC when they are not officially enrolled in a clinical practicum. If you are enrolled in an external practicum or internship you will typically need to purchase additional malpractice liability insurance. Consult with supervising faculty if you have questions.

DEFINITION OF SERVICES PROVIDED

Individual Counseling (ages 10 years – adult)

Individual counseling assists people in exploring a variety of relationship and personal challenges. Clients may discuss topics such as low self-esteem, depression, anxiety, stress, sexual orientation, wellness and lifestyle improvement, abuse issues, grief, and family of origin concerns.

Couples and Family Counseling

Couples and families seek counseling to work on relationship issues. Common themes may include communication, setting boundaries, establishing family expectations, parenting, and grief concerns.

Group Counseling

Group counseling offers multiple perspectives, greater opportunities for feedback and support, and a setting in which to practice new behaviors and skills. Sharing ideas and developing coping strategies can be beneficial for people with similar concerns. Some groups offered consist of an open-ended format with the primary purpose being personal growth. Other groups have specific themes such as: parenting, depression, social skills for children, building self-esteem, and coping with anxiety.

Play Therapy

Young children (ages 2-9 years) may benefit from play therapy. Play therapy is an effective treatment for

Clinic Manual August 2017 p.5

younger children who communicate their hopes, fears, and struggles through the medium of play. When children face changes or challenges in their life it may be difficult for them to express their feelings with words. Through play therapy, children may learn how to express their thoughts and feelings in constructive ways, control their behavior, make decisions, and accept responsibility for their choices.

Psychological Assessments

Psychological assessments/evaluations include intellectual, academic, behavioral, emotional, developmental and personality assessments. Individuals may be referred for the assessment of intelligence, learning disabilities, developmental disabilities, attention difficulties, and emotional or behavioral problems. Each assessment includes feedback and consultation with recommendations for action including treatment and/or referrals to other professionals. Each client also receives a comprehensive written report. Assessment fees begin at \$500.00 for a basic battery (intelligence and academic), and additional fees may apply for subsequent testing.

Neuropsychological Assessment

Neuropsychological assessments address a wide range of sensory, motor, and intellectual capacities, as well as provide detailed information on the individual's behavior, in general. Each neuropsychological assessment includes feedback and consultation with recommendations for action including treatment and/or referrals to other professionals. Each client also receives a comprehensive written report. Assessment fees begin at \$500.00, and are \$50.00 per hour for subsequent testing.

PROCEDURES and PAPERWORK

All client records and recorded sessions are kept on secure servers using Titanium and Avigilon software. Extra paper documents for your client should be kept in your practicum's assigned filing cabinet in the clinic observation areas (the "caves"; see *Termination Procedures* for information about scanning paper documents into Titanium). Empty file folders and forms are available in the caves. The filing cabinets are to remain locked at all times, unless you are retrieving or returning a file or other document. Keys for the filing cabinets are stored in lockboxes; the codes for these lockboxes are changed every semester, and only students who are currently enrolled in clinical practica should have access to this code.

Approved Abbreviations for Notes

Client: Ct	Suicidal ideation: SI
Counselor: Co	Homicidal ideation: HI
Mother of client: MOC	Non-suicidal self-injury: NSSI
Father of client: FOC	Adult Female: AF
Parent of client: POC	Adult Male: AM
Left voicemail: LVM	Adult Non-Binary/Other: AX
Release of information: ROI	Child Female: CF
Disclosure of Protected Health Information: D-PHI	Child Male: CM
Diagnosis: Dx	Child Non-Binary/Other: CX
Treatment: Tx	Partner 1: P1
Symptom: Sx	Partner 2: P2, etc.
Within Normal Limits: WNL	Child 1: C1
	Child 2: C2, etc.

Accessing Long Term Files

Paper files in long term storage may be accessed by completing a request form (See *Request for Long Term File Access*) and submitting to Gloria Sedillos. This form must be signed by the student and practicum instructor. You can expect to receive the requested file within 3 business days. Once retrieved by APCE office or PSC clinic staff, the file will be placed in the faculty drawer. Other long term records will be shown within the "Client File" in Titanium. With the implementation of Titanium, there will eventually be no need to maintain paper files.

Pre-Session

The *Practicum Rules* and *HIPAA Confidentiality Statement* must be signed by all staff (students, faculty, and office) who have any contact with clients, their files, or associated confidential material. These forms should be given to office staff who will store it in a locked cabinet in the main department office.

Phone Intake Form. Available in the clinic office, the information on phone intakes is completed by clinic assistants in Titanium. Note that prior to gathering information during the phone intake, callers are informed of limits of confidentiality. These are forwarded to practicum faculty within Titanium, and faculty members will assign the clients to their students.

Client File. All client contacts, including phone calls, voice messages, releases of confidential information, etc. should be logged within the client's Titanium file. This can be done by creating a "New Note." Client calls related to a specific appointment may be documented as a note for that session (if no other note exists, such as a client left a voicemail to cancel appointment), or created as a note not attached to an appointment. Client cancellations/no shows can be noted using the "Attendance" feature in Titanium schedules. See Titanium procedures for more details about how to document using software.

Standard Case File Organization (also in Appendix)

Typically, your client file is closed at the end of the semester. All of your client's file should be entered, scanned, or stored *digitally* with no paper documentation left. Please ensure that all of the following are included in your client's Titanium file before you close out the file:

- (1) Client phone intake was completed by clinic staff and signed by faculty supervisor
- (2) Disclosure statement, minor consent, or custody paperwork was scanned into Titanium by clinic staff. Hard copies are kept in clinic office.
- (3) Intake paperwork was entered by the counselor into Titanium and signed by faculty supervisor. After Intake paperwork is in Titanium, the original can be shredded.
- (4) All case notes, phone contacts, disclosures (D-PHI) have notes in Titanium that are signed by counselor, doctoral supervisor, and faculty supervisor.
- (5) Case notes requiring specific essential documentation have the necessary documents scanned and attached (safety plans, child abuse reports, etc.) to the identified case note.
- (6) Less essential documentation that is important for the client's file (hard copies of OQs, client drawings, homework assignments.) have been paper-clipped together and placed in the "To Be Scanned" folder for clinic staff, or are scanned and signed by faculty supervisor. (see *Scanning Paperwork Procedures* document for more details)
- (7) Termination Summary form in Titanium has been completed. This must be done even if you plan to transfer the client to another practicum (including your own) in the department. Please be sure to check all relevant items, including the delete date.
- (8) Continuing clients have been placed on the "Wait List" in Titanium for contact by clinic staff. This is done by clicking the "Wait List" button on the Client File window in Titanium. The Wait List referral form has been completed in its entirety (if known), including if they are a continuing client, which prac is appropriate, and if there is a counselor gender preference.
- (9) All extra materials in your folder have been appropriately shredded or disposed of, including feedback from peers/others, rough draft notes, and client phone notes. If you are unsure if something should be included in the client file or not, check with your supervisors or the assistant clinic director.
- (10) Any requested long-term files have been given back to Gloria Sedillos for filing in storage.

When your file is totally complete, your faculty supervisor can *deactivate* your assignment to a client in Titanium and can deactivate the client, if necessary. Counselors and doctoral supervisors may wish to check with their faculty supervisor that this has been done at the end of the semester.

Forms

Client Rights Statement. Reviewed by counselor and completed by the client(s) during the first session. Retain a signed copy of the form for the client's file and give another copy to the client(s). The signed

copy of the form will be scanned into the client's Titanium file and the hard copy will be kept in the Clinic Office. See *Scanning Paperwork* documents for details.

HIPAA Form (Health Insurance Portability & Accountability Act). Reviewed by the client(s) during the first session. By signing the Client Rights Statement, clients have acknowledged having seen a copy of HIPAA and having been offered a copy.

Intake Forms. Completed by the client(s) on paper during the first session. There are different forms for: Adults, Children/Adolescents, Couples/Families. After the first session, the counselor enters this information into Titanium by creating a New Note (Note Type: "Intake Paperwork") and typing in the information into the appropriate Data Form.

Consent and Assent to Treat a Minor Form. Completed by the legal guardian (and adolescent client if applicable) during the first session. Put a copy of custody paperwork in the file if applicable. The signed copy of the form (and any custody paperwork) will be scanned into the client's Titanium file and the hard copy will be kept in the Clinic Office. See *Scanning Paperwork* documents for details.

Case Notes. The standard case note is in SOAP format and should be used by all students enrolled in an individual/family/couples practica. Other practica (i.e. assessment, play, and group therapy) use different forms. Case notes must be completed after each session and filed within 24 hours. One set of notes is sufficient for each couple/family; however, please see the Couples/Family Addendum on recordkeeping regarding future disclosure of such notes. For group, there must be a note on each client to be placed in his or her file, but that note may NOT contain identifying information on any other group member, as that violates confidentiality. Practicum faculty must review and sign all case notes.

Termination Summary. At the conclusion of counseling services, the termination summary must be completed for your client(s), including the shred date for the file. The summary needs to be signed by the practicum instructor.

D-PHI (Disclosure of Protected Health Information). If it is necessary to request information from or provide information to a third party, this form must be completed and signed by the client. It is important that the client understands the implications and limitations of signing this release of information form. Any disclosure of protected health information (for example, providing assessment reports to a school counselor) must be recorded on the Client Contact Log.

Child Abuse Reporting Form. Should you suspect child abuse based on client reports/observations, it is your responsibility to report it to the Department of Social Services immediately with the assistance of your faculty supervisor. Place a completed form describing the incident and your report in the client's file.

Personal Safety Plan. The client and therapist complete the safety plan together, when there are concerns about the safety of the client or the client is in danger of engaging in self-harming behavior.

Additional Forms (copies in appendices and/or cave)

- | | | |
|----------------------------|---------------------------------------|---------------------|
| - Critical Incident Report | - Third Party Payment of Fees | - Crime Report Form |
| - Community Resource List | - Assessment Fees Form | |
| - Fax Cover Sheet | - Verification of Counseling Services | |

Business/Appointment Cards. Available in the PSC and main office for the convenience of clients.

Receipts. Receipt books are in the main office. A receipt should be given to clients who make payments for services. Be sure the copy for clinic records is legible. Unless an exception has been made, all fees should be in CASH or CREDIT CARD (Visa, Master Card, Discover) and the typical semester fee of \$60.00 should be paid by the second session. If clients pay weekly, be sure to collect weekly. If clients begin counseling after the mid-term you may offer them a reduced fee of \$30.00. There are higher fees for APCE 793/4 and assessment services. If a client chooses to continue with a counselor who was in APCE

712, for example, and the counselor continues with the client while enrolled in APCE 793, then the fees will increase. Receipts are not given for parking passes, which cost \$1.00/hour and can be obtained from the kiosk on 14th avenue upon entering the campus using cash or credit.

Policy on Cancellations and Missed Appointments

Clients are responsible for notifying the PSC if they must cancel or reschedule an appointment. As a matter of courtesy, we request that the client call (970) 351-2731 at least 24 hours in advance and ask to leave a message for his/her particular counselor.

When a client does not show up for a scheduled appointment, the counselor should try to contact the client by phone within 24 hours. The attempt to contact and any conversation or message should be documented in Titanium in the client's file under a new note ("Phone Contact"). If the counselor does not hear back within 24 hours, they should make one or two more attempts to contact the client. If the counselor does not hear back from the client within a few days, we recommend that the counselor send a letter (on UNC letterhead) to the client. This letter should state the date of the missed appointment, attempted contacts, a desire to meet with the client, and a clear date (e.g. 5 days) by which the client should contact the PSC if he/she wishes to continue treatment. There are templates of these letters loaded on the computers in the playback rooms. *(See an example of this letter in the appendices.)*

Post-Session:

After clients' last session, counselors should instruct them to complete an electronic Client Satisfaction Survey to provide feedback on their experiences at the PSC. This survey can be completed via a paper copy of the survey or an electronic copy via computer or smart phone. Information about the survey with a link and QR code is available in the cave and waiting room and can be distributed to clients. This survey should only take 5 minutes or so to complete. As an alternative to filling the form out electronically, a paper copy can be provided to the client. Copies of the survey are located in the waiting room and cave.

Psychological Services Clinic Facilities:

Counseling/Assessment Rooms. Rooms must be reserved in advance for all sessions. Due to the heavy training schedule, APCE 612, 618, 702, 712, and assessment practica are given priority over the 793/4 practica, but the rooms must be scheduled at least one week in advance. Rooms can be scheduled using Titanium. Practica students may only reserve rooms two weeks in advance, and must sign up for only the amount of time that they need. Supervision rooms should be booked as a last resort for counseling, as these rooms are needed for supervision sessions. The assessment room can also be used as a counseling room. The group room has a table and can be used for assessments.

Viewing and Playback Rooms. Recorded sessions may be viewed in one of the playback rooms (rooms 231, 235 and 242). Each playback room accommodates three people. Preference will be given to students who sign out a spot in a room ahead of time. Keys for these rooms are located within the lockbox in the main cave. If these rooms are full, AND there is not a family or group therapy practica in session, students may also use the computers in the family/group cave. Gloria Sedillos can provide access to that cave to authorized students (those currently enrolled in a practicum course) from the hours of 9 am – 4 pm Monday through Friday.

Counselors may use the computers and printers in rooms 231 and 235 to write and print case presentations and treatment plans. Practicum faculty will provide students with a user name and password to access the computers. Students may store such information on a USB flash drive ONLY if the flash drive NEVER leaves the clinic space and is used on no other computers (e.g. a laptop). After being used for confidential information, flash drives must be destroyed and cannot be reused. At the end of the semester, the flash drive must be given to the ACD for disposal.

Waiting Room. McKee 247 is the waiting room where clients will be met by the student counselor. If a client initiates discussion of private information in the waiting room, please guide them to a counseling room. Clients may not know rules of confidentiality, but you do, so protect their confidential information. Young children should **NOT** be left unattended in the waiting room.

Phone Room. A telephone is available for brief contact with client(s) and is located in McKee 241. Do not use this phone for personal business. Do not conduct sessions by phone.

Clinic Office. McKee 257 is the Assistant Clinic Director's office and is staffed by clinic assistants enrolled in APCE 793/794. The primary purpose of the office is to provide a place to conduct clinic business such as arranging for presentations, conducting intakes, and completing paper work. This room is not used for seeing clients or socializing.

Etiquette & Rules for the PSC

1. Make sure you contact your client **immediately** after getting the referral even if you cannot schedule the actual appointment for some time. Remember that clients often call because they are in distress and they are waiting to hear from you.
2. Make sure the counseling room is tidy before and after your session. Turn off the lights, close the door and hang the sign so that it is clear the room is "Open." In the event that a room has been left in disarray, find out who used the room by checking the room's schedule in Titanium. Notify that person or his/her instructor so that this behavior will not be repeated.
3. The play therapy rooms must be cleaned and vacuumed after **every** session.
4. Make sure there are tissues in the session room and that the clock works and shows the correct time.
5. Make sure there is paper/markers/crayons, etc. in the room.
6. If possible, escort individual clients to counseling sessions down the back hallway, not down the main hallway, to protect confidentiality.
7. Be sure your client knows your name and the number to call if they need to cancel a session (main office: **351-2731** or clinic office: **351-1645**. **Do not give a personal telephone number.**
8. Dress in a professional manner (see dress code below).
9. Sign up for counseling rooms ahead of time.
10. The PSC uses 45- or 50-minute client sessions. Be conscientious in observing this time limit because, in all likelihood, another therapist will have scheduled the room for the next hour.
11. Be conscientious about the cleanliness of the waiting room. Pick up books and magazines. Throw away garbage. This is a public space and we all play a role in managing its professional appearance.
12. The observation area must be kept clean and orderly. Turn off the video equipment, replace headphones, and chairs, place books, coats, and backpacks against the wall for safety reasons. Do not eat food in the cave. Only water is allowed in the cave. Immediately clean up any messes!
- 13. If you find that equipment needs repair, notify office staff as soon as possible.**
14. Clients may only be seen only during regularly scheduled PSC hours.
15. Clients may not be seen outside the clinic, with the exception of community and school-based practica.
16. If you are working with clients in any capacity, you must be enrolled in a practicum and supervised by a faculty member.
17. Please exit the cave via the door near hallways to avoid congestion in the waiting room area.
18. When walking through the waiting room, back hallway, or observing the waiting room monitor, please be professional and remember that these are quiet areas.

Dress Code

Counselors are expected to dress in a professional manner. While in the clinic, students are clinicians working within a professional setting. Counselors should realize that emergencies occasionally arise, prompting unexpected client contact. Therefore, on days where no client contact is anticipated, counselors should still be dressed to see clients. Students are not expected to spend money investing in expensive clothes, but to generally keep common sense in mind when dressing for clinic days.

Shorts, torn blue jeans, athletic clothing, leggings worn as pants, old tennis shoes, flip flops, t-shirts, and hats are not appropriate attire. Please do not wear dresses/skirts that are too short, shirts/sweaters that are too tight or low cut, or clothing that exposes your midriff or undergarments. While tattoos and piercings are not strictly forbidden, counselors should understand the impact that visible tattoos and piercings may have on clients and be mindful of this. Tattoos that are offensive (e.g, racist, sexist, culturally insensitive, or various forms of “hate” speech messages), piercings that have the potential to interfere with communication or treatment (e.g., tongue piercings where speech is impaired), or piercings are particularly distracting (e.g., large ear gauges) are prohibited.

Students are encouraged to discuss with their supervisor how presentation style influences the therapeutic relationship.

Psychological Services Clinic

Policy on the Storage and Observation of Client Files and Digital Recordings (2017, updated annually)

The Psychological Services Clinic Committee requires that a uniform policy be established based on the pertinent ethical codes, the standards of practice at other training programs, and the professional literature to protect the interests of this program and the clients we serve.

The APA's *Ethical Principles of Psychologists and Code of Conduct* (2004) states under Section Six, Privacy and Confidentiality, "Psychologists maintain confidentiality in creating, storing, accessing, transferring and disposing of records under their control, whether these are written, automated or in any other medium." Along a similar vein, the ACA's *Code of Ethics and Standards of Practice* (2014) mandates, "Counselors ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them." Although the ethical guidelines of the American Psychological Association (APA) and the American Counseling Association (ACA) do not explicitly address the care and security of digital recordings of client sessions, confidentiality of materials used to record sessions is addressed in both ethical codes. In accordance with these standards of practice, the faculty supervisors of the Psychological Services Clinic are required to guarantee the confidentiality of session recordings.

Trainees are responsible for scheduling time on clinic grounds to observe their client sessions. Client recordings and/or files (and all of their contents) must remain in secure School of Applied Psychology and Counselor Education areas. Do not take them out of the building, ever! If you have questions about this, consult one of the following: the clinic director, the school director, or the university attorney, who is the HIPAA compliance officer as directed by the State of Colorado. Removal of such materials can compromise client confidentiality and will compromise your responsibilities. The recordings may be viewed in playback rooms, the cave, or your classroom, when appropriate. Review only your recordings. An obvious exception is when you view a recording with a practicum peer or course supervisor.

Please Note: The Avigilon software that records all client sessions will automatically delete recordings after 90 DAYS. If there is a session or role-play that you would like to keep longer than that time period, you can request to have the session "exported" to secure flash drive. Only faculty requests will be considered. Contact the clinic director for further information on how this can be done.

Secure clinic areas include: the caves, the counseling rooms, viewing rooms, your practicum classroom, and your practicum instructor's office. However, you or your supervisor must be in possession of the file at all times. For example, do not leave it sitting on a file cabinet. It DOES NOT include public areas such as the waiting room, the student resource room, or the main office. You may not leave protected health information in any public area. If you have any questions, seek consultation from the clinic committee.

Acquiring your file: Obtain the file cabinet key from the lock box, lock the lockbox, get the file, lock the file drawer, return the key, and lock the lockbox. When you are finished, get the key, return your file to the drawer, lock the drawer, and return the key. Always lock the file cabinet after removing/returning files. Put the key away and lock the lock box. DO NOT LEAVE THE FILE CABINET OPEN!

Keys and Locked Areas. Combination locks have been installed in the PSC. Only students enrolled in specific practica (for example, APCE 793/4 and faculty) will have access to the combinations. To ensure security, combinations will be changed periodically.

Fees and Guidelines for Establishing Clinic Payment

- A minimum fee of \$60.00 is assessed for counseling clients each term; the cost for clients seeing advanced doctoral students or those completing assessments are higher. This means \$60.00 for a family, an individual in a practicum, or a child in play therapy. If multiple modalities are used with an individual please consult with the Clinic Director regarding fees. In most cases, families can pay multiple fees; in some cases they cannot. We do not turn clients away for lack of funds; however we will try to collect funds when at all possible. There are fees for UNC students. The only exception is IF they are doing counseling as part of their course credit (most typically undergraduates in psychology or University 101 students). Fees (cash or credit card payment) must be collected by the beginning of the second session. Clients will be issued a receipt.
- For 793/4 practica: While at times more is charged for clients seeing advanced practicum students, this is up to the discretion of the faculty member running this practicum.
- A fee schedule for psychotherapy and assessment/evaluation is located in the PSC and in this manual to help determine a fair fee based on client income and other circumstances.
- Fees are assessed based on total individual or family income. Fees should be set considering the number of persons supported by the income, the stability of employment, financial hardship, and subjective evaluation by the client.
- Intake staff typically negotiates fees for the services during the phone intake. The fee is reviewed at the initial intake session and should be recorded on the Client Rights Statement. There is no charge for the initial intake session. Fees may be renegotiated should there be a change in status. Fees are collected at the beginning of the second session, and the staff therapist is responsible for collecting all fees.
- The typical method of payment is cash or credit card. The credit card machine is in the front office and will require the client's card to process the payment. For either method of payment, issue a receipt to the client and place a second copy of the receipt in the designated box in the front office. After hours, please leave fees in the cash box and make arrangements to give Diane payment on the next business day or give the fees to your supervising faculty member.
- Payment for assessment/evaluation services must be collected before the final session: \$250 is due during the initial intake session and the remaining balance must be collected before the final report is given to the client during feedback. The final report should not be provided to the client until full payment is received.
- All payments due and made must be tracked in the client's file in Titanium. This can be done through the billing tab. Billing should be tracked for EVERY session a client pays or still owes money for services.
- Currently, the clinic does not accept insurance.

UNC Psychiatric Services

Please be aware that UNC students seen at the Psychological Service Clinic may not be referred to the University Counseling Center's psychiatrist. The Counseling Center's psychiatrist is available **only** to students who are clients of the UNC Counseling Center. If your client needs psychiatric services please ask them to contact the UNC Health Center (if they are students) to see a physician, or refer them to their family physician or a community medical clinic.

Practica: paperwork and security

We are a training clinic, thus sometimes we see individuals who are volunteering to help students enhance their skills. We also see “real” clients from the university and broader community. Bearing this in mind, we have several levels of paperwork depending on whom we are working with. Below are descriptions of the types of individuals who may be seen in clinic:

“Real” clients = community members who must be given full informed consent, paperwork is retained, counseling issues are genuine, assessments are considered valid due to level of training and supervision provided. Anyone who has a file in Titanium is considered to be a real client.

Confederates = typically these are peers acting as clients who discuss fabricated counseling concerns; paperwork is used for practice only and no files are retained. Confederates do not have a file in Titanium.

Volunteers = community members who must be given some level of informed consent, paperwork is either not retained or, if retained, all identifying information is removed. If counseling issues are genuine, paperwork must be retained as above for “real” clients (for example in hypnosis). Clients are typically not provided with feedback because the assessment results are not considered valid due to level of training. No file in Titanium is created for volunteers.

Practicum	Types of Clients Seen	Level of Security
508 -Foundations of Play Therapy	Volunteers	LEVEL 2
559 -Intro to Clinical Hypnosis	Confederates, peers, Real clients	LEVEL 1
602 -Foundations of School Guidance	Volunteers, additional consent forms used	LEVEL 2
612 -Counseling Practicum	Confederates, Real clients	LEVEL 1
617 -Play Therapy	Real clients	LEVEL 1
618 -Practicum in Counseling Children & Adolescents	Real clients	LEVEL 1
638 -Applied Behavior Analysis	Volunteers from Community. Modified Consent Form Used.	LEVEL 2
650 -Orientation to Community Counseling	Volunteers	LEVEL 2
660 -Consultation Theory and Practice	Volunteers	LEVEL 2
674 -Assessment Cognitive/Academic	Volunteers from School and Community	LEVEL 2
676 -Assessment Infant/Toddler	Volunteers from School and Community	LEVEL 2

678-Assessment Personality/Behavior	Volunteers from School and Community	LEVEL 2
680- Special Populations Practicum	Real and Volunteer clients.	Paperwork varies; Clinic Committee should be consulted prior to making any decisions.
694-Family Therapy	Real couples and families	LEVEL 1
702-Prac in Individual Counseling	Real clients	LEVEL 1
712-Adv. Prac in Individual Counseling	Real clients	LEVEL 1
738-Evidenced based Interventions Practicum	Records retained at UNC Practica at various sites	LEVEL 1
762-Group Facilitation	Real Clients-Villa group, College student group	LEVEL 1
775-Supervision of Psych testing	Real clients, referrals from UNC Counseling center	LEVEL 1
779- Practicum in School Psychology	Real Clients treated in School and Community	FERPA or HIPAA guidelines apply (appropriate to setting). Confidential Client info is kept at the schools.
781-Evaluation of Psych Services	Community agencies, volunteer clients.	LEVEL 2
782-Indroduction to Rorschach Administration and Scoring	Volunteer clients	LEVEL 2
793/794 Psych Services Clinic	Real clients, couples, families	LEVEL 1

LEVEL 1 Security

The following criteria is used with Level 1 Security Practica

- 1). Clients are members of the community (Real Clients), receive services through UNC, and/or their records containing Protected Health Information are retained there.
- 2). Paperwork includes the standard HIPAA, informed consent, case notes, and intake information. Appropriate information may be released with a D-PHI form.

- 3). Case notes on adult clients are kept for 7 years, and case notes on minor clients are kept for 7 years after the minor reaches the age of majority (18 years).
- 4). As of Fall 2015, all clients will have files in Titanium.

LEVEL 2 Security

The following criteria is used with Level 2 Security Practica

- 1). Clients are Volunteers from Schools or Community
- 2). No identifying information is used. Pseudonyms are used in files.
- 3). Paper files are shredded or retained for training purposes (No identifying info)
- 4). Modified Consent forms, approved by the clinic committee, are used.
- 5). Feedback is **NOT** given to clients, as results are considered invalid.
- 6). No Titanium file is created.

Important Notice: Faculty working with Level 1 security must be currently licensed mental health professionals or currently registered with DORA, at minimum. No other licenses, certifications or awards are acceptable when one is practicing in a community or university setting. It is your responsibility to renew your certifications/licensures and to be familiar with mental health law and the clinic manual, procedures, forms, and policies. If you are not licensed, and, at minimum, registered with DORA, you may not teach Level 1 classes. Licensure is preferable. **Effective May 2005.**

<http://www.dora.state.co.us/mental-health/mhstatutes.pdf> 12-43-701 - defines psychotherapy. The law requires anyone engaged in psychotherapy to be registered. This law applies to everyone except professionals in a school (K-12) setting. Those individuals are regulated under the Department of Education.

“Confederate clients” in the UNC Psychological Services Clinic

“Confederate clients” are, by definition, not “real clients.” CIT’s may give them paperwork and treat them as if they are real clients so they can practice their skills, but the graduate students generously volunteering to be confederates do so with the idea that they are participating in role-plays. The roles they play are based upon a combination of their own personal experiences, their experiences with clients, and perhaps characters in works of fiction. The students who often volunteer to be confederates are doctoral students. They have at least several years of experience as therapists in community and university agencies and are aware of the complexities of the therapist-client relationship. They have much to offer, but they are not real clients. They are not seeking therapy for genuine issues. Many of the doctoral students go on to supervise, co-teach, and advise masters-level students, thus it would be highly inappropriate for other students to seek the counseling services of their peers as this creates clear potential for conflicts due to dual relationships which violate standards for professional behavior in the APA and CACREP ethical codes. As such, permanent records will not be kept. No confederate client information should be entered into Titanium, although practicum supervisors may choose to have a counselor write paper notes for a confederate client to be shredded immediately upon cessation of the confederate’s sessions.

If you have any questions please do not hesitate to contact the clinic director, assistant clinic director or a member of the Clinic Committee.

APPENDIX A: GUIDELINES FOR DEALING WITH A CRISIS

EMERGENCY MANAGEMENT AND CRISES

Crisis Management: The following is a suggested five-step approach to handling crises. People are unique, of course, and no approach can be expected to be completely satisfactory in every situation. It does, however, provide a framework to begin to understand how to interact with persons in crisis.

Step 1. Present yourself as a person who cares. Stay calm. Essentially, you are saying to the person, "Tell me what is going on for you." Contrary to what conventional wisdom says, it is people who influence the sequence of reactions to crisis, and not the crisis, which influences the reactions of the people.

Step 2. Invite the person to talk. You might ask a question such as, "How can I be of help?" It is better for the person to volunteer information than to ask a series of probing questions. If the person does not volunteer, you might ask some information gathering questions (What happened? Have you talked to anyone about it? Do you want to talk now?) as a way to get started. Avoid telling the person what they need. For example, avoid: "You just need to calm down."

Step 3. Get help. Involve other people, such as supervisors or faculty. Do not rely on yourself alone.

Step 4. Action for the client. Perhaps ask: "What can you do that will help reduce your crisis and provide a little light at the end of the tunnel?" People in crisis may have "tunnel vision" and are unaware of the people and resources that can help them. Your calm approach and involving other people can lessen the "threat" and open up potential resources.

Step 5. Follow-up. Keep checking in with the person from time to time. Continue to check in for about three months, if possible.

Emergency Situation: The following steps are guidelines to be followed should an emergency situation arise with a client at the Psychological Services Clinic (PSC). An emergency situation is one in which the client presents behaviors, thoughts, or feelings that are beyond the intervention capabilities or experiences of the clinic student or what the practicum can customarily offer. Usually this means 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, child abuse by a parent/guardian/caregiver or towards an offspring, extreme emotionality from which the client does not recover, physical reactions, etc.

If you anticipate that a client might be in danger of a crisis, inform your practicum instructor before the session and, if appropriate, give your client(s) the emergency numbers in the Greeley area.

Step 1. You or a peer viewing the session should immediately notify the practicum instructor, clinic director, or another faculty member. If you need to leave the counseling session temporarily to find the instructor, do not abandon a client who is in danger of harming himself/herself; ask a peer to help.

Step 2. The practicum instructor should evaluate the situation to determine if the student has the ability to 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 instructor should intervene and take full responsibility for the emergency.

Step 3. Assess the urgency of the situation and the potential of harm to self or others. The client may only need support to get through the emotionality of the moment and someone to call later if the feelings return. If there is a high risk of immediate harm, consultation is essential. Consult with your faculty

supervisor, who can also contact the Clinic Director at home if they are not available on campus. The office staff has the phone numbers of all faculty members. If the CD is not available, consult with the program chair or other faculty. The practicum instructor is responsible for deciding what course of action is appropriate.

Step 4. If hospitalization is indicated and the client voluntarily agrees, transportation must be arranged. First, determine if the client has a friend or family member who can transport and accompany him/her to the Emergency Room (ER) at North Colorado Medical Center (NCMC). Do not drive the client yourself.

Step 5. If the client will not voluntarily agree to hospitalization in the case of suicidality, extreme risk of self-harm, or imminent danger to others, call the UNC Police Department (351-2245 or 911 from a campus phone). Request transportation of the high-risk client to the hospital. Tell them: a) you are a counselor, b) the client is not agreeing to hospitalization, and c) this is a crisis situation. Be aware that the UNC dispatcher will ask many questions about the situation. Be patient and make sure he or she has completed asking questions before you hang up. Once the UNC PD has arrived, be aware that whether or not they transport the client to NCMC is at their discretion. Also, be aware that they may handcuff the client during transportation because of possible safety risk.

Step 6. Before the voluntary/involuntary client arrives at NCMC, notify the ER (392-2178). Tell them who you are and why you are making the referral for hospitalization. If possible, plan to meet the client along with your practicum instructor or another faculty member at the emergency room, and provide support until the hospital staff is able to attend to them.

***Important:** Notify, as soon as possible, all individuals (CD, division chair, etc.) consulted regarding the status of the case. Document the entire situation from the initial assessment of the emergency until the client was hospitalized. Clearly identify the professionals with whom you consulted, the procedures you followed, and obtain your supervisor's signature in the documentation. Put a copy in the client's file and notify the Clinic Director.

EMERGENCY CONTACT INFORMATION

North Range Behavioral Health

1. 24-hour Crisis Line: (970) 347-2120
2. Ask to speak to "On Call Therapist."
3. Describe the crisis.
4. They will ask you for more information regarding the situation and will proceed from there.

Northern Colorado Medical Center Emergency Room

1. Call UNC police (351-2245) to indicate the type of crisis, and direct them to McKee 247.
2. They will respond and take the individual to an emergency room. We cannot take a client to the hospital.
3. Hospital will call NCMC Behavioral Health for hospitalization after the ER doctor examines the individual.
4. If calling the hospital, ask to speak to the "Charge Nurse."
5. Emergency Room Phone: (970)350-6244

Emergency Telephone Numbers

Call the University police or 911. Give your full name, location, phone number, and type of assistance needed.

Ambulance	911
UNC Counseling Center	351-2496
Dean of Students	351-2796

Greeley Fire	350-9500
Greeley police	350-9605
Hospital	352-4121
Health Center	351-2412
Poison Control	1-800-332-3073
Rape Crisis (ASAP)	351-1490
(SASI)	352-7273
Facility Operations	351-2132
UNC Campus operator	0
UNC Environmental Health & Safety	351-2446
University Police Dispatch	351-2245
A Woman's Place	356-4226
Suicide Education and Support Services	313-1160

If a client must make contact with his/her counselor between sessions, it is important that he/she gives office staff the name of the staff therapist and a telephone number where he/she can be reached. Inform clients that calls will be returned as soon as possible, and that his/her counselor is a student who is typically only on campus when he/she has class. If the call is urgent, the client may be able to speak with a practicum instructor or the Clinic Director. If there is an emergency, clients should call the numbers above, 911, or go to the nearest hospital emergency room, as well as leave a message for his/her therapist and the practicum instructor for the class.

SUICIDE ASSESSMENT AND TREATMENT

Responding to a potentially suicidal person

The therapist's initial task is to determine the lethality of the suicidal ideation. It is the therapist's responsibility to thoroughly investigate all aspects of the following indicators. Contrary to some individual's beliefs, a caring person who inquires as to whether or not a person is suicidal does not drive one to suicide. Consultation is essential when assessing a suicidal client.

- 1) Important questions to ask a potential suicidal person
 - a) Have your problems been getting you down so much lately that you've been thinking about suicide?
 - b) How would you kill yourself?
(S) – How **specific** is the plan?
(A) – Is the method **available** to the person?
(L) – Is the proposed method **lethal**?
 - c) Do you have the means available?
 - d) Have you ever attempted suicide before?
(C) – **Chronology**: How long ago was it? The more recent, the greater the risk.
(A) – **Awareness of Lethality**: Did the person believe the method was lethal?
(R) – **Rescue**: Did the person assist in the rescue or attempt in a place where they would likely be discovered?
(L) – **Lethality**: How lethal was the method?
 - e) Has anyone in your family ever attempted or completed suicide?
 - f) What are the odds that you will kill yourself?
 - g) What has been keeping you alive so far?
 - h) What do you think the future holds in store for you?
- 2) Intervention with a suicidal person
 - a) Establish a relationship with the person
 - i) Reinforce the person for making contact
 - ii) Be accepting and non-judgmental
 - iii) Try to sound calm, confident, and concerned
 - iv) If it is a telephone call, try to get as much information as possible:
 - v) Name, location, age, is someone close by (who, how to contact), drug or alcohol involvement
 - b) Assess the degree of risk
 - i) Use the SAL system
 - ii) If it is an emergency:
 - iii) Act decisively and with determination.
 - iv) Try to remove the weapon or method, but not physically.
 - v) Do not leave the person alone.
 - vi) If it is a telephone call – obtain the help of paramedics and police.
 - c) If it is not an emergency:
 - i) Try to identify the major problem.
 - ii) Assess available resources. Ask about friends, neighbors, and relatives who might be helpful.
 - iii) Ask about previously successful coping skills.
 - iv) Find out what has been keeping the person living so far.
Mobilize the person's resources – Surround the person with a wall of caring people (minister, neighbors, friends, family, physician, etc.).
- 3) **Do's** of suicide intervention
 - a) Try to be positive and emphasize the most desirable alternatives.

- b) Try to be calm and understanding.
 - c) Use constructive statements to help separate confused feelings and define problems.
 - d) Mention the person's family, friends, minister, and neighbors as sources of strength and help. If any of these are rejected, back off quickly and move on to others.
 - e) Emphasize the temporary nature of the person's problems. Explain how the crisis will pass in time.
- 4) **Do not's** of suicide intervention
- a) Do not sound shocked by anything the person tells you.
 - b) Do not stress the shock and embarrassment that the suicide will bring to the family before being certain that this is not exactly what the person hopes to accomplish.

Managing a Suicidal Client

Each suicidal person is unique and must be evaluated within the context he/she presents. The following is a general outline that may be helpful in managing a suicidal client.

- 1) It is important to deal with all presenting problems, but it is critical to address the major concern of suicide first. Often, putting the other problems on hold until after the crisis is appropriate.
- 2) During the initial crisis, counselors must be active and take responsibility because the client may not be in a position to make decisions on his/her own. Counselors may have to assume an authoritarian role in the relationship until the client is able to resume self-responsibility.
- 3) Controlling impulses – The least restrictive, effective alternative must be employed with the client to control impulses. In some cases that may mean a personal contract, whereas in other situations a referral for assessment of medication and/or hospitalization is appropriate. Utilization of other community resources, such as police and designated mental health professionals, must be considered.
- 4) Plan of action is dependent on circumstances and may include the following interventions:
 - a) Mild Risk interventions based on coping with self-harming impulses
 - i) Ask for a no-harm contract (see *Safety Plan form*)
 - ii) Anxiety reduction
 - iii) Alternative ways of coping through crisis
 - iv) Mobilizing social support
 - (1) Ask for the number of a family member or friend that you can call to support them.
 - v) Learning new life skills, including problem-solving and decision-making skills.
 - vi) Learning new situational skills
 - (1) Intervening in negative thought and feeling processes.
 - vii) Develop a Crisis Response Plan
 - viii) Ongoing suicidal assessment and follow-up, particularly after there seems to be an apparent period of improvement. It is common for clients who respond to treatment, particularly psychotropic medications, to gain enough strength to carry out a decision to commit suicide, whereas before they had insufficient energy to do so.
 - b) Moderate Risk interventions: Includes strategies noted above in 5a and additionally consider:
 - i) Evaluating for possible short-term hospitalization.
 - ii) Increasing frequency of outpatient visits.
 - iii) Increase availability of resources (e.g., phone contacts, emergency response plan, identify support group).
 - iv) Contacting significant others to develop a network
 - v) Removing lethal means.
 - vi) Emphatically instructing not to commit suicide.
 - vii) Emphasizing that suicide is not a good solution; emphasize hope.
 - viii) Clarifying conditions under which client should pursue additional interventions (e.g., emergence of intent).

- c) Severe-Extreme Risk intervention: These clients need swift and directive intervention. A direct but supportive manner of action is necessary to ensure their safety. Such actions may involve contacting the police to transport client to hospital for evaluation. The client should be informed of the manner of action.

Common Failures in Suicide Assessment:

1. Failure to document. **Document the following:**
 - a. Conducted thorough suicide assessment (report specific findings).
 - b. Obtained relevant historical information.
 - c. Obtained previous treatment records (or have sent for them).
 - d. Directly evaluated suicidal thoughts and impulses.
 - e. Consulted with supervisor.
 - f. Discussed limits of confidentiality.
 - g. Implemented appropriate suicide interventions.
 - h. Provided appropriate resources to the client (e.g., phone numbers).
 - i. Contacted authorities (e.g., police, hospital) and family members.
2. Failure to evaluate for suicide risk at intake and subsequently throughout treatment when risk indicators are present.
3. Inadequate history-taking or failure to secure previous records.
4. Failure to evaluate the adequacy of current interventions.
5. Failure to clearly specify a treatment plan, including criteria for hospitalization.
6. Failure to safeguard the outpatient environment.

Risk Assessment Categories and Hierarchical Questioning

Category I: Predisposition to Suicidal Behavior

Organizational Question: Does the client have a predisposition to suicidal behavior? This question is routinely answered during the context of an intake interview and history.

Consider the Following:

- A. Previous history of psychiatric diagnoses (increased risk with recurrent disorders, comorbidity, and chronicity).
- B. Previous history of suicidal behavior (increased risk with previous attempts, high lethality, and chronic disturbance). A specific questioning sequence is offered below.
- C. History of abuse (i.e., physical, sexual, emotional), family violence, or punitive parenting.
 - Can you tell me about your family, what your childhood and adolescent years were like?
 - Were you ever the victim of abuse – physical, sexual, or emotional – either by your parents, a family member, or anyone else? Can you tell me more about it?
 - Was there violence of any type in your family? Can you tell me more about it?
 - How did your parents discipline you (and your siblings)?

Category II: Precipitant or Stressors

Organizational Question: What triggered the suicidal crisis?

Consider the Following:

- A. Review any significant loss – financial, interpersonal relationship(s), or identity.
 - How have things been going for you recently? At home? At work? In your relationship with _____ (significant others)?
 - Can you tell me anything in particular that has been stressful for you?
- B. Address any acute or chronic health problems.
 - Tell me about your health. Have you had any problems recently?

- If chronic pain is an issue: Have you had difficulty managing your pain recently? What are you doing to manage your pain?
- C. Address any possible family instability.
 - How are things at home? Tell me about your relationship with your: (spouse, children, parents, partner).

Category III: Symptomatic Presentation

Organizational Question: What kind of symptom picture does the patient present?

Consider the Following:

- A. Diagnosis, with a particular focus on depression and anxiety.
 - Have you been feeling sad, depressed, down, or blue lately?
 - Which of the following have you experienced: difficulty sleeping, poor energy, either poor or increased appetite (with weight loss or gain), a lack of interest in things, negative feelings about yourself, difficulty concentrating or focusing, guilt feelings, thoughts about death or dying?
 - Have you felt anxious, nervous, or panicky lately?
- B. Severity of symptoms.
 - How bad has your depression been? Can you rate it on a scale of 1 to 10, with 1 being the best you've ever felt and 10 being so depressed that you couldn't function or you've seriously contemplated suicide?
 - How bad has your anxiety been? Can you rate it on a scale of 1 to 10, with 1 being no anxiety at all and completely calm and 10 being so anxious and tense that you couldn't sit still and would do anything for relief? What have you been doing to get relief from the anxiety?
- C. Presence of anger, agitation, and/or a sense of urgency.
 - Have you felt anger or agitated lately? If so, can you rate its severity on a scale of 1 to 10, with 1 being no anger and 10 being so angry or agitated you thought you were going to lose control?
 - Have you felt a sense of urgency lately, like you needed to do something quickly for relief? If so, what have you done to get relief: drink, use drugs, use prescription medications, something to harm yourself in any way?
- D. Comorbidity. Questions to address the co-occurrence of any of the above. For example:
 - Have you been feeling depressed, anxious, angry, or agitated at the same time?

Category IV: The Presence of Hopelessness

Organizational Question: Is the client hopeless?

Consider the Following:

- A. Presence of hopelessness.
 - Have you felt hopeless lately, like things wouldn't improve or get better?
- B. Severity of hopelessness.
 - Rate the severity of your hopelessness on a scale of 1 to 10, with 1 being optimistic about the future and 10 being utterly hopeless about things getting better for you?

Category V: The Nature of Suicidal Thinking

Organizational Question: What is the nature of the client's current suicidal thinking?

Consider the Following:

- A. Current ideation frequency, intensity, and duration.
 - Do you ever have thoughts of killing yourself, thoughts of suicide? If so, can you tell me exactly what you think about?
 - How often do you think about killing yourself – daily, weekly, monthly?

- How many times a day?
- How long do the thoughts usually last – a few seconds, a few minutes, hours, longer?
- How severe, intense, or overwhelming are the thoughts? Could you rate the severity or intensity on a scale of 1 to 10, with 1 being mild and 10 being severe and overwhelming?
- B. Specificity and plans.
 - Can you tell me specifically what you've been thinking? How would you kill yourself?
 - When people think about suicide, they often think about how, when, and where. Have you had these kinds of thoughts?
 - Have you thought of any other method of suicide?
 - Do you have a plan for how you would kill yourself with (method)?
- C. Availability of means.
 - Do you have (method) available to you or do you have access to (method)? If so, where? If not, have you made arrangements to get (method)?
- D. Active behaviors.
 - Have you acted on these thoughts in any way?
 - Have you taken any steps in preparation for killing yourself? If so, what steps have you taken? What have you done?
- E. Explicit (i.e., subjective) intent.
 - Do you have any intention of acting on the thoughts of suicide? Could you rate your intent on a scale of 1 to 10, with 1 being no intention of acting on the thoughts and 10 being certain that you'll act on them the first chance you get?
- F. Deterrents to suicide.
 - You haven't acted on these thoughts yet. What keeps you alive right now?
 - What keeps you going?
 - What's kept you going in the past when you've had these thoughts?

Category VI: Previous Suicidal Behavior

Organizational Question: Does the client have a history of suicidal behavior?

Consider the Following:

- A. Frequency and context.
 - How many suicide attempts have you made in your lifetime?
 - Starting with the first one, can you tell me about what was going on at the time? What precipitated it?
- B. Perceived lethality and outcome (i.e., to assess implicit or objective intent) of each attempt.
 - Did you think (method) would kill you?
 - Did you receive medical care? If so, what kind?
 - Did you receive psychiatric care? If so, what kind and for how long?
 - How did you feel about surviving?
- C. Opportunity for rescue and help seeking (i.e., helps assess implicit or objective intent).
 - How did you get help after the suicide attempt?
 - Who discovered you?
 - What were the circumstances?
 - Did you take any steps to ensure that you wouldn't be discovered? If so, what?

Category VII: Impulsivity and Self-Control

Organizational Question: Is the client impulsive, does he or she lack self-control?

Consider the Following:

- A. Subjective self-control.
 - Do you consider yourself impulsive? If so, why?

- Do you feel in control right now? If not, why not?
- Have you had times recently when you felt out of control? What were you doing?
- Could you rate how much in control you feel on a scale of 1 to 10, with 1 being in complete control and 10 being completely out of control?
- Do you feel like you can control your suicidal impulses?
- B. Objective control.
 - Have you been drinking or using a substance of any type? If so, assess frequency, magnitude of abuse, and presence of substances.
 - Have you had problems with impulsive behavior of any type, such as sexual acting out or aggressive acting out?

Category VIII: Protective Factors

Organizational Question: What protective factors are present?

Consider the Following:

- A. Social support – family and friends.
 - Do you have family or friends available that you can talk to and depend on?
 - Have you accessed them for support? If not, why not?
 - Do you have anyone that you can turn to for help in a crisis?
- B. Problem solving and coping history.
 - Have you had trouble solving problems and coping in the past?
 - Do you have trouble identifying solutions or seeing answers to your current problems?
- C. Active treatment.
 - Are you actively in psychotherapy, on medications, or both?
 - How have you responded to treatment in the past?
 - Have you found it helpful?
- D. Hopefulness.
 - Do you have times when you feel hopeful or optimistic about your situation?

**See: The Assessment and Management of Suicidality by M. David Rudd*

Treating Suicidal Behavior: An Effective, Time-Limited Approach by M. David Rudd, Thomas Joiner, & M. Hasan Rajab.

DEALING WITH DANGEROUS OR AGGRESSIVE BEHAVIOR

General Principles

1. Safety first: Protect yourself and others
2. Enlist the help of supervisors and peers if possible.
3. Maintain a calm but firm tone of voice and body language
4. Resist provocation to anger (but be aware of your own emotions). Remember that aggression begets aggression.
5. Set limits on dangerous behavior in a non-threatening manner.
6. Attempt to de-escalate the situation by “talking down” the individual.
7. Don’t argue with delusions!
8. Time is your ally in most circumstances.
9. Make only calm, deliberate motions.
10. The stressed person’s ability to reason abstractly disintegrates, and he/she will respond more to isolated stimuli and less to context of the situation.
11. Assaultive clients are looking for controls and reassurances that they will receive help, and will not have to do anything they will be ashamed of or embarrassed about later.
12. Never challenge the individual’s self-esteem. Rather, support his/her ability to remain calm, cooperative, and in control.
13. Pay attention to your gut! Temper your emotional reaction with rational thinking.

14. Interventions that decrease the perceived threat and diminish feelings of impotence have the greatest chance for success.
15. Never try to set limits on feeling, only on actions. You have to help the client differentiate between feelings and actions.
16. Avoid win-lose, right-wrong situations. Calmly repeat limits and present reality. Be firm, but understanding. Do not shout, argue, or become emotionally involved.
17. Do not corner the individual physically or psychologically. Withdraw from power struggles. Use logical and natural consequences, rather than reward and punishment. Offer choices and enlist cooperation. If possible, allow the client to “save face.”
18. Provide truthful reassurances and do not make promises that you cannot keep.

CONCERNS ABOUT CLIENTS WHO MAY HAVE USED SUBSTANCES PRIOR TO SESSION

If you suspect that your client has been abusing substances prior to coming to the session, you will ask:

1. How did you get to the clinic today?
2. How much did you use/drink today?
3. What did you use/drink today?

It is inappropriate to conduct therapy or a psychological assessment with a client who is under the influence of alcohol or drugs. In this situation, you must inform your client that you cannot have a regular session, and that you will meet at another time, when he or she is sober. You must determine:

1. Is there a friend or relative available to give your client a safe ride home?
2. Will the client be safe after he or she has gone home?
3. If the client does not have a ride, the faculty supervisor or trainee will call a taxi to take him/her home. If the client responds negatively and refuses to wait for the ride, the trainee will inform the client that the police will be called to assist. Then the supervisor will call the police and inform them that the client is under the influence and intending to drive home.
4. If the client is willing to wait for a ride, the trainee will wait with the client in a counseling room and must be sure that the client has safe transportation home.
5. Make your supervisor aware of the situation.
6. Document everything carefully!

FIRE EMERGENCIES (EMERGENCY ACTION PLAN)

Fire: If you discover or suspect a fire, warn other occupants by knocking on doors and shouting “Fire!” as you leave the building. Try to rescue others **ONLY** if you can do so safely. Move away from the buildings and out of the way of the fire department. Do not go back into the buildings until the fire department says it is safe to do so. Dial 911 and give as much information as possible to the operator.

You may attempt to put out the fire if you have been trained and are comfortable using a fire extinguisher. Otherwise, immediately evacuate. Hazardous equipment or processes should be shut down before leaving unless doing so presents a greater hazard. Remember to close all doors.

Evacuate via the nearest stairs and/or street/grade level exit. After you have left the building, go to a pre-designated assembly point (discuss with faculty supervisor) and remain there. At the assembly point, supervisors account for personnel and report any that are unaccounted for to the police and/or the fire department.

During any emergency, clients, students, and visitors who may not be familiar with this plan must be informed of the requirement to evacuate. Special attention should also be given to persons with disabilities, especially those who are clients, visitors, or persons unfamiliar with the building.

APPENDIX B: SERVICE AND FINANCIAL POLICY

Definition of *Clinic*: For the purposes of this document only, the clinic and its activities include all clinical business undertaken through UNC's counselor education programs at the Psychological Services Clinic. This includes all counseling practicum courses (individual, play/child, family and couples, group) and all assessment and testing practica wherein individuals from the University and the broader Greeley community are seen for professional services. This second category includes career, intellectual, cognitive, and personality testing, neuropsychological assessments, and psychological evaluations of any sort. The clinic also includes counseling and assessment services offered by faculty within the training programs.

Who May See Clients

1. Students in counselor training programs enrolled in appropriate practica, assessment and other courses, supervised by a faculty member.
2. Faculty wishing to see clients or conduct assessment within the context of a professional relationship.

Fees Involved

Students do not receive payment from clients for their work. There is a separate fee schedule for APCE 793/794 and assessment services.

Faculty seeing clients individually for counseling or assessment may charge clients their usual professional fees. Such faculty members have the same responsibility for collecting fees and billing insurance as they do for ensuring that clients understand their rights. The programs will not collect fees, conduct billing, or work with a collection agency.

Faculty and Insurance

Faculty who see clients are not covered by university insurance, and may wish to seek higher limits as client insurance sometimes requires we carry higher liability limits.

Faculty seeing clients on University property will establish an account for themselves with Diane Greenshields in the main office. All payments from clients seen on campus must go into the PSC account. Cash will be given to Diane. You are responsible for providing clients with a billing statement. In addition, please give clients a receipt for fees. The receipts books are in the clinic office as well as at the front desk. Currently, ten percent of client fees will be deducted from these accounts and placed into the general PSC account for defraying overhead costs. Faculty may not ask on-campus clients to provide payment to them personally, as this constitutes a private business. As we are housed within the University, we may not operate a private business on the grounds of a state-owned facility; to do so is illegal and jeopardizes the clinical practice of other faculty. The accounting office at UNC has been very explicit about this. Faculty wishing to conduct a private business are free to do so off-campus. It is also illegal to remove University property (such as testing materials or other equipment) from campus to private locations for use in a private business. According to the University accountant, any income generated by using university facilities or materials, is, by law, state money and must be deposited into official clinic accounts.

The remaining 90 percent of fees may be used for professional costs. This includes additional malpractice insurance, professional materials such as books, attendance at workshops, and the costs incurred for professional travel. Please see Diane Greenshields to review materials on submission of travel receipts and other travel related documents.

If faculty members are paid to teach or supervise a class they may not collect additional fees from clients or students involved in such a class. In such cases, any fees paid by clients go directly into clinic

accounts. For example, the faculty member supervising APCE 793/794 (intake and clinic practicum) may not have access to the fees collected by students from clients seeking counseling. Clients write the check to the Psychological Services Clinic and the money collected is deposited in the clinic account. Such fees have been used to pay for advertisements and supplies. The faculty member is already being paid a salary to supervise these classes. To receive additional payment could constitute embezzlement: it is “double-dipping,” which is forbidden by law.

APPENDIX C: RELEVANT WEBSITES FOR MORE INFORMATION

Department of Regulatory Agencies (DORA)

<http://cdn.colorado.gov/cs/Satellite/DORA/CBON/DORA/1249686120221>

American Psychological Association

www.apa.org

American Counselors Association

<http://www.counseling.org>

Council for Accreditation of Counseling and Related Educational Programs (CACREP)

www.cacrep.org

Colorado Psychological Association

www.coloradopsych.org

American School Counselor Association

www.schoolcounselor.org

American Association of Marriage and Family Counselors

www.aamft.org

Colorado of Association of Marriage and Family Counselors

www.coamft.org

Ethical principles and codes of conduct:

APA Ethics Code

<http://www.apa.org/ethics/code/index.aspx>

ACA Ethics Code

<http://www.counseling.org/knowledge-center/ethics>

APPENDIX D: CHILD ABUSE REPORTING

Child abuse is defined as an act or omission that threatens the health or welfare of a child in one of the following ways:

- ***Physical Abuse*** - Any non-accidental injury to a child by a parent or caretaker that results in bruises, cuts, burns, bone breaks, or death.
- ***Sexual Abuse*** - Any sexual activity between an adult and a child, including sexual assault, pornographic images, exploitation, or prostitution.
- ***Emotional Abuse*** - Language or treatment used by a caretaker to make a child feel threatened, unwanted or unloved.
- ***Physical Neglect*** - Failure to provide adequate food, clothing, shelter, medical care, or supervision for a child.

Counselors, school psychologists-, and psychologists-in-training are mandated reporters of suspected child abuse and/or neglect. The following procedures should be used when there is suspicion that a child is being or has been abused, or that a parent/caretaker is abusing or has abused a child.

If there is suspicion of abuse, but the child in question is not in immediate danger (i.e., if you believe the child will be safe if they are to go home with his or her parents/caretakers), a report of the suspicion must be made via telephone immediately after learning of the possible abuse. The number to call to make a report is **1-844-264-5437**. A caseworker will document your call, and Social Services will determine whether to proceed with an investigation.

All reports of child abuse made via telephone must be followed by a written report of the call (see the clinic manual for *Child Abuse Report Form*). The person placing the call must fill out this report form and it send to Social Services via fax **(970) 346-7698**. The written report is used for documentation purposes only. Therefore, it is important that new information NOT be included in this form. Any new information that is learned subsequent to the initial report must be communicated via a telephone call to the Dept. of Social Services (DSS).

If a practicum student is unsure of whether information received in a therapy session warrants a child abuse report, he or she may call the Intake Supervisor at DSS **(970) 352-1551 x6218** to discuss the situation.

In rare cases, a report of abuse is so grave that a student may believe that it is unsafe for a child to go home with parents/caregivers. In such cases, students should call law enforcement and report their concerns. Law enforcement officials will respond and determine whether to place the child in protective custody. If that occurs, the child will immediately be removed from the parent/caretaker and placed in the custody of Social Services pending an investigation of the report.

For more information about Colorado reporting procedures, please visit
<http://www.coloradocwts.com/community-training>

APPENDIX E: AT-RISK ADULT and ELDER ABUSE REPORTING

An **at-risk elder** is any person age 70 or older.

An **at-risk adult** is anyone age 18 or older who is unable to meet their own basic needs or arrange services to meet their basic needs without assistance due a physical or medical condition.

Types of mistreatment of at-risk adults and elders:

- **Exploitation** - taking an at-risk adult or elder's money or other assets against their will or without their knowledge. It also means deceiving, harassing, intimidating, or using undue influence to get the adult to do something against their will.
- **Caretaker Neglect** - when an at-risk adult or elder's caretaker fails to make sure the adult has adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision.
- **Physical Abuse** - hitting, slapping, pushing, kicking, burning, confining, or restraining an at-risk adult or elder.
- **Sexual Abuse** - sexual activity or touching without the at-risk adult or elder's consent or understanding.
- **Self-Neglect** - when an at-risk adult or elder cannot or does not care for himself or herself. Choice of lifestyle, by itself, is not proof of self-neglect.

Colorado state law requires mental health professionals to report abuse, neglect, and exploitation of **at-risk elders** to law enforcement when they observe or become aware of the mistreatment. The new law also has legal penalties for mandatory reporters if they fail to report mistreatment. Reports need to be made within 24 hours of observation or discovery. Reports should be filed with the police department where the at-risk elder lives. The Greeley Police Department can be reached at (970) 350-9605.

Mandatory reporters are urged to report abuse, neglect and exploitation of **at-risk adults** under the age of 70 to Adult Protection Services. To report concerns regarding at-risk adult abuse and/or neglect, call the Weld County Adult Protection Hotline at (970) 326 – 7676.

For more information about Reporting At-Risk Adult and Elder Abuse, please visit <http://mandatoryreporting.articulate-online.com/2877736000>

APPENDIX F: SUPERVISION OF CHILDREN

University of Northern Colorado
Psychological Services Clinic
970-351-1645

To ensure the safety of children who are seen at the Psychological Services Clinic (PSC) and to make sure that others who work near PSC will not be disrupted, we ask that you follow these guidelines when bringing your child to PSC:

1. An adult must accompany children at all times except during the child's meetings with counselors.
2. Parents are responsible for waiting with their children in the waiting room until the child's counselor arrives. Children may not be dropped off or picked up outside of the building.
3. Children must sit or play quietly while in the waiting room.
4. It is recommended that parents remain in the waiting area until the child's session is over. However, if you must leave for any reason, please inform the child's counselor and return before the session is over.
5. PSC staff cannot be responsible for supervising unattended children.

We thank you for your efforts in following the guidelines, as this will create an environment where all children and adults are comfortable. If you have any questions about these guidelines, please speak with a supervisor.

APPENDIX G: GUIDELINES FOR USE OF PLAYROOMS

Playrooms are purposely designed and toys are intentionally selected. Please do not remove toys from one room to use in another room. If a toy is in one room and you would like to use it in another, please let your instructor or supervisor know; if possible, we will purchase the item. If you need to furnish a room because multiple sessions are scheduled, use the portable play therapy kit located in the cave behind the large playroom. Please do not "borrow" play materials from a playroom for this purpose. Consistency from session to session is an important aspect of play therapy. When you use the "traveling toys" be sure to return everything to the play materials cabinet so they will remain available to current and future clients.

The playroom should be cleaned and toys put in their proper place after each session. The toys are children's words – they should not need to search in order to find them more than once! The playroom should present an image of order and consistency.

If something needs to be cleaned (e.g., if a child puts something in his or her mouth) please properly sanitize the item and return it to its appropriate place. Cleaning materials are available in the closet near the cave door to the waiting room.

The sand tray figures should only be used in the sand tray area, and only sand tray figures should be used in the sand tray. Other toys should not be used in the sand trays.

When a sand tray is used, please return all figures to their appropriate places before leaving the area. Sand tray items should be placed in their appropriate categories (e.g., domestic animals and family figures).

Under no circumstances should a child enter the playroom and find toys in the sand tray. This is like leaving a client's file on the table for another client to view.

When something is broken, notify your supervisor or instructor.

The playrooms should not be used as a place for children to play while waiting for their parents. If you need to provide a place for children to wait while you confer with their parents, use another room with toys made available for that purpose.

Psychological Services

Clinic Forms

UNC Psychological Services Clinic Practicum Rules

- You must obtain the filing cabinet key from the lock box each time you use it. **Always lock the cabinet after removing a file AND return the key immediately.**
- When collecting fees (cash only) obtain the receipt book from the purple box in Gloria's work area through the clinic window if before 5:00 p.m. After 5:00 it will be on top of the filing cabinet next to Gloria's desk. Write and issue receipts in a sequential order. For credit cards, place the signed copy of the receipt in the purple box.
- If your client needs a parking pass, they may purchase one from a campus vending machine (e.g., on 14th Ave.) They cost \$1.00/hour. Parking is free after 5PM. The training programs are not responsible for any tickets clients incur from parking services.
- Dress code: Clothing should be appropriate and professional. T-shirts, cutoffs, shorts, sexually provocative outfits, or unkempt appearance are not likely to prove compatible with the client's or public's image of a professional practitioner. Nice, dark jeans and athletic shoes are permissible with clients with whom casual dress is therapeutically indicated (i.e., play therapy). Practicum supervisors may have a stricter dress code requirement than this clinic policy.
- Be considerate of clients' space and privacy in the PSC waiting room by not congregating in or outside of the waiting room. Only enter the waiting room when necessary, such as when greeting your client, checking for a message on the board, or getting a receipt for payment. Do not use the waiting room as a hallway for getting to the APCE faculty offices, and, if possible, please use the back hallway when entering/exiting the cave area.
- I have read and understood the following: a) the clinic recording and file policy, which stipulates I will not remove or export such materials from secure clinic areas and servers, b) HIPAA guidelines and c) the ethical principles of APA and/or CACREP, as is appropriate to my program of study.

I have read the rules above and will abide by them. Sign document and give to Gloria Sedillos.

Print Name

Counselor's Signature

Date

This document will be entered into your student file.

UNIVERSITY OF NORTHERN COLORADO
CONFIDENTIALITY AND INFORMATION SECURITY AGREEMENT

Staff, faculty, and students of the University of Northern Colorado (“UNC”) and all other individuals performing work for or providing services to UNC (including but not limited to vendors, contractors, and temporary employees) are required to maintain the confidentiality of patient, clinical, financial, and other such personal information (“CONFIDENTIAL INFORMATION” as defined below). UNC employees will be held personally responsible for safeguarding security log-in processes, passwords and electronic signatures. UNC employees must strictly adhere to standards that govern authorized access to and use and/or disclosure of such CONFIDENTIAL INFORMATION. Failure to do so may result in disciplinary action, up to and including termination of employment. UNC employees are required to sign this document as a condition of employment and UNC vendors and contractors are required to sign this document as a condition of providing services to UNC.

I ACKNOWLEDGE, UNDERSTAND, AND AGREE:

1. The types and categories of written, verbal, electronic or printed information considered to be confidential (hereafter referred to as “CONFIDENTIAL INFORMATION”) includes, but is not limited to those containing or constituting: (a) medical records, (b) clinic medical records, (c) physicians’ private patient records, (d) medical records received from other health care providers, (e) correspondence addressed to or from employees of UNC containing patient information concerning a specific, identifiable patient, (f) patient information provided verbally by the patient or other persons, (g) diagnoses, (h) assessments, (i) medical histories, (j) clinical reports, (k) discharge summaries, (l) nursing notes, (m) medications, (n) treatment plans, (o) follow-up care plans, (p) requests for and results of consultations, (q) results of laboratory or other medical tests, (r) demographic data, (s) financial/funding information, and (t) all other types and categories of information containing patient, clinical, financial or other personal information.
2. Information regarding services provided by UNC to its patients/students including but not limited to all documents containing information related to such services constitutes CONFIDENTIAL INFORMATION.
3. Patients/students furnish information to UNC with the understanding and expectation that it will be maintained as CONFIDENTIAL INFORMATION and used only by authorized persons, within the scope of his/her employment, as necessary, to provide needed services.
4. CONFIDENTIAL INFORMATION maintained in electronic form must be treated with the same care as CONFIDENTIAL INFORMATION maintained in hard copy form.
5. My access to CONFIDENTIAL INFORMATION subjects me to legal guidelines and obligations as described in this Agreement and by applicable law.
6. I will comply with all information security policies and procedures in effect at UNC.
7. I will access data only in accordance with UNC policies and standards.
8. My security code (logon, password and electronic signature) is equivalent to my legal signature. I will be personally accountable for maintaining such security code information in confidence and for all access or use under such codes.
9. By reason of my duties or in the course of my employment I may receive or have access to verbal, written or electronic information (regardless of the method of retrieval, including information obtained on home-based or off-site personal computers) concerning patients/students, staff and services performed by UNC. I will not inappropriately access, use, or disclose (verbally, in written form, or by electronic means) to any person, or permit any person to inappropriately access, use, or disclose any reports or other documents prepared by me, coming into my possession or control, or to which I have access, nor any other CONFIDENTIAL INFORMATION concerning the patients, staff or operations of UNC at any time, during or after my employment and I understand that the provisions of this Agreement with respect to the requirements of confidentiality and nondisclosure of such information continue after my employment or assignment with UNC ends.
10. I will not destroy or erase any data or information in any form located in or stored in UNC computers or files unless it is part of routine computer maintenance.
11. I will use discretion to assure conversations that include CONFIDENTIAL INFORMATION cannot be overheard by persons who do not have a “need to know” when information must be discussed with others in the performance of my duties.

12. I will adhere to UNC procedures governing proper handling or disposal of printed material containing individually identifiable information.
13. I will notify my supervisor and the UNC Privacy Officer immediately, but not later than one business day, of any actual or suspected inappropriate use, access, or disclosure of CONFIDENTIAL INFORMATION, whether by me or by anyone else, whether intentional or accidental.
14. The inappropriate access, use, or disclosure of information by me may violate state and/or federal laws and may subject me to civil damages and criminal prosecution, and to disciplinary action, up to and including termination.
15. All CONFIDENTIAL INFORMATION to which I have or am provided with access in connection with my employment or the provision of any services to UNC are the property of UNC.
16. UNC reserves the right to, and may monitor and audit, my access to CONFIDENTIAL INFORMATION through any and all information systems.
17. Security codes utilized with respect to my employment with or services provided to UNC should be created in a manner that they are difficult for a third person to recreate. Use of names, birth dates, phone numbers, and other identifiers that can be easily recreated is not allowed. I will choose security codes carefully and not disclose them to anyone (including recording my security code in a manner that may be accessible to any other person) nor will I attempt to learn another person's security codes. Any misuse of my security code is a violation of UNC policy and this Agreement.
18. I may access my own health information via an electronic application, pursuant to established policies, but I may not access that of my spouse, children, family members, or co-workers unless I am involved in their direct care.
19. I will not access data on patients/students or other individuals for whom I have no responsibility or for whom I have no "need to know."
20. I will immediately contact UNC's Information Management and Technology Department (IT) to obtain a new security code if I have reason to believe the confidentiality of my security code has been breached.
21. I will take reasonable steps, such as using a screen saver with a password, to keep my workstations and logins as secure as possible to minimize the risk of unauthorized use of workstations and logins.
22. I will not make unauthorized copies of data or applications. Any access of computer systems that interferes with the use and/or operation of UNC computer resources is a violation of UNC policy and this Agreement.
23. If I receive access to information stores such as the IT's data warehouse, or other databases containing CONFIDENTIAL INFORMATION, I will use that access only for the intended and stated purpose and will not provide access to third parties without the explicit written permission of the IT's data steward. I will utilize data obtained from such information stores in conjunction with data use policies.
24. This signed document will become a part of my permanent personnel record.
25. IT personnel will never ask for your password.

If someone does ask for my password, I will report it immediately to the Security Official identified in the HIPAA Policy and Procedures Manual.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT that I have read and understand the foregoing UNC Confidentiality and Information Security Agreement and that I understand that any violation of this Agreement by me will subject me to termination of employment or my permission to provide services to UNC, as the case may be, at the sole discretion of UNC.

Name (Please Print) _____ Position/Title _____

Telephone number _____ Today's Date _____

Signature _____

Practicum Log

Counselor-in-Training: _____ Course/Semester: _____

Faculty Supervisor: _____ Doctoral Supervisor: _____

Week	Direct Service				Indirect Service (Paperwork, Phone Calls, Watching Tapes, Instruction, etc.)	Supervision				Total
	Individual	Group	Couples/ Family	Total		Individual	Triadic	Group	Total	
Total Hours										

Signatures: By signing this document you are indicating that the above information is true to your knowledge.

Counselor in Training: _____

Date: _____

Faculty Supervisor: _____

Date: _____

Doctoral Supervisor: _____

Date: _____

Practicum Evaluation Form

Name of Trainee and Program of Study: _____ Date: _____

Practicum Site: Psychological Services Clinic Practicum course: APCE

Supervisor: _____ Faculty Supervisor's License: _____

Evaluation criteria being applied (circle): Beginning (typically 612, 618) or Advanced practicum (typically 702, 712)
Directions: Evaluations should be based on current level of progress and competence in the practicum. Circle the number that best describes the trainee's competence as given in the descriptions below. Rate each category independently.

- 1- Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.
- 2- Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.
- 3- Competence is at least at the minimal level necessary for functioning with moderate supervision required.
- 4- Competence is above average; trainee can function independently with periodic supervision.
- 5- Competence is well developed and trainee can function independently with little or no supervision required.
- N- Insufficient data to rate at this time.

BASIC COMPETENCIES

MIDTERM	1. <u>Basic Therapeutic Skills</u>	FINAL
N 1 2 3 4 5	a. Initiating sessions	N 1 2 3 4 5
N 1 2 3 4 5	b. Non-verbal attending (voice, body posture, proximity & content congruent)	N 1 2 3 4 5
N 1 2 3 4 5	c. Conveying accurate empathy and warmth	N 1 2 3 4 5
N 1 2 3 4 5	d. Paraphrasing	N 1 2 3 4 5
N 1 2 3 4 5	e. Reflecting feelings	N 1 2 3 4 5
N 1 2 3 4 5	f. Clarification	N 1 2 3 4 5
N 1 2 3 4 5	g. Use of Probes/Questions	N 1 2 3 4 5
N 1 2 3 4 5	h. Summarizing	N 1 2 3 4 5
N 1 2 3 4 5	i. Appropriate self-disclosure	N 1 2 3 4 5
N 1 2 3 4 5	j. Immediacy	N 1 2 3 4 5
N 1 2 3 4 5	k. Confrontation	N 1 2 3 4 5
N 1 2 3 4 5	l. Interpretation	N 1 2 3 4 5
N 1 2 3 4 5	m. Information gathering	N 1 2 3 4 5
N 1 2 3 4 5	n. Concreteness	N 1 2 3 4 5
N 1 2 3 4 5	o. Ending sessions smoothly	N 1 2 3 4 5
N 1 2 3 4 5	2. <u>Consultation Skills</u> - worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs.	N 1 2 3 4 5
N 1 2 3 4 5	3. <u>Intervention Skills</u> - showed flexibility in using a variety of appropriate strategies to help clients work toward goals.	N 1 2 3 4 5
N 1 2 3 4 5	4. <u>Oral Communication Skills</u> –communicates effectively (direct, clear, appropriately) with clients, supervisors, and peers.	N 1 2 3 4 5
N 1 2 3 4 5	5. <u>Knowledge Base</u> - demonstrated good understanding of theories and research in psychology, development, counseling, assessment, and psychopathology	N 1 2 3 4 5
N 1 2 3 4 5	6. <u>Case Conceptualization Skills</u> - Can conceptualize clients concerns from within a coherent and empirically supported theoretical/ treatment model	N 1 2 3 4 5

MIDTERM	ADVANCED CLINICAL SKILLS	FINAL
N 1 2 3 4 5	1. <u>Assessment Skills</u> - demonstrated appropriate knowledge and use of assessment instruments; was able to appropriately interpret and discuss test results with clients and peers as well as integrate in intake reports.	N 1 2 3 4 5

N 1 2 3 4 5	2. <u>Diagnostic Skills</u> - incorporated multiple sources of data; showed sensitivity to client concerns; demonstrated knowledge of DSM-IV; used diagnosis to establish client goals and make appropriate referrals.	N 1 2 3 4 5
N 1 2 3 4 5	3. <u>Crises Management</u> - recognized and handled crises skillfully.	N 1 2 3 4 5

MIDTERM	EVIDENCE-BASED PRACTICE	FINAL
N 1 2 3 4 5	1. <u>Demonstrates EBP Knowledge</u> - demonstrates basic knowledge about the value of evidence-based practice for intervention and assessment.	N 1 2 3 4 5
N 1 2 3 4 5	2. <u>Applies Knowledge</u> - applies knowledge of evidence-based practice, integrating research and clinical expertise in the context of client treatment.	N 1 2 3 4 5

MIDTERM	PROFESSIONAL PRESENTATION AND BEHAVIOR	FINAL
N 1 2 3 4 5	1. <u>Professional Behavior</u> - showed readiness and ability to assume and discharge duties; initiated opportunities to gain and share skills.	N 1 2 3 4 5
N 1 2 3 4 5	2. <u>Self Presentation</u> - presented self in a professional manner through appearance/dress, composure, organization, confidence, and desire to help.	N 1 2 3 4 5
N 1 2 3 4 5	3. <u>Management of Personal Issues in a Professional Manner</u> - manages personal stress, psychological concerns, emotional reactions so they do not adversely affect case conceptualization, interactions with clients and their families, or relationships with supervisors and other professionals	N 1 2 3 4 5
N 1 2 3 4 5	4. <u>Ethical Knowledge and Practice</u> - demonstrated understanding of and conformed to ethical principles in professional work and practice.	N 1 2 3 4 5
N 1 2 3 4 5	5. <u>Knowledge and Practice of Diversity Issues</u> - demonstrated awareness and knowledge of diversity issues (ethnic, cultural, socioeconomic, sexual preference, and religious backgrounds); sought consultation from appropriate sources.	N 1 2 3 4 5
N 1 2 3 4 5	6. <u>Report and Case Notes</u> - completed reports, case, & process notes on time and included relevant information, written in a professional style (clear, succinct, and devoid of unnecessary jargon) and can be used and interpreted by other professionals	N 1 2 3 4 5

MIDTERM	USE OF SUPERVISION	FINAL
N 1 2 3 4 5	<u>Supervisory Involvement</u> - actively sought supervision, discussed concerns and ideas, demonstrated openness to feedback, non-defensive, shows an ability to integrate feedback and used suggestions to improve clinical skills.	N 1 2 3 4 5
N 1 2 3 4 5	<u>Feedback</u> - Provides clear feedback and is able to work cooperatively with peers	N 1 2 3 4 5

Additional Comments:

Signatures. This evaluation will be placed in the trainee's file. These signatures attest that the signers have reviewed this evaluation and the practicum supervisor attests that the trainee has completed all of the responsibilities for this practicum.

Trainee: _____
Supervisor: _____

Date: _____
Date: _____

Group Practicum Evaluation Form
Competency Benchmarks in Professional Psychology
Readiness for Internship Level Rating Form

The below rating form is used for APCE 762 Practicum in Group Facilitation and students are only rated on the Competency Benchmarks that apply to this course.

Trainee Name:

Name of Placement: APCE 762 Course

Date Evaluation Completed:

Name of Person Completing Form: _____

Licensed Psychologist: Yes No

Was this trainee supervised by individuals also under your supervision? Yes No – Instructor provided direct supervision

Type of Review:

Initial Review

Mid-placement
review

Final Review

Other (please describe):

Dates of Training Experience this Review Covers: _____

Training Level of Person Being Assessed: Year in Doctoral Program: 2nd year doctoral student

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly
0

Somewhat
1

Moderately
2

Mostly
3

Very
4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Overall average ratings are provided for each competency area and at the end of this rating form an "overall average rating" is provided. In order for the student to pass the course *APCE 762 Practicum in Group Facilitation*, the student must receive an overall average rating of "3 mostly" on this form.

Competency Benchmarks in Professional Psychology form was obtained from:

<http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>

See the Counseling Psychology Student Handbook for items with examples for the Competency Benchmarks in Professional Psychology or APA's website listed above.

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context						
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	0	1	2	3	4	[N/O]
2D. Applications based on Individual and Cultural Context						
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.						
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines						
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2	3	4	[N/O]
3B. Awareness and Application of Ethical Decision Making						
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2	3	4	[N/O]
3C. Ethical Conduct						
Integrates own moral principles/ethical values in professional conduct	0	1	2	3	4	[N/O]
4D. Participation in Supervision Process						
Effectively participates in supervision	0	1	2	3	4	[N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.						
5A. Interpersonal Relationships						
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	0	1	2	3	4	[N/O]
5B. Affective Skills						
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2	3	4	[N/O]
5C. Expressive Skills						
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2	3	4	[N/O]

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
6A. Scientific Mindedness						
Values and applies scientific methods to professional practice	0	1	2	3	4	[N/O]
6B. Scientific Foundation of Psychology						
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4	[N/O]
6C. Scientific Foundation of Professional Practice						
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	0	1	2	3	4	[N/O]
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.						
7A. Scientific Approach to Knowledge Generation						
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	0	1	2	3	4	[N/O]
7B. Application of Scientific Method to Practice						
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	0	1	2	3	4	[N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.						
8A. Knowledge and Application of Evidence-Based Practice						
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
9D. Diagnosis						
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
9E. Conceptualization and Recommendations						
Utilizes systematic approaches of gathering data to inform clinical decision-making	0	1	2	3	4	[N/O]
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
10A. Intervention planning						
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	0	1	2	3	4	[N/O]
10B. Skills						
Displays clinical skills	0	1	2	3	4	[N/O]
10C. Intervention Implementation						
Implements evidence-based interventions	0	1	2	3	4	[N/O]
10D. Progress Evaluation						
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2	3	4	[N/O]

V. EDUCATION

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
13A. Expectations and Roles						
Demonstrates knowledge of, purpose for, and roles in supervision	0	1	2	3	4	[N/O]
13D. Supervisory Practices						
Provides helpful supervisory input in peer and group supervision	0	1	2	3	4	[N/O]

Signature of Doctoral Student: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

**FAMILY PRACTICUM APCE 694
EVALUATION FORM
University of Northern Colorado**

Name of Supervisee: _____ Date: _____

Name of Supervisor: _____ Site: **UNC Psychological Services Clinic**

Address: **UNC, McKee Hall Room 247**

Please describe your style of supervision with this supervisee.

- _____ Observed supervisee directly via one way mirror or video circuit
- _____ Listened to or watched tapes of supervisee counseling
- _____ Read session notes
- _____ Discussed cases with supervisee
- _____ Group supervision (6 supervisees or less)
- _____ Other (please describe) **Triadic supervision with doctoral supervisors**

What number of overall hours did the supervisee spend with:

- _____ Direct client activities (counseling)
- _____ Direct client contact with couples or families
- _____ Indirect client activities (i.e. case conferences, staff meetings, administrative duties, etc.)

Logistical aspects:

Supervisee is on time for sessions and supervision:

Case notes ready on time: _____ Case notes well written: _____

Treatment planning notes completed and modified with supervision:

Systemic models used:

- 1- Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.
- 2- Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.
- 3- Competence is at least at the minimal level necessary for functioning with moderate supervision required.
- 4- Competence is above average, trainee can function independently with periodic supervision.
- 5- Competence is well developed and trainee can function independently with little or no supervision required.
- N- Insufficient data to rate at this time.

Interaction / Interview Skills

Midterm

Final

N 1 2 3 4 5	Counselor establishes good rapport with family members	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is in charge of direction of interview	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is accepting and encouraging of family members' emotions, feelings, and expressed thoughts	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is aware and accepting of family's cultural, religious, sexual orientation, ethnic, economic, gender and family life-cycle issues	N 1 2 3 4 5

Counselor Responses

N 1 2 3 4 5	Counselor's responses are appropriate in view of what family members are expressing and according to developmental level	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is able to establish appropriate boundaries between therapist and family (i.e., counselor avoided being "caught" by family dynamics)	N 1 2 3 4 5
N 1 2 3 4 5	Counselor's values remain neutral when working with the family	N 1 2 3 4 5
N 1 2 3 4 5	Interventions are presented appropriately to the family members	N 1 2 3 4 5

Counseling Relationship

N 1 2 3 4 5	Therapeutic relationship was conducive to productive counseling	N 1 2 3 4 5
N 1 2 3 4 5	Counselor used appropriate language level with family	N 1 2 3 4 5
N 1 2 3 4 5	Counselor used language, tone of voice, and other behavior to convey an interest in all family members	N 1 2 3 4 5
N 1 2 3 4 5	Counselor communicated his/her interests, feelings and experiences to family members when appropriate	N 1 2 3 4 5

Client Conceptualization

N 1 2 3 4 5	Counselor understands/conceptualizes family's problem in its full perspective (i.e. systems)	N 1 2 3 4 5
N 1 2 3 4 5	Counselor reports family's behavior patterns accurately and supports reports with specific behavioral observations	N 1 2 3 4 5

N 1 2 3 4 5	Interventions reflect a clear understanding of the family's problem	N 1 2 3 4 5
N 1 2 3 4 5	Interventions are consistent with the systemic model being used to conceptualize the family	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is able to establish a shift to systems thinking with the family	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is able to demonstrate knowledge of principles and processes of theoretical framework underlying mode of treatment used	N 1 2 3 4 5
N 1 2 3 4 5	Treatment goals and plans reflect good case conceptualization and are consistent with the systemic model being used	N 1 2 3 4 5
N 1 2 3 4 5	Counselor assesses influence of other systems (i.e. school, work, medical etc.) and acts accordingly	N 1 2 3 4 5

Termination

N 1 2 3 4 5	Counselor reviews goals with family members and prepares for closure	N 1 2 3 4 5
N 1 2 3 4 5	Termination was initiated and planned properly (was it a smooth transition from the counseling process)	N 1 2 3 4 5
N 1 2 3 4 5	Follow up phone calls, or referral was discussed	N 1 2 3 4 5

Case Conceptualization / Supervision

N 1 2 3 4 5	Counselor is able to observe/understand his or her own personal influence on the counseling relationship	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is able to conceptualize and discuss cases meaningfully and insightfully with the supervisor	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is open to address issues pertaining to personal/professional growth conceptually and/or behaviorally	N 1 2 3 4 5
N 1 2 3 4 5	Counselor seeks, is well prepared, and actively participates in the supervisory process	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is open to entertaining new ideas and behaviors	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is receptive to supervisor feedback	N 1 2 3 4 5
N 1 2 3 4 5	Conversations in supervision and feedback reflected in future counseling sessions	N 1 2 3 4 5

Use of Evidence Based Interventions and Literature

N 1 2 3 4 5	Supervisee made serious effort to integrate case with Evidence Based Interventions	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee used literature to be more informed in regards to case conceptualization, and intervention	N 1 2 3 4 5

Miscellaneous

N 1 2 3 4 5	Supervisee actively participates in group supervision and provides other supervisees with feedback	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee engages in conversations conducive to co-therapy	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee actively pursues answers to ethical dilemmas as they arise in cases	N 1 2 3 4 5

Comments:

For the Final Evaluation ONLY:

Trainee signature: _____

Date: _____

Faculty Supervisor Signature: _____

Date: _____

- **The faculty has approved this form for evaluation in Family practica for both MA and doctoral students. It is a departmental requirement that a copy of this evaluation is to be included in the student's file upon course completion.**
- Form created by Lia Softas-Nall, Professor of Counseling Psychology and adopted by the APCE faculty. It appears as a published contribution in Hovestadt, C. et al (2002). *Practice management forms: Tools for the business of therapy*. Washington, DC: American Association for Marriage and Family Therapy.

APCE 793/4 Evaluation Form

Name of Trainee and Program of Study: _____ Date: _____
 Supervisor: _____ Faculty Supervisor's License: _____
 Clinic Assistant: _____

For the final in 793 I expect students to have mostly 4's. A '3' means you are competent, yet require ongoing supervision 5 = ready for internship!. N = Not observed, or NMO= need more observation

Evaluation criteria being applied (circle): Beginning (typically 612, 618) or Advanced practicum (typically 702, 712)
Directions: Evaluations should be based on current level of progress and competence in the practicum. Circle the number that best describes the trainee's competence as given in the descriptions below. Rate each category independently.

- 1- Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.
- 2- Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.
- 3- Competence is at least at the minimal level necessary for functioning with moderate supervision required.
- 4- Competence is above average; trainee can function independently with periodic supervision.
- 5- Competence is well developed and trainee can function independently with little or no supervision required.
- N- Insufficient data to rate at this time.

MIDTERM		FINAL
N 1 2 3 4 5	1. Consultation Skills - worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs.	N 1 2 3 4 5
N 1 2 3 4 5	2. Intervention Skills - showed flexibility in using a variety of appropriate strategies to help clients work toward goals.	N 1 2 3 4 5
N 1 2 3 4 5	3. Oral Communication Skills - communicates effectively (direct, clear, appropriately) with clients, supervisors, and peers.	N 1 2 3 4 5
N 1 2 3 4 5	5. Knowledge Base - demonstrated good understanding of theories and research in psychology, development, counseling, assessment, and psychopathology.	N 1 2 3 4 5
N 1 2 3 4 5	6. Case Conceptualization Skills - Can conceptualize clients concerns from within a coherent and empirically supported theoretical/ treatment model.	N 1 2 3 4 5

N 1 2 3 4 5	1. Assessment Skills - demonstrated appropriate knowledge and use of assessment instruments; was able to appropriately interpret and discuss test results with clients and peers as well as integrate in intake reports.	N 1 2 3 4 5
N 1 2 3 4 5	2. Diagnostic Skills - incorporated multiple sources of data; showed sensitivity to client concerns; demonstrated knowledge of DSM-IV; used diagnosis to establish client goals and make appropriate referrals	N 1 2 3 4 5
N 1 2 3 4 5	3. Crises Management - recognized and handled crises skillfully.	N 1 2 3 4 5

MIDTERM	EVIDENCE-BASED PRACTICE	FINAL
N 1 2 3 4 5	1. Demonstrates EBP Knowledge - demonstrates basic knowledge about the value of evidence-based practice for intervention and assessment.	N 1 2 3 4 5
N 1 2 3 4 5	2. Applies Knowledge - applies knowledge of evidence-based practice, integrating research and clinical expertise in the context of client treatment.	N 1 2 3 4 5

MIDTERM	PROFESSIONAL PRESENTATION AND BEHAVIOR	FINAL
N 1 2 3 4 5	1. Management of Personal Issues in a Professional Manner - manages personal stress, psychological concerns, emotional reactions so they do not adversely affect case conceptualization, interactions with clients and their families, or relationships with supervisors and other professionals.	N 1 2 3 4 5
N 1 2 3 4 5	2. Ethical Knowledge and Practice - demonstrated understanding of and conformed to ethical principles in professional work and practice.	N 1 2 3 4 5
N 1 2 3 4 5	3. Knowledge and Practice of Diversity Issues - demonstrated awareness and knowledge of diversity issues (ethnic, cultural, socioeconomic, sexual preference, and religious backgrounds); sought consultation from appropriate sources.	N 1 2 3 4 5
N 1 2 3 4 5	4. Case Notes Completed on time and included relevant information, written in a professional style (clear, succinct, and devoid of unnecessary jargon) and can be used and interpreted by other professionals.	N 1 2 3 4 5
N 1 2 3 4 5	5. Case Presentations/academic presentations: Completed case presentations and academic presentations to class on time, clearly, and succinctly. Demonstrated	N 1 2 3 4 5

	preparedness for presentations and ability to conceptualize clients and understand/portray material (academic presentations) to classmates.	
--	---	--

MIDTERM	SUPERVISION & FEEDBACK	FINAL
N 1 2 3 4 5	1. Supervisory Involvement - actively sought supervision, discussed concerns and ideas, demonstrated openness to feedback, non-defensive, shows an ability to integrate feedback and used suggestions to improve clinical skills.	N 1 2 3 4 5
N 1 2 3 4 5	2. Feedback - Provides clear feedback and works cooperatively with peers. Respectful, attentive, collegial.	N 1 2 3 4 5

MIDTERM	MANAGEMENT AND ADMINISTRATION	FINAL
N 1 2 3 4 5	1. Administration – Effectively functions within professional settings and the organization, including compliance with policies and procedures.	N 1 2 3 4 5
N 1 2 3 4 5	2. Management – Is aware of different roles in the clinic organization, and responds appropriately through the management hierarchy.	N 1 2 3 4 5

MIDTERM	EVIDENCE BASED PRACTICE	FINAL
N 1 2 3 4 5	Demonstrates Knowledge - demonstrates basic knowledge of the value of evidence-based practice to intervention and assessment.	N 1 2 3 4 5
N 1 2 3 4 5	Applies Knowledge - applies knowledge of evidence-based practice, integrating research and clinical expertise in the context of client treatment.	N 1 2 3 4 5

MIDTERM	SPECIFIC CLINIC DUTIES	FINAL
N 1 2 3 4 5	1. Timeliness and preparation –On time, works complete shift, initiates or asks for further duties if all assigned duties are taken care of. Follows up with others/supervisor regarding incomplete duties at end and beginning of shift. Turns in clinic logs on time.	N 1 2 3 4 5
N 1 2 3 4 5	2. Phone messages – Checks messages and records clearly in the call log. Returns calls in order they were received and documents results clearly in call log (practicum assigned to, actions taken, etc.).	N 1 2 3+ 4 5
N 1 2 3 4 5	3. Phone Intakes – Conducts phone intakes according to procedures – accurately fills out all sections of phone intake form and relays information to practicum professor reliably and according to procedures.	N 1 2 3+ 4 5
N 1 2 3 4 5	4. Phone etiquette – Communication skills with clients and members of the community on the telephone are professional, ethical, and responsible. Speaks to clients clearly and concisely and portrays accurate information about clinical services.	N 1 2 3 4 5
N 1 2 3 4 5	5. PSC knowledge – Demonstrates knowledge of PSC procedures and services. Is able to convey this information to others (professors, in presentations, clients calling in).	N 1 2 3 4 5
N 1 2 3 4 5	6. Promotion of services – Calls community agencies to promote services and maintain positive relationships with community agencies. Actively seeks out new venues to promote services within the community.	N 1 2 3 4 5
N 1 2 3 4 5	7. Presentations – Completes presentations for campus classes and liaison agencies. Is prepared for presentations and knowledgeable regarding services/presentation material. Portrays self and clinic in a positive way when doing presentations.	N 1 2 3 4 5
N 1 2 3 4 5	8. Maintenance of clinic – Checks counseling rooms, playback rooms, and caves for supplies and cleanliness. Follows up with supervisor regarding needed supplies or maintenance.	N 1 2 3 4 5
N 1 2 3 4 5	9. Marketing – Adequately completes duties of marketing including preparing letters for the community, folding table tents, making flyers, posting flyers, etc.	N 1 2 3 4 5
N 1 2 3 4 5	10. Professional Relationships – Develops and maintains collaborative relationships while demonstrating respect for other professionals.	N 1 2 3 4 5
Additional Comments:		

Signatures. The final evaluation will be placed in the trainee's file. These signatures attest that the signers have reviewed its contents.

Competency Benchmarks in Professional Psychology Readiness for Internship Level Rating Form

Trainee: _____
Supervisor: _____

Date: _____
Date: _____

The below rating form is used for *APCE 795 External Practicum in Counseling Psychology*, and students are only rated on the Competency Benchmarks that apply to this course.

Trainee Name: _____ Year in Doctoral Program: _____

Name of Placement: _____ Semester: _____

Person Completing Form (highest degree and license earned):

Did individuals also under your supervision supervise this trainee? Yes No

Type of Review: Mid-placement Review Final Review Other (please describe):

Overall average ratings are provided for each competency area, and at the end of this rating form. An o In order for the student to pass the course *APCE 795 Externship in Counseling Psychology*, the student must receive an overall average rating of 3 (Mostly) on this form.

Competency Benchmarks in Professional Psychology form was obtained from:

<http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly Somewhat Moderately Mostly

Very

0

1

2

3

4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportsment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional values

Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values

0

1

2

3

4

N/O]

1B. Deportment						
Communication and physical conduct (including attire) is professionally appropriate, across different settings	0	1	2	3	4	N/O]
1C. Accountability						
Accepts responsibility for own actions	0	1	2	3	4	N/O]
1D. Concern for the welfare of others						
Acts to understand and safeguard the welfare of others	0	1	2	3	4	N/O]

How characteristic of the trainee's behavior is this competency description?				
Not at All/Slightly	Somewhat	Moderately	Mostly	
Very				
0	1	2	3	
4				
If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].				

11E. Professional Identity						
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	0	1	2	3	4	N/O]
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context						
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	0	1	2	3	4	N/O]
2D. Applications based on Individual and Cultural Context						
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	0	1	2	3	4	N/O]
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.						
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines						
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2	3	4	N/O]
3B. Awareness and Application of Ethical Decision Making						
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2	3	4	N/O]
3C. Ethical Conduct						

Integrates own moral principles/ethical values in professional conduct	0	1	2	3	4	N/O]
4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.						
4A. Reflective Practice						
Displays broadened self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2	3	4	N/O]
4B. Self-Assessment						
Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2	3	4	N/O]

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly
Very			
0	1	2	3
4			

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)						
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2	3	4	[N/O]
4D. Participation in Supervision Process						
Effectively participates in supervision	0	1	2	3	4	[N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.						
5A. Interpersonal Relationships						
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	0	1	2	3	4	[N/O]
5B. Affective Skills						
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2	3	4	[N/O]
5C. Expressive Skills						
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2	3	4	[N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.						
8A. Knowledge and Application of Evidence-Based Practice						

Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
9A. Knowledge of Measurement and Psychometrics						
Selects assessment measures with attention to issues of reliability and validity	0	1	2	3	4	[N/O]
9B. Knowledge of Assessment Methods						
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	0	1	2	3	4	[N/O]
9C. Application of Assessment Methods						
Selects appropriate assessment measures to answer diagnostic question	0	1	2	3	4	[N/O]
9D. Diagnosis						
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
9E. Conceptualization and Recommendations						
Utilizes systematic approaches of gathering data to inform clinical decision-making	0	1	2	3	4	[N/O]

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly
Very			
0	1	2	3
4			

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

9F. Communication of Assessment Findings						
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client	0	1	2	3	4	N/O]
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
10A. Intervention planning						
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	0	1	2	3	4	N/O]
10B. Skills						
Displays clinical skills	0	1	2	3	4	N/O]
10C. Intervention Implementation						
Implements evidence-based interventions	0	1	2	3	4	N/O]
10D. Progress Evaluation						
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2	3	4	N/O]

Overall Assessment of Trainee's Current Level of Competence (use back if necessary)

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?

- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training, or independent practice?

Signature of Doctoral Student: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Revised Spring 2013

Clinic Orientation Sessions 2017

What we'll cover:

- 1) How clients come to use our clinic (phone intake info)
- 2) Typical Clinic Procedures and Forms
- 3) HIPAA
- 4) Fee collection and parking costs
- 5) Avigilon Recording Review Policy
- 6) Psychiatric Services
- 7) Termination & long term storage of files
- 8) Maintenance of the caves/rooms

1) How clients learn about our clinic

Due to our very small staff in the PSC It is the responsibility of **ALL** practicum students to help promote the PSC and recruit clients. Typically, the clinic GA, 793/4 students, and 714/5 TA's give presentations to classes and the community. We send letters and brochures to schools, community agencies, medical clinics and other agencies. We work with campus administration to send campus wide e-mails. We periodically advertise in newspapers and community newsletters. Former clients and community contacts are the greatest source of referrals. Keeping our reputation as a reliable and credible clinic is essential!

When a student or community member calls the clinic (351-1645) they may be greeted by clinic personnel or allowed to leave a message on the phone. Their message is returned within 1-3 days. We provide information and, if appropriate, conduct a phone intake to determine if we can meet the client's needs. We may also provide referrals to other agencies.

During phone intakes, the clinic assistant or 793/4 students inquire about custody arrangements when children from divorced households are being referred as potential clients. We request a copy of information that documents the custody agreement to make sure the parent has legal rights to consent to the minors' treatment. If joint custody is ordered, both parents' signatures should be obtained when possible. Whomever has been assigned medical decision-making power for the child needs to provide written consent. Please be sure to discuss this with your faculty supervisor.

2) Basic Forms and procedures

First session: Fill out Client Intake and Client Rights Disclosure Statement. Remind clients of the \$60 (or higher) fee that should be **paid in full at the beginning of the second session** of individual or couples/family counseling.

- **Payment must be cash or money order** made out to the PSC (or write out Psychological Services Clinic). **NO checks** in most cases (with the exception of expensive assessments). We also accept credit cards. For cash payments, at the end of the session, get a receipt book from Gloria's work area, **write the receipt in the payee's first name and last initial and give them a copy**. In the evening your instructor can access the receipt book from the office. For credit card payments, at the end of the session, take the client's credit card to the front office and process the payment using the credit card machine on Gloria's desk. The machine will give you two copies of the receipt- provide one to the client and put the signed copy in the purple box by Gloria's desk.
- Put cash and receipts in the purple box or give the money to office staff. **DO NOT** put the money in the client's file folder.

Typically Used Clinic Forms

Telephone Intake (in Titanium)

Client Rights Statement (completed on paper and *scanned* into Titanium by staff)

Individual, Family, or Child Client Intake Form (completed on paper by client, entered into Titanium form by clinician)
Minor Child Consent/Assent forms (completed on paper and *scanned* into Titanium by staff)
Case Notes (SOAP format; in Titanium)
Child Abuse Reporting Form (copies in the Clinic Manual & caves)
Client Satisfaction Surveys
Termination Summary (in Titanium)
Evaluation of Practicum Students (your instructor completes this)

Others: Self-care plan, safety plan, Greeley Community Resource List, other forms for specialized practica (e.g. PSI, PCIT forms, etc.)

3) HIPAA

Forms

- Confidentiality & Information Security Agreement (**ALL** personnel & students must sign this & turn it in)
- **Notice of Privacy Practices (NPP)**
- Client Acknowledgment of Receipt of Privacy Practices (now part of Client Rights Disclosure Statement)
- Authorization for Use or Disclosure of Protected Health Information (D-PHI)
- Cover sheet for Faxes

What is HIPAA?

Privacy Rule: Health Insurance Portability and Accountability Act

Each campus has a primary "Privacy Officer" and other who are mandated to ensure compliance. The clinic director is mandated to ensure that the PSC is in compliance and, along with University Counsel is responsible for ensuring that the provisions of the Privacy Rule are implemented for the entire campus.

To be compliant, we need to:

1. Notify our clients, during the first session, of HIPAA regulations (e.g., tell clients about how their Protected Health Information (PHI) will be used and protected, what rights they have regarding records, how to file complaints, etc. This includes using a D-PHI for TREATMENT (including sending information to referral agencies/physicians, supervision, etc.), PAYMENT (which we do NOT currently do; we do not bill insurance), and SUPPORT of health care efforts (quality assurance, etc.). There are other reasons that information may be used as required by law, such as reporting abuse or neglect. Notification is documented by having clients sign the informed consent paperwork indicating they have read it, had a chance to ask questions, and have been given a copy if desired.
2. Keep health data private and release only the minimum necessary for the uses specified above.
3. Get specific client authorization (this is on the D-PHI form).
4. Maintain a disclosure log in the client's chart (the *Client File in Titanium*). This simply lists date and content of disclosures and to whom information was disclosed. This log must include any unauthorized disclosures, as well as authorized ones (e.g., someone accidentally released information without written consent). Clients may request to see the log.
5. Maintain written clinic policies regarding HIPAA.
6. **DO NOT** prop open the doors to the caves when practicum is not in session – doors must remain locked outside of practicum times!

7. Each faculty, staff member, and student must read and sign a form acknowledging that they understand the importance of confidentiality. Do this once, but remember it on a daily basis! Please sign this form and the Practicum Rules Form.

****Please keep in mind that the consent form makes it clear who will observe and supervise sessions. It is NOT ETHICAL to observe sessions in other practicum, consult with others outside of the practicum you are enrolled in, etc. It is NEVER appropriate to review sessions other than your OWN sessions. The only exception would be if a practicum peer gives you explicit permission to review his or her recorded session, and your faculty supervisor approves. Occasionally, faculty, recognizing that they wish to consult with colleagues who have particular expertise, may ask such faculty to observe part of a session or provide additional supervision periodically to a student CIT. It is not considered appropriate for students to ask other faculty or students to consult on cases without the explicit permission of their faculty supervisor.**

4) Fee Collection

Please see the Clinic Manual for detailed policies on collecting fees. Payment accepted as cash or card (Visa, Discover, and Mastercard) only. There is a minimum \$60 fee per semester per client (*exceptions below*). “Client” is defined as a person attending individual counseling, a couple in family counseling, or a family in family counseling. If family members are also involved in individual counseling they will be asked to pay \$60 for the family practicum and \$60 for individual counseling. However, we will take the number of people into consideration when charging fees. For example, if there are 10 family members and all are in family and individual counseling (not likely) we are not likely to charge \$600 for the term, but we may, depending on the circumstances. If questions about payment arise, please do not hesitate to contact the Clinic Director or Assistant Director. Clients will pay one fee for the entire term. Approximately halfway through the term, the fee may be reduced. Policies for assessments are different; assessments generally cost \$500, but please refer to the clinic manual for further information. Please note that all clients for whom a phone intake is done have been informed of the fee and other policies. Clinic promotional materials (brochures, letters, and phone calls to schools and community agencies, other advertising) also make this clear.

Exceptions include: 1) a limited number of UNC students who are in counseling as part of their course credit, 2) clients who are unable to pay the fee due to extreme financial duress – first, determine what part of the fee they can pay, 3) clients who are seeing counselors in APCE 793/4, for which there is a fee per session (\$10-60), and 4) clients receiving psychological assessment services, for which there is higher fee (beginning at \$500), 5) Clients in the group class (APCE 762) where the services are typically free.

Collection: Fees (cash or credit card) will be collected by the CIT working with clients. **Supervising faculty are expected to keep track of and collect ALL client fees at the second session.** You will remind clients during the first session (during the Client Rights) that they were informed of a \$60 fee for services. The first counseling session is free. Give clients a receipt for payment (for cash, the receipt book can be found at Gloria Sedillos’ window; for credit, provide them with one of the two receipt generated by the machine) with their first name and last initial.

Parking: The fee is \$1.00/hour and must be purchased at the parking kiosk on 14th Ave prior to entering the building. There are no exceptions to the parking fee. **The clinic will not reimburse clients for parking tickets.** Parking permits are not needed after 5PM or on weekends.

6) Avigilon Recording Review Policy

DO NOT review any recordings other than your own, or possibly those of a practicum peer (with permission of your faculty supervisor and your peer). Violation of this policy will be cause for review of a student’s progress, including potential dismissal for an ethical violation.

6) Psychiatric Services

Please see the Clinic Manual for detailed policy. We do not offer psychiatric services in the PSC. In general, clients attending the PSC may see a family physician or psychiatrist for medications, or if they are a UNC student, they may go to the Student Health Center. Clients who are seeing the psychiatrist at the UNC Counseling Center must be a client of that center.

7) Termination Procedures & Retrieval of Long Term Files

Please see the Clinic Manual for detailed policies on termination procedures. Please see the Termination Procedures Form, Scanning Paperwork Procedures Form, and the Case File Organizing Form, describing how to complete the Termination Summary and terminate client files in Titanium. Your practicum supervisor will review the completed file and sign off on your documentation in Titanium. Any leftover paperwork **SHOULD NOT** be stored in file cabinets following the end of the semester. Only designated personnel can retrieve client files from long-term storage, including the Clinic Director and Assistant Clinic Director. Client files are kept for a minimum of seven years from the time a client discontinues services either in long-term storage for paper files, or on the secure server if an Electronic Medical Record.

8) Maintenance of clinic areas

Please keep in mind that we do not have our own custodial staff in the PSC. McKee Hall custodians are very aware of, and sensitive to, our clients' privacy, so they may not clean the caves or rooms if they believe sessions are underway. Therefore, it is up to students and faculty to keep the caves, counseling rooms, and waiting area clean and presentable. Cleaning wipes, window cleaner, and vacuums are available for your use in the cave cabinets. Please clean out the vacuum after every use – it will not work if the container is full! It is not acceptable to bring any consumable except for water into the caves – please respect this policy and have meals elsewhere. All areas should be cleaned up after your practicum ends. Specifically, no forms, water bottles, gum wrappers, files, etc. should be lying around. Practicum students are responsible for emptying the small trashcan in the cave. This can be done by pulling out the trash bag and placing it in a large hallway trashcan. **Do not forget to turn off fans and lights at the end of the day and lock the doors!** If deep cleaning is required in any of these areas, please let Gloria know so that she can alert the McKee custodial staff.

*During practicum, please do not leave chairs, backpacks, coats, etc. lying around. Injuries have occurred!



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

ADULT CLIENT INTAKE

Please provide the following information for our records. Leave blank any question you prefer not to answer.

Name: _____ Date: _____

Permanent Address: _____

Phone: _____ Date of Birth: _____ Age: _____ Gender: _____

Race/Ethnicity: _____ Sexual Orientation: _____

If you are a student what is your year? _____ Major: _____

Relationship Status: _____ Number of Children: _____ Number of children living in the home: _____

Referred by: _____ Are you currently receiving counseling services elsewhere? ☐ Yes ☐ No

Have you had previous counseling? ☐ Yes ☐ No

Do you consider yourself to be religious? ☐ Yes ☐ No If yes, what is your faith? _____

Do you consider yourself to be spiritual? ☐ Yes ☐ No

Are you currently employed outside the home? ☐ Yes ☐ No

What is your occupation? _____

What are your living arrangements? ☐ alone ☐ with roommate (s) ☐ with spouse/partner
☐ with children ☐ with family

Are you satisfied with your living arrangements? ☐ Yes ☐ No

Family Information: Please include all significant family members (feel free to continue on the back)

Name	Age	Relationship	Do they live with you?
------	-----	--------------	------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your family have a history of any of the following?

___ Depression	___ Anxiety	___ Panic attacks	___ Alcohol/drug use
___ Eating disorders	___ Abuse	___ Bipolar Disorder	___ Schizophrenia
___ Other mental health concerns (_____)		___ Attempted or completed suicide	

Family Relationships:

___ My parents are divorced/separated ___ My family is not emotionally close.

How would you describe your physical health at present? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any persistent physical symptoms or health concerns (e.g. chronic pain, diabetes, etc.)

Are you having any problems with your sleep habits? ☐Yes ☐No If yes, please describe

Are you having difficulty with appetite or eating habits? ☐Yes ☐No

If yes, check where applicable ☐Eating less ☐Eating more ☐Binging ☐Restricting ☐Other

Are you currently taking any prescribed psychiatric medication (antidepressants or others)?

☐Yes ☐No If yes, please list: _____

Do you regularly use alcohol? ☐Yes ☐No If yes, how frequently and how much? _____

In a typical month, how often do you have 4 or more drinks in a 24-hour period? _____

How often do you engage in recreational drug use?

Daily Weekly Monthly Rarely Never

Have you ever felt that your substance (alcohol or drug) use was a problem? ☐Yes ☐No

What substance(s) do you use? _____

Has anyone ever told you they were concerned about your substance use? ☐Yes ☐No

Have you had thoughts of suicide recently (past two weeks)? ☐Yes ☐No

If yes, please describe _____

Have you had them in the past? ☐Yes ☐No

If yes, please describe _____

Have you ever attempted suicide? ☐Yes ☐No

If yes, please describe _____

Have you ever had thoughts of harming other people? ☐Yes ☐No

If yes, please describe _____

In the last year, have you experienced any significant life changes or stressors? ☐Yes ☐No

If yes, please explain _____

Have you ever experienced problems with:

___ Depression ___ Anxiety ___ Panic attacks ___ Mood swings ___ Anger

___ Repetitive thoughts ___ Repetitive behaviors ___ Racing thoughts ___ Abuse

___ Difficulty concentrating or focusing ___ Confusing thoughts

Please check the statements that apply to you:

___ I do not have close friends I can talk to about personal issues

___ I have a good social support system

___ My relationship with my family is satisfactory

___ I have difficulty handling stress

___ I have difficulty expressing my emotions

___ I often get extremely angry

___ At times I have acted in a violent manner

___ I am having academic or work problems

___ I have suffered a recent loss: ___ death ___ relationship ending ___ other loss: _____
___ I have current or past health concerns I would like to discuss
___ I have sexual concerns I would like to discuss

Please give the name and phone number of an Emergency Contact:

Name: _____ Phone: _____

Do we have your permission to contact this person if we feel it is necessary?

☐ Yes ☐ No

What are some of your strengths?

What would you like to accomplish in counseling? Please list your goals.

Master's and doctoral students in our graduate programs staff the Psychological Services Clinic (PSC). To insure the quality of services you receive, all counselors in training are assigned faculty supervisors with whom to consult concerning the progress of counseling. Your session may be both audio and visually recorded. The purpose of recording is to provide instruction and feedback to students. All recorded materials and written records are restricted to the internal use of the PSC and their confidentiality will be strictly safeguarded, with exceptions discussed with your counselor in the first session. Recordings are deleted after 90 days.



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

ADOLESCENT CLIENT INTAKE

Please provide the following information for our records. Leave blank any question you prefer not to answer.

FOR GUARDIAN:

Identification

Person(s) completing this form: _____ Today's Date: _____

Child's name: _____ Birth date: _____ Age: _____ Gender: _____

Address: _____

Guardian One: _____ Age: _____

Address: _____ Phone: _____

Occupation: _____

Relationship to child _____ ☐ Biological ☐ Adoptive ☐ Step/Other

Guardian Two: _____ Age: _____

Address: _____ Phone: _____

Occupation: _____

Relationship to child _____ ☐ Biological ☐ Adoptive ☐ Step/Other

Parents are currently: ☐ Married ☐ Divorced ☐ Remarried ☐ Never married ☐ Other: _____

If divorced: ☐ Joint custody ☐ Sole custody of _____ ☐ Custody resolved
☐ Custody evaluation in progress ☐ Custody being contested ☐ Other: _____

Child is currently living with (names & relationship to child): _____

Any other Guardians' Name(s): _____ Age(s): _____

Address: _____ Phone: _____

Occupation: _____

Family History

Please check all items which apply & explain (i.e. who [mother, father, extended family], when, circumstances, etc)

- ☐ Previous counseling: _____
- ☐ Current counseling: _____
- ☐ Inpatient mental health treatment: _____
- ☐ Suicide history and attempts: _____
- ☐ Depression and anxiety: _____
- ☐ Learning disabilities: _____
- ☐ Physical or sexual abuse: _____
- ☐ Drug and/or alcohol abuse: _____
- ☐ Serious illness/injuries: _____
- ☐ Legal difficulties: _____
- ☐ Other: _____

Siblings

Child's name

Date of birth

Description of relationships – how do they get along?

Developmental History*Pregnancy and delivery*

Problems during pregnancy? _____

Mother's age during pregnancy? _____

Father's age during pregnancy? _____

Did mother: ☐ Smoke? (number of cigarettes per day: ____)☐ Drink alcohol? (number of beers/drinks per day/week: _____)☐ Use drugs? (what drug and how much: _____)☐ Experience illness during pregnancy? (_____)

Was child premature? (by how many days? _____)

☐ Labor induced?

Length of labor? _____

Any other birth complications or problems? _____

*Early development*Any problems with... ☐ Feeding ☐ Allergies ☐ Sleeping ☐ Medical ☐ Birth defects ☐ PersonalityAny delays in... ☐ saying single words ☐ Crawling ☐ Walking ☐ Talking ☐ Toilet training ☐ Fine-motor**Health**

List all childhood illnesses, hospitalizations, medications, allergies, head traumas, significant accidents and injuries, surgeries, periods of loss-of-consciousness, convulsions/seizures, and other medical conditions.

Condition

Age

Treated by whom

Consequences

Is your child currently taking any prescribed psychiatric medication (antidepressants or others)?

☐ Yes ☐ No If yes, please list: _____**History of Abuse**

Describe any history of neglect, verbal, emotional, physical, or sexual abuse: _____

What actions were taken? _____

Residences*Homes*

Dates From → to	Location	Living with whom	Reason for Moving	Any problems
--------------------	----------	---------------------	----------------------	--------------

Residential placements, institutional placements, or foster care

Dates From → to	Location	Living with whom	Reason for Moving	Any problems
--------------------	----------	---------------------	----------------------	--------------

Schools

School name and district	Child's age	Grade	Teacher
--------------------------	-------------	-------	---------

☐ Significant academic problems: _____

☐ Special education ☐ Retention (grade: ____)

☐ Speech/language therapy ☐ OT/PT ☐ IEP Plan

☐ Significant behavior problems ☐ Detention ☐ Suspension ☐ Expulsion

☐ Organized sports: _____ ☐ Extracurricular activities: _____

May I call and discuss this child with his/her current teacher? _____

Concerns & Goals

Describe your current relationship(s) with this child: _____

Describe all current psychological, emotional, behavioral and educational problems and concerns: _____

What would you like to achieve through therapy for this child, you, and your family? _____

What concerns or questions do you have regarding therapy? _____

FOR ADOLESCENT:

School

Which subjects and activities do you enjoy most? _____

Which subjects and activities are most difficult for you? _____

List and describe any school special services in which you have participated (resources, individual or group counseling, speech, etc): _____

Generally, how do you get along with friends, classmates, teachers, etc.: _____

Free Time

List hobbies, sports, recreation, TV preference etc: _____

Previous Psychological Concerns and Counseling History

Please describe: _____

Name(s) of previous counselor(s): _____

Dates and types of therapy (e.g. individual, family, etc): _____

Impact/outcome/results of therapy: _____

Have you ever had thoughts of suicide or self-harm? ☐Yes ☐No

If so, please describe _____

Current Concerns

Describe all current psychological, emotional, behavioral and educational problems and concerns: _____

Describe your current relationship(s) with your guardians: _____

Do you have any concerns with eating, sleep, or substance use you would like to discuss? ☐Yes ☐No

Treatment

What would you like to achieve through therapy for this child? _____

How do you hope therapy might change things for you? _____

What would you like to achieve through therapy for the family? _____

What concerns do you have regarding therapy? _____

What questions do you have about therapy? _____

Other

What else might be important to share that might not appear on this form?

Master's and doctoral students in our graduate programs staff the Psychological Services Clinic (PSC). To insure the quality of services you receive, all counselors in training are assigned faculty supervisors with whom to consult concerning the progress of counseling. Your session may be both audio and visually recorded. The purpose of recording is to provide instruction and feedback to students. All recorded materials and written records are restricted to the internal use of the PSC and their confidentiality will be strictly safeguarded, with exceptions discussed with your counselor in the first session. Recordings are deleted after 90 days.



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

CHILD CLIENT INTAKE

Please provide the following information for our records. Leave blank any question you prefer not to answer.

Identification

Person(s) completing this form: _____ Today's Date: _____

Child's name: _____ Birth date: _____ Age: _____ Gender: _____

Address: _____

Guardian One: _____ Age: _____

Address: _____ Phone: _____

Occupation: _____

Relationship to child _____ ☐ Biological ☐ Adoptive ☐ Step/Other

Guardian Two: _____ Age: _____

Address: _____ Phone: _____

Occupation: _____

Relationship to child _____ ☐ Biological ☐ Adoptive ☐ Step/Other

Parents are currently: ☐ Married ☐ Divorced ☐ Remarried ☐ Never married ☐ Other: _____

If divorced: ☐ Joint custody ☐ Sole custody of _____ ☐ Custody resolved

☐ Custody evaluation in progress ☐ Custody being contested ☐ Other: _____

Child is currently living with: ☐ Both biological parents ☐ Mother ☐ Father ☐ Foster care

☐ Friend ☐ Other: _____

Any other Guardians' Name(s): _____ Age(s): _____

Address: _____ Phone: _____

Occupation: _____

Family History

Please check all items which apply & explain (i.e. who [mother, father, extended family], when, circumstances, etc)

☐ Previous counseling: _____

☐ Current counseling: _____

☐ Inpatient mental health treatment: _____

☐ Suicide history and attempts: _____

☐ Depression and anxiety: _____

☐ Learning disabilities: _____

☐ Physical or sexual abuse: _____

☐ Drug and/or alcohol abuse: _____

☐ Serious illness/injuries: _____

☐ Legal difficulties: _____

☐ Other: _____

Siblings

Child's name Date of birth Description of relationships – how do they get along?

Developmental History*Pregnancy and delivery*

Problems during pregnancy? _____

Mother's age during pregnancy? _____ Father's age during pregnancy? _____

Did mother: ☐ Smoke? (number of cigarettes per day: ____)

☐ Drink alcohol? (number of beers/drinks per day/week: _____)

☐ Use drugs? (what drug and how much: _____)

☐ Experience illness during pregnancy? (_____)

Was child premature? (by how many days? _____) ☐ Labor induced? Length of labor? _____

Any other birth complications or problems? _____

Early development

Any problems with... ☐ Feeding ☐ Allergies ☐ Sleeping ☐ Medical ☐ Birth defects ☐ Personality

Any delays in... ☐ saying single words ☐ Crawling ☐ Walking ☐ Talking ☐ Toilet training ☐ Fine-motor

Health

List all childhood illnesses, hospitalizations, medications, allergies, head traumas, significant accidents and injuries, surgeries, periods of loss-of-consciousness, convulsions/seizures, and other medical conditions.

Condition	Age	Treated by whom	Consequences
-----------	-----	-----------------	--------------

Residences*Homes*

Dates From → To	Location	Living with whom	Reason for Moving	Any problems
--------------------	----------	---------------------	----------------------	--------------

Residential placements, institutional placements, or foster care

Dates From → to	Location	Living with whom	Reason for Moving	Any problems
--------------------	----------	---------------------	----------------------	--------------

Schools

School name and district

Child's age

Grade

Teacher

☐ Significant academic problems: _____☐ Special education ☐ Retention (grade: ____)☐ Speech/language therapy☐ OT/PT☐ IEP Plan☐ Significant behavior problems☐ Detention☐ Suspension☐ Expulsion☐ Organized sports: _____☐ Extracurricular activities: _____

Which subjects and activities does this child enjoy most? _____

Which subjects and activities are most difficult for this child? _____

List and describe any school special services in which this child has participated (resources, individual or group counseling, speech, etc): _____

May I call and discuss this child with his/her current teacher? ☐ Yes ☐ No

General description of child's social interactions: _____

Special Skills or Talents of Child

List hobbies, sports, recreation, TV, toy preference, etc: _____

History of Abuse

Describe any history of neglect, verbal, emotional, physical, or sexual abuse: _____

What actions were taken? _____

Previous Psychological Concerns and Counseling History

Please describe: _____

Name(s) of previous counselor(s): _____

Dates and types of therapy (e.g. individual, family, etc): _____

Impact/outcome/results of therapy: _____

Current Concerns

Describe all current psychological, emotional, behavioral and educational problems and concerns: _____

Describe your current relationship(s) with this child: _____

Treatment

What would you like to achieve through therapy for this child? _____

How do you hope therapy might change things for you? _____

What would you like to achieve through therapy for the family? _____

What concerns do you have regarding therapy? _____

What questions do you have about therapy? _____

Other

What else might be important to share that might not appear on this form?

Master's and doctoral students in our graduate programs staff the Psychological Services Clinic (PSC). To insure the quality of services you receive, all counselors in training are assigned faculty supervisors with whom to consult concerning the progress of counseling. Your session may be both audio and visually recorded. The purpose of recording is to provide instruction and feedback to students. All recorded materials and written records are restricted to the internal use of the PSC and their confidentiality will be strictly safeguarded, with exceptions discussed with your counselor in the first session. Recordings are deleted after 90 days.

PSC Couples Extended Screening Questions

Intake worker Name: _____ Date: _____

Names of couple: _____

Names of children: _____

What is the problem that led you to decide to come to couples therapy?

What are your goals for coming to the PSC?

How long have you and your partner been together? In what form (e.g., dating, living together, married)?

What are the strengths in your relationship?

How long has it been since things were good between the two of you?

What caused things to go downhill after that?

When there is conflict between the two of you, what do you do? What does your partner do?

What do each of you do when you are angry with each other?

What does it look like when you fight? Have things ever gotten physical between you? (hitting, pushing)

Follow up as appropriate:

Do you ever yell at each other or call each other names? Have you ever made threats to harm yourself or the other person when you are arguing?

(if there are children: Does this ever happen in front of your children?)

What strengths and weaknesses do you have in resolving conflict? What would you say are your partner's strengths and weaknesses in resolving conflict?

Tell me about your drinking or drug use please.

There may be many follow up questions besides the ones noted here.

How often do either of you drink?

If appropriate ask about frequency and amount: When you drink how much do you typically drink? Over how much time? How does it affect you?

If appropriate: have you noticed if your arguing tends to get worse when you are drinking/using?

How often do you use drugs (and specifically ask about marijuana)? When did you start smoking/consuming? How does it affect you?

If appropriate: Please tell me about any other substance use (pills used off-label, harder drugs, combining Rx drugs and alcohol)?

Please tell me about any behaviors you use to cope with stress that may be potentially dangerous (any self-harming behaviors)? Have you ever felt suicidal or that you want to harm another person? Again, may need to ask follow up questions.

On a scale of 1 to 10, how aware or in touch with your emotions are you? Explain the rating you give yourself.

(1=not at all and 10=extremely)

On a scale of 1 to 10, how open are you in expressing your deepest feelings, desires, and thoughts to your partner? Explain the rating you give yourself.

(1=totally closed and 10=totally open)

When you would like support or encouragement from your partner, how do you get it? When your partner wants support or encouragement from you, do you feel that you give it? How?

When do you feel most content in your relationship? When do you feel most unhappy or frustrated?

On a scale of 1 to 10, describe your level of commitment to your relationship. Explain the rating you give yourself.

(1=not at all, 10= extremely)

What role have you played in contributing to the problems in your relationship; what tendencies do you have and what actions have you taken that have helped create or have added to the difficulties between you two?



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years
McKee Hall Room 247, Campus Box 131
Greeley, CO 80639 (970) 351-2731

CLIENT RIGHTS DISCLOSURE STATEMENT

Client's Name: _____

Date of Birth: _____

Counselor(s): _____

Supervisor(s): _____

Counselor's degrees, and/or licenses: _____

Supervisor's degrees and/or licenses: _____

1. REGULATION OF PSYCHOTHERAPISTS: The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations boards and can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family therapist, and a Licensed Professional Counselor must hold a Master's degree in his or her profession and have two years of post-Master's supervision. (A Licensed Psychologist must hold a Doctorate degree in psychology and have one year of post-doctoral supervision.) A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

2. CLIENT RIGHTS AND IMPORTANT INFORMATION

- a. You are entitled to receive information from me about my methods of therapy or approach to assessment, the duration of your treatment, and our fee structure. Please ask if you would like to receive this information. I am a graduate student and in training in the PSC. I will consult with my supervisors and training group about your counseling/assessment. Sessions will be recorded and observed for my training purposes. These recordings will be erased after supervision and review.
- b. You can seek a second opinion or terminate your therapy/assessment at any time.
- c. In a professional relationship such as ours, sexual intimacy between a clinician and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies at the address and/or telephone number stated in Section 1, above.
- d. Generally speaking, information provided by and to a client in a professional relationship with a clinician is legally confidential, and the information cannot be disclosed without the client's consent. There are several exceptions to confidentiality, some are described in C.R.S. § 12-43-218 and the Notice of Privacy Practices you were provided. Some exceptions to confidentiality include:

- (1) I am required to report any suspected incident of child abuse or neglect to law enforcement. I am not required to report past abuse if the victim is over 18, unless the alleged abuser currently has access to children;

- (2) I am required to report any suspected incident of elder (age 70 or older) abuse or neglect to law enforcement which may include contacting law enforcement to perform a wellness check for the person of concern;
- (3) I am required to report any threat of imminent physical harm by a client to a specific person, including those identifiable by their association with a specific location or entity, to law enforcement, the person(s) threatened, and/or the person(s) responsible for the specific location or entity threatened;
- (4) I am required to initiate a mental health evaluation of a client who is imminently dangerous to him/herself or to others, or who is gravely disabled, as a result of a mental disorder;
- (5) I am required to report any suspected threat to national security to federal officials; and
- (6) I may be required by Court Order to disclose treatment information. If legal exceptions to confidentiality arise during our professional relationship, when necessary and appropriate, I will identify them to you.

e. Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

f. A registered psychotherapist is a psychotherapist listed in the State of Colorado's database and is authorized by law to practice psychotherapy in Colorado but is not licensed and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

3. DISCLOSURE REGARDING LEGAL ACTIONS: If you are involved in legal actions (including divorce or custody litigation), or are seeking disability benefits, my role as your clinician does not include making recommendations or offering opinions to the court concerning these matters, unless there has been a written agreement with the PSC that your assessment or counseling services are specifically for that purpose. By signing this Disclosure Statement, you agree not to subpoena me to testify in court or otherwise request disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody or disability benefits. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court.

4. EMERGENCIES: Our office hours are Monday-Thursday, 9am-5pm. When we are unavailable, an answering machine will take your call. We will return your call during working hours. **The PSC is unable to respond to crisis situations.** If you are ever in crisis, please call 911 or proceed to the nearest emergency room. We are also closed during university holidays and breaks and in cases where the university closes due to inclement weather. If you or I believe that you would be better served elsewhere due to such limitations, we will try to help you find a more appropriate setting for your counseling.

5. FEE AND PAYMENT POLICY: The fee for most counseling services is \$60.00 per semester and \$10-\$60 per session when seeing advanced students. There is no charge for the first session. In most cases, payment is due at the second session. Assessment services and group therapy fees are different. I will discuss your fee with you and record any adjustments below. We accept cash or credit/debit card payment for services. Your fee is _____. Parking passes may be purchased for \$1.00/hour at the parking kiosk.

6. CANCELLATION POLICY: Clients are responsible for notifying us if they cancel or re-schedule an appointment. Please call (970) 351-2731 at least 24 hours in advance and ask to leave me a message. Repeated missed appointments will result in termination of services here and referral elsewhere.

7. PERSONAL INFORMATION AND CLINIC FILES: Information from your file may be shared with PSC staff for administrative purposes such as scheduling and quality assurance.

I have read the preceding information. I understand my rights as a client/patient. I also acknowledge that I have received a copy of this Disclosure Statement and have reviewed the Notice of Privacy Practices.

Client Signature/Legal Representative

Date

Counselor(s)

Date

Consent to use your Records for Research and Quality Assurance

Since we are a university training clinic, we regularly conduct research to monitor the quality of our services and to inform university and community officials about our outcomes. By signing below, de-identified information from your file may be used to describe referrals, treatments results, and trends in client outcomes. Examples of how this information may be used include in annual reports to university administrators regarding how many clients we've served within a specific period of time and a breakdown of those served by demographic variables. We may also review your file to determine how client self-reported levels of distress are related to various demographic, therapist, and treatment variables. This information will never refer to a specific person in an identifiable way.

Your participation is voluntary. You may decide not to let your information be used in this way and once given, your consent to participate can be withdrawn at any time. Refusing to sign or withdrawing your consent will in no way impact the services you are about to receive in the Psychological Services Clinic at UNC. Having read the above and having had an opportunity to ask any questions, please sign below if you are agreeing to let information from your file be used for these purposes. If you have any questions or concerns about research participation at UNC, please contact, Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Client Signature/Legal Representative

Date



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years
McKee Hall Room 247, Campus Box 131
Greeley, CO 80639 (970) 351-2731

CONSENT FOR TREATMENT OF MINOR CHILD

Print legal name of minor child here: _____

I, _____, as parent or legal guardian of my minor child, give consent for this child to receive psychological treatment or assessment by a graduate student in training through the PSC at the University of Northern Colorado. By signing this I attest that I do have legal custody of the minor child and am able to consent to their treatment. I understand and agree that: (1) upon request of the Psychological Services Clinic, I will provide the Clinic with documents that confirm that I have legal custody of the minor child and (2) I will immediately inform the Clinic of any change in my legal custody rights regarding the minor child.

I understand that only the therapist, supervisor(s), and other students in his/her class will know the information learned during the course of therapy. (Please read Client Rights Disclosure Statement for exceptions.) I understand that the Psychological Services Clinic may use information used in the course of therapy for research purposes as long as such use does not contain identifying information regarding the minor child. Furthermore, I understand the University of Northern Colorado is under no obligation to release any information related to my child's therapy to other persons or agencies without the proper consent.

I understand that the student conducting these sessions will be doing so under the supervision of his/her professor and that to facilitate this supervision, therapy sessions with my child and collateral sessions with me may be videotaped.

Parent(s) or Guardian(s) Signature

Date

Witness

Date

Minor Child Assent

I understand that my parent or guardian may give permission for my counseling or testing. However, I have also been asked to give my permission. By signing this, I agree to receive counseling or testing by a graduate student in training through the PSC at the University of Northern Colorado.

Minor Child's Signature

Date

Consent to use your Records for Research and Quality Assurance

Since we are a university training clinic, we regularly conduct research to monitor the quality of our services and to inform university and community officials about our outcomes. By signing below, de-identified information from your file may be used to describe referrals, treatments results, and trends in client outcomes. Examples of how this information may be used include in annual reports to university administrators regarding how many clients we've served within a specific period of time and a breakdown of those served by demographic variables. We may also review your file to determine how client self-reported levels of distress are related to various demographic, therapist, and treatment variables. This information will never refer to a specific person in an identifiable way.

Your participation is voluntary. You may decide not to let your information be used in this way and once given, your consent to participate can be withdrawn at any time. Refusing to sign or withdrawing your consent will in no way impact the services you are about to receive in the Psychological Services Clinic at UNC. Having read the above and having had an opportunity to ask any questions, please sign below if you are agreeing to let information from your file be used for these purposes. If you have any questions or concerns about research participation at UNC, please contact, Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Client Signature/Legal Representative

Date



GROUP THERAPY PARTICIPATION AGREEMENT

People who participate in group therapy have the opportunity to benefit from sharing personal experiences, giving and receiving supportive/constructive feedback, and experimenting with new interpersonal behaviors. Group therapy is often the treatment of choice for people who experience troubled relationships, loneliness, depression, anxiety, grief/loss, and low self-esteem. In order for group to work, a safe environment must be created and expectations for members and co-leaders must be understood by the participants. Our experience with groups supports that the best way to create a safe environment for personal growth is for you to understand and to agree to these guidelines.

I. Confidentiality

Sharing in group can be anxiety-provoking; therefore we ask that you keep all information discussed in this group confidential. This request means that you may not discuss the identity or identifying information or share the reactions of any member of this group with anyone outside of the group. You may talk about your own personal reactions, and are even encouraged to do that outside of group, but not about others' identifying information or reactions. This request is based on Colorado State Law that prohibits members from revealing identifying information pertaining to other members outside of the group setting. Exceptions to confidentiality with regard to your therapist(s) still hold: imminent danger to self and/or others, present child abuse, subpoenaed records, and threat to national security.

The Psychological Services Clinic operates using treatment teams due to our nature as a training clinic. This means that in addition to the counselors you work with directly, there may be a few other counselors who have access to your information or participate in live observation of your group sessions. All the individuals who are on the treatment team are supervised by a licensed mental health provider, and are all mental health staff of the Psychological Services Clinic. The treatment team is there to ensure that you get the best care possible, as well as to ensure that the mental health staff are receiving excellent training and feedback about their work.

II. Risk to Self or Others

If you are seriously considering suicide or harming someone else, group treatment may not be the best option for you. At times, members may experience a personal crisis that leads them to become suicidal or homicidal. If these feelings arise, you are expected to share all suicidal and homicidal thoughts, feelings, and impulses with the group or leaders. This will ensure that you get the support and treatment that you need.

III. Attendance

Group members are expected to make a commitment to attend group the entire semester, although we understand that making this commitment can be difficult. Members also agree to come on time every week. If you are running late or have an emergency/illness that prohibits you from coming to group, we ask that you call 970-351-1645 or 970-351-2731 and leave a message if no one is able to assist you right away. If you know ahead of time that you will miss a later group session, we ask that you share the date of your absence with the group beforehand. Group will always end on time, no matter what is being discussed. Coming back the next week will allow you to continue the discussion.

Members often feel anxious about participating in groups and seeing the results can take time. If you decide to leave after at least four sessions, and have explored your concerns with the leaders and other members, we ask that you come back to the group to say goodbye. Though perhaps hard to imagine now, members will begin to care about one another and will feel unresolved if you leave without any explanation.

IV. Relationships with Other Members

Group is not a place to make social friends, and if you use it this way, you may not have the desired benefits you want out of your experience. We ask that you refrain from connecting through social media and socializing outside of the group meetings. Group is a chance to have therapeutic relationships in which you learn more about yourself and the ways in which you relate to others. You may have strong feelings toward some members of the group, as you do with people in your life. However, group can be a safe environment to explore those feelings and how you act on them. If you do have contact with someone outside of group (e.g., see someone on campus), we ask that you share that contact with the group at the next meeting.

V. Active Participation

Members are not required to talk in group, but we know that the more you put in, the more benefits you will receive. The only time we ask that you do speak is when a new member is added to the group and introductions and goals for group are shared. We will encourage you to talk about feelings as opposed to sharing details of stories. We will ask you to do this because not everyone can relate to a life experience, but everyone can understand feelings (e.g., fear, happiness, anger). We realize that asking you to focus on your feelings can be frustrating at times, but group is a place to learn new ways of making deeper connections with others.

VI. Recording

As part of your participation in group therapy, all sessions will be recorded for training purposes. The recordings of our sessions will be kept confidential in the same way that our conversations are treated. No person outside of UNC Psychological Services Clinic will have access to the recordings. They will be reviewed by the group leaders and/or by the group supervisor to insure that you are receiving the best possible services. At the end of the therapy group, all recordings will be erased. If you have any questions now or in the future about this policy, please contact your group leaders or their supervisors at (970) 351-1645.

Printed Name of Participant

Signature of Participant

Date

Signature of Leader

Date

Signature of Leader

Date



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

Professional Counseling Programs – DENVER & COLORADO SPRINGS
McKee Hall Room 247, Campus Box 131
Greeley, CO 80639 (970) 351-2731

CLIENT RIGHTS DISCLOSURE STATEMENT

Client's Name: _____ Date of Birth: _____

Counselor(s): _____ Supervisor(s): _____

Counselor's degrees, and/or licenses: _____ Supervisor's degrees and/or licenses: _____

1. REGULATION OF PSYCHOTHERAPISTS: The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations boards and can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family therapist, and a Licensed Professional Counselor must hold a Master's degree in his or her profession and have two years of post-Master's supervision. (A Licensed Psychologist must hold a Doctorate degree in psychology and have one year of post-doctoral supervision.) A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

2. CLIENT RIGHTS AND IMPORTANT INFORMATION

a. You are entitled to receive information from me about my methods of therapy or approach to assessment, the duration of your treatment, and our fee structure. Please ask if you would like to receive this information. I am a graduate student and in training in the PSC. I will consult with my supervisors and training group about your counseling/assessment. Sessions will be recorded and observed for my training purposes. These recordings will be erased after supervision and review.

b. You can seek a second opinion or terminate your therapy/assessment at any time.

c. In a professional relationship such as ours, sexual intimacy between a clinician and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies at the address and/or telephone number stated in Section 1, above.

d. Generally speaking, information provided by and to a client in a professional relationship with a clinician is legally confidential, and the information cannot be disclosed without the client's consent.

There are several exceptions to confidentiality, some are described in C.R.S. § 12-43-218 and the Notice of Privacy Practices you were provided. Some exceptions to confidentiality include:

- (1) I am required to report any suspected incident of child abuse or neglect to law enforcement. I am not required to report past abuse if the victim is over 18, unless the alleged abuser currently has access to children;
- (2) I am required to report any suspected incident of elder (age 70 or older) abuse or neglect to law enforcement which may include contacting law enforcement to perform a wellness check for the person of concern;
- (3) I am required to report any threat of imminent physical harm by a client to a specific person, including those identifiable by their association with a specific location or entity, to law enforcement, the person(s) threatened, and/or the person(s) responsible for the specific location or entity threatened;
- (4) I am required to initiate a mental health evaluation of a client who is imminently dangerous to him/herself or to others, or who is gravely disabled, as a result of a mental disorder;
- (5) I am required to report any suspected threat to national security to federal officials; and
- (6) I may be required by Court Order to disclose treatment information. If legal exceptions to confidentiality arise during our professional relationship, when necessary and appropriate, I will identify them to you.

e. Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

f. A registered psychotherapist is a psychotherapist listed in the State of Colorado's database and is authorized by law to practice psychotherapy in Colorado but is not licensed and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

3. DISCLOSURE REGARDING LEGAL ACTIONS: If you are involved in legal actions (including divorce or custody litigation), or are seeking disability benefits, my role as your clinician does not include making recommendations or offering opinions to the court concerning these matters, unless there has been a written agreement with the PSC that your assessment or counseling services are specifically for that purpose. By signing this Disclosure Statement, you agree not to subpoena me to testify in court or otherwise request disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody or disability benefits. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court.

4. EMERGENCIES: We do not have regular office hours. **The PSC is unable to respond to crisis situations outside of office hours.** If you are ever in crisis, please call 911 or proceed to the nearest emergency room. We are also closed during university holidays and breaks and in cases where the university closes due to inclement weather. If you or I believe that you would be better served elsewhere due to such limitations, we will try to help you find a more appropriate setting for your counseling.

5. FEE AND PAYMENT POLICY: The fee for most counseling services is \$60.00 per semester and \$10-\$60 per session when seeing advanced students. There is no charge for the first session. In most cases, payment is due at the second session. Because you are volunteering as a client, no fees will be charged or collected.

6. CANCELLATION POLICY: Clients are responsible for notifying us if they cancel or re-schedule an appointment. Please call _____ at _____ at least 24 hours in advance or as soon as possible to reschedule your appointment.

7. PERSONAL INFORMATION AND CLINIC FILES: Information from your file may be shared with PSC staff for administrative purposes such as scheduling and quality assurance.

I have read the preceding information. I understand my rights as a client/patient. I also acknowledge that I have received a copy of this Disclosure Statement and have reviewed the Notice of Privacy Practices.

Client Signature/Legal Representative

Date

Counselor

Date

Consent to use your Records for Research and Quality Assurance

Since we are a university training clinic, we regularly conduct research to monitor the quality of our services and to inform university and community officials about our outcomes. By signing below, de-identified information from your file may be used to describe referrals, treatments results, and trends in client outcomes. Examples of how this information may be used include in annual reports to university administrators regarding how many clients we've served within a specific period of time and a breakdown of those served by demographic variables. We may also review your file to determine how client self-reported levels of distress are related to various demographic, therapist, and treatment variables. This information will never refer to a specific person in an identifiable way.

Your participation is voluntary. You may decide not to let your information be used in this way and once given, your consent to participate can be withdrawn at any time. Refusing to sign or withdrawing your consent will in no way impact the services you are about to receive in the Psychological Services Clinic at UNC. Having read the above and having had an opportunity to ask any questions, please sign below if you are agreeing to let information from your file be used for these purposes. If you have any questions or concerns about research participation at UNC, please contact, Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Client Signature/Legal Representative

Date



UNIVERSITY OF NORTHERN COLORADO NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (PROTECTED HEALTH INFORMATION [PHI]) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by health care providers.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
- **Health Care Operations** include the business aspects of running our clinics, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members who are directly involved in your care or who assist in taking care of you. We will use and disclose your PHI when we are required to do so by federal, state or local law. We may disclose your PHI to public health authorities who are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We will release your PHI if requested by a law enforcement official for any circumstance required by law. We may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We may release your PHI to organizations that handle organ, eye or tissue procurement or transplantations, including organ donations banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. We may disclose your PHI to federal officials for intelligence and national security officials in

order to protect the President, other officials or foreign heads of state, or to conduct investigations. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public. We may release your PHI for workers' compensation and similar programs.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regard to your PHI, which you can exercise by presenting a written request to our Privacy Official at the address listed below. You have the right to:

- Request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- Request to receive confidential communications of PHI from us by alternative means or at alternative locations.
- Access, inspect, copy or request an amendment to your PHI.
- Receive an accounting of disclosures or PHI outside of treatment, payment and health care operations.
- Obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

University General Counsel
University of Northern Colorado
Carter Hall, Room 4003
Greeley, CO 80639
970-351-2399

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

Psychological Services Clinic Payment of Assessment Fees

Client Responsibility for Payment of Services

Assessment fees begin at \$500. This typically includes one intelligence and one academic test, as well as one inventory or basic set of inventories. Any necessary testing beyond this is \$50 per hour of testing. During the initial intake session, \$250 is due, and the remaining balance is due at the final feedback session. Payment for psychological assessment services is the responsibility of the client. If an outside source is planning to cover assessment fees (such as scholarship funds through AIMS), it is the client's responsibility to ensure that this agency will pay for the assessment. If for any reason those fees are not paid by the outside source, it remains the client's responsibility to pay for services rendered. In the unforeseen event that a client is unable to pay the balance in full by the date of the feedback session, a payment schedule will be defined below.

Client Contact Information

Client Name (please print legibly): _____
Guardian Name (if client is a minor): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____

Outside Payment Source (if applicable):

Agency/Department: _____
Contact Person's Name: _____
Contact Person's Phone: _____

Agreement to Terms

I have read the above, and agree to the terms of payment as stated. I understand that payment is my responsibility, and if third party funds are involved, I am still responsible for any unpaid balance.

Client/Guardian Signature: _____ Date: _____
Examiner's Signature: _____ Date: _____

Alternative Payment Schedule (if applicable):

Payment increments are due on or prior to the following dates:

Amount of _____	due by _____
Amount of _____	due by _____
Amount of _____	due by _____
Amount of _____	due by _____

I, _____, agree to comply with the above alternative payment schedule in order to pay the balance of my assessment fees.

Client/Guardian Signature: _____ Date: _____
Examiner's Signature: _____ Date: _____
Supervisor's Signature: _____ Date: _____



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

Payment of Counseling Fees by a Third Party
UNC Psychological Services Clinic Fees

- \$60 per semester for individual, couples and family counseling, and play therapy
- \$10-60 per session for individual, couples and family counseling, and play therapy with an advanced doctoral student

Payment for psychological assessment services is typically the responsibility of the client. If third party (outside agency, school, etc.) is planning to cover counseling fees, it is the client's responsibility to ensure that the third party will pay the agreed upon amount. If for any reason those fees are not paid by the third party, it remains the client's responsibility to pay for services rendered. In the unforeseen event that a client is unable to pay the balance in full by the date of the termination session, an *Alternative Payment Schedule* will be outlined on the reverse side of this form.

Payment agreed upon for counseling services:

Amount: \$ _____ ***per semester / session (circle one)***

From the date of: _____ ***Until the date of:*** _____

Client Contact Information

Client Name (please print legibly): _____

Guardian Name (if client is a minor): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Third Party Payment Source:

Agency/Department: _____

Contact Person's Name: _____

Contact Person's Address: _____

Contact Person's Phone: _____

Agreement to Terms

I have read the above, and agree to the terms of payment as stated. I understand that payment is my responsibility, and if third party funds are involved, I am still responsible for any unpaid balance.

Client/Guardian Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

Play Therapy Session Summary

Child Name/Age _____ Date _____

Presenting Problem _____ Session Number _____

Counselor _____ Supervisor _____

Subjective: (Narrative of Feelings Expressed / Predominant Mood of Child)

Objective: (Toys / Play Behavior [describe length of play] / Significant Verbalizations / Limits Set)

A. TOYS/PLAY BEHAVIOR

B. SIGNIFICANT VERBALIZATION: CH=Child initiated TH=Therapist initiated

C. LIMITS SET: Write limit set beside the category & indicate # of times limit set. (Ex: threw sand on floor/set once.) If ultimate limit was set, describe.

PROTECT CHILD (HEALTH/SAFETY):

PROTECT THERAPIST:

PROTECT ROOM/TOYS:

STRUCTURING:

REALITY TESTING:

SOCIALLY UNACCEPTABLE BEHAVIOR:

Counselor Signature

Date

Supervisor Signature

Date

Assessment: (General Impressions / Clinical Understanding)**A. DYNAMICS OF SESSION:** (Rate 1=low, 10=high):

Child's Activity Level: _____ Intensity of Play: _____ Inclusion of Therapist/Contact: ____ Destructive: ____ Messy/Chaotic: _____

SENSATION**SOMATIC COMPLAINTS**

_____ Headache
 _____ Stomach Ache
 _____ Pain _____
 _____ Discomfort with Clothing

TACTILE STIMULATION

_____ Water
 _____ Sand
 _____ Paint
 _____ Glue
 _____ Other

SUBSTANCE ON:

_____ Self
 _____ Counselor
 _____ Objects

BATHROOM BREAKS

___ Urination (Frequency _____)
 ___ Bowel Movements

B. Benedict Themes: (developed by Helen E. Benedict, Ph.D., Baylor University, 2000 and 2002; used by permission)**BEHAVIOR (Themes)****AGGRESSIVE**

_____ G>B
 _____ AGG
 _____ JD
 _____ POW
 _____ SEEK
 _____ D-AG
 _____ D-N
 _____ DEV

ATTACH/FAMILY

_____ CON
 _____ SEP
 _____ SEP-R
 _____ NUR+
 _____ NURS
 _____ NUR-
 _____ NUR-A
 _____ NUR-N
 _____ NUR-S
 _____ SLE
 _____ STO
 _____ AD

SAFETY

_____ BUR
 _____ BURY
 _____ BR
 _____ BR-S
 _____ BR-H
 _____ FX
 _____ FX-
 _____ SFX
 _____ BRG
 _____ FALL
 _____ CLN
 _____ MESS
 _____ SOR
 _____ DAN
 _____ SAF-C
 _____ SAF-P
 _____ SAF-RES
 _____ ESC

EXP/MASTERY

_____ EXP
 _____ MAS
 _____ FAIL

SEXUALIZED
 _____ SEX-O
 _____ SEX-T
 _____ CUR

NON-PLAY

_____ ART
 _____ GAME
 _____ T-A
 _____ X

INTERPERSONAL

_____ COOP
 _____ COOP-
 _____ COMP
 _____ SHAR
 _____ HELP
 _____ PRO
 _____ IND
 _____ CNT
 _____ IM-CNT
 _____ IM
 _____ BND
 _____ BND-
 _____ FUS
 _____ AFF
 _____ ANG
 _____ SAD
 _____ REJ
 _____ PCON
 _____ RUF
 _____ TEA

P-CODES

_____ D/U
 _____ STG
 _____ ROLE
 _____ DIS

E. CONCEPTUALIZATION OF CLIENT AND CLIENT'S PROGRESS:

P

Plans/Recommendations:

Counselor Signature

Date

Supervisor Signature

Date



CLIENT TERMINATION PROCEDURES

With the end of the semester approaching, the following guidelines are intended to assist your students in completing the final practicum responsibilities associated with client termination.

1. Please remind students to have their clients complete a ***Client Satisfaction Survey***. These can be completed electronically on the computer in the waiting room or by completing a hardcopy that can be left in a labeled box in the waiting room or returned with a self-addressed stamped envelope. Students should ask each client over the age of 12 to complete these after their final session.
2. Students will complete a ***Termination Summary*** for **EVERY CLIENT (or one termination summary per family)**. This is completed in Titanium. To do so, create a new Client Note (not attached to an appointment), select “Type of Note: Termination”, and click “Data Form.” Select the “PSC Termination Summary” data form, and enter in all required information. All termination summaries, case notes, assessments, and other reports must be read and signed by the **faculty** supervisor.
3. Urgent and essential documents should be scanned and attached to the note for the session (see *Scanning Paperwork Procedures Form* for more details). If documents need to be attached to a specific session note, please do not sign the note, but forward it to the Clinic Office with a note about the document to be attached. However, there is a considerable amount of other paperwork that is important to retain in the client file that does not need to be added immediately. At the end of the semester/time of termination, all paperwork that the counselor wants to be scanned into the client file (ex: OQs, client drawings, homework assignments, assessment printouts) should be turned over to the clinic office for inclusion in the client’s file. To do this, make sure each piece of paperwork is correctly dated as to when it was completed. Placing the forms in chronological order and group together with a paperclip. In *legible print writing*, the counselor will write **CLIENT NAME** and **DATE OF BIRTH** across the top of the first sheet to indicate that all attached documents go into this client’s file. This paperwork will be placed in the “**To be Scanned**” folder in the faculty drawer of the cave filing cabinet. Clinic staff will collect this regularly, create a new note with the attached documents, and forward the note to supervising faculty of the practicum for a signature.
4. Please check files for any outstanding balances due by clients and **collect remaining fees** prior to termination.
5. We must retain client records for at least seven years as per Rule 12 (Record Retention Rule). If the client is a minor (under the age of 18) then we must retain the records for seven years **AFTER** their 18th birthday. Please note the correct date that the file can be shredded/deleted. Please help your student to sort through their files to be sure **only the necessary information** is scanned and/or retained (see the ***Practicum Case File Organization*** form). Shred irrelevant material by putting it in the recycle bin next to the cave filing cabinets.
6. If a client plans to continue therapy at the clinic during the next semester with a new counselor, you need to complete the file as stated above and place the client on the Titanium Waitlist. To add a client to the waitlist, open the Client window and select the “**Waitlist**” button. A window will open- please complete this form to the best of your ability, including information about recommended practicum, noting the client as a transfer client, plus any additional information that would be helpful for the next clinician. This procedure allows us to keep track of *all clients* continuing in the clinic, and the clinic staff will contact them prior to the start of next semester to schedule their first appointment with the next practicum. Please let clients know that if they have not received a call from the clinic by **the second week of the semester**, they may contact the clinic at **(970) 351-1645** to schedule an appointment. Please also encourage clients to set up their voicemail so clinic staff will be able to reach them easily.

7. If a counselor plans to continue with a current client into the next semester, they still need to complete termination paperwork (they will likely have a new supervisor) and add the client to the Titanium Waitlist. In the “Referral Comment” section, indicate that this client is continuing with current counselor into a specific prac; i.e., “continuing with Mary Smith in 702.” Select the counselor’s name for “Recommended counselor.” The client will be contacted and scheduled by the clinic staff at the beginning of the semester based on the available times for the practicum. (Exception: 793/4 students or assessment clients will schedule the client themselves, since clients may be seen outside of regularly scheduled practicum hours).
8. After the client file is completed, faculty supervisors can “deactivate” *counselors* assigned to the client. This is done by opening the “**Client**” window and clicking the “**Client security**” tab. There is a list of users assigned to the client; highlight the individual(s) you wish to deactivate, and click “Remove.” This *does not delete* the client from the system, but rather it eliminates the person’s access to the client file without getting reassigned and removes the client from the counselor’s active “My Clients” list. **Supervisors, please only deactivate a counselor or supervisor when every document is signed and the file is 100% complete.**
9. If the client is **no longer continuing services** with the PSC at this time, the *client* can be deactivated from Titanium. Open the “**Client**” window, and in the top right corner, click the “**Active**” box to remove the checkmark. This *does not delete* the client from Titanium and they can still be found by searching for the client’s name, however it removes the client from our list of those being currently seen for services. **Supervisors, please only deactivate a client when every document is signed and the file is 100% complete.**



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

PRACTICUM CASE FILE ORGANIZATION

Typically, your client file is closed at the end of the semester. All of your client's file should be entered, scanned, or stored *digitally* with **no paper** documentation left. Please ensure that all of the following are included in your client's Titanium file before you close out the file:

- (1) Client **phone intake** was completed by clinic staff and signed by faculty supervisor
- (2) **Disclosure statement, minor consent, or custody paperwork** was scanned into Titanium by clinic staff. Hard copies are kept in clinic office.
- (3) **Intake paperwork** was entered by the counselor into Titanium and signed by faculty supervisor. After intake paperwork has been entered into Titanium, the original should be shredded.
- (4) All **case notes, phone contacts, disclosures (D-PHI)** have notes in Titanium that are signed by counselor, doctoral supervisor, and faculty supervisor.
- (5) Case notes requiring specific essential documentation (safety plans, child abuse reports, etc.) have the necessary **documents scanned and attached** to the identified case note.
- (6) Less essential documentation that is important for the client's file (hard copies of OQs, client drawings, homework assignments.) have been paper-clipped together, marked with the client name and date of birth, and placed in the **"To Be Scanned"** folder for clinic staff, or are scanned and signed by faculty supervisor. (see *Scanning Paperwork Procedures* document for more details)
- (7) **Termination Summary** form in Titanium has been completed. This must be done even if you plan to transfer the client to another practicum (including your own) in the department. Please be sure to check all relevant items, including the delete date.
- (8) Continuing clients have been placed on the **"Wait List"** in Titanium for contact by clinic staff. This is done by clicking the "Wait List" button on the Client File window in Titanium. The Wait List referral form has been completed in its entirety (if known), including if they are a continuing client, which prac is appropriate, and if there is a counselor gender preference.
- (9) All extra materials in your folder have been **appropriately shredded or disposed of**, including feedback from peers/others, rough draft notes, and client phone notes. If you are unsure if something should be included in the client file or not, check with your supervisors or the assistant clinic director.
- (10) Any requested **long-term files have been given back** to Gloria Sedillos for filing in storage.

When the file is totally complete, supervisors can *deactivate* clinician assignments to a client in Titanium and can deactivate the client, if necessary. Counselors and doctoral supervisors may wish to check with their faculty supervisor that this has been done at the end of the semester.

See *Termination Procedures* and *Scanning Paperwork Procedures* forms for more details on closing out files in Titanium. Please ask the clinic director or assistant clinic director if you have any questions. Thank you!

Chart for Deciding “Date to Be Shredded” on Termination Summary

Follow these instructions exactly in order to comply with HIPAA & APA requirements!

CLIENT STATUS **VERY IMPORTANT: AGE SHOULD BE BASED ON THE TERMINATION DATE!!	DATE TO BE SHREDDED
If your client is an <u>ADULT</u> (18 years or older) at the date of termination:	Exactly 7 years after the termination date
If your client is a <u>CHILD/ADOLESCENT</u> (younger than 18 years) at the date of termination:	Date of the client’s 25 th birthday
If your client is a <u>COUPLE</u> in which <u>BOTH CLIENTS ARE ADULTS</u> (18 years or older) at the date of termination:	Exactly 7 years after the termination date
If your client is a <u>COUPLE</u> in which <u>ONE OR MORE OF THE CLIENTS ARE UNDER THE AGE OF 18 YEARS</u> at the date of termination:	Date of the youngest client’s 25 th birthday
If your client is a <u>FAMILY</u> in which <u>ALL OF THE CLIENTS ARE ADULTS</u> (18 years or older) at the date of termination:	Exactly 7 years after the termination date
If your client is a <u>FAMILY</u> in which <u>ONE OR MORE OF THE CLIENTS ARE UNDER THE AGE OF 18 YEARS</u> at the date of termination:	Date of the youngest client’s 25 th birthday

Psychological Services Clinic Scanning Paperwork Procedures Form

Although the PSC uses electronic medical records for all client data through Titanium, clients complete many other important paper documents. In order to get hard copy paperwork into the electronic client file, it must be scanned in by PSC Office Staff.

EACH document (or packet of documents) to be scanned **MUST** have written across the top of the first sheet in *legible print writing* the **CLIENT NAME** and **DATE OF BIRTH**. (If there are multiple copies of the same type of document, like OQ's, write the name and DOB once and paper clip together.) This allows staff to attach the documents to the correct file. Documents should be placed in the "To Be Scanned" folder, which is located in the faculty drawer of the filing cabinet in the main cave.

Forms that would need to be scanned:

1. Client consent forms, Minor assent forms, Custody paperwork

- Disclosure statements are signed in the beginning of the first session. These should be scanned into the client file as soon as possible. *Immediately following your first session*, correctly label your form(s) and place them in the "To Be Scanned" folder.
- Staff will create a new note labeled "Consent form" not attached to a session. The note will be signed by the staff member who scanned it in and then forwarded to the supervising faculty. The counselor and doctoral supervisor **do not need to sign** this note.

2. Urgent documentation attached to a specific case note

- Sometimes we need immediate documentation of session events, such as completing a safety plan or filing a child abuse report. If you need your document attached to a specific note for a specific session, correctly label your form(s) with name, date of birth and **session date** and place them in the "To Be Scanned" folder *as soon as possible* following the session. Make sure not to sign the note, so the document can be attached.
- To attach a document to a specific session note, the session note must be forwarded to the "**CLINIC OFFICE**" Titanium user **BEFORE** the note is signed. Use the comment box of your case note to indicate which form you have placed in the faculty drawer to be scanned. When scanning is complete, the note will be forwarded *back to the clinician* to be signed, who can then send it to the doc supervisor/faculty supervisor.

3. Urgent documentation not attached to a specific case note

- Some paperwork should be included in the file as soon as possible, such as a faxed child abuse report or D-PHI forms. However, these may not need to be attached to a specific note since they have their own "Note Type" in Titanium. Correctly label the form and place it in the "To Be Scanned" folder as soon as possible.
- Staff will create the appropriate note type for the urgent issue that is not attached to a session. The note will be signed by the staff member who scanned it in and then forwarded to supervising faculty. The counselor and doctoral supervisor **do not need to sign** this note.

4. Paperwork scanned at the end of the semester

- Other paperwork is described or addressed in the note, but not necessary to file immediately or attach to each specific session. For example, we include the OQ score in the "A" section of the note, and thus don't also need to immediately see each endorsed item. Other things that may be included are client drawings, lists made in session, thought logs, or anything else that is relevant to the client's treatment.
- At the end of semester (or at client termination), **PAPER CLIP** together all extra client paperwork that should be scanned in, sorted in chronological order. Each document should be dated according to when it was completed. The *top sheet* of the paper clipped packet should be labeled with client name and date of birth and placed into the "To Be Scanned" folder.
- Staff will create a new labeled note "Other Attachment" not attached to a session. A description will be included of the attached materials. The note will be signed by the staff member who scanned it in and then forwarded to the supervising faculty. The counselor and doctoral supervisor **do not need to sign** this note.

Things that do not need to be scanned:

- Intake forms: should be typed into Titanium using the data form, then shredded
- Termination summaries: should be typed into Titanium using the data form
- Doodles or unessential drawings
- Feedback forms from peers or supervisors
- Phone notes from the message board

Date to be Shredded: _____



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

Today's Date: _____

Client's Name: _____ Date of Birth: _____

Counselor's Name: _____ Supervisor's Name: _____

Contents of this file: _____

The rest of this client's file are contained in Titanium/Electronic Medical Record Software under their name and date of birth.



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

FAX COVER SHEET

******CONFIDENTIAL FACSIMILE******

THIS FACSIMILE CONTAINS INDIVIDUALLY IDENTIFIABLE PATIENT HEALTH INFORMATION. THE USE AND DISCLOSURE OF INFORMATION CONTAINED IN THIS FAX IS RESTRICTED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 AND IS PROTECTED UNDER THE PRIVACY ACT OF 1974. IT IS INTENDED FOR THE USE OF THE ADDRESSE(S) IDENTIFIED BELOW. THIS FAXED MATERIAL MUST BE DESTROYED APPROPRIATELY WHEN ITS USE IS NO LONGER REQUIRED, IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT(S) OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE ATTACHED INFORMATION TO THE INTENDED RECIPIENT(S), PLEASE NOTE THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. ANYONE WHO RECEIVES THIS COMMUNICATION IN ERROR SHOULD NOTIFY THE UNIVERSITY OF NORTHERN COLORADO IMMEDIATELY AND RETURN THE ORIGINAL MESSAGE TO THE ADDRESS ON THIS COVER SHEET VIA U.S. MAIL.

Psychological Services Clinic at UNC
Telephone #: 970-351-1645 FAX #: 970-351-2625

TO:

Recipient: _____ Date of Transmission: _____
Fax Number: _____ Telephone Number: _____
Patient's Name: _____

FROM:

Sender: _____ No. of Pages (Including Cover) _____
Sender's Signature: _____ Sender's Phone Number: _____



I, _____		hereby authorize:		
Name of Client(s)		DOB		
The Psychological Services Clinic, UNC		McKee 248 UNC	Greeley	80639
To Release Information To/Receive Information From:				
Agency Name		Address	City	Zip
Contact Person				

☐ Summary of Progress ☐ Evaluation/Assessment ☐ Attendance / Participation/ Progress
☐ Termination Summary ☐ Service Plans ☐ Other:

☐ Treatment (Internal & External) ☐ Operations (Administrative) ☐ Payment (Reimbursement)
☐ Other (Indicates HIPAA Authorization, use only when necessary)
 Specify: _____

☐ Specific Treatment Episode: ☐ All Treatment Episodes ☐ All Episodes

Begin Date: End Date:

I understand that my records or those of the individual listed above are protected under state and federal Mental Health confidentiality regulations including 42CFR Part 2. Information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand and agree that this release form may be sent to the agencies and persons identified above. Copies of this form may be used in lieu of the original.

Expiration Date: _____
Not more than one year

Clinician or Supervisor Signature

Date

Clinic Manual August 2017 p.97



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

VERIFICATION OF COUNSELING SERVICES

This is to verify that _____ has received the following services at The Psychological Services Clinic at the University of Northern Colorado: (check all that apply)

- ☐ Individual Counseling
- ☐ Group Counseling
- ☐ Couples or Family Counseling

Number and dates of sessions:

Counselor

Supervisor

Date

Example of a Letter to a Client Regarding Missed Appointments

(Template can be found on computers in rooms 231, 235, and 242)



(Date)

Client Name

Client Address

Dear (name),

I hope this letter finds you **(your family)** doing well. It has been some time since I have heard from you. It is the policy of the Psychological Services Clinic (PSC) that clients attend or appropriately cancel all scheduled appointments with their therapist in order to continue services. If you are still interested in services please contact me at (970) 351-1645 during business hours to schedule an appointment.

If I do not hear from you within one week of the above date of this letter, I will close your file. You are welcome to reapply for services at any point in the future but would need to complete a new phone intake and find a new time to schedule services, potentially with a new therapist. In addition, please be aware that you are also responsible for any outstanding balance for services you may have received. Thank you.

Sincerely,

(your signature)

(your name & credentials, and below the name of your supervisor & credentials)

Example:

Ida Help, M.A.

Supervisor: S. Visor, Ph.D.

SAFETY PLAN FOR _____ CREATED ON _____

STEP 1: Warning signs

1. _____
2. _____
3. _____

STEP 2: Internal coping strategies

Things I can do to take my mind off my problems without contacting another person

1. _____
2. _____
3. _____

STEP 3: People and social settings that provide distraction

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

STEP 4: People whom I can ask for help

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

STEP 5: Professionals or agencies I can contact during a crisis

1. Clinician Name _____ Phone _____
2. Clinician Name _____ Phone _____
3. Local Mental Health Facility: North Range Behavioral Health
 - a. Facility Address: 928 12th St., Greeley, CO 80631
 - b. Facility Phone: (970) 347-1350
4. Local Urgent Care Services: North Colorado Medical Center, Emergency Room
 - a. Urgent Care Services Address: 1801 16th St., Greeley, CO 80631
 - b. Urgent Care Services Phone: (970) 352-4121
5. Suicide Prevention Hotline Phone: 1 (800) 273-TALK (8255) 6. Emergency Services: 911
6. Crisis Text Message Line: 741741 *text the line to get in touch with a crisis counselor*

STEP 6: Making the environment safe

1. _____
2. _____
3. _____

Commitment to Treatment Contract and Crisis Response Plan

In cases in which suicidal ideation or wish to harm another is expressed, either a verbal assessment that is clearly documented or a written, safety plan that is appropriate to the client's circumstances and degree of dangerousness should be made.

You need to assess your client's competency to keep to the plan (i.e. are they determined to kill themselves irrespective of the agreement?) A plan may provide a false sense of security rather than representing a genuine commitment not to harm.

In the Commitment to Treatment contract, the Therapist works with the client to agree to the following:

- A. To make a commitment to the treatment process and all aspects of treatment.
- B. To attend sessions.
- C. To voice his or her opinions, thoughts, and feelings honestly and openly, whether negative or positive.
- D. To be actively involved during sessions.
- E. To complete homework assignments.
- F. To experiment with new behaviors and new ways of doing things.
- G. Taking medication as prescribed (and/or abstain from illicit substances).
- H. To implement his or her Crisis Response Plan.
- I. To understand that progress depends on the amount of energy and effort made. In short, to make a commitment to living.

In a Crisis Response Plan the typical components include:

- A. Define crisis situations in behavioral terms.
- B. Identify triggers and associated thoughts and feelings.
- C. Productive responses to diffuse suicidality.
- D. Integrate self-management of crises.
- E. If not successful, access emergency care and assistance in a manner that facilitates skill development.

In an example of a standard Crisis Response Plan, the following are featured:

“When I start looking for a gun, I will . . .”

- A. Complete a suicidal thought record and try to identify specifically what's upsetting me.
- B. Write out and review more reasonable responses to my suicidal thoughts, including thoughts about others, the future, and myself.
- C. Review all the conclusions I've come to in my journal.
- D. Do things that help me feel better for about 30 minutes, including taking a bath, listening to music, and going for a walk.
- E. Repeat all of above.
- F. If the thoughts continue, get specific, and I find myself preparing to do something, I call the emergency number XXX-XXXX_____.
- G. If I am still feeling suicidal and don't feel like I can control my behavior, I go to the emergency room.

CONFIDENTIAL

WELD COUNTY CHILD PROTECTION REFERRAL FORM

IF THIS REPORT NEEDS IMMEDIATE ATTENTION PLEASE CALL OUR HOTLINE NUMBER LISTED BELOW.

Date: Time:

When reporting suspected child abuse/ neglect please fax or email this form to:

Fax: 970-346-7698 or Email: ssscreening@co.weld.co.us or call our Child Protection Hotline: **970-346-7670**

You may also mail your report to:

The Weld County Department Human Services/Attention: Screening Department/ 315 North 11th Avenue/ P.O. Box A, Greeley, Co 80632.

Please read carefully and take the time to fill out this form in its entirety and to the best of your ability.

Name of person who took report, if report was called in:

Reporting Party:

Name:

Phone: () -

Agency:

Position:

Address:

Additional Information:

REFERRAL CONCERN:

Abuse:

- ☐ Sexual Abuse
☐ Physical Abuse
☐ Mark ☐ Bruise
☐ Emotional Abuse
☐ Other:

Neglect:

- ☐ Abandonment
☐ Drug Exposed
☐ Educational
☐ Injurious Environment
☐ Lack of Supervision
☐ Medical
☐ Other:

Description of injury if Visible (size, shape, color, etc.):

Person responsible for Abuse/Neglect:

Name:

DOB:

Relationship to Child Victim:

Location of Abuse/Neglect:

Specific Address:

Phone : () -

Name of Child/ Victim:

DOB:

Gender: ☐ Male ☐
Female

Address:

School:

Grade:

School Hours:

Phone : () -

Ethnicity/Culture: (Please list anything that would be important for us to know about this family's ethnicity/culture)

Will there be a need for a translator? ☐ Yes ☐ No Language:

List of Siblings/other victims and DOB/ Ages/ School & Grade/ Daycare:

Parent/ Guardian:

Address:

DOB:

Phone: () -

Parent/ Guardian:

Address:

DOB:

Phone: () -

Custody Arrangement:

Is custody established through court? ☐ Yes ☐ No

Other Children in the home (non-siblings)/ Ages:

Other Adults in the home (please provide ages if known and relationship to the family):

Description of child's/victim account of how the incident occurred (Please attach any photos ,videos or any other documentation that might be relevant to this report) :

Reporter's concerns for child/ victim:

List any previous concerns of suspected abuse/neglect regarding child/ victim:

Is this report for **Physical Abuse**? ☐ Yes ☐ No If Yes, please answer the following questions.

Did the reporting party see an injury? What does it look like? Where on the child's body is the injury? Is medical intervention necessary? When/ where did it occur and by whom? Have any siblings ever suffered similar abuse? Has this happened before? Does the non-offending parent know about the incident, if so what was their response?

Is this report for **Sexual Abuse**? ☐ Yes ☐ No If Yes, please answer the following questions.

What, when, who, where and how often? Did anyone else witness the incident? If the perpetrator is over age 10, has law enforcement been notified? Have the parents been notified? Are there any physical indicators? Has the child made a direct outcry? What was said? Is the child reporting they have been inappropriately touched before? What is the relationship of the perpetrator? Is the perpetrator currently in the home? When will the child/victim have contact with the alleged perpetrator again?

Is this report for **Emotional Abuse**? ☐ Yes ☐ No If Yes, please answer the following questions.

What is being said or done to the child or what did they witness? When, where and how often does it occur? How is the child affected?

Is this report for **Drug Allegations**? ☐ Yes ☐ No If Yes, please answer the following questions.

How do you know the parent is using drugs? What substance is the parent using? What is the impact on the Child? Is the substance accessible to the child? Does the parent have a medical marijuana prescription?

Is this report for **Drug- Exposed Child**? ☐ Yes ☐ No If Yes, please answer the following questions.

Is the mother still at the hospital? Who else is at the hospital? Has mecostat been ordered? Types and level of drugs present; (AP- GAR Scores)? Does mom have a place to go? Do they have a car seat and other supplies? How long will the child remain in the hospital? Will the mother be breastfeeding? Are there any concerns with how the parents are bonding with the child?

Is this report for **Neglect**? ☐ Yes ☐ No If Yes, please answer the following questions.

What specifically did the reporter see? Description of the environment and who saw it? When did they see it? Age of the children and what have they been exposed to? Regarding the appearance of the child, what did the reported see (clothing not appropriate for season, in poor condition, etc.)?

Is this report for **Lack of Supervision**? ☐ Yes ☐ No If Yes, please answer the following questions.

How often and what time of the day does it occur? How long is the child(ren) left alone? Are they alone now? Do they know where the parent goes at these times? Has law enforcement been contacted?

Is this report for **Domestic Violence**? ☐ Yes ☐ No If Yes, please answer the following questions.

Where were the child(ren) during the incident? Were the police called? Who called 9-1-1 and at what time? Were any charges filed or was either parent incarcerated? Was the child(ren) physically injured? Did child(ren) make any statements about how they "feel" regarding what occurred?

Is the child/victim afraid to go home? If yes, has reporting party contacted law enforcement?

Does the child/ victim have any developmental delays or handicaps; mental health issues?

Is there suspicion of any substance abuse in the home? ☐ Yes ☐ No
If yes, please explain:

Is there suspicion of Domestic Violence in the home? ☐ Yes ☐ No
If yes, please explain:

If this situation remained unchanged how you would rate the level of safety in the home on a scale of 0 to 10, 10 being very safe with no concerns and 0 being very dangerous?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Please explain why you have rated the safety of the child/victim this number and what do you believe needs to happen in order to improve the safety of the child/ victim:

What has been done to prevent or address the situation?

Family/ Community Supports:

Does the family call on others to help solve problems? Who do they call upon? Are you familiar with any of the extended family? Who are they and how is their relationship with the family? What do they say? Are there aspects of your relationship with the family that, in conjunction with our intervention, might help to influence them for the better?

Family Coping/ Strengths:

What are some positive things within the family? Are the parents concerned about these problems? How is the family coping with the situation?

Does the reporter have any suggestions of what social services involvement should look like for this report?

Thank you for this information. A team will review your report and determine whether or not the agency has the legal authority to contact the family.

Adult Protective Services – Intake Referral Form

Date of Report _____

Report Taken By _____

Client Name *(last, first)* _____ DOB *(if known)* or Age _____

Gender ☐ M ☐ F ☐ Other/Unknown _____ SSN *(if known)* _____

Primary Language ☐ English ☐ Spanish ☐ Other _____

Translator/other communication needs (sign language, non-verbal, etc.)? *(Y/N)* _____
If yes, specify: _____

Client Address/City/Zip _____

Client's Living Arrangement _____ Phone Number _____

Income \$ _____ Source _____

Response Priority ☐ Immediate ☐ 24 Hours ☐ 3-Day ☐ I&R

Mistreatment Category Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Abuse/Physical | <input type="checkbox"/> Exploitation/Fin |
| <input type="checkbox"/> Abuse/Self | <input type="checkbox"/> Neglect/Other |
| <input type="checkbox"/> Abuse/Sexual | <input type="checkbox"/> Neglect/Self |
| <input type="checkbox"/> Exploitation/Other | |

At-risk Population

Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> DD | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Emotional Impair. | <input type="checkbox"/> Frail Elderly |
| <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Neurological Impair. | <input type="checkbox"/> Physical Impair. |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> TBI |

Worker Safety Issues *(Y/N/Unknown)* _____ Specify: _____

Reporting Party Name/Agency/Type _____

In what capacity do you know this adult (relationship to adult)? _____

Phone _____

Address _____

What is the best time to reach the adult (when is the alleged perpetrator not likely to be present)? _____

What happened to make you call today? _____

Explain why you think this adult is being abused, neglected, exploited or is self-neglecting. Please give specific details. _____

Is the adult at risk of immediate danger or harm? *(Y/N/Unknown)* _____ (If yes, screen in for emergency response.) Comments: _____

Does the adult have any physical or medical conditions that make it difficult for them to care for themselves? *(Y/N/Unknown)* _____ Comments: _____

Adult Protective Services – Intake Referral Form

Does the adult have difficulty with memory, making decisions, or understanding things or have any developmental delays?

(Y/N/Unknown) ____ Comments: ____

Does the adult have a diagnosed mental illness or shows signs of a mental illness?

(Y/N/Unknown) ____

If yes, is the adult in treatment or taking medication? If not, how is the mental illness being managed? Do you know what the diagnosis is or what medications the adult is taking? ____

Has there been any decline in the adult's abilities, such as mentally, physically, or medically?

(Y/N/Unknown) ____ Comments: ____

Has the situation caused harm or loss to the adult, such as physically, financially, or otherwise?

(Y/N/Unknown) ____ Comments: ____

Can the adult adequately care for him/herself? For example, ADLs and or IADLs or direct his/her own care for food, clothing, shelter, healthcare, supervisions without assistance?

(Y/N/Unknown) ____ Comments: ____

Is the adult unable to protect him/herself from mistreatment because of the impairment or need for assistance? (Y/N/Unknown) ____ Comments: ____

If the mistreatment is anything other than self-neglect:

Does the alleged perpetrator live with the client? (Y/N/Unknown) ____ Comments: ____

Does the alleged perpetrator have legal authority for the client, such as guardian, power of attorney, or conservator? (program system to only activate this question for non-self-neglect cases) (Y/N/Unknown) ____ Comments: ____

If yes, have you seen documentation of the legal authority? (Y/N/Unknown) ____

Please describe current strengths and support systems already in place for the adult (For example, family/friend supports, religious affiliations, medical insurance, HCBS, public assistance, client's doctor, employment, transportation, etc.). ____

What actions have you taken in addressing this issue? ____

Is there anyone else who may have additional knowledge or information of the adult's situation?

On a safety scale of 1 to 10, where 10 means the adult is very safe and you are minimally concerned and 1 means the client is extremely unsafe and you are extremely concerned, how would you score your concern for this person's safety? ____

Family and Other Support System Contacts

Name ____ Relationship ____ Phone ____

Name ____ Relationship ____ Phone ____

Name ____ Relationship ____ Phone ____

Name ____ Relationship ____ Phone ____

Adult Protective Services – Intake Referral Form

Caregiver, Medical Provider, Case Manager, Legal Authority

- ☐ Previous APS Caseworker: _____
☐ Caregiver Name/Phone: _____
☐ Medical Provider/Phone: _____
☐ HCBS Case Manager Name/Phone: _____
☐ Guardian Name/Phone: _____
☐ Conservator Name/Phone: _____
☐ POA Name/Phone and Type: _____

Alleged Perpetrator(s)

Name _____ Relationship to Client _____
Address _____ Phone _____
Gender ☐ M ☐ F ☐ Other/Unknown _____

Name _____ Relationship to Client _____
Address _____ Phone _____
Gender ☐ M ☐ F ☐ Other/Unknown _____

Report Sent to ☐ Law Enforcement _____ ☐ DA ☐ Other _____
Sent by _____ Date _____

Worker Assigned _____ Date Assigned _____
Supervisor _____ Date _____
CBMS App.# _____ CBMS Client ID# _____ CBMS Case# _____

THREAT ASSESSMENT FORM (TAF) & INTERVENTION PLAN

(Counselor in Training should complete this document in consultation with Supervising Faculty)

Counselor: _____ Client: _____

Supervisor: _____ Course _____ Date: _____

The purpose of this form is to document the threat assessment procedure. A case note and other forms may be needed. The purpose of this screening is to determine if a client poses a threat to the safety of others or to an identifiable place. The counselor or supervisor should initiate a threat assessment when a client makes a threat, uses threatening behavior, or if there is concern that the client's behavior indicates an escalation in the potential for violence. The PSC must secure the safety of an identifiable person or place by appropriately detaining the client and contacting the police. If there is concern for imminent danger, contact the UNC Police, Greeley Police, or call 911 immediately.

Please check the following concerns that apply:

- ☐ Client directly or indirectly threatens to harm person, group, and/or place.
- ☐ Artistic, written, or symbolic expression with disturbing and/or violent content is presented.
- ☐ Belief that client, or person in contact with client (family, friend, partner, etc.) possesses a weapon.
- ☐ Client is demonstrating any imminent warning signs or a cluster of early warning signs.
- ☐ Client makes threat to harm or kill self (along with indicators of harm to others).
- ☐ Client has escalating pattern of behavior that has been resistant to intervention.
- ☐ Other reason for assessment: _____

For best practice, complete ALL of the following:

1. Contact the faculty supervisor, who will contact the clinic director, and determine facts. If there is imminent danger, contact the UNC Police or local police immediately.
2. Describe the incident or behavior of concern. Who/what was your source(s) of information? What happened? Who was present? Where and when did the incident occur? Who or what was the target of the threat? _____

3. Information (consider all of the following and check sources of information gathered):
 - ☐ Interview with client of concern
 - ☐ Current clinical records
 - ☐ Previous clinical records
 - ☐ Assessment records
 - ☐ Parent/guardian interview
 - Parent/guardian has NOT been notified because: _____
 - ☐ Other Contacts: _____ (e.g., Probation, Health and Human Services [previously obtained records from other care providers with whom a Release of Information is established])
4. Evaluate information. Mark the level of risk that best describes the situation. Consider both risk and protective factors.
Threatening Risk Factors to Consider:
Type of Threat: ☐ threat was vague ☐ threat was indirect but possible ☐ threat was direct, specific/plausible
Target: ☐ target not identified ☐ target is identified, but not accessible ☐ target is identified and accessible
Threat Was: ☐ impulsive ☐ somewhat planned ☐ extensively planned
Client has communicated ideas or intent to attack. List details: _____

Client has: ☐ no access to weapons ☐ possible access to weapons ☐ definite access to weapons

Client has: ☐no ability ☐some ability ☐considerable ability to carry out a plan

The plan itself: ☐no plan ☐plan is vague ☐plan has some details ☐plan has a great amount of details

Client has: ☐no violent history ☐one or two episodes of violence ☐extensive violent history

Motive: ☐no known reason for client to act on plan at this time ☐possible reasons due to recent circumstances ☐definite triggers or events that would make client likely to act now

List of Triggering Event(s): _____

Other: _____

• **Behavioral Risk Factors to Consider:**

• Client has exhibited evidence of psychotic phenomenon (e.g., disconnected with reality, paranoia, hallucinations, delusions, etc.): Identify: _____

• Client has signs of: ☐Aggression ☐Agitation ☐Impulsivity Details: _____

• Client has expressed suicidal ideation/attempt [date/nature of incident(s)]: _____

• Legal concerns: ☐prior assault charges ☐other charges ☐probation Details: _____

• Client has conflict or grievances with (e.g., parents, family, former partners, etc.): Details: _____

• Client/Family has history of: ☐mental health needs ☐physical violence ☐sexual violence ☐substance abuse ☐legal/divorce conflict

• Client has experienced: ☐a recent loss ☐emotional trauma ☐symptoms of depression, hopelessness or despair

• Client has shown unusual interest in: ☐weapons ☐school attacks (attackers) ☐mass violence ☐terrorism ☐murder

• Client has been a victim of bullying/harassment: ☐mild ☐moderate ☐severe

• Client has engaged in bullying or harassment of other clients: ☐mild ☐moderate ☐severe

• Client sees violence as an acceptable/desirable way to solve problems: ☐Yes ☐No

• Practicing behavior: ☐no known practicing behavior ☐some practicing, but no apparent escalation ☐a definite escalation of practicing behavior. Chronological list of practicing behavior(s): _____

• Other people are concerned about the client's potential for violence: ☐Yes ☐No Details: _____

• Client's behavior appears motivated by: _____

• Client uses substances (kind of substance/frequency): _____

• **Protective Factors to Consider:**

• When distressed, client: ☐does not seek help ☐sometimes seeks help ☐often seeks help

• If yes, name(s) of resource: _____

• Supportive agencies: ☐are not involved ☐may soon be involved ☐are currently involved

○ If yes, name of agency(ies): _____

• If a minor, parents, guardians, or other adults are: ☐not monitoring ☐sometimes monitoring ☐constantly monitor the client's actions

• If yes, name(s) of parents/guardians/adults who monitor: _____

• Client has a trusting relationship with at least one responsible person: _____

• Client has shown ability to self-monitor or self-restrain: ☐Yes ☐No

• Previous measures have been effectively inhibited the client from acting violently: ☐sometimes ☐often List the effective interventions: _____

5. Based on the factors listed in #4 and after consideration of any additional information, determine the level of concern. Check the determination of threat/danger level. If unable to determine level of risk, call supervisor or clinic director to consult.

☐ **LOW LEVEL:** Risk to target(s) or client's safety is minimal.

- Threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible, lacks detail, or realism.
- Available information suggests that the client is unlikely to carry out the threat or become violent.
- Identify appropriate interventions and document intervention plan.

☐ MEDIUM LEVEL: The threat could be carried out, although it may not appear entirely realistic. Violent action is possible.

- Threat is more plausible and concrete than a low level threat. Wording in the threat and information gathered suggests that some thought has been given to how the threat would be carried out (e.g. possible place and time).
- No clear indication that the client has taken preparatory steps (e.g. weapon seeking), although there may be ambiguous or inconclusive references to that possibility. There may be a specific statement seeking to convey that the threat is not empty (e.g. "I'm serious").
- Moderate or lingering concerns about a client's potential to act violently.
- Faculty supervisor and Clinic Director should be notified. Create intervention plan and document referrals to resources. Include active care coordination.

☐ HIGH LEVEL: The threat or situation of concern appears to pose an imminent and serious danger to the safety of other people or places.

- Threat is specific and plausible. There is an identified target. Client has the capacity to act on the threat.
- Information suggests concrete steps have been taken to act on the threat (e.g. acquired or practiced with weapon has victim under surveillance).
- Information suggests a strong concern about a client's potential to act violently.
- Threats at this level almost always require immediate law enforcement intervention or hospitalization.
- If high level of concern, notify appropriate agencies as listed below:
- Take appropriate steps to locate and notify identified target(s), including but not limited to
Contacting: UNC Police: (970) 351-2245 OR Greeley Police: (970) 350-9600 OR 911

☐ For MEDIUM/HIGH LEVEL CONCERN:

- Faculty Supervisor was notified on: _____
- Clinic Director was notified on: _____

Counselor In Training (Required)

Date

Faculty Supervisor (Required)

Date

Clinic Director

Date

The results of this screening do not predict specific episodes of violence, nor are they a foolproof method of assessing an individual's potential to harm others. The purpose of this screening is to identify circumstances that may increase the risk for potential violence and to assist clinic staff to develop a safety and supervision plan.

This screening form was developed by Linda Kanan, Ph.D. and Ronald Lee, Psy.D. with information adapted from the U. S. Department of Secret Service; Federal Bureau of Investigation; U. S. Department of Education, John Nicoletti, Ph.D.; Nicoletti – Flater Associates and Christopher Saiz, Ph.D., Denver Public Schools. Adapted for use in the Psychological Services Clinic, May 2015



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years
CRITICAL INCIDENT REPORT

INCIDENT:

Date of Incident: _____

Type of Incident (e.g. threat to counselor, contact ER, property damage):

Person(s) Involved in the Incident:

Client Name: _____

Address: _____

Phone Number: () - _____

Description of Incident (i.e. person is in imminent harm, using substances to the point of incapacitation):

ACTION/ASSESSMENT:

Description of Actions

Taken: _____

Follow-Up That Needs to be Conducted:

CONSULTATIONS:

Internal Consultations: _____

External Consultations:

Graduate Clinician: _____ Date: _____

Please Print Name

Signature

Faculty Supervisor: _____ Date: _____

Please Print Name

Signature



McKee Hall Room 247, Campus Box 131
Greeley, CO 80639 (970) 351-2731

DECLARACIÓN DE DIVULGACIÓN DE LOS DERECHOS DE CLIENTES

Nombre de Cliente: _____

Fecha de Nacimiento: _____

Terapeuta(s): _____

Supervisor(s): _____

Títulos y/o licenciatura de Terapeuta: _____

Títulos y/o licenciatura de Supervisor: _____

1. REGULACIÓN DE PSICOTERAPEUTAS: La práctica en el campo de psicoterapia por personas licenciadas o registradas está regulada por la Sección de Licenciatura de la Salud Mental (Mental Health Licensing Section) de la Junta de la División de Registros (Division of Registrations boards) y se puede contactarlos a 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. Los requisitos regulatorios para los profesionales de la salud mental proveen que todo Trabajador Social Clínico Licenciado, Terapeuta Matrimonial/Familiar Licenciado y Terapeuta Profesional Licenciado tenga una Maestría en su profesión y dos años de supervisión postgrado. (Un Psicólogo Licenciado ha de tener un Doctorado en psicología y tener un año de supervisión postdoctoral.) Todo Candidato de Psicología, Candidato de Terapia Matrimonial/Familiar y Candidato de Terapeuta Profesional Licenciado ha de tener el título de licenciatura adecuado y estar en proceso de completar la supervisión requerida para dicha licenciatura.

Un Psicoterapeuta Registrado está registrado con la Junta Estatal de Psicoterapeutas Registradas (State Board of Registered Psychotherapists), no está licenciado ni certificado, y no se requiere ningún título, entrenamiento ni experiencia.

2. DERECHOS DE LOS CLIENTES E INFORMACIÓN IMPORTANTE

a. Ud. tiene el derecho de recibir información sobre mis métodos de terapia y acercamiento a asesoramiento, la duración de su tratamiento y nuestra estructura de honorarios. Favor de dejarme saber si quiere recibir esta información. Soy estudiante de postgrado y estoy en entrenamiento en el PSC. Consultaré con mis supervisores y equipo de entrenamiento sobre su asesoramiento. Las sesiones serán grabadas y observadas para propósitos de mi entrenamiento. Estas grabaciones serán borradas después de supervisión y revisión.

b. Ud. puede buscar una segunda opinión sobre su tratamiento o terminar su terapia/asesoramiento en cualquier momento.

c. En una relación profesional como la nuestra, la intimidad sexual entre clínico y cliente jamás es apropiada. Si cualquier intimidad sexual ocurre, ha de denunciarla al Departamento de Agencias Regulatorias (Department of Regulatory Agencies) a la dirección y/o número dado en Sección 1, arriba.

d. Por lo general, información provista por y para un cliente en una relación profesional con un clínico es legalmente confidencial, y no se puede divulgar dicha información sin el consentimiento del cliente. Hay varias excepciones a esta confidencialidad, algunas descritas en C.R.S. § 12-43-218 y la Noticia de Prácticas Privadas (Notice of Privacy Practices) que se la ha provisto a Ud. Algunas excepciones a la confidencialidad incluyen:

- (1) Estoy obligado denunciar cualquier incidente sospechado de abuso o negligencia de menores a las autoridades policiales. No estoy obligado denunciar abuso en el pasado si la víctima ha cumplido 18 años, a menos que el abusador alegado tiene acceso a menores actualmente.
- (2) Estoy obligado denunciar cualquier incidente sospechado de abuso o negligencia de ancianos (70 años o más) a las autoridades policiales, que pueda incluir contactando a las autoridades policiales para llevar a cabo una visita para asegurar el bienestar (wellness check) de la persona que se debe concernir;
- (3) Estoy obligado reportar cualquier amenaza de daño inminente físico por parte de un cliente a una persona específica, incluyendo personas identificables por su asociación con un lugar o entidad específicos, a las autoridades policiales, a la persona(s) amenazada, y/o a la persona(s) responsables por el lugar/entidad amenazado específico;
- (4) Estoy obligado a iniciar un asesoramiento de la salud mental a un cliente que es un peligro inminente a sí mismo/a o a otros, o quien es severamente discapacitada por resultado de un trastorno mental;
- (5) Estoy obligado a denunciar cualquier amenaza sospechada a la seguridad nacional a las autoridades federales; y
- (6) Pueda que yo esté obligado por Orden Judicial (Court Order) divulgar información de tratamiento. Si se ocurren excepciones legales a la confidencialidad durante nuestra relación profesional, cuando sea necesario y apropiado, se las identificaré a Ud.

e. Bajo la ley estatal de Colorado C.R.S. § 14-10-123.8, los padres tienen el derecho de acceso a la información del tratamiento de la salud mental de sus hijos menores, a menos que la corte haya limitado acceso a dicha información. Si Ud. me pide información de tratamiento, yo puedo proveerle un resumen de tratamiento, conforme a la ley estatal de Colorado y los Estándares HIPAA (HIPAA Standards).

f. Un psicoterapeuta registrado es un psicoterapeuta cuyo nombre aparece en la base de datos del Estado de Colorado y está autorizado por ley para practicar psicoterapia en Colorado pero no está licenciado y no tiene que cumplir con los requisitos estandarizados de educación ni asesoramiento para obtener una registración del estado.

3. DIVULGACIÓN SOBRE ACCIONES LEGALES: Si Ud. está involucrado en acciones legales (incluyendo divorcio o litigación de custodia), o está buscando beneficios por discapacidad, el papel que tengo como su clínico no incluye hacer recomendaciones u ofrecer opiniones a la corte en cuanto de estos asuntos, a menos que exista un acuerdo escrito con el PSC que su asesoramiento o servicios de terapia tengan este propósito específico. Por firmar esta Declaración de Divulgación, Ud. concuerda en no citarme con una orden judicial para testificar en la corte, o de otra manera pedirme divulgación de información de tratamiento en dicha litigación; y Ud. concuerda en no pedirme escribir cualquier informe a la corte o a su abogado con recomendaciones sobre la custodia o los beneficios de discapacidad. La corte puede nombrar profesionales que no tienen relación previa con familiares para llevar a cabo una investigación o asesoramiento y hacer recomendaciones.

4. EMERGENCIAS: Nuestras horas de oficina son lunes – jueves, 9am-5pm. Cuando no estamos disponibles, una contestadora telefónica grabará su llamada. Le devolveremos su llamada durante horas de oficina. **El PSC no puede responder a situaciones de crisis.** Si Ud. se encuentre en una crisis, favor de llamar 911 o ir a la sala de emergencia más cercana. La oficina también está cerrada durante días feriados de la universidad y descansos de semestre, y cuando se cierra la universidad por causa del clima. Si o Ud. o yo creemos que Ud. recibiría mejor servicio en otro lugar debido a dichas limitaciones, intentaremos a ayudarle encontrar un lugar más apropiado de terapia.

5. POLÍTICA DE HONORARIOS Y PAGO: El honorario para la mayoría de los servicios de terapia es \$60.00 por semestre y \$10-\$60 por sesión con sesiones con estudiantes avanzados. La primera sesión es gratis. En la mayoría de los casos, los honorarios deben pagarse en la segunda sesión. Los servicios de asesoramiento y terapia en grupo son diferentes. Ud. y yo hablaremos del costo de los servicios específicos para Ud. y recordaré cualquier

modificación abajo. Aceptamos efectivo o tarjetas de crédito/débito para los servicios. El pago de Ud.es _____. Se puede comprar pases para estacionar por \$1.00/hora en el quiosco en el estacionamiento.

6. POLÍTICA DE CANCELACIÓN: Los clientes son responsables de notificarnos en casos de cancelación o reprogramación de citas. Favor de llamar a (970) 351-2731 por lo menos 24 horas de antemano y pedir dejarme un mensaje. Repetición de faltar a citas resultará en terminación de servicios aquí, y no le haremos una referencia a otro lugar de servicios profesionales.

7. INFORMACIÓN PERSONAL Y ARCHIVOS CLÍNICOS: Se puede compartir información de su archivo con la personal de PSC para propósitos administrativos como programación y aseguramiento de calidad.

He leído la información arriba. Yo entiendo mis derechos como cliente/paciente. También acuso recibo de una copia de esta Declaración de Divulgación y he revisado la Noticia de Normas de Privacidad.

Firma de Cliente/Representante Legal

Fecha

Terapeuta

Fecha

Consentimiento para usar sus Archivos para Propósitos de Investigación y Aseguramiento de Calidad

Porque somos una clínica de entrenamiento de una universidad, llevamos a cabo regularmente investigaciones para monitorear la calidad de nuestros servicios y comunicar a los oficiales universitarios y comunitarios de nuestros resultados. Por firmar Ud. abajo, se puede usar información de la cual se ha quitado datos identificadores de su archivo para describir referencias, resultados de tratamiento y tendencias generales en los resultados de clientes. Unos ejemplos de cómo puede ser usado esta información incluyen: informes anuales a los administradores universitarios en cuanto al número de clientes que hemos servido dentro de un período específico de tiempo y un análisis de los clientes por variables demográficos. También pueda que revisamos su archivo para determinar cómo los niveles auto-reportados de estrés por parte de los clientes se relacionan a variables de estadísticas demográficos, a terapeutas y a tratamiento. Esta información jamás hará referencia a ninguna persona específica de una manera identificable.

La participación de Ud. es voluntaria. Ud. puede decidir no dejar que su información sea usada de esta manera, y puede revocar su consentimiento que Ud. ha dado en cualquier momento. Si Ud. niega a firmar, o Ud. revoca su consentimiento, esto no afectará los servicios que Ud. está por recibir en La Clínica de Servicios Psicológicos (Psychological Services Clinic) de UNC. Cuando Ud. ha leído lo de arriba y ha tenido la oportunidad de hacer preguntas, favor de firmar abajo si Ud. da su consentimiento de dejar que información de su archivo sea usada para los propósitos mencionados. Si Ud. tiene cualquier pregunta o preocupación sobre la participación en la investigación en UNC, favor de contactar a: Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Firma de Cliente/Representante Legal

Fecha



CONSENTIMIENTO PARA TRATAMIENTO DE UN MENOR DE EDAD

Escriba el nombre legal del menor aquí: _____

Yo, _____, como padre o guardián legal de niño menor de edad, doy mi consentimiento para que el niño pueda recibir un tratamiento psicológico o evaluación por un estudiante graduado en la formación a través del PSC en la Universidad del Norte de Colorado. Al firmar este doy fe que yo tengo la custodia legal del hijo menor de edad y soy capaz de dar mi consentimiento para su tratamiento. Entiendo y acepto que: (1) a petición de la Clínica de Servicios Psicológicos, proporcionaré la Clínica con documentos que confirman que tengo la custodia legal del menor y (2) voy a informar inmediatamente a la Clínica de cualquier cambio en mis derechos de custodia legales con respecto a los hijos menores.

Entiendo que solo el terapeuta, supervisor(es), y otros estudiantes en su clase van a conocer la información aprendida durante el curso de la terapia. (Por favor lea Los Derechos del Cliente para ver las excepciones). La Clínica de Servicios Psicológicos puede utilizar la información utilizada en el curso del tratamiento para fines de investigación, siempre y cuando dicho uso no contenga información de identificación sobre el hijo menor de edad. También entiendo que la Universidad del Norte de Colorado no está obligada a proveer información relacionada a la terapia de mi hijo/a a ninguna persona o empresa sin antes obtener el consentimiento apropiado.

Entiendo que el estudiante que llevará a cabo las sesiones lo hará bajo supervisión de su profesor/a. También entiendo que para facilitar dicha supervisión, las sesiones de terapia con mi hijo/a y conmigo serán grabadas.

Firma del padre o guardián

Fecha

Testigo

Fecha

Asentimiento del Menor

Entiendo que mi padre o guardián puede dar su consentimiento para mi tratamiento. Sin embargo, a mi también me han pedido mi consentimiento para mi propio tratamiento. Con mi firma doy mi consentimiento para recibir tratamiento o evaluación psicológica por un estudiante licenciado bajo capacitación en la Clínica de Servicios Psicológicos en la Universidad del Norte de Colorado, de acuerdo con las condiciones escritas anteriormente.

Firma del menor

Fecha



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

UNIVERSIDAD DEL NORTE DE COLORADO AVISO SOBRE LAS PRÁCTICAS DE PRIVACIDAD

ÉSTE AVISO DESCRIBE CÓMO SE PUEDE USAR Y REVELAR LA INFORMACIÓN DE SALUD SOBRE USTED Y CÓMO PUEDE TENER ACCESO A ÉSTA INFORMACIÓN. POR FAVOR REVISE ÉSTE AVISO CUIDADOSAMENTE. *Éste aviso entra en vigor a partir del 14 de abril del 2003*

La ley de Health Insurance Portability & Accountability Act de 1996 (HIPAA) requiere que todos los expedientes de salud y cualquier información médica que le identifique (INFORMACIÓN DE SALUD PROTEGIDA) y que ha sido utilizada por nosotros o divulgada a nosotros de cualquier manera, ya sea electrónicamente, por escrito, u oral, debe mantenerse confidencial. La ley federal le da derechos para comprender y controlar cómo se utiliza su información de salud. HIPAA provee penalidades por el mal uso de información de salud personal a las entidades cubiertas. Tal y como lo es requerido por HIPAA, le hemos preparado ésta explicación de cómo debemos mantener su información de salud privada y como la podemos usar y divulgar.

Sin previa autorización por escrito, estamos permitidos a usar y revelar su expediente de salud con fines de tratamiento, pago, y operaciones relacionadas con la salud.

- **Tratamiento** significa proveer, coordinar, o manejar su cuidado de salud y servicios relacionados con uno o más proveedores de cuidado de salud.
- **Pago** significa tales actividades como obtener reembolso de servicios, verificar cobertura, facturas o actividades de colección, y revisión de uso.
- **Operaciones relacionadas con la salud** incluye el aspecto de negocios de nuestras clínicas, tales como la realización de evaluaciones y mejoramiento de actividades, funciones de auditoría, análisis de costos y de gestión, y servicio al cliente. Un ejemplo puede incluir una evaluación de nuestro protocolo de documentación.

Adicionalmente, su información confidencial podría ser utilizada para recordarle de su cita (por teléfono o correo) o para proveer información sobre sus opciones de tratamiento u otros servicios relacionados con su salud, incluyendo divulgar información a amigos o parientes que estén involucrados directamente con su cuidado o quienes asistan en su cuidado. Usaremos y revelaremos su INFORMACIÓN PROTEGIDA cuando nos requiere hacerlo por ley federal, estatal o local. Podríamos usar y revelar su INFORMACIÓN PROTEGIDA Podemos revelar su Información Protegida a las autoridades de salud pública que están autorizadas por la ley para recolectar información, a una agencia de supervisión de salud para actividades autorizadas por la ley incluye, pero no limitado a: respuesta a una orden judicial o un orden administrativa, si usted está involucrado en un juicio o procedimiento similar, la respuesta a una petición de descubrimiento, citación u otro proceso legal por otra persona involucrada en la disputa, pero solamente si hemos hecho un esfuerzo para informarle de la solicitud o para obtener una orden para proteger la información que terceros han solicitado. Daremos a conocer su información protegida si lo pide un oficial de la ley por cualquier circunstancia lo requiere la ley. Podemos revelar su PHI a un médico forense para identificar a una persona fallecida o para determinar la causa de la muerte. Si es necesario, también podemos divulgar información a fin de que los directores de funerarias para realizar sus trabajos. Si usted es un donante de órgano o tejido, podemos revelar su INFORMACIÓN PROTEGIDA a las organizaciones que manejan la adquisición de órganos o el trasplante de órganos, ojos o tejido o para un banco de donación de órganos, según sea necesario para facilitar la donación y el trasplante de órgano o tejido. Podemos usar y revelar su INFORMACIÓN PROTEGIDA cuando sea necesario para impedir una amenaza grave a su salud y seguridad o a la salud y seguridad pública o de otra persona.

Sin embargo, cualquier revelación será a alguien que pueda ayudar a impedir la amenaza. Podemos revelar su INFORMACIÓN PROTEGIDA si usted es miembro de las fuerzas armadas según lo requieran las autoridades del comando militar. También podemos revelar su INFORMACIÓN PROTEGIDA a la autoridad militar extranjera que corresponde si usted es un militar extranjero. Podemos revelar su INFORMACIÓN PROTEGIDA a funcionarios federales autorizados para que puedan llevar a cabo investigaciones especiales y ofrecer protección al Presidente, otras personas autorizadas y jefes de estado extranjeros. Si usted es un preso en un correccional o está bajo la custodia de un agente del orden, podemos dar a conocer su INFORMACIÓN PROTEGIDA a dicho funcionario o al personal del correccional. Su INFORMACIÓN PROTEGIDA se daría a conocer si es necesario: (a) que la institución le ofrezca cuidado de salud; (b) para proteger su salud seguridad o la salud y seguridad de otros; y/o (c) por la seguridad y protección del correccional. Podemos revelar su INFORMACIÓN PROTEGIDA para compensación al trabajador o programas similares.

Cualquier otro uso o revelación se hará solo con su permiso por escrito. Usted puede revocar su permiso en cualquier momento presentando una solicitud escrita y nosotros estamos requeridos a honrar y respetar su petición, excepto hasta el punto en que hemos actuado basándonos en su permiso.

Usted tiene los siguientes derechos con respecto a su INFORMACIÓN PROTEGIDA, puede hacer uso de sus derechos por medio de una petición a nuestro Agente de Privacidad a las direcciones escritas abajo:

- Derecho a solicitar que se limite la INFORMACIÓN PROTEGIDA que revelamos sobre usted a cualquier persona tal como un miembro de familia o un amigo. No estamos obligados a aceptar su solicitud. Si aceptamos su solicitud, debemos respetarla a menos que usted indique lo contrario por escrito.
- Derecho a solicitar comunicación confidencial sobre su INFORMACIÓN PROTEGIDA por medios alternativos o lugares alternativos.
- Derecho al acceso, revisión, o copias de su INFORMACIÓN PROTEGIDA.
- Derecho a solicitar enmiendas a su INFORMACIÓN PROTEGIDA.
- Derecho a recibir una contabilidad de divulgaciones o INFORMACIÓN PROTEGIDA fuera de tratamiento, pago, y operaciones de cuidado de salud.
- Derecho a recibir una copia en papel de este Aviso a petición suya.

Estamos requeridos por ley a mantener la privacidad de su INFORMACIÓN PROTEGIDA y a proveerle a usted sobre nuestras obligaciones legales y prácticas de privacidad con respecto a INFORMACIÓN PROTEGIDA.

Estamos requeridos a respetar los términos del Aviso Sobre las Practicas de Privacidad en efecto. Nos reservamos el derecho de cambiar este Aviso y de aplicarle al Aviso revisado o modificado a la INFORMACIÓN PROTEGIDA que ya tenemos así como a cualquier información que recibamos en el futuro. Revisiones a nuestro Aviso se colocaran en la fecha en que entre en vigor el mismo y usted puede solicitar una copia del Aviso Revisado.

Usted tiene derecho a presentar una queja formal, por escrito a la dirección abajo, o con el Departamento de Salud de Servicios Humanos, Oficina de Derechos Civiles, en caso de que usted sienta que sus privacidad a sido violada. Nosotros no tomaremos represalias en su contra por presentar una queja.

Para más información sobre nuestras
Prácticas de Privacidad,
por favor comuníquese con:
The University Counsel
University of Northern Colorado
Carter Hall, Room 4003
Greeley, Co 80639
970-351-2399

Para más información sobre HIPAA
o para presentar una queja,
por favor comuníquese con:
The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

Programas de Terapia Profesional – DENVER & COLORADO SPRINGS
McKee Hall Room 247, Campus Box 131
Greeley, CO 80639 (970) 351-2731

DECLARACIÓN DE DIVULGACIÓN DE LOS DERECHOS DE CLIENTES

Nombre de Cliente: _____

Fecha de Nacimiento: _____

Terapeuta(s): _____

Supervisor(s): _____

Títulos y/o licenciatura de Terapeuta: _____

Títulos y/o licenciatura de Supervisor: _____

1. REGULACIÓN DE PSICOTERAPEUTAS: La práctica en el campo de psicoterapia por personas registradas está regulada por la Sección de Licenciatura de la Salud Mental (Mental Health Licensing Section) de la Junta de la División de Registros (Division of Registrations boards), y se puede contactarlos a 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. Los requisitos regulatorios para los profesionales de la salud mental proveen que todo Trabajador Social Clínico Licenciado, Terapeuta Matrimonial/Familiar Licenciado y Terapeuta Profesional Licenciado tenga una Maestría en su profesión y dos años de supervisión postgrado. (Un Psicólogo Licenciado ha de tener un Doctorado en psicología y un año de supervisión postdoctoral.) Todo Candidato de Psicología, Candidato de Terapia Matrimonial/Familiar y Terapeuta Profesional Licenciado ha de tener el título de licenciatura adecuado y estar en proceso de completar la supervisión requerida para dicha licenciatura.

Un Psicoterapeuta Registrado está registrado con la Junta Estatal de Psicoterapeutas Registradas (State Board of Registered Psychotherapists), no está licenciado ni certificado, y no se requiere ningún título, entrenamiento ni experiencia.

2. DERECHOS DE LOS CLIENTES E INFORMACIÓN IMPORTANTE

a. Ud. tiene el derecho de recibir información sobre mis métodos de terapia y acercamiento a asesoramiento, la duración de su tratamiento y nuestra estructura de honorarios. Favor de dejarme saber si quiere recibir esta información. Soy estudiante de postgrado y estoy en entrenamiento en el PSC. Consultaré con mis supervisores y equipo de entrenamiento sobre su asesoramiento. Las sesiones serán grabadas y observadas para propósitos de mi entrenamiento. Estas grabaciones serán borradas después de supervisión y revisión.

b. Ud. puede buscar una segunda opinión sobre su tratamiento o terminar su terapia/asesoramiento en cualquier momento.

c. En una relación profesional como la nuestra, la intimidad sexual entre clínico y cliente jamás es apropiada. Si cualquier intimidad sexual ocurre, ha de denunciarla al Departamento de Agencias Regulatorias (Department of Regulatory Agencies) a la dirección y/o número dado en Sección 1, arriba.

d. Por lo general, información provista por y para un cliente en una relación profesional con un clínico es legalmente confidencial, y no se puede divulgar dicha información sin el consentimiento del cliente. Hay varias excepciones a esta confidencialidad, algunas descritas en C.R.S. § 12-43-218 y la Noticia de Prácticas Privadas (Notice of Privacy Practices) que se la ha provisto a Ud. Algunas excepciones a la confidencialidad incluyen:

- (1) Estoy obligado denunciar cualquier incidente sospechado de abuso o negligencia de menores a las autoridades policiales. No estoy obligado denunciar abuso en el pasado si la víctima ha cumplido 18 años, a menos que el abusador alegado tiene acceso a menores actualmente.
- (2) Estoy obligado denunciar cualquier incidente sospechado de abuso o negligencia de ancianos (70 años o más) a las autoridades policiales, que pueda incluir contactando a las autoridades policiales para llevar a cabo una visita para asegurar el bienestar (wellness check) de la persona que se debe preocupar;
- (3) Estoy obligado reportar cualquier amenaza de daño inminente físico por parte de un cliente a una persona específica, incluyendo personas identificables por su asociación con un lugar o entidad específicos, a las autoridades policiales, a la persona(s) amenazada, y/o a las persona(s) responsables por el lugar/entidad amenazado específico;
- (4) Estoy obligado a iniciar un asesoramiento de la salud mental a un cliente que es un peligro inminente a sí mismo/a o a otros, o quien es severamente discapacitada por resultado de un trastorno mental;
- (5) Estoy obligado a denunciar cualquier amenaza sospechada a la seguridad nacional a las autoridades federales; y
- (6) Pueda que yo esté obligado por Orden Judicial (Court Order) divulgar información de tratamiento. Si se ocurren excepciones legales a la confidencialidad durante nuestra relación profesional, cuando sea necesario y apropiado, se las identificaré a Ud..

e. Bajo la ley estatal de Colorado C.R.S. § 14-10-123.8, los padres tienen el derecho de acceso a la información del tratamiento de la salud mental de sus hijos menores, a menos que la corte haya limitado acceso a dicha información. Si Ud. me pide información de tratamiento, yo puedo proveerle un resumen de tratamiento, conforme a la ley estatal de Colorado y los Estándares HIPAA (HIPAA Standards).

f. Un psicoterapeuta registrado es un psicoterapeuta cuyo nombre aparece en la base de datos del Estado de Colorado y está autorizado por ley para practicar psicoterapia en Colorado, pero no está licenciado y no tiene que cumplir con los requisitos estandarizados de educación ni asesoramiento para obtener una registración del estado.

3. DIVULGACIÓN SOBRE ACCIONES LEGALES: Si Ud. está involucrado en acciones legales (incluyendo divorcio o litigación de custodia), o está buscando beneficios por discapacidad, el papel que tengo como su clínico no incluye hacer recomendaciones u ofrecer opiniones a la corte en cuanto de estos asuntos, a menos que exista un acuerdo escrito con el PSC que su asesoramiento o servicios de terapia tengan este propósito específico. Por firmar esta Declaración de Divulgación, Ud. concuerda en no citarme con una orden judicial para testificar en la corte, o de otra manera pedirme divulgación de información de tratamiento en dicha litigación; y Ud. concuerda en no pedirme escribir cualquier informe a la corte o a su abogado con recomendaciones sobre la custodia o los beneficios de discapacidad. La corte puede nombrar profesionales que no tienen relación previa con familiares para llevar a cabo una investigación o asesoramiento y hacer recomendaciones.

4. EMERGENCIAS: Nuestras horas de oficina son lunes – jueves, 9am-5pm. Cuando no estamos disponibles, una contestadora telefónica grabará su llamada. Le devolveremos su llamada durante horas de oficina. **El PSC no puede responder a situaciones de crisis.** Si Ud. se encuentre en una crisis, favor de llamar 911 o ir a la sala de emergencia más cercana. La oficina también está cerrada durante días feriados de la universidad y descansos de semestre, y cuando se cierra la universidad por causa del clima. Si o Ud. o yo creemos que Ud. recibiría mejor servicio en otro lugar debido a dichas limitaciones, intentaremos a ayudarle encontrar un lugar más apropiado de terapia.

5. POLÍTICA DE HONORARIOS Y PAGO: El honorario para la mayoría de los servicios de terapia es \$60.00 por semestre y \$10-\$60 por sesión con sesiones con estudiantes avanzados. La primera sesión es gratis. En la mayoría de los casos, los honorarios deben pagarse en la segunda sesión. Los servicios de asesoramiento y terapia en grupo son diferentes. Ud. y yo hablaremos del costo de los servicios específicos para Ud. y recordaré cualquier modificación abajo. Aceptamos efectivo o tarjetas de crédito/débito para los servicios. El pago de Ud.es _____. Se puede comprar pases para estacionar por \$1.00/hora en el quiosco en el estacionamiento.

6. POLÍTICA DE CANCELACIÓN: Los clientes son responsables de notificarnos en casos de cancelación o reprogramación de citas. Favor de llamar a (970) 351-2731 por lo menos 24 horas de antemano y pedir dejarme un mensaje. Repetición de faltar a citas resultará en terminación de servicios aquí, y no le haremos una referencia a otro lugar de servicios profesionales.

7. INFORMACIÓN PERSONAL Y ARCHIVOS CLÍNICOS: Se puede compartir información de su archivo con la personal de PSC para propósitos administrativos como programación y aseguramiento de calidad.

Yo he leído la información arriba. Yo entiendo mis derechos como cliente/paciente. También acuso recibo de una copia de esta Declaración de Divulgación y la Noticia de Normas de Privacidad.

Firma de Cliente/Representante Legal

Fecha

Terapeuta

Fecha

Consentimiento para usar sus Archivos para Propósitos de Investigación y Aseguramiento de Calidad

Porque somos una clínica de entrenamiento de una universidad, llevamos a cabo regularmente investigaciones para monitorear la calidad de nuestros servicios y comunicar a los oficiales universitarios y comunitarios de nuestros resultados. Por firmar Ud. abajo, se puede usar información de la cual se ha quitado datos identificadores de su archivo para describir referencias, resultados de tratamiento y tendencias generales en los resultados de clientes. Unos ejemplos de cómo puede ser usado esta información incluyen: informes anuales a los administradores universitarios en cuanto al número de clientes que hemos servido dentro de un período específico de tiempo y un análisis de los clientes por variables demográficos. También pueda que revisamos su archivo para determinar cómo los niveles auto-reportados de estrés por parte de los clientes se relacionan a variables de estadísticas demográficos, a terapeutas y a tratamiento. Esta información jamás hará referencia a ninguna persona específica de una manera identificable.

La participación de Ud. es voluntaria. Ud. puede decidir no dejar que su información sea usada de esta manera, y puede revocar su consentimiento que Ud. ha dado en cualquier momento. Si Ud. niega a firmar, o Ud. revoca su consentimiento, esto no afectará los servicios que Ud. está por recibir en La Clínica de Servicios Psicológicos (Psychological Services Clinic) de UNC. Cuando Ud. ha leído lo de arriba y ha tenido la oportunidad de hacer preguntas, favor de firmar abajo si Ud. da su consentimiento de dejar que información de su archivo sea usada para los propósitos mencionados. Si Ud. tiene cualquier pregunta o preocupación sobre la participación en la investigación en UNC, favor de contactar a: Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Firma de Cliente/Representante Legal

Fecha

Request for Long Term File Access

Date Requested: _____

Date Retrieved: _____
[completed by clinic office staff]

Practicum instructor: _____
Print name

Signature

Date

Student clinician: _____
Print name

Signature

Date

Client name: _____ Client date of birth _____

Reason for retrieval: _____

When complete, turn form in to Mrs. Gloria Sedillos in the APCE Main Office

For office use only:

Retrieved by clinic staff member: _____

Date retrieved: _____

Date returned: _____

Resource List
Greeley Community

Crisis Referrals

National Suicide Prevention Lifeline Phone: 1.800.273.TALK (8255)	Rocky Mountain Crisis Partners Phone: 1.844.493.TALK (8255) Can speak with a professional 24/7 or a peer helper 11 am – 11 pm	North Range Behavioral Health Phone: 970. 347.2120
National Suicide Hotline Phone: 1.800.SUICIDE (784-2433)	Connections Mental Health Resource Line 525 W. Oak Fort Collins, CO Phone: 970.221.5551 Crisis Line: 970.221.2114 *Work with clients on sliding scale basis to provide appropriate referrals in community	

Psychological Evaluations

Jack Gardner, Psy.D. Bank One Plaza Greeley, CO Phone: 970.356.8482 Fax: 970.356.9646, x1	Neurodevelopment Center of Colorado 608 E. Harmony Ste 202 Ft. Collins, CO 80525 970.282.4428 *Autism spectrum assessments, dyslexia, ADHD, TBI	Pathways Family Wellness Associations of N. Colo. Dr. Lindstrom 3211 20 th Street, Suite C Greeley, CO Phone: 970.353.2000 *Provide counseling, psychological testing, medication management, animal-assisted therapy and biofeedback
Jane Derk, Ph.D. 3400 W. 16 th Street, Bld. 5 Greeley, CO Phone: 970.351.6406 Fax: 970.351.0766 janederkphd@hotmail.com *Depression/Anxiety Screening, adoption/custody evaluation, parenting/divorce, play therapy	Dr. Jesse Owen or Kelly Quirk Lifelong Adult Education Services, School Psychologist 1175 Osage, Suite 201 Denver, CO 80204 Phone: 303.573.0839 Fax: 303.573.0849 ADHD and IQ testing	Kelly Winston, Ph.D. Greeley West, School Psychologist The Pines Building 2619 11 Street Road Greeley, CO Phone: 970.348.5488

Centennial Head Injury Rehabilitation P.O. Box 102980 Denver, CO 80250 Phone: 720.283.4180 *Provides forensic evaluation and workers comp assessment	Ernest Soper, Ph.D. & Joan Soper, Ph.D. Office of Psychological Services 613 Walnut Street Boulder, CO 80302 Phone: 303.443.1223 Fax: 303.473.9153 *Assessment for cog, LD, ADHD, personality, adoption, autism spectrum assessments	The Family Center for Autism 805 S. Cascade Ave Colorado Springs, CO 80903 719.473.9200 *Autism diagnosis, ADHD, sensory integration problems, groups for kids and parents
---	--	---

Campus Resources

UNC Counseling Center Cassidy Hall Phone: 970.351.2496 * Counseling Services	UNC Department of Human Services Rehabilitation Counseling Clinic Joseph N. Ososkie, Ph.D. Clinical Supervisor Phone: 970.351.1579 Joe.osoki@unco.edu	UNC Academic Support & Advising Michener, L-149 Phone: 970. 351.1391
UNC Center for Human Enrichment Michener, L-116 Phone: 970.351.1905 *help first generation students adjust to college	UNC Mathematical Sciences Ross Hall, 2239 Phone: 970.351.2820 *tutoring	UNC Writing Center Ross Hall, 1230 Phone: 970.351.2056 *tutoring
UNC Speech-Language Pathology and Audiology Clinic Gunter 0330 970.351.2012 *speech/language and audiology evaluations and therapy	UNC Disability Support Services Michener L-80 Greeley CO 80639 Phone: 970.351.2289; Fax: 970.351.4166	Colorado State University Psychological Services Center C-36 Andrew G. Clark Building Ft. Collins, CO 80523 970.491.3380

Community & State Referral

Colorado Rehabilitation Services 822 7 th Street #350 Greeley, CO 80631 Phone: 970.353.5409 Voc.rehab@state.co.us Vocational Rehabilitation	Connections for Independent Living 1331 8 th Ave Greeley, CO 80631 Phone: 970.352.8682	Greeley Center for Independence 2780 28 th Avenue Greeley, CO 80634 Contact: Mariah Gigliotti Phone: 970.339.2444 www.gciinc.org Physical therapy, Wellness programs, brain injury
---	---	--

Family Therapy/Couples Therapy

Foundations Counseling (multiple therapists) 155 E. Boardwalk Fort Collins, Loveland, Windsor CO Phone: 970.227-2770 *MMPI, personality assessment, drug and alcohol evaluation, court testimony, adoption evaluations	Lutheran Family Services 800 8th Ave. #231 Greeley CO 80631 Phone: 970.356.6751 *Parenting classes (in English and Spanish)	Suzanne Rudolph, Ed.D. (Gottman Certified) 150 E. 29th Street, Suite 245 Loveland, Colorado 80538 (Additional Ft. Collins office) Phone: 970.203.0643
--	---	--

Outpatient Services

North Range Behavioral Health Phone: 970. 347.2120 Spanish-speaking: *Takes Medicaid, sliding scale self-pay and private insurance	Touchstone Mental Health (Loveland) 1250 N. Wilson Loveland, CO Phone: 970.494.9870 *General MH – Medicaid only *Substance abuse-all types of insurance	Mountain Crest Behavioral Health (PVHS) Fort Collins, CO Phone: 970.207.4800 *Inpatient and Outpatient -All major insurances; NO Medicaid -Often on waitlist
Touchstone Counseling Connection 450 N. Cleveland Ave. Phone: 970.494.4200 Loveland, CO	Touchstone Mental Health (Fort Collins) 2001 Shields St. Building K Fort Collins, CO Phone: 970.484.4559	North Colorado Medical Center 1801 16 th St. Phone: 970.352.4121 Greeley, CO *Discounted services available
Pathways Mental Health 3211 20 th St. Suite D Greeley, CO 80634 Russ Johnson, M.D. (Psychiatrist) Phone: 970.356.3100	Touchstone: Namaqua Center for Children 3705 N. Grant Ave. Loveland CO 80538 Phone: 970.669.7550	Perklen Center for Psychotherapy 1020 8 th St. Greeley CO Phone: 970.353.8171

Other Counseling Resources

Grief and Bereavement: Hospice of Northern Colorado Phone: 970.352.8487 2726 W. 11 th St Greeley, CO	Greeley Counseling Center Lisa Blank, Ph.D. 1228 8 th Street Phone: 970.356.8482 x4 Greeley, CO * Christian Counseling Services	Danielle Kahlo, Ph.D. Phone: 720.515.8240 950 S. Cherry Street #218 Denver, CO www.daniellekahlo.com
	Emily Montoya, LPC 3427 W. 12 th St. Phone: 970. 381.8624 Greeley, CO	

Spanish Counseling Referrals

Montford Childrens Clinic 970.347.2384 Greeley, CO	Anna Lane, LPC Loveland, CO 2114 North Lincoln Ave #106 Phone:970.443.9709	Olivia Phillips, MSW, LCSW Phone: 970.443.1061 Fort Collins, CO
---	--	--

Play Therapy

Milestones Counseling Services 832 Eisenhower Blvd, Suite C Loveland, CO 80537 Phone: 970.403.7656	Center for Child and Family Therapy 155 West Harvard Street Phone: 970.266.8644 Fort Collins, CO *play therapy, trauma focused – CBT and EMDR for adults	Child and Family Solutions Shannon Yockey, LCSW 109 Coronado Ct. Bldg #7 Fort Collins, CO 80525 970.402.7030 *Sandplay *Love and logic parenting classes
Child Safe and Counseling Services 1148 E. Elizabeth St. Fort Collins, CO Phone: 970.472.4133 *Family, play, and group therapy	Parent-Child Interaction Center 375 E Horsetooth Rd #101 Ft. Collins, CO 80525 970.472.1207	

Certified Sex Therapists

Neil Cannon, Ph.D. AASECT-Certified: Sex Therapist; Couples Counseling Phone: 303.670.5600 50 Steele St. Ste 377 Denver, CO	Elizabeth M. Doyle AASECT-Certified: Sexuality Educator Phone: 303.759.5109 P.O. Box 6529 Denver, CO 80206	Ruth Morehouse, PhD AASECT-Certified: Diplomat of Sex Therapy Marriage and Family Health Center 303.670.2630 Evergreen, CO
--	---	---

Occupational Therapy

Children's Therapy Services of Poudre Valley Hospital 970.495.8780	Parents of Children with Special Needs Support Group 970.454.3411 Eaton, CO	Eaton Early Learning Center 970.454.9400
--	--	--

Eating Disorders

La Luna Center 3926 John F. Kennedy Pkwy Ft. Collins, CO 80525 970.282.8282	Eating Disorder Center of Denver 950 S. Cherry St. #1010 Denver, CO 80246 866.771.0861	Eating Recovery Center 7351 E. Lowry Blvd Suite 200 Denver, CO 80230 303.825.8585
---	--	--

Substance Abuse

CeDAR (Center for Dependency, Addiction and Rehabilitation) 1693 N. Quentin St. Aurora, CO 80045 877.999.0538	Harmony Foundation 1600 Fish Hatchery Rd. Estes Park, CO 80517 970.586.4491 866.686.7867
Centennial Peaks Hospital 2255 S. 88 th St. Louisville, CO 80027 303.673.9990	Drug and Alcohol Treatment: Creative Counseling Services 800 8 th Ave. Ste 135 970.378.8805 Greeley, CO