

# **University of Wisconsin-Madison Psychological Research & Training Clinic (PRTC)**

## **Policies & Procedures Manual 2018-2019**



**Room 351 W. J. Brogden Psychology Building  
1202 West Johnson Street  
Madison, WI 53706**

**608.262.5925  
855.582.3994**

The Psychology Research and Training Clinic seeks to fulfill the mission of the University of Wisconsin by providing quality mental health services to the community, training future professionals, and furthering knowledge through research

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# Introduction to the PRTC

This manual describes the procedures of the UW-Madison's Psychology Research and Training Clinic (PRTC). Its primary purpose is to provide Clinical Psychology graduate students, Clinical Supervisors, and PRTC staff with the information necessary to carry out clinic duties effectively and efficiently. A secondary purpose is to establish a set of policies, procedures, and guidelines by which the PRTC operates as a provider of psychological services to the community.

The Clinical Area Group, Director of Clinical Training, and PRTC Director are responsible for determining PRTC policy which is administered by PRTC staff. PRTC staff consists of the Director, Assistant Director, and Administrator. Graduate clinicians (students enrolled in clinical, counseling, or educational psychology PhD programs) provide intake, assessment, and therapy services.

Clinical Psychology PhD students are able to provide psychological services at PRTC following completion of PSY 807 *Introduction to Conducting Psychotherapy*, PSY 800 *Cognitive & Neurological Assessment for Diagnosis*, and PSY 802 *Assessment & Diagnosis of Psychopathology & Personality*. Through practicum experience and didactic training, graduate clinicians learn about PRTC operations, interviewing, psychotherapeutic intervention, and assessment. The training at PRTC stresses the importance of strong empirical bases for applied clinical work. Graduate clinicians are supervised by PRTC staff (Director and Assistant Director) and clinical consultants. Clinical consultants are UW preceptors and licensed psychologists practicing in the Madison, WI community.

The PRTC provides a broad range of outpatient psychological services including individual, couple, and family therapy, group therapy, and assessment. Because of its status as a training clinic, the PRTC does have some limitation on the services it is able to offer. The PRTC does not provide emergency or walk-in services. The PRTC is not equipped to serve persons requiring twenty-four hour crisis management (e.g., ongoing suicidal behaviors), persons requiring imminent psychiatric hospitalization, individuals not stabilized on recommended psychotropic medications, or individuals seeking treatment for severe drug or alcohol use/abuse. The PRTC is unable to conduct assessments for court proceedings, child custody evaluations, or Social Security Disability.

The UW-Madison Clinical Psychology graduate program is currently accredited by the Psychological Clinical Science Accreditation System (PCSAS) and the American Psychological Association (APA). For more information on the program's accreditation status, you may contact:

APA Committee on Accreditation  
750 First Street, NE  
Washington, DC 20002-4242  
(202) 336.5979.

Psychological Clinical Science  
Accreditation System  
Richard M. McFall, Executive Director  
1101 East Tenth Street  
IU Psychology Building  
Bloomington, IN 47405-7007  
Phone: 812-856-2570

## **Mission Statement**

The PRTC is a community-based training facility for the Clinical Psychology PhD program in the Department of Psychology at the University of Wisconsin-Madison. The training of ethical clinical skills along with the dissemination and application of knowledge about behavioral and mental healthcare are primary to its mission. Through its focus on training, research, and outreach, the PRTC creates, conveys, and applies knowledge to prevent, assess, and treat behavioral and mental health problems, foster professional growth and opportunity for our students and preceptors, and promote the transfer of such knowledge to the surrounding community.

## **Purpose**

The primary purpose of the Psychology Research and Training Clinic (PRTC) is to provide an active learning environment for training graduate students in the practice of applied clinical psychology. The second purpose is to assist in the conduct of clinically oriented research. The third purpose is to provide assessment, therapy, consultation, presentations and workshops to individuals, groups, associations, schools, agencies, and businesses in the region surrounding Madison, WI. The PRTC also serves as a resource for referring agencies and is community-outreach oriented.

### **Referral Area**

Clients are drawn from the Madison and greater Dane County area. The population of Madison is estimated by the census office at 248,951 as of 2015. The population of the Dane County area is estimated to be 531,273, of which approximately 20% are minorities.

### **Non-Discrimination Policy**

It is the policy of the PRTC to enhance the diversity of its clientele, students, supervisors, and staff. Diversity among supervisors and staff helps to provide role models and mentors for graduate clinicians. The PRTC serves clientele regardless of race, color, religion, national origin, gender, sexual orientation, age, disability, or veteran status. The PRTC is committed to providing reasonable accommodation and access to clients, graduate clinicians, clinical supervisors, and staff who have disabilities.

To be eligible for disability-related services, UW students must have a documented disability condition as defined by the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. Students with disabilities must *self-identify* and provide *relevant, comprehensive professional documentation* to receive services or accommodations. It is recommended that students work with UW McBurney Center to assure appropriate accommodation. Students requesting accommodations of practicum training must inform the Director of Clinical Training, the PRTC Director, and off-site supervisors prior to any clinical training.

### **Sexual Harassment Policy**

The PRTC does not tolerate sexual (or any other type of) harassment by any staff member, faculty member, student, or client. Sexual harassment is an unlawful, discriminatory practice under Title VII. It has been defined as any unwelcome sexual advance, the request for a sexual favor, or any other verbal or physical conduct of a sexual nature that unfavorably affects the employee's work or produces an uncomfortable work setting. Sexual harassment of an individual is present when:

- A. Submission to such conduct is made a term or condition of employment or academic status.
- B. Submission to or rejection of such conduct is used as a basis for making employment or academic decisions about the individual.
- C. Such conduct has the effect of unreasonably interfering with the individual's work or academic performance, or creates an intimidating, hostile, or offensive work or academic environment.

The Director of Clinical Training and PRTC staff members are responsible for creating and maintaining a work environment free of sexual harassment. If these individuals know sexual harassment is occurring, receive a complaint of sexual harassment, or obtain information indicating possible sexual harassment, they must take immediate steps (as outlined by the UW-Office of Equity and Diversity), even if the victim requests no action be taken. It is not the responsibility of the individual being harassed to correct the situation. Concerns or complaints should be taken to the PRTC Director, Assistant Director, DCT, or the UW-Madison's [Office for Equity and Diversity](#) (179A Bascom Hall, 500 Lincoln Drive, Madison, WI 53706, 608/263-2378 or (TDD) 608/263-2473) for discussion and exploration of options for subsequent action.

### **Alcohol & Drug Policy**

In accordance with the federal Drug Free Workplace Act of 1988, the federal Drug Free Schools and Communities Act of 1989, and the policy of the University of Wisconsin-Madison, it is the policy of the PRTC that the unlawful or unauthorized manufacture, distribution, dispensation, possession or use of alcohol and illicit drugs by employees and students on PRTC property or as part of any PRTC related activity are prohibited. Any employee or student who violates this policy is subject to disciplinary action up to and including termination of employment, expulsion from the University, referral for prosecution and/or referral for satisfactory participation in an appropriate evaluation or rehabilitation program.

### **Fiscal Policy**

The PRTC operates within the Department of Psychology and receives salary support for staff positions. The PRTC pays overhead for clinic space and building services to the Department of Psychology and the University of Wisconsin-Madison. All materials used within the clinic (tests, treatment manuals, computers, software, pencils, etc.) are purchased using PRTC generated revenue. The revenue generated by the PRTC supports PRTC programming and services and provides clinical education enrichment opportunities for clinical psychology students and staff.



Clinic revenue is also used to pay the annual membership fee to the Association of Psychology Training Clinics and to send the Director to the APTC Annual Meeting. With the approval of the DCT, clinic revenue can be used to pay for continuing education activities for the PRTC Director and Assistant Director. On average, \$500.00 each, per year is available to the Director and Assistant Director. At times, with approval from the DCT a greater amount may be available for specialty training directly related to clinic operations and/or applied clinical training.

### **Liability Coverage Policy**

Liability coverage is afforded to staff and students in the PRTC through the structure of the University of Wisconsin-Madison and Wisconsin state law. This coverage applies to faculty and staff whether they are full-time, part-time, or volunteer (with an official volunteer appointment). Students who engage in on-the-job activities required by their academic program are also insured under this coverage. Graduate clinicians **must be** enrolled in PSY805 every semester in which they are engaged in clinical activities to ensure liability coverage. The insurance coverage afforded by PSY805 ends at the end of each semester. Therefore, graduate clinicians must be registered for the **next** semester of PSY805 in order to maintain coverage over a semester break.

Thus, general liability insurance coverage is afforded to students who meet the following criteria:

1. Enrolled in the university **and** in PSY 805.
2. Performing activities (e.g., practicum) that are required by their course of study at an approved, officially affiliated training site.
3. Are not employed by an outside organization to perform clinical work.

The extent to which a graduate clinician is covered by the university insurance and indemnification policy is based upon the student operating with the “scope of authority,” “in good faith, without malice” while participating in “work/learning opportunities.” **If a graduate clinician disregards the policies set forth in this manual, by clinical supervisors, and/or by clinical faculty, the graduate clinician may forfeit the insurance coverage and legal protection otherwise afforded to them by the University of Wisconsin.**

**The university’s insurance coverage will not apply to paid or volunteer work performed by students for another party/agency that is not a part of an official practicum.** Graduate clinicians who are offered paid clinical employment must notify the Director and Assistant Director to discuss the offer and its relationship to their overall training goals. If graduate clinicians are employed by an outside agency they are encouraged to purchase independent professional liability insurance as the university does not cover these activities. The Trust Risk Management Services, Inc., [www.trustinsurance.com](http://www.trustinsurance.com), offers student coverage and coverage for pre-license psychologists at affordable rates.

### **PRTC Participation in Research Activities**

The PRTC and its staff are available for research collaboration. Any research activity must be reviewed and approved by the University of Wisconsin-Madison Institutional Review Board for the Use of Human Subjects in Research (IRB). Any research activity conducted at PRTC must be approved by both the Director of Clinical Training and the PRTC Director.

The PRTC is able to conduct a variety of clinical assessments for UW faculty and student researchers. The cost of these services will be determined individually for each proposed project; typically the estimated fee will be per participant. The PRTC will not recruit research subjects nor pay for advertising on the researcher’s behalf.

All research activities in the PRTC are conducted in a manner that protects the privacy and safety of all participants and PRTC clients. All research staff entering the PRTC (including professional and undergraduate research assistants) will be trained in appropriate professional behavior, confidentiality practices, and HIPAA. Research assistants will not work in the PRTC without direct supervision by a clinical graduate student, clinical faculty member, or PRTC staff member.

PRTC clients may be asked to participate in research activities, however all participation is voluntary and participation may never be conditional for receiving services in the PRTC. PRTC clients who wish to participate in research projects will be approached directly by the researcher and provided with separate informed consent to participate. Archival studies involving PRTC records may be conducted if the methodology for assuring anonymity and confidentiality is approved by the UW-Madison IRB.

## Operating Information

Psychology Research and Training Clinic, Room 351  
W.J. Brogden Psychology Building  
1202 West Johnson Street  
University of Wisconsin-Madison  
Madison, WI 53706

Phone Number: 608.262.5925 or Toll Free 855.582.3994  
Fax Number: 608.262.5796

Web Address: <http://psych.wisc.edu/graduate-program/clinical-psychology-program/research-and-training-clinic/>

<b><u>Room #</u></b>	<b><u>Room Description</u></b>
315	PRTC Director Office
351	PRTC Administrator & Waiting Room
353	PRTC Assistant Director Office
357	Therapy / Testing
358	Group Room / Play Room / Conference Room
359	Therapy / Testing
360	Utility Room
361	Therapy / Testing
362	Graduate Clinician Office / PRTC Library
363	Therapy / Testing
398	Observation Room (View of 358)
399	Testing Storage / Closed File Room

### **Open Hours**

Monday - Thursday: 9:00 a.m. to 5:00 p.m.  
Extended Hours Coverage Available Tuesday, Wednesday, & Thursday: 5:00 p.m. to 7:00 p.m.  
Friday-Sunday: Closed

### **Getting to the PRTC & Parking**

The PRTC is located at the corner of Johnson and Charter streets and is near several major Madison Metro stops. The Madison Metro schedule or trip planning app can assist in locating the best route.

Pay-per-hour public campus parking is available in Lot 20 off of University Avenue, in Lot 17 behind the engineering building, and below Union South off of Dayton Street (\$1.00/30 minutes for the first 2 hours, \$1.00/hour thereafter; this would be \$4.00 for 2 hours, \$5.00 for 3 hours, \$6.00 for 4 hours).

Disabled parking spaces are available in the Brogden Psychology building lot at the corner of Charter Street and University Avenue and in Lot 13. A valid state disabled tag must be displayed at all times.

Metered spaces are available on Mills Street. Free parking is available several blocks away from Brogden in the surrounding neighborhoods.

### **Closing for Holidays / Weather**

The PRTC is closed for all official University of Wisconsin-Madison holidays. If UW-Madison is closed or employees are directed to stay home because of the weather, the PRTC will be closed. In the event that the university is not closed but the employee / graduate clinician feels the weather has created dangerous or unsafe conditions, it is left to the employee's / graduate clinician's judgment as to whether or not they should maintain scheduled appointments or reschedule.

## PRTC Personnel 2018-2019

### **Staff:**

Director:	Linnea Burk, PhD, HSP	PRTC Office (608) 262-9079 Mobile Phone (608) 658-5101 Home (608) 848-7548 <a href="mailto:burk@wisc.edu">burk@wisc.edu</a>
Assistant Director:	Christopher Gioia, PhD, HSP	PRTC Office (608) 262-6352 Mobile Phone (608) 235-3659 <a href="mailto:gioia@wisc.edu">gioia@wisc.edu</a>
Administrator:	Diane Blumer	PRTC Office (608) 262-5925 <a href="mailto:dkblumer@wisc.edu">dkblumer@wisc.edu</a>

### **Graduate Clinicians:**

Ian Carroll      Monika Dargis      Jaryd Hiser      Katherine Sarkisian      Brett Schneider

### **Supervising Consultants:** (Term July 1, 2018 through June 30, 2019)

**Patricia Coffey, PhD**  
Psychology Research & Training Clinic  
[pcoffey@wisc.edu](mailto:pcoffey@wisc.edu)  
Supervision: Juvenile Placement Evaluations,  
Individual Therapy

**David C. Lee, PhD, JD**  
Director of Psychology and Research  
Mendota Mental Health Institute  
301 Troy Drive  
Madison, WI 53704  
301-1047  
[leedc@dhfs.state.wi.us](mailto:leedc@dhfs.state.wi.us)

# PRTC General Operation

## Responsibility for Scheduling Appointments

Intake appointments and the initial assessment appointment are scheduled by clinic staff using the schedule of availability provided by the graduate clinician. The graduate clinician will be notified by email of the date and time of the appointment and the name of the clinical supervisor. It is the responsibility of the graduate clinician to reserve a room for this appointment (see below).

Once contact has been initiated with the client by clinic staff, the graduate clinician bears the primary responsibility for scheduling further appointments. **First and subsequent therapy appointments, second and subsequent assessment appointments, and any rescheduling necessitated by client or graduate clinician cancellations are the responsibility of the graduate clinician.** It is usually easiest to schedule the next appointment time at the end of your meeting with the client, while you are face to face.

**Clinic staff are not responsible for making subsequent appointments or maintaining graduate clinicians' personal clinic schedules.** Clinic staff are available to **assist** with client scheduling and will notify the graduate clinician by email if a client calls the clinic or leaves a voicemail. Graduate clinician may complete a *Client Phone Message Form* with scheduling instructions and open times and notify the Administrator that this information is available. If the client calls the clinic, staff will refer to this information to schedule an appointment or relay a message. Following contact, staff will email the graduate clinician regarding the outcome. A note documenting these contacts will be entered into the client's chart.

## Using Titanium

### Log In & User Credentials

User credentials are assigned upon acquiring a client in the PRTC and permit access to and the use of Titanium. Specifically, graduate clinicians can "view all schedules, modify their assigned schedules, see client names on appointments on own schedule, and create/access all data for assigned clients" (per Titanium online manual). If graduate clinicians cannot remember their user credentials, it is their responsibility to contact the Assistant Director to reset their username and password.

Usernames are standardized per Titanium (initial of first name + last name). Passwords are individualized and have the following parameters: at least 1 lower case + at least 1 upper case + at least 1 number + at least 1 special character/symbol (e.g., prtcRULES2018!)

### Scheduling Appointments & Treatment Rooms

Graduate clinicians will schedule an appointment at least 24 hours in advance of the session. **Scheduling in advance ensures that the graduate clinician has both a space to conduct an appointment and available clinical backup/coverage (see below).** Graduate clinicians who fail to schedule an appointment will have lowest priority as to room use. In the event the graduate clinician has scheduled an appointment and no rooms are available, the graduate clinician will reschedule the appointment.

Treatment rooms are reserved using Titanium Schedule. **To schedule an appointment:**

1. Find the treatment room you would like to use on the main page of Titanium.
2. Find the time of the appointment on the left hand side (increments are set at 30 minutes).
3. Where the treatment room and time of the appointment intersect, right-click using your mouse.
4. Select "Add" → "Individual Appointment".
5. Find your client using "Last Name" and "First Name".
6. The "Client Individual Appointment" screen will be displayed. Please complete the following sections:
  - a. Date
  - b. Time
  - c. Length
  - d. Code [which defines the type of appointment (e.g., individual therapy, assessment)].
  - e. Description (enter your first name ONLY).
7. Click "Save".

Please note that most, if not all, appointment codes have predetermined lengths (e.g., an individual therapy intake is set at 90 minutes). However, the length of the appointment can be modified after selecting the appropriate code.

**Graduate clinicians are responsible for updating Titanium when there are changes in scheduled appointments.** PRTC staff use Titanium to plan for clinical coverage. Failing to keep Titanium up to date increases the risk that staff will not be available for coverage. If coverage is not available the appointment must be rescheduled by the graduate clinician. Graduate clinicians may use "Repeating Appointments," but must keep these up to date. For example, a repeating appointment that falls on a holiday should be removed.

#### Signing Out Necessary Equipment

**Graduate clinicians must sign out test kits and any other equipment necessary for their appointment.** Test kits, stopwatches, CD player, etc., are all stored in Room 399. The sign out sheet is located on the table in Room 399.

Graduate clinicians will return all assessment material or other items to the testing closet immediately following their use. It is vital that all components of any test be kept together. If a clinician loses or damages test components they will be required to replace lost items or the entire test) at their own expense.

#### Use of Web Based Forms

New to the PRTC for the 2018-2019 academic year: all new clients will complete intake paperwork via the Internet. Paperwork is to be completed in a therapy room on a clinic computer; new clients are not allowed to complete the paperwork on a laptop or mobile device of their own or outside of the PRTC.

A shortcut has been created on the desktop of each therapy room computer to access the URL for the web-based forms. The shortcut is titled, "Ti Intake Paperwork". Upon display, select the box that corresponds to your intake type. See below for examples:

1. **Therapy- Adult Intake Forms:** Select this option for new clients aged 18 and older who are seeking therapy services.
2. **Therapy- Child/Adolescent Intake Forms:** Select this option for new clients less than 18 years of age who are seeking therapy services.
3. **Assessment- Adult Intake Forms:** Select this option for new clients aged 18 and older who are seeking assessment services.
4. **Assessment- Child/Adolescent Intake Forms:** Select this option for new clients less than 18 years of age who are seeking assessment services.
5. **SOP- Intake Forms:** Select this option for new clients from the School of Pharmacy who are seeking therapy services.

Please note that all new clients will also complete a fee agreement via the web-based platform. Select "Therapy-Fee Agreement" for clients who are completing therapy services and "Assessment-Fee Agreement" for clients who are completing assessment services.

Once the intake paperwork is completed or if there are technological issues during administration, please see the Assistant Director for assistance.

#### Writing Notes

Any form of contact with a client is to be documented in Titanium. The type of note selected in Titanium depends upon the type of client contact (e.g., a progress note is written when a therapy or a testing session was conducted; an Intake-Therapy note is written when an intake is completed). The following list of note types are most commonly used by graduate clinicians: Progress; Intake-Therapy OR Intake-Assessment; Assessment-Feedback; Client Contact By Phone or Letter; Letter; Fax; Drop-In; Documentation; and Consultation.

To write a note for a completed service:

1. Right-click on client appointment on main page in Titanium.
2. Select "Client Note".

3. Select "Type of note".
4. Type contents of note in textbox.
5. Select supervisor from drop-down box under "Forward to:".
6. Sign note on line 1.
7. Click "Save".

To write a note for other documentation (e.g., a telephone call to client):

1. From the main page in Titanium, select "Open" → "Clients".
2. Find your client using "Last Name" and "First Name".
3. Select "Client File" on the ribbon at the top of the window.
4. Select "New Note" on the ribbon at the top of the window.
5. A pop-up box may display, "Are you sure you want to add a new note that is NOT associated with an appointment?" Click "Yes".
6. Select "Type of note".
7. Type contents of note in textbox.
8. Select supervisor from drop-down box under "Forward to:".
9. Sign note on line 1.
10. Click "Save".

### Scanning & Attaching Scanned Documents

Since the PRTC no longer uses paper charts, all hard copy documentation is scanned and attached to clients' electronic charts in Titanium. Examples of hard copy documentation include releases of information and intake and assessment reports. Hard copy documentation is scanned by PRTC administrators ONLY; graduate clinicians are NOT permitted to scan and attach client documentation.

Graduate clinicians are to place hard copy documentation in the "To Be Scanned" hanging folder in the filing cabinet (first column, second drawer). Please include the following information at the top of the page:

1. Client number
2. Date of the document
3. Description of the document

If an item to be scanned has multiple pages, add the identifying information at the top of the first page only and paper-clip the remaining pages to the first page.

The only hard copy documentation that is NOT to be scanned and attached to clients' electronic charts is raw testing data, record forms, self- and other-report questionnaires, interpretive report printouts, and any historical data (e.g., work samples) received from clients who are completing assessments.

### Hybrid Titanium/Paper Charts

A hybrid chart is only for assessment clients. It contains both a paper (green) chart and an electronic chart in Titanium. The paper chart is to be used to hold raw testing data, record forms, self- and other-report questionnaires, interpretive report printouts, and any historical data (e.g., work samples) received from clients. The electronic chart is to be used for all other documentation and clinic-related material (e.g., progress notes, releases of information).

### **Clinical Coverage for Scheduled Appointments**

The presence of another person in the PRTC provides a valuable resource if an emergency or crises arises. Graduate clinicians are strongly encouraged to book all appointments between 9:00am-1:00pm and 1:45-5:00pm, Monday – Thursday when PRTC staff members are able to provide clinic coverage. Graduate clinicians should arrange / confirm alternate coverage (either with another graduate clinician or PRTC staff member) when PRTC staff members are scheduled to be out on Titanium. Graduate clinicians who have recurrent problems with scheduling or arranging coverage will be restricted as to when they may see clients.

**Graduate clinicians will only conduct intakes, first assessment appointments, or see potentially higher risk clients when PRTC staff members are on duty (Monday - Thursday, 9:00am to 5:00pm).** Evening appointments may be available for established therapy clients, **with approval from the Director**, Tuesday – Thursday, 5:00pm to 7:00pm. **Note** - you must obtain permission from the Director **before** you schedule your client for an evening appointment. The Director will inform you if this is a “one-time” permission for a single appointment or standing permission.

It is the graduate clinician's responsibility to obtain clinical coverage for any evening appointments, although clinic staff may assist in this process. Any individual providing coverage must be officially affiliated with the PRTC and knowledgeable of PRTC emergency procedures (e.g., a graduate clinician or PRTC staff member – first year clinical students or graduate students from other programs **MAY NOT** provide coverage without explicit permission from the Director). **All client activities must cease by 7:00 PM regardless of coverage.**

### **Professional Communication at the PRTC**

#### **Telephone**

Graduate clinicians are strongly encouraged to place all client related calls from PRTC telephones. There is no need to block the number if you are calling from a PRTC telephone. If you do call a client call using your own telephone, block your number. To block a number on your telephone, press \*67 and then the number. If blocking on a non-clinic university telephone, dial 1 to get an outside line, press \*67, then the seven digit phone number (e.g., 1 + \*67 + 608-123-4567).

Clients will only contact the PRTC using the main number (608.262.5925, or toll free 855.582.3994). **UNDER NO CIRCUMSTANCES WILL GRADUATE CLINICIANS GIVE CLIENTS THEIR PERSONAL PHONE NUMBERS.** If a client calls your personal telephone **do not take the call**. When you next meet with the client explain you are only allowed to accept calls at the main PRTC number. If a client leaves a message on your personal telephone indicating they are in danger, contact 911 and your clinical supervisor. Do not call the client unless you are instructed to do so by a PRTC staff member or a clinical supervisor.

All successful and attempted telephone contact with clients or other relevant parties (such as a school or collateral informant) **must be documented in a progress note** entered into the client's Titanium Chart.

Incidental use of clinic phones for personal local calls is acceptable. Because the PRTC pays for individual calls, long distance calls (dial 8-1-area code-number) are for PRTC business only.

#### **Voicemail**

The PRTC utilizes the campus voicemail system. The Administrator checks for messages several times per day. Messages left after hours are checked at the start of the next business day. The PRTC voicemail account can be accessed remotely at 262-2500. Press the star (\*) key, enter the PRTC telephone number (2625925#), and then enter the password “PRTC5925” (77825925#).

**DO NOT DELETE MESSAGES.** Only clinic staff will delete messages from PRTC voicemail.

#### **Electronic Mail**

It is the policy of the PRTC **NOT** to communicate with clients via e-mail. Documents **WILL NOT** be e-mailed to clients, supervisors, or other designated agencies.

You **may** exchange emails with off-site clinical supervisors or other professionals (e.g., the client's physician) in order to schedule face-to-face or telephone conversations.

#### **Text Messaging**

It is the policy of the PRTC that text messaging is **NOT** an appropriate form of professional communication. Graduate clinicians will not communicate with clients via text message.

You **may** exchange text messages with clinical supervisors or other professionals (e.g., the client's physician) in order to schedule face-to-face or telephone conversations.

### Written Correspondence

All correspondence must be printed on PRTC letterhead, signed by the graduate clinician **and by a supervisor** (clinical supervisor, Director, or Assistant Director). An electronic copy of all correspondence is retained in the client's Titanium chart. All correspondence received by the PRTC is scanned and uploaded to the client's chart.

### Outside Request for Records

Graduate clinicians will be notified of document requests by the Administrator. Graduate clinicians will ensure all appropriate releases have been obtained and will prepare the requested information within 1 business week of the request. The records release must be approved by the Director or Assistant Director. After approval, the Administrator will fax or mail the information to the requesting party.

### Fees & Billing

The PRTC accepts payments by cash, personal check, Visa, MasterCard, and Discover. Please note, only PRTC staff are allowed to use the credit card terminal due to additional training requirements for operators. The fee schedule for PRTC services have been developed based on the following rationale:

- 1) Public mental health facilities should charge for services according to the client's ability to pay. PRTC maximum fees reflect community standards for comparable services.
- 2) It has been demonstrated that charging an equitable fee does not deter clients from using services; but rather enhances the value of the service to the client. Therefore, the client will complete and fulfill a payment contract based upon their ability to pay.
- 3) A standard fee has been determined for all PRTC services. For therapy services only, sliding scale fees have been established to make appropriate services more accessible.

### Intake Fees

All intake appointments are billed at **\$30.00 with one exception**: clients referred by Access Community Health Centers are charged \$10.00 for the intake and each subsequent therapy session.

### Therapy Fees

**Ask about income and determine the fee without showing the fee schedule to the client.** This ensures each client is offered the same fee as others in their income bracket.

The minimum therapy session fee for any client is \$10.00. If a client has a financial hardship and cannot afford this fee, further reduction may be possible - consult with the Director.

The client signs an electronic version of the Fee Agreement within the Titanium system which becomes a part of their clinical record. Clients are entitled to a hard copy of the fee agreement if they so desire – remember to ask if they would like a copy.

If the **client is paying for therapy without assistance**, the fee is based on his/her **individual** income after taxes and the number of dependents.

In the case of **families/parent-child**, the fee is based on the **household** income after taxes, with one person assuming responsibility for payment.

If an adult **client indicates that their parents or another person will be responsible for paying**, the fee is based on the financially responsible person's income after taxes and number of dependents. In this case, the client **must** sign a release of information so that a bill can be sent to the responsible party. The PRTC will also confirm with this party that they will indeed pay the bill.

If clients cannot pay their balance in full at the end of each month they may pay 50% of all outstanding charges each month until the balance is paid in full. If a client has a balance over \$100 and has not made any payment in the last 120 days the PRTC is required to turn the account over to the University of Wisconsin Collections Department.





### Assessment Fees

Assessments are charged at a set rate according to the type of service rendered. The PRTC **does not** use a sliding scale for assessment charges. Payment-in-full is expected at the time of the first appointment. If this presents a burden for the client the fee may be split into as many as 3 payments, with the first payment due at the time of the first appointment. The remaining amount will be paid by the feedback session. Assessment fees include all testing sessions, a formal report, and a feedback session. **Additional measures can be included in assessment batteries at the discretion of the clinical supervisor at no extra charge.**

For established therapy clients, additional personality and/or pathology assessment may be conducted at no extra charge. However, established therapy clients who desire any type of IQ, Achievement, Memory, or LD/ADHD testing will be charged according to the rates in the Assessment Fee Schedule. For UW students who are referred for evaluation by the McBurney Center, up to \$150 dollars may be available from a scholarship fund. Any questions or concerns about assessment fees should be discussed with the Director.

**PRTC Fee Schedule for Assessment (Updated September 2018)**

Type of Assessment	Tests	# of Tests	Fee
<b>IQ Test</b>	WPPSI-IV, WISC-V, WAIS-IV	Single Test	\$150.00
<b>Achievement Test</b>	WJ-III or WIAT-III	Single Test	\$150.00
<b>Memory Screen</b>	CVLT-II, CVLT-C, or up to 2 subtests of the D-KEFS or NEPSY	Single Test	\$75.00
<b>Memory Test</b>	WMS-IV	Single Test	\$150.00
<b>Executive Function/Neuropsych</b>	D-KEFS or NEPSY, more than two subtests	Single Test	\$150.00
<b>ADHD Questionnaire Measures</b>	Conner's Self, Parent, Teacher, Other Barkley Self, Parent, Teacher, Other	Single or Multiple Questionnaire's	\$75.00
<b>Computer Administered Tasks</b>	Conner's Continuous Performance Task Wisconsin Card Sort Task, TOVA	Single Test	\$100.00
<b>Personality/Pathology Testing</b>	PAI, MMPI, MCMI, MACI, or BASC	Single Test	\$150.00
<b>Diagnostic Interview</b>	SCID-I	Single Test	\$100.00
<b>LD/ADHD Diagnostic Battery</b>	IQ, Achievement, Executive Functioning, Memory, Personality, Interview, Collateral Interview, Record Review, Study Skills, Self/Other Report ADHD, ADHD testing, ABAS/Vineland, Nelson-Denney	Battery	\$400.00
<b>Personality &amp; Psychological Diagnostic Battery</b>	Mental Status Exam PAI or MMPI MCMI SCID-I Other questionnaires &/or specialty interviews	Battery	\$300.00
<b>Alcohol Abuse Evaluation</b>	Motivational Interviewing & BASICS	3 sessions	\$30.00

### **Cancellation & Missed Appointment Fees**

**It is PRTC policy to bill clients at the rate of \$30.00 for all missed therapy and assessment appointments cancelled without 24 hour notice.** Clients are informed of this policy at intake.

If the graduate clinician believes there is a legitimate reason for not assessing the missed appointment fee (e.g., a sudden illness, hospitalization), they should bring this to the Director. **Only the Director can dismiss fees.**

If the graduate clinician misses or cancels a session without advance notice, or fails to schedule a room resulting in the client not being seen, the client shall receive a re-scheduled session at no cost.

### **Fee for Returned Checks**

The PRTC accepts personal checks made out to the "UW System" as payment for services. Any check that is returned for insufficient funds will result in an additional \$20.00 fee. This fee is charged by the University of Wisconsin and cannot be waived by the PRTC. In addition to the returned check fee, the client will also continue to be held responsible for their account balance.

### **Billing Clients**

The graduate clinician is responsible for accurately scheduling their clients in Titanium. When the client checks in at the front desk the Administrator will indicate in Titanium whether the client attended the scheduled appointment, cancelled, or was a no-show. Billing is generated from these notations and inaccurate scheduling of appointments will result in over- and under-charging clients.

Graduate clinicians are encouraged to prompt their client to pay fees at the time services are provided. Many clients choose to pay when they first check-in before the appointment. When you meet the client in the waiting room be direct and say something like "Would you like to take care of your payment before we get started?"

During regular clinic hours, the Administrator will most likely collect the fee. If the client wishes to pay with a credit or debit card the Administrator or other clinic staff **MUST** take the payment. Graduate clinicians **DO NOT** use the credit card terminal due to specific UW credit card training requirements.

**When the Administrator is unavailable, graduate clinicians will collect the fee if the client is paying with cash or a check.** For clients paying in cash, prepare a receipt, paperclip the yellow copy to the payment and give the white copy to the client. Receipts are not typically given for payment by check, but can be provided at the client's request. For client's paying by check, note the client's file number on the check. For clients who wish to use a credit or debit card when clinic staff are not available, ask that they pay their fees at the next appointment or when they receive their monthly bill.

Place all payments in the enveloped marked "To Be Logged" which is clipped to the billing binder in the first right hand drawer of the main desk. Alternately, you may deposit all checks, cash, and receipts in the cash box above the coat rack when the Administrator is not present. After placing items in the cash box please email the Administrator to alert her to the presence of payments.

It is the graduate clinician's responsibility to address non-payment of services with their clients. PRTC staff will notify the graduate clinician if a client falls behind on payment. The graduate clinician should discuss this with their clinical supervisor to develop a plan to address this issue with their client. Proper attention to and collection of client payments is part of the therapeutic process and an important professional responsibility.

If the PRTC has not received payment for an extended period, the Administrator will send a series of 90-days and 120-days letters requesting payment. If the client's bill is still unpaid, **the PRTC is required by the UW** to send the account information to the University Collection Agency who will pursue payment further. Clients are notified of these policies at the intake appointment.

## **Use of PRTC Equipment & Resources**

### **PRTC Keys**

At the start of practicum, graduate clinicians are issued a key that unlocks the PRTC main entrance, therapy rooms, testing closet, and student office. At the time the key is issued students sign the *UW PRTC Key Agreement*. Students are responsible for the key that they receive. Lost, stolen, or broken keys should be reported to PRTC staff **immediately**. Failure to report missing keys in a timely manner (>24 hours) may result in disciplinary action, monetary cost to the student, or both.

Graduate clinicians are also given the code for the mechanical curtain lock. A key to the front file cabinets is contained inside the curtain key-box lock. **At no time should this key be removed from the PRTC.**

### **Document Scanner**

The PRTC has a high capacity scanner to transfer hard copy documents to client's electronic charts. Documents that need to be scanned are placed in the "To Be Scanned" folder in the second drawer of the first file cabinet. All documents will be scanned and uploaded by the Administrator. Graduate clinicians WILL NOT use the scanner.

### **Copy / Fax Machine**

**Client related documents may only be copied on the clinic copy machine.** Departmental copiers retain scanned information for an unspecified time and are not HIPAA compliant. The Administrator will make copies for you when available. Graduate Clinicians may make their own copies after being trained by the Administrator. Copies of non-confidential material, such as a book chapter or work sheet, **should be** scanned on a departmental copier and then printed using the PRTC printer. Do not use the clinic copy machine to make copies of non-confidential material.

**The Administrator will send all faxes from the PRTC.** Graduate clinicians will not use the fax function. If the Administrator is not available, another PRTC staff member will send the fax.

### **PRTC Printer**

A printer is available for PRTC related business only and is located in the Graduate Clinician Office. All clinic computers are networked to this printer. This printer has the capability for duplex printing. All graduate clinicians and staff are encouraged to utilize double sided printing in order to conserve paper.

### **Paper Shredding**

The PRTC shredder, located in the Graduate Clinician Office, is available to destroy sensitive and confidential materials. Please remove all staples, paperclips, and binder clips. Only shred 3 pages at a time to avoid paper jams. Proper use of this machine will help prevent mechanical problems and associated costs.

Materials that need to be shredded may also be placed in the box in the bottom drawer of the first file cabinet in the front desk area. Materials placed in this box are destroyed through the UW document shredding service. This procedure is recommended when a graduate clinician has a large quantity of documents that must be destroyed.

### **Testing Materials, Books, Treatment Manuals & Training DVDs**

Testing materials are kept in the Storage Closet (Room 399). **Testing materials are not to leave the clinic area and must be signed out.** To facilitate practice, scoring, and interpretation, copies of the manuals for major IQ, achievement, memory, and personality tests are available as PDFs in the "Mailbox – Open Access" folder on the PRTC server. Do not take testing materials to your personal office in the psychology building. **NEVER** remove testing materials from the psychology building.

The Graduate Clinician Office contains books and CD's for student and staff use. To check out a book, sign your name and the date on the card found in the front cover of the book. Place the card in the "Library Box" located on the book shelf in the library area. **If a book goes missing or is seriously damaged while checked out to you, you will be required to replace the book.** Clinical training DVDs are located in the Director's office and are available for individual student use with the permission. **If a DVD goes missing or is seriously damaged while checked out to you, you will be required to replace it at your own expense.** The condition and location of resources will be regularly monitored by PRTC staff.

### Computer Use, Server Use, & Graduate Clinician Hanging Folder

There are seven computer workstations present in the clinic. PRTC computers and server(s) are for PRTC business only; all personal files will be deleted. PRTC computers are used to administer and score tests, write reports, progress notes, letters, and other PRTC related activities.

**ONLY PRTC COMPUTERS MAY BE USED TO COMPLETE CLIENT RELATED WORK.** Personal computers (laptops, tablets, desk tops), lab computers, or other departmental or university computers, are **NOT** to be used to complete client related clinic work as these machines may not be in compliance with HIPAA and/or University security standards. ***There are absolutely NO exceptions to this rule.***

PRTC computers are password protected. You will be assigned a username and password when you begin your practicum. On the server you will have access to your assigned document and video storage folders, and the "Mailbox – Open Access" folder. The Director and Assistant Director have access to all graduate clinician server folders and periodically review the content of graduate clinician folders.

The "Mailbox" folder contains PDF copies of therapy and assessment manuals for your use. In order to prevent inadvertent copyright infringement, these copies are posted on the PRTC server and not on the CAG Wiki.

**All electronic client-related information, such as in-progress reports and therapy notes, will be stored on the PRTC server.** Storing confidential client information on the individual hard drive of any clinic computer is prohibited. Additionally, client-related information **WILL NOT** be stored on any personal portable memory device, e-mailed, or saved in any location other than the PRTC server.

If you are supervised by the Director or Assistant Director, your clinical supervisor has access to your server folder. Save the draft report and notify your supervisor that the report is ready for edits. The supervisor can edit and make comments via track changes and save these changes to the server. The supervisor will then notify you after the document has been reviewed.

If you are receiving outside supervision, you will transport any draft and final documents to your supervisor in one of two ways: 1) either as an electronic file carried on a PRTC provided PIN coded, encrypted flash drive or 2) as a paper document in a PRTC provided key-locked courier bag (see below). Graduate clinicians and outside supervisors **WILL NOT** share draft documents using email.

Graduate clinicians may save up to 1 (per client) de-identified progress note to use as a template for the next session note. Multiple progress notes per client **WILL NOT** be saved on the PRTC server.

Graduate clinicians may save up to 5 approved, de-identified work samples in their server folder. When preparing a document as a work sample, first remove all identifying information including names of people, places, businesses etc. Instructions for de-identifying documents can be found at <https://compliance.wisc.edu/hipaa/> The Director or Clinic Assistant Director should review your deidentified documents. After review and approval, place the document in a folder labeled "Approved De-identified Work Samples" within your documents server folder. Such work samples may be used for internship and employment applications.

In addition to a secure server folder, each graduate clinician will have a labeled hanging folder in the second drawer of the first file cabinet. Any physical documents such as supervision notes, process notes, printed draft reports, etc. should be stored in this hanging folder to ensure security and confidentiality.

### Digital Cameras & Saving Recorded Sessions

It is PRTC policy that all client sessions are recorded for supervisory review, without exception. These recordings are essential to the provision of high quality supervision and critical to your growth as a competent clinician. If supervision occurs in the PRTC, the recording will be accessed by a clinic computer from the server. If supervision is to occur off-site, the graduate clinician will transport digital information using an encrypted portable drive from the front desk. Procedures are presented below (*Viewing Digitally Recorded Sessions During Supervision, Use of PIN Coded Encrypted Flash Drives*).

To use the cameras to record a session the graduate clinician will check out a blue camera memory card from the front desk. The blue memory cards are in the second file cabinet, in the top drawer. There is a clipboard with sign-out sheets located in the drawer with the memory cards.

Immediately following the session the digital recording will be uploaded by the graduate clinician into their video folder on the PRTC server using the “server computer” located at the front desk. Insert the memory card directly into the computer access port. Do not attempt to upload video to the server using other clinic computers, as these may not have sufficient memory to handle the transfer quickly.

After transferring the digital recording to the server video folder, delete the file from the blue memory card. ***Make sure the file has been deleted and is not retained in the “recycle bin.”*** The graduate clinician will then sign the blue memory card back in. Blue memory cards must be returned immediately after the session(s).

### **BLUE MEMORY CARDS NEVER LEAVE THE PRTC. THERE ARE NO EXCEPTIONS TO THIS RULE.**

At times a graduate clinician may find themselves in a hurry and not have enough time to upload their video files to the PRTC server. In these circumstances the graduate clinician should take steps to secure the blue memory card **within the PRTC** and then return to the PRTC as soon as possible to upload the video files and sign in the blue memory card. Below are some suggested solutions:

- 1) If you have started to upload your video files but cannot stay until the transfer is complete, ask a fellow graduate clinician or PRTC staff member to complete the transfer and sign the blue memory card back in once finished.
- 2) If there is no one scheduled in the therapy room after you, you may leave the blue memory card in the therapy room with the door locked. Inform PRTC staff of when you will be returning to tidy the room and upload your video files.
- 3) Place the blue memory card in an envelope, label it with your name and “Do not erase, returning to upload.” Place the envelope in the top drawer of the second file cabinet where all blue memory cards are stored.
- 4) Place the blue memory card in an envelope. Place the envelope in the client’s file. Place the client’s file in the appropriate drawer in the first file cabinet.
- 5) Ask staff or a fellow graduate clinician to help you secure the blue memory card within the PRTC.
- 6) If you have no idea what to do, **ASK FOR HELP!**

Whatever you choose to do, remember **BLUE MEMORY CARDS NEVER LEAVE THE PRTC**, in every situation, for every person, no matter what. ***There is no ethical dilemma. Follow the rule.***

### **Viewing Digitally Recorded Sessions During Supervision**

If supervision occurs in the PRTC (this includes the Director’s office), the recording will be accessed by a clinic computer from the server. **Digital recordings of client sessions will be deleted from the PRTC server by the graduate clinician immediately after supervision has been conducted, unless the supervisor directs the graduate clinician to retain the recording.** Make sure the file has actually been deleted and is not retained in the “recycle bin.”

If supervision is to occur off-site, the graduate clinician will check out an encrypted portable drive from the front desk (see below). Copies of the digital recording(s) needed for supervision will be loaded onto the encrypted portable drive and transported to the supervision session. **Immediately following supervision the recordings will be deleted from the drive and from the PRTC server, unless the supervisor directs the graduate clinician to retain the recording.** Because there are a limited number of encrypted portable drives, the graduate clinician will return the drive to the front desk within 1 business day following supervision.

### **Use of PIN Coded Encrypted Flash Drives**

The PIN coded encrypted flash drives (and a list of each drive’s PIN code) are kept in the top drawer of the second file cabinet in the front desk area. A clip board with sign-out sheets is kept in the drawer with the flash drives. These drives are for transporting digital recordings and documents to and from off-site supervision

sessions. **Because there are a limited number, graduate clinicians will return encrypted portable drives to the front desk within 1 business day following supervision.**

Instructions for operating the drives are presented below.

#### How to Unlock Drive

1. Press and release the KEY button.
2. Red/green LED's will blink in unison.
3. Enter User PIN.
4. Press KEY button.
5. Green LED will blink to indicate the drive is unlocked.
6. If an incorrect PIN was entered, the red LED will blink to indicate the drive remains locked.
7. Once unlocked, connect drive to USB port. Connection to USB port needs to be made within 30 seconds. If no connection is made within 30 seconds the drive will re-lock and enter sleep mode.
8. When connected to USB port the green and blue LED's will illuminate. Drive is ready for use.

#### How to Unlock Drive with a Dead Battery

1. Connect drive to USB port or extender cable. Battery charges when plugged into a USB port.
2. Follow instructions in "How to Unlock Drive."

#### How to Lock Drive after Attaching to a USB Port

1. Disconnect drive from USB port.
2. LED's will turn off.
3. Drive auto-locks and enters sleep mode.

#### Hacking Detection and Prevention

After ten (10) consecutive unsuccessful PIN entry attempts are detected, the following occurs:

1. The current encryption key is zero-ized.
2. The user PIN is cleared.
3. Existing data becomes inaccessible.
4. A new PIN must be set.
5. Drive requires reformatting due to creation of the new encryption key.
6. Existing data is deleted.

#### Activation from Sleep Mode

1. Press KEY button (numeric keys will be ignored).
2. Red or green LED will illuminate to show drive status (locked/unlocked).

#### How to Recover Use of a Drive (Forgotten User PIN)

1. If the User PIN has been forgotten the drive may be recovered by consecutively entering ten (10) incorrect PIN numbers.
2. Ten (10) consecutive incorrect attempts activates the 'Hacking Detection and Prevention' feature of the drive which will zero-ize the encryption key and clear the user PIN.
3. Resetting of a new PIN will require a reformat which will delete all stored data.

### **Using Locked Courier Bags to Transport Documents**

Locked courier bags will be used to transport paper documents (progress notes, reports, letters, etc.) to off-site supervisors. Note, these bags are not a 100% guarantee of security for the documents, but do provide protection from accidental loss and casual snooping. PIN coded flash drives may be transported in the bag with the documents; doing so makes it more difficult to misplace the flash drive.

Courier bags and the corresponding key are available for check-out in the top drawer of the second file cabinet. Sign them out with your name, the date, and where they are going. Due to a limited number, courier bags should be returned within 1 business day following supervision.

### Requesting Materials & Supplies

Graduate clinicians and supervisors are encouraged to notify PRTC staff of the need for specific supplies, and/or equipment. All requests will be considered and granted if consistent with PRTC training goals and financial status. Requests for routine and replacement items can be made directly to the Administrator (forms, pens, paper, tape, small calculators, stop-watches, etc.). Requests for new and/or costly items (e.g., testing kits, DVD's, books) should be made to the Director.

### Using OQ-Analyst

Psychologists should engage in ongoing collection of information regarding their client's symptoms and functional abilities throughout the course of therapy. To assist in this effort the PRTC uses the OQ-Analyst system, a secure web-hosted suite of questionnaires that are administered at each therapy session using the computer located in each therapy room.

Clients and clinicians are added to the OQ-Analyst system by PRTC staff. It is the responsibility of the graduate clinician to administer these questionnaires on a regular basis.

#### Using OQ Analyst with Your Clients

The questionnaires of the OQ-Analyst system are designed for repeated measurement of client progress through the course of therapy and following termination. Functioning is measured in three domains: Symptom Distress (heavily loaded for depression and anxiety), Interpersonal Functioning, and Social Role, enabling the clinician to assess functional level and change over time. Below are descriptions of each available questionnaire and the circumstance under which it is administered.

<b>OQ-45.2</b>	Standard symptom questionnaire for individual adult clients. <b>Administered at intake and each therapy session.</b>
<b>ASC</b>	Assessment of critical symptoms and quality of relationship with therapist. <b>Administered at <u>every other</u> session and whenever recommended by OQ-45.2 results.</b> OK to administer concurrent with the OQ-45.2.
<b>YOQ-2.0</b>	Parent-report / caregiver-report symptom measure for children and adolescents. <b>Administered at intake and each therapy session.</b>
<b>YOQ-2.0 SR</b>	Self-report symptom measure for children and adolescents. <b>Administered at intake and <u>every other</u> therapy session. May be read to young children.</b>
<b>GQ</b>	Assessment of client's relationship with therapy group and group therapist. <b>Administered at each group therapy session.</b>
<b>GRQ</b>	Assessment of a client's readiness to participate in group therapy. <b>Administered at intake for group therapy.</b>

#### Logon

Open Internet Explorer (OQ analyst will not work properly in other browsers.)

Go to <https://www.oqanalyst.com/12083>

Enter your Username (first initial and last name with no spaces, e.g., "jsmith" for John Smith).

Enter your password.

#### Find your Client

To find an existing client click 'Administer Questionnaires' in the top left side of the page. Enter one of the following in the "Search" box at the top of the left side of the page:

- First Letter of the Last Name - i.e. searching for "J" will return all clients with last names starting with "J"
- Medical Record Number - i.e. searching for a specific medical record number will return the client with that medical record number
- *To try out the system and questionnaires for yourself, enter "Test, Client" to access a dummy profile.*

Click "Search"

Now the list at the left contains client initials. Select a client and click the "**Show Info**" button.



### How do I find my client's Medical Record Number (MRN) and Date of Birth?

Method #1 - Check your client's clinic file. The MRN is the file number assigned by the clinic, located on the file tab. Your client's date of birth is recorded on the client information sheet inside the file.

Method #2 - Look this information up in the OQ Database.

On the left side is a column labeled "Client Search." Enter the first letter of your client's last name in the box and hit "Search."

Click on your client's initials in the results box.

Click "Show Info." Your client's MRN and Date of Birth will be displayed.

### Administer a Questionnaire

Click on "Administer Questionnaires" – This is in the green bar at the top of the page.

Choose "New Questionnaire."

On the left side is a column labeled "Client Search." Scroll down to the "OQA Kiosk." Click on "Kiosk Page." This opens the administration window.

Enter your client's Medical Record Number (MRN) and Date of Birth, click "Logon."

Select the appropriate questionnaire. Each questionnaire has a different number of questions, but most people finish within 5 minutes.

Click "Begin."

The client will see instructions for completing the questionnaire on the screen. Each question will be presented individually with response options.

The client should select a response for each question and click "Next."

After responding to the last question, the client should click "Finish." This will return you to the questionnaire selection page.

If your client needs to complete a second questionnaire in the same session, select the questionnaire from the list and click "Begin."

If you client has finished all of the necessary questionnaires, close the administration window.

### View Client Results Report

Click on "Administer Questionnaires" – This is in the green bar at the top of the page.

Choose "Review Questionnaires."

On the left side is a column labeled "Client Search." Enter the first letter of your client's last name in the box and click "Search."

Click on your client's initials in the results box. Click "Show Info."

#### To see summary scores (Therapist View)

Click "Clinician Rpt." This shows the summary report of your client's questionnaire administrations. Click on the most recent administration to see graphs representing change of scores over time.

The first graph shows your client's total score plotted against average scores for typical groups. Group descriptors are present at the bottom of the graph.

To view subscale scores, change the graph type from "Total" to "Subscale."

#### To see summary scores (Client View)

For a report that can be shown to the client, click "Client Rpt." Click on the most recent administration to see graphs representing change of scores over time.

The Client Report only shows the total scores from each administration.

A narrative description below the graph describes likely treatment outcomes.

To see individual item responses

Click “Select” in the Questionnaire History box.

The individual items and the client’s response will appear below.

You can review the items and even change individual responses if the client wishes to change an answer.

To delete a questionnaire

If a questionnaire was administered in error, a client failed to provide responses to most items, or you suspect client responses are invalid, the administration can be deleted.

Click “Delete” in the Questionnaire History box. This will permanently remove the questionnaire administration from the database.

**CAG-PRTC WIKI**

The Clinical Area Group (CAG) maintains a Google-hosted Wiki to provide ready access to program information. Within the CAG Wiki is a section administered by the PRTC containing information about the clinic as well as more general information about the practice of clinical psychology.

If you have content you would like considered for addition to the CAG area of the Wiki, please submit this to the Administrator. If you have content you would like considered for addition to the PRTC area of the Wiki, please submit this to the Assistant Director or Director. Students may independently edit and add content in the Student area of the Wiki.

Establish a UW Google Account

To access the Wiki you must first set up a UW Google Aps account. Go to <https://www.doit.wisc.edu/googleapps/> and follow the instructions to log into your UW Google account. Notify the Director that you have a UW Google Aps account so that the wiki can be “shared” with you. You will receive an email notifying you of the “share,” then follow the instructions below to login.

Wiki Login Instructions

1. Go to the PRTC Wiki: <https://sites.google.com/site/madtownprtc/>
  - a. Note for Gmail users: These instructions (b-d) apply to anyone who wants to access the PRTC Wiki while they are simultaneously logged onto another google account in the same browser.
  - b. If you are brought to a page that says “You need permission”, click “Switch accounts”. Do not click “request access”. Users can only log into the PRTC Wiki through their “wisc.edu” email address, not through their personal Gmail account. This is because the PRTC Wiki is created and maintained under the contract between the UW and Google.
  - c. Choose account: click “Add account”
  - d. Sign in: Type your wisc.edu email address (e.g., [burk@wisc.edu](mailto:burk@wisc.edu)) in the “Email” section. Click “Sign In”. You do not need to enter a password on this page.
2. You will automatically be redirected to the Campus NetID Login page. Enter your NetID and Password and click Log In.
  - a. Note for first time users: You will have to click through a couple pages to agree to the Terms of Service that UW and Google have negotiated. For more information about UW google sites go here: <http://www.doit.wisc.edu/googleapps/>
3. Wait patiently while you are redirected the PRTC Wiki and enjoy.
4. Please help contribute to this shared resource for clinical psychology students! In particular, please add or update information on the “Student Area” page. This page is a place for the students to share valuable resources with one another in an easy ‘one-shop-stop’.

## **PRTC Client Records & Privacy**

### **Client Charts**

Client charts are important PRTC records and comprise the legal record of client contacts and services. The Administrator enters initial client information into Titanium, creates a chart, and assigns a unique ID number. It is extremely important the information contained in the chart be accurate, up to date, and regularly reviewed and signed by the clinical supervisor. Because client charts are legal documents, they may be subpoenaed by the court. Client charts also serve as the basis of communication between the graduate clinician, PRTC staff members, and outside parties. The information contained in client charts is not released outside of the PRTC without explicit written request and consent from the client.

When documents or portions of the chart are needed for off-site supervision (e.g., test records, documents received from outside sources, etc.) the graduate clinician will make copies of the needed documents and transport those copies in a locking courier back. Alternately, the graduate clinician will scan the needed documents and transport electronic copies of the information using a PIN coded flash drive. Remember, all copies and scans must be made on the PRTC copy machine. Following supervision, all physical copies will be shredded and electronic copies deleted immediately. Original documents are **NEVER** removed from the clinic, **EXCEPT** when the document must travel out of the clinic for the supervisor's signature (e.g., progress note or completed report needs supervisor's signature).

### **HIPAA Privacy Expectations for Client Charts**

The Health Insurance Portability and Accountability Act (HIPAA) provides privacy protection for health records and client rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. **PHI is any identifiable health information about the client.** The PRTC and graduate clinician must obtain client consent before disclosing PHI for treatment, payment, and healthcare operations. HIPAA requires the PRTC to provide every client with a Notice of Privacy Practices, or NPP. The NPP explains HIPAA and its application to the clients' personal health information in greater detail. The law requires the client to give her/his signature acknowledging the PRTC has provided her/him with this information. A more complete explanation of HIPAA and what it means to clinical practice can be found at <http://hipaa.wisc.edu/>

All client records are coded and identified by the client number to ensure confidentiality. Most client charts are housed exclusively in Titanium on the PRTC server. Some assessment clients also have a paper chart to contain the original record forms and other documents, referred to as a "hybrid" chart. The PRTC keeps active physical client charts in the first file cabinet at the front desk. This cabinet is locked at all times except when the Administrator or other clinic staff member is present at the front desk. The front desk area is locked every evening and when there is no clinic coverage to provide additional security. Inactive physical files are kept in locked file cabinets in the Testing Storage / Closed File Room (Room 399). It is PRTC policy to keep all client records for 10 years after termination of services or 10 years after the client has reached 18 years of age. After this time electronic files are deleted from Titanium and physical records are destroyed using the UW secure document shredding service.

### **Therapist & Staff Access to Client Records**

**The graduate clinician only has access to their own clients' records.** Graduate clinicians are prohibited from viewing the charts of other graduate clinicians' clients unless they have received permission from the client, therapist, clinical supervisor of record, and/or the Director or Assistant Director. The Administrator, Assistant Director, and Director have authorized access to all client charts for the purposes of billing, quality assurance chart reviews, and emergency situations.

### **Client Access to Client Records**

All assessment and treatment information about a client (PHI) is kept in a confidential clinical record, the client chart. **Although clients have a right to access their PRTC charts, the records do not belong to the client unless expressly transferred to the client for a particular reason (e.g., a copy of a formal evaluation report to secure services with another agency).** PRTC records are the property and responsibility of the PRTC and the Director. A client may review his/her record by making a written request to the Director. The Director will consult with the graduate clinician and the clinical supervisor prior to granting access to the file. Records may be reviewed by a client only with a graduate clinician, clinical supervisor, Assistant Director, or Director present in the room. Time will be charged at the client's established therapy rate.

**Any requests for records must be approved by the Director.** Reports and summaries are sent to other agencies and qualified professionals only after the client or client's parent/guardian signs an *Authorization of Release of Information*. Following termination of a case, requests from outside sources, even if bearing a signed release of information document, are not honored unless they appear on a professional letterhead or the legitimacy of the request is otherwise certified. **Any PHI sent to another agency or professional during or after services are rendered must be documented in the client's chart.** The client can receive a copy of their clinical record, if requested in writing and after the chart is reviewed by the graduate clinician with the clinical supervisor. The PRTC charges a printing/copying fee of 10 cents per page when more than 10 pages are needed.

There are exceptions to client access to records: a) circumstances as described in the "Limits to Confidentiality," section of this manual b) when a graduate clinician and the clinical supervisor believe access will cause substantial discomfort to the client or harm to another person, or c) when information about the client has been supplied confidentially by others. If the graduate clinician does not think that release of the chart to the client is in the client's best interest, the case will be reviewed by the Director and Assistant Director in consultation with UW Legal Counsel. The rights, process, and limits of the client's access to their records is fully described in the HIPAA Manual of Policy and Procedures provided to each client at the intake session.

For training purposes, many graduate clinicians keep informal notes about therapy and supervision sessions. These notes should not include any potentially identifying information and are to be kept loose in the appropriate client's physical file and/or as de-identified electronic notes in their server folder. Such notes should be shredded/deleted as soon as they are no longer useful and must be destroyed when the file is closed. **Be aware that if a court order is received, such informal notes if identifiable are included in the order, thus every effort should be made to keep such notes to a minimum and to destroy them promptly.**

### **Required PRTC Reports & Documentation**

For legal reasons **ALL** contact (e.g., therapy/assessment session, phone contact, letter, supervision, consultation with other professionals) with clients and clinical supervisors must be documented as soon as it occurs. This documentation must be present in the client chart. Samples documents and templates for required written documents are available in the PRTC "Mailbox – Open Access" server folder.

### **Progress Notes**

All therapy sessions and other client contacts (in person, telephone, fax, written) will be documented in a dated and signed progress note. Graduate clinicians will fill in the Titanium note template and attach the note to the appropriate client appointment. When needed, physical progress notes must be printed on PRTC letterhead and will include the therapist's name, the client's initials, the PRTC file number, the date the contact occurred, the nature of the contact, and what occurred. Physical notes should be scanned and an electronic copy attached to the appropriate client appointment.

For treatment related progress notes, the body consists of a brief summary of what occurred during the session or other contact, including critical content and client-therapist process. If it is a note for a therapy session, the note should include a plan for between-session homework, a plan for the next session, and the date of the next session. The note should give enough information to enable the graduate clinician to proceed in the next session and to write an informative termination summary at the end of treatment. Any safety concerns and resulting plans to deal with these concerns, such as when a client reveals thoughts of harm to self or others, will be documented in detail. Graduate clinicians should remember that progress notes may be read by the client at any time and therefore refrain from making judgmental or overly interpretive statements.

Each progress note must have an explicit statement regarding when supervision occurred, how long it lasted, and what was discussed. Your clinical supervisor must review and sign each note documenting significant client contact. **Progress notes will be written, signed by the graduate clinician, and entered into the client chart on the same day service is provided.** The supervisor's signature need not be obtained on the same day as the session, but should be obtained at the next supervisory contact.

### **Intake Report**

The Intake Report summarizes the information gathered during the first interview. The intake clinician is responsible for scoring and interpreting the PAI and for incorporating this information into the report. A DSM-5 diagnosis or a notation of lack of a diagnosis must be present in the report. **A draft intake report will be**

completed **within 1 business week** of the intake appointment and the graduate clinician will notify the clinical supervisor that the draft is available for review. Draft reports are stored in the graduate clinician's secure server folder. If the graduate clinician has an outside supervisor the draft report can be transported in electronic form via the pin-coded flash drive, or in physical form using a locked courier bag. **A completed, approved intake report** is expected **within 2 weeks** of the intake appointment. When the final report is approved the graduate clinician will print it, obtain all necessary signatures, and place the report in the "To Be Scanned" folder located in the second drawer of the first file cabinet. Once the final report is turned in, all draft reports should be deleted/destroyed. The Administrator will scan the intake report and attach it to the client's Titanium chart.

### Treatment Plan

In accordance with the *APA Standards for Providers of Psychological Services* and the *APA Specialty Guidelines for the Delivery of Services by Clinical Psychologists*, graduate clinicians will develop, with their clients and supervisors, a collaborative plan for the delivery of psychological services. The treatment plan will specify the client's issue(s), establish a priority of therapeutic goals, and list the procedures for working toward such goals.

The graduate clinician will formulate an initial treatment plan after the first or second appointment and discuss this plan with his/her supervisor. **The graduate clinician will present a treatment plan to the client for discussion by the third treatment session.** The graduate clinician will make any modifications in the treatment based on client feedback and present the plan to the client for a signature at the fourth session. After the client agrees to the plan, the graduate clinician will print a hard copy and obtain signatures from their clinical supervisor, and a PRTC staff member (Assistant Director or Director). The graduate clinician will then place the signed treatment plan in the "To Be Scanned" folder in the second drawer of the first file cabinet. Treatment plans will be scanned and attached to the client's Titanium chart by the Administrator. **All clients must have a treatment plan on file by the fourth therapy session.** When substantial progress is made toward the treatment goals and / or the focus of treatment changes, the therapist and client will develop a new treatment plan according to these procedures. A new treatment plan will also be developed within four sessions of a change of therapist or supervisor.

### Termination Report

The Assistant Director and Director must be informed in advance of all terminations. The Termination Report does not take the place of the last progress note, but is an additional summary of the treatment services. The content of the Termination Report should include the total number of sessions, summary of goals attained, predictions concerning future development, and any other relevant information. The graduate clinician should include any information about the course of therapy and the therapeutic relationship which might be helpful to a future therapist. **To meet APA guidelines and state requirements, a draft Termination Report must be available to the clinical supervisor for review within 1 week after the last client contact.** Once approved, the graduate clinician prints out the Termination Report, obtains all necessary signatures, and places it in the "To Be Scanned" folder in the second drawer of the first file cabinet **within 2 weeks of the last client contact.** The Administrator scans the report and attaches it to the client's Titanium chart.

### Transfer Report

A Transfer Report is written when a client elects to transfer to an alternate graduate clinician within the PRTC. Transfer Reports contains the name of the new treating clinician, the total number of sessions, summary of goals attained, predictions concerning future development, and any other relevant information. **A draft Transfer Report must be available to the clinical supervisor for review within 1 week after the last client contact.** Once approved, the graduate clinician prints out the Transfer Report, obtains all necessary signatures, and places it in the "To Be Scanned" folder in the second drawer of the first file cabinet **within 2 weeks of the last client contact.** The Administrator scans the report and attaches it to the client's Titanium chart.

### Assessment Report

As part of every assessment graduate clinicians will write a comprehensive, integrative report summarizing testing results and any diagnostic conclusions. **Reports for "short" assessments (e.g., WISC-V only) will be completed within 2 weeks of the testing. Reports for assessment batteries will be completed within 3 weeks following the last testing appointment,** or at the discretion of the clinical supervisor. The entire assessment process from initial appointment to feedback session for battery assessments should be completed within 6 to 8 weeks. Once reviewed and approved, the graduate clinician prints out the assessment report, obtains all necessary signatures, and places a copy in the "To Be Scanned" folder in the second drawer of the first file cabinet. The Administrator scans the report and attaches it to the client's Titanium chart. The graduate clinician will also prepare two signed copies of the assessment report for the client to take away with them.

## **PRTC Clinical Accountability Statement - Documentation of Hours**

At the end of each semester all students who have engaged in clinical practicum, whether in the PRTC or at an off-site placement, will complete the PRTC Clinical Accountability Statement – Documentation of Hours. This document provides a summary of the number and type of clinical hours accrued by the student during that experience. If the student is consistently tracking hours using Time2Track this should not be a difficult task to complete. Once completed, the form should be signed by the student's primary clinical supervisor at their practicum site.

A student may also choose, with approval from the clinical supervisor, to print out an hours report from Time2Track for that site and attach that report to the form. The supervisor should sign both the printout and the form. The student should write on the form "See Attached Hours Report." The addition of this document to the existing use of Time2Track increases the level of student accountability and creates a durable record of supervised practicum hours that can be accessed for credentialing purposes.

The PRTC has also enabled the online supervisor approval of hours in Time2Track. If your practicum supervisor consents to online approval, students may submit practicum and supervisor information to the Assistant Clinic Director who will enter this into Time2Track and send an email invitation to the supervisor.

### **End of Semester Report of Off-Site Practicum Placement**

This report is only required of students who are completing an off-site clinical practicum. Students with a primary placement at the PRTC need not complete this summary. The first part of the report should include the dates covered by the report, activities at the off-site, number of clients/groups, time commitment needed, etc. Please be as descriptive as possible, giving information you feel would be helpful for future students. Information about your level of involvement with actual service delivery, opportunity to work independently, type, frequency, and quality of supervision should be included.

## **PRTC Emergency Guidelines**

### **Medical Emergencies**

A client may arrive at the PRTC in need of medical attention, a client may develop a medical problem, or a client be accidentally injured while at the PRTC. A first aid kit is located at the front desk. First aid materials can be offered to an adult client for self-use or to a parent for use on her/his minor child. Graduate clinicians, staff, and faculty will not deliver first aid or give medical advice.

For a client who is a student at the UW-Madison the graduate clinician can expedite a referral for medical care by calling UW Student Health Services, 265-5600, after obtaining written client consent. Additionally, graduate clinicians may consult, after obtaining written client consent, with their client's other healthcare providers in an effort to coordinate care or obtain appropriate medical attention.

**If any client presents with a life-threatening injury or illness call 911.** When the individual's condition precludes the possibility of obtaining written consent, graduate clinicians are authorized to provide appropriate information to the medical personnel responsible for the individual's care. Information is released only after verifying that a medical emergency exists, that the requested information is essential to the emergency, and that the inquirer is a medical practitioner providing care. When such disclosure occurs, the individual making the disclosure must enter into the client's record via a written note:

1. The name and affiliation of the recipient of the information.
2. The date and time of the disclosure.
3. The nature of the medical emergency.

### **Fire**

If you discover or suspect a fire in the PRTC, pull the fire alarm. Warn other occupants by knocking on doors and shouting "Fire" as you leave the building. Notify the main departmental office that there is a fire. Call 911 and give as much information as possible to the 911 operator. Evacuate the building in an orderly fashion. Assist those in danger if you can do so without endangering yourself. During any emergency all clients, students, and visitors must be informed of the requirement to evacuate. Special attention should be given to persons with disabilities, especially those who are unfamiliar with the building. Once outside maintain a safe distance from the building, at least 50 feet, to allow ample room for emergency personnel and equipment to access the building. Remain outside until the fire department has given the "all clear."

## Severe Weather

Weather emergencies can pose serious threats to university personnel. If weather conditions appear threatening, listen for a warning through commercial radio, weather radio, or local television. Move to an interior hallway or basement if time allows, or take shelter under a desk or heavy table and cover your head. Avoid upper floors and windows. Stay away from electrical panels and appliances, including computers. Use telephones for emergency calls only. Stay calm and alert.

### University of Wisconsin-Madison Emergency Procedures Guide

For further information on university emergency preparedness procedures (e.g., fire, severe weather, medical emergency, utility failure, bomb threat, active shooter, building evacuation, chemical spill) please consult the University of Wisconsin-Madison Emergency Procedures Guide. Guides are available near each PRTC telephone and online:

[http://www.uwupd.wisc.edu/pamphlets/Emergency\\_Response\\_Guide.pdf](http://www.uwupd.wisc.edu/pamphlets/Emergency_Response_Guide.pdf)

### PRTC Client Crisis

A client crisis occurs when there is imminent risk that a client will cause serious harm to themselves or someone else. The Assistant Director and/or Director are available to guide graduate clinicians in formulating and carrying out intervention plans during times of greater risk. Below are general guidelines for an in-clinic client emergency.

When a client verbalizes a threat to themselves or another person, attempt to determine how likely it is they will carry out the threat, whether they have the means to carry out the threat, and specifically, what it is they intend to do. If the threat seems credible, tell the client a clinical supervisor will be joining your session to discuss the client's concerns and help develop a plan of action. Excuse yourself and notify the Assistant Director and Director of the situation. Possible resolutions include contacting friends or family members, working through a safety plan, referring the client for psychiatric evaluation, hospitalization (voluntary or involuntary), and/or summoning the police. The outcome will depend on the client's state of mind and willingness to work towards maintaining safety.

If there is a possibility that the client will be subject to an involuntary emergency detention or if the client is without financial resources and desires a voluntary hospitalization, call the Journey Mental Health Center - Crisis Intervention Services for Professionals (608.280.2600). Please see *Referral for / Obtaining Inpatient Services*. Clients may transport themselves to an ER or be transported by a family member, friend, bus, taxi, or police. Graduate clinicians or PRTC staff never transport a client. If assistance is required to remove an out of control client from the PRTC call 911. Under no circumstances should you attempt to physically restrain or challenge a client. If an adult client leaves the PRTC and you believe they are in imminent danger, call 911.

***If a minor client leaves the clinic you are obligated to maintain physical or visual contact with the client until they are returned to the care of a parent or guardian.*** If you follow a minor client, take a cell phone with you and call 911. The police can stop and detain a child in order to return the child to the custody of the parent.

### Non-PRTC Client Crises

The PRTC does not offer drop-in or emergency psychotherapy services. If an individual calls or drops-in to the clinic and has already begun an attempt to hurt themselves or someone else, or is making credible, imminent threats of harm, call 911.

If the individual is currently safe and can stay safe, provide these community resources. If the individual is under the care of a therapist or psychiatrist in the community, encourage them to contact that person.

University Health Services/Counseling and Consultation Services Call Center.....	265-5600 (#9)
University of Wisconsin Hospital and Clinics Emergency.....	262-2398
Journey Mental Health Crisis Intervention Service.....	280-2600
Meriter Hospital 24 Hour Emergency Care.....	417-6206
St. Mary's Hospital Medical Center 24 Hour Emergency.....	258-6800
City of Madison Police/Ambulance.....	911
City of Madison Non-Emergency Dispatcher .....	255-2345
UW Non-Emergency Campus Police Dispatcher .....	264-2677

Following contact the graduate clinician will prepare a written note that documents the individual's name, what resources were offered, and how the interaction ended. This note will be signed by the graduate clinician, the Assistant Director, and/or Director.

### **Legal Emergencies (Subpoenas)**

It is the policy of the PRTC not to conduct psychological evaluations that will be used for the determination of work related disability status, immigration status, child custody, parental fitness, or any other legal procedure unless a suitably trained forensic psychologist is available for clinical supervision. The PRTC does not generally accept therapy cases if it is known that part of the purpose of attending therapy is to obtain an "expert witness" in the form of the therapist.

However, it may happen that records or testimony are subpoenaed as situations evolve with existing clients. If a graduate clinician is subpoenaed to provide testimony or contacted by an attorney regarding a PRTC client, their clinical supervisor and the Director must be contacted immediately. If the graduate clinician receives a subpoena, the following general guidelines are offered:

1. Do not respond independently to the subpoena. Immediately bring the subpoena to your clinical supervisor and the Director. The Director will contact the UW legal office for counsel. Avoid any "informal" responses to a subpoena or contacts with the opposing lawyer.
2. State law indicates a therapist is legally required to wait ten days upon receipt of the subpoena before turning over any documents. This "wait period" allows the therapist and the client to discuss the client's wishes and various options.
3. Determine if the subpoena is a "court order" or a "discovery subpoena." The PRTC must comply with a court order or bench warrant, an order issued by a judge. A discovery subpoena is a "desire to know" from an attorney who is preparing for a court action. The PRTC is not legally obligated to comply with a discovery subpoena. Records are not released for a discovery subpoena without explicit, written client permission.
4. Contact the client to ascertain their wishes. If the client wants your testimony obtain written consent. You and your supervisor will discuss with your client exactly what might be said on the witness stand and any potential consequences. If the client does not want your testimony and does not want their records released, the client should contact their attorney and file a motion to quash the subpoena. If your client elects to quash, you must send the records to the Clerk of the Court in a sealed envelope (this will safe keep the record while the motion is being decided).
5. Obtain a judge's ruling. The most protective measure in response to a subpoena is to file a motion with the court requesting that a judge quash the subpoena. This motion may be filed by the therapist, clinical supervisor, and/or Director through a UW or private attorney.
6. Clearly document any and all steps taken in written, dated notes.



# Services Offered at the PRTC

## Client Intake

### Intake Appointment

The primary purpose of the intake interview is to obtain a brief history of the client's problems, form diagnostic impressions, formulate potential treatment goals, and assess the appropriateness of an individual for the PRTC. A secondary purpose is to provide the client with general information about the PRTC.

When a potential client contacts the PRTC, the Administrator provides them with a description of the PRTC and its services. If the potential client is interested in services, the individual is transferred to the Assistant Director for initial screening. The Assistant Director records preliminary information including name, age, contact information, referral source, and a brief description of the presenting problems or concerns. Clients may be self-referred, referred by an agency or private practitioner, or responding to an advertisement. If the potential client appears appropriate for the PRTC following the brief screening, they are scheduled for an appointment with a graduate clinician. If the clinic does not have any current openings for therapy or cannot meet the treatment needs of the individual, they are provided with community referrals. The Assistant Director schedules intake appointments with potential clients, assigns intakes to graduate clinicians, and notifies graduate clinicians of intake appointments. When an intake is scheduled, the Administrator will send the potential client a confirmation letter. A copy of the confirmation letter and the Request for Services form will be held in the "Pending" hang file of the first file cabinet of the front desk area.

All students with PRTC as their primary clinical placement will conduct intakes throughout the academic year, and these intakes will be assigned on a rolling basis with an *attempt* to distribute them equally across graduate clinicians. **At least one intake per graduate clinician each semester will be conducted with live supervision provided by the Assistant Director.** Intakes identified for live supervision will be scheduled in the group room (358) and ongoing communication with the Assistant Director is encouraged. Intakes with live supervision may involve a brief interruption toward the end of the clinical interview when the intake graduate clinician meets with the Assistant Director to discuss any outstanding questions or concerns that need to be addressed prior to finishing the interview.

On arrival, the client checks in with the Administrator who collects the intake fee and shows the client to an assigned therapy room where they will complete the following intake forms electronically. All completed/signed forms are attached to the client's electronic medical record in Titanium.

The ***Procedures Manual for Clients & Consent to Services*** explains that communication between client and therapist is confidential, that all clinic services are provided by graduate students who are supervised by a licensed psychologist, that audio / video recording and live observation of therapy is standard PRTC procedure for which they must give consent, and that participation in mental health related research projects will take place only with additional informed consent of the client.

The ***HIPAA Privacy Information*** forms describe how the privacy of client's health information is protected by the PRTC.

The ***No Emergency Services*** acknowledgement form and a list of emergency psychiatric resources in Madison.

The ***Social Media*** form explaining PRTC policies regarding social media and electronic communication.

The ***Cancellation Policy*** acknowledgement form and the associated fees for late cancellations or no-show appointments.

The ***Client Information Sheet*** asks for basic demographic information as well as the history and severity of the problem / issue that brings them to therapy.

The Administrator then notifies the graduate clinician that the client is ready for the interview. The graduate clinician greets the client, introduces themselves, and escorts the client to the interview room. Below are the steps which must be completed during the intake interview:

1. The graduate clinician asks the client if he/she has any questions about the *Procedures Manual for Clients*. After answering questions the graduate clinician restates to the client that all sessions are recorded, beginning with the intake. If the client agrees to be recorded, the camera is turned on. *If the client refuses, the interview is ended and a referral is offered. Agreement to being recorded is a requirement of receiving services at the PRTC.*
2. The graduate clinician reminds the client that completion of an intake at the PRTC is not a guarantee of receiving services. The graduate clinician informs the client they will be contacted within five working days after the intake, either to schedule an appointment at the PRTC or to receive referrals to other providers.
3. The graduate clinician and client negotiate the fee for therapy according to the procedures outlined in the *Therapy Fees and Billing* section of this manual. The client will electronically sign this document at their first session with their assigned therapist and the document is attached to the client's Titanium chart.
4. When necessary, a **Consent for Release of Information** should be signed by the client. A release of information is routinely requested for any of the following situations: previous therapies, particularly therapy within the past three years; when a client is being treated by a psychiatrist; and when a client is receiving medication from a primary care provider. These releases will be given to the Administrator for faxing to the appropriate individual. Before confidential material is faxed to a new telephone number, the Administrator will verify the telephone number and determine that the fax machine is in a confidential, secure location or that someone will be at the machine to receive the fax.

**Note that individuals other than the client may sometimes have the power to consent to release information.** Parents may consent to release of information for a minor without agreement of that minor. If the client is an adult who has been judged to be legally incompetent, the client's legal guardian must sign any consent to release information.

5. The graduate clinician conducts the intake interview and administers the AUDIT and DAST if indicated.
6. If the client manifests any of the following problems the graduate clinician will immediately contact the Assistant Director and/or Director: current suicidal behavior, serious self-harm; homicidal threats or threats of violence towards others; overtly psychotic or manic behavior; obvious intoxication from alcohol or other substances; other unusual or concerning behaviors.
7. Following completion of the interview, the prospective client will complete the OQ-45 on the OQ-Analyst system. This is accessed on-line using Internet Explorer (see *Using OQ-Analyst*).

In addition, the client will complete the Personality Assessment Inventory (PAI). The PAI is administered online on a therapy room computer. After the client finishes the PAI, the graduate clinician logs the client out and prints the PAI score report. If the client is unable to complete the PAI at the first appointment, the graduate clinician will schedule a second appointment to complete this measure.

8. **At times, the graduate clinician may elect not to proceed with testing until after they have consulted with the Assistant Director or Director.** Examples include:
  - The client appears to be very agitated/disturbed and likely not appropriate for the PRTC.
  - The client has completed similar testing recently at the PRTC or other agency.
  - The interviewer doubts the client will be able to complete the PAI because of suspected intellectual disability or inability to read.
9. Additional testing may also be requested by the graduate clinician to aid in making a diagnosis and checking hypotheses about the client. These recommendations should be discussed with the Assistant Director. It is the responsibility of the graduate clinician to arrange for any additional testing with the client.
10. In rare cases, the graduate clinician may feel an extended interview is warranted and may schedule another session if approved by the Assistant Director.

### Writing the Intake Report

Following the intake appointment, the graduate clinician has **one week** to write a draft report. When the draft report is ready the graduate clinician notifies the Assistant Director that it is ready for review.

The Assistant Director reviews the draft report, makes suggestions and edits using Track Changes, and notifies the graduate clinician that the report is ready for additional revisions.

After the report has been approved by the Assistant Director, the graduate clinician prints the report, obtains all necessary signatures, and places the report in the "To Be Scanned" folder in the second drawer of the first file cabinet. The Administrator scans the intake report and attaches it to the client's Titanium chart. After the final report is attached to the chart all draft versions should be deleted/destroyed.

A final intake report must be completed within **two weeks** after the intake appointment.

### Staffing the Intake

The graduate clinician and Assistant Director must meet for supervision as soon as possible after the intake appointment. The Assistant Director will use information from this meeting and the intake report to either assign a PRTC therapist or provide a community referral. In most cases, the intake clinician will be the therapist.

The assigned graduate clinician will schedule the first therapy session as soon as the individual is accepted as a client of the PRTC. The graduate clinician must meet with their clinical supervisor before the first session occurs, but does not have to wait until after supervision to schedule the session.

If the client is not appropriate for the PRTC, the Assistant Director will contact the client and provide them with community referrals.

### Intake for Returning PRTC Client

If a client returns to the PRTC therapist within 3 months of termination, it is generally not necessary to conduct a new intake. During the first session, the therapist will conduct an abbreviated intake interview, negotiate the fee, review all consents and legal documents and obtain signatures, and collect the OQ-45. An Interim Report documenting the client's current status will be completed within 10 working days. A new treatment plan based on the client's current goals will also be written. Returning clients may be required to complete additional components of the intake at the discretion of the Assistant Director or Director.

### Individual Therapy

Following the intake, a client is assigned to a graduate clinician and treatment ensues. The duration of therapy varies with each client and is dependent on the nature of their symptoms / issues, desired goals, and treatment approach. All treatment decisions are discussed and agreed upon with the clinical supervisor who is legally responsible for the client's care. Graduate clinicians should anticipate different supervisors will have different approaches to therapy, although an emphasis is always placed upon empirically supported methods of treatment.

### The First Therapy Session

According to the regulations that govern the conduct of psychologists in the State of Wisconsin, there are several issues that must be discussed with the client at the outset of the first session. Although clients are presented with a written outline of these issues in the *PRTC Procedures Manual for Clients*, **state law REQUIRES these issues to be discussed verbally by the client and therapist:**

1. **Informed consent** – Clients are informed of the potential benefits and risks of therapy. No intervention is 100% effective and there is no way to predetermine what any individual client will experience in therapy. Examining and altering thoughts, feelings, and behavior can cause significant distress for some people. The client should be told of this and reassured that the therapist will be there to help if this should occur.
2. **Fees and billing** – While the session fee for the client is determined and conveyed to the client at the intake appointment, **the graduate clinician providing therapy is responsible for reviewing the PRTC Fee Agreement with the client and obtaining necessary signatures.** The client will electronically sign this document at their first session with their assigned therapist and the document will be attached to the client's electronic medical record in Titanium. Graduate clinicians must discuss the particulars of billing with their clients. Note that the PRTC charges a fee of \$30.00 (**NOT the session fee**) for missed appointments that are not cancelled with 24 hours notice. See the *Fees & Billing* section of this manual for additional information.

3. **Confidentiality** - Clients are informed that their personal information cannot be released to others without their written consent, **with several important exceptions**: if a client threatens to harm themselves; if a client presents a danger to others; if the client discloses abuse or neglect of a minor, elderly, or disabled person; if the client is a minor and has been abused or is in danger of being abused; if a court orders the release of documents
4. **Supervision and recording** – Clients are informed of the graduate clinicians student status, of the name of the clinical supervisor and that the graduate clinician meets regularly with the supervisor to review session recordings and discuss the client's treatment. **The PRTC is unable to provide services to individuals who refuse to be video and audio recorded.** Recordings are stored temporarily on the secure PRTC server and deleted immediately after supervision. Recordings are never viewed for a purpose other than supervision (e.g., student training or research) without the client's express knowledge and additional written consent.
5. **Documentation** – Clients are informed of required documentation (progress notes, treatment summaries, reports) and the fact that such documentation will be placed in the client's chart.
6. **Therapeutic schedule** – Clients are informed that individual therapy sessions are 50 minutes in length and typically occur on a weekly basis. Different therapeutic schedules, such as every-other-week may be utilized to meet the needs of the client. In general, treatment that occurs less frequently than this is less beneficial. The recommended therapeutic schedule should be established after discussion with the clinical supervisor.
7. **Clinic business card** – The graduate clinician provides the client with a PRTC business card bearing the graduate clinician's first and last name. Many clients find it difficult to remember their therapist's name at first. Providing this information is helpful.
8. **Outcome measures** - The graduate clinician will explain any outcome or symptom tracking measures. These may include, but are not limited to the OQ, BDI, BAI, BSSI, or other measures suggested by the clinical supervisor or required by the PRTC.

### **Issues in Individual Therapy**

#### *Client Comes to Session Intoxicated*

If a graduate clinician believes a client is under the influence of a substance during a session they will discuss this matter directly with the client. If the client is under the influence of a substance, the session must end and rescheduled. At a subsequent session the graduate clinician will discuss with the client the importance of being substance free during therapy sessions. Such an event should be reported to the Assistant Director and/or Director, and discussed with the clinical supervisor. Clients who are frequently intoxicated, come to sessions intoxicated, or exhibit symptoms of primary substance use problems will be referred for alternate treatment.

#### *Providing PRTC Services in Alternate Locations*

**For both liability and prudent clinical practice reasons clients should not be seen at any location other than the PRTC.** However, in limited circumstances interventions may be more effective if conducted in a naturalistic environment (e.g., in vivo desensitization). Such off-site services are permitted only under the following circumstances:

1. A clear treatment rationale has been discussed in supervision before the session occurs.
2. The clinical supervisor has made a written authorization in the client's chart for such a meeting before the session occurs (e.g., the clinical supervisor signs a progress note detailing the therapy plan before the session occurs).
3. The signed, authorized treatment plan has been approved by the Director.

#### *Client's Children & Therapy Appointments*

If a client brings a child to an appointment in which the child is not participating, the client is responsible for watching the child. PRTC staff members will not supervise children left in the waiting room. Children under 12 are not to be left unattended in the PRTC. Therapy is typically unproductive for the client when young children are brought to the session. Please ask clients to leave children with a sitter or to bring a responsible person to supervise the children while they wait.

### *Parent Observation of Child Therapy*

At times, a parent may request to observe their child's therapy sessions. There are many reasons why parents make this request, ranging from worry for their child's well-being to wanting to make sure the child does not disclose certain information. The graduate clinician should discuss with their supervisor and the parent how the parent's observation could influence the establishment of the relationship between the graduate clinician and the child, and the overall therapeutic progress. Older children may have an expectation of privacy and react negatively if they discover a parent is observing sessions. If a parent is insistent it is probably best to include them in the sessions openly and proceed from a parent-child or family therapy model. At the very least, the graduate clinician will inform the child the parent is observing. There are no "secret" observations in the PRTC.

### *Graduate Clinician Vacation Coverage*

When graduate clinicians plan to be away from the PRTC for one business week or longer they must inform the Director and Assistant Director of their absence and discuss with their client(s) the need for and availability of therapy sessions with an interim clinician. This should be done between 2 to 3 weeks prior to the planned absence. If the client declines interim sessions and the graduate clinician and clinical supervisor agree with this decision, no further action is necessary. The graduate clinician will document in the chart whether the client declines or desires interim services.

If the client desires services or services are deemed necessary by the graduate clinician, clinical supervisor, or PRTC staff the graduate clinician will consult with the Assistant Director and make arrangements with another graduate clinician to provide interim therapy. If possible, clients should be introduced to the interim clinician before the therapist's absence. The graduate clinician will facilitate scheduling between the client and the interim clinician.

### **Transfer to a Different Therapist**

Carefully consider any planned therapeutic transfers. Data and clinical experience indicate that once a therapeutic alliance is established many transfers do not "take" and the client discontinues treatment. There are three reasons why clients may be transferred to another therapist within the PRTC:

1. **Client Fit** - The client does not feel comfortable with the therapist. A client may request a transfer to a different PRTC therapist. Before this would occur the client would speak with / meet with the Assistant Director and/or Director to discuss the issues that elicited the request. In these situations a transfer or the availability of a different therapist are not guaranteed.
2. **Therapist Fit** - The graduate clinician does not feel able to adequately treat the client. Before a transfer could occur, the graduate clinician will have discussed the situation with their clinical supervisor. Many times, increased supervision and the open discussion of incompatibilities will resolve such issues. If problems continue, the Assistant Director will determine if an appropriate PRTC therapist is available or assist in making a referral to a community provider.
3. **The graduate clinician is leaving the PRTC** - When a graduate clinician has a firm date for leaving the PRTC, they will notify the Assistant Director and Director so that an orderly transfer of cases can occur. Clients in need of transfer because of a graduate clinician leaving the PRTC are given priority over other types of transfers. The departing graduate clinician should plan to meet with the new therapist to discuss the case and treatment approach. In some cases, it may be helpful to hold a "transition session" that includes both the current and new clinician.

When a transfer does occur the departing graduate clinician will write a Transfer Summary within two weeks of their last meeting with the client. Please see *Required PRTC Reports & Documents*, above.

### **Termination of Therapy**

There are five main reasons why therapeutic services with a client are terminated:

1. The problem the client presented is resolved; the client and graduate clinician mutually agree there is no need for continued service.
2. The client's problems require additional therapy beyond the therapist's expertise or are of such a nature that the transfer to another therapist and/or agency is deemed necessary.
3. The client makes the decision to terminate therapy against the graduate clinician's advice.

4. The client has exhibited a significant number of cancellations and/or no-shows despite discussion with the therapist, which prevent the continuity required for effective therapy.
5. Adequate therapeutic progress has not been made or it is determined that the current therapy is not beneficial to the client.

The decision to terminate therapy should always be made in consultation with the clinical supervisor and with input from the client. Ideally, the end of therapy is discussed over several sessions and a formal “termination” session is conducted. However, sometimes clients do not return to therapy or stop returning phone calls. When this occurs it is useful to write a letter to the client rather than continuing with multiple phone calls. There are several elements which should go into such a letter.

1. If you have a hunch about why the client has not returned, offer your ideas, e.g., “After you missed your last appointment I wondered if you were embarrassed about telling me XXX. I want you to know that I do not judge you and would be happy to discuss what motivated your behavior and what you want to do next.” Or, “we’ve talked about how you often feel the people you depend on don’t understand or care about you. After you missed the session I wondered if you were feeling that way about me.” If you do not have specific ideas, be general, “It has been several weeks since we last met. I was wondering if you were interested in continuing therapy.”
2. Include in the letter several statements which demonstrate from a legal and ethical perspective that you are not abandoning the client, but are putting a finite limit on the professional relationship. **Legally a client is your client until they are formally terminated or go to see another psychotherapist.** In your letter provide a date after which you will close their file and offer to help the client find another therapist. For example, “If I do not hear from you by October 31, I will assume you are no longer interested in therapy and will close your file. If you would like to see another therapist in our clinic I can help arrange a transfer. (*Check with the Assistant Director or Director about therapist availability before offering this*). If you prefer to seek help elsewhere I can provide you with the names of organizations and therapists in the community.”
3. The letter should include the offer of a final session, at no charge. For example, “It would be useful for both of us to meet one last time to discuss what happened in our work together and how it came to an end. There would be no charge for this session.”

Following the letter, consult with your supervisor about how and if contact with the client will be maintained. If termination is pending notify the Administrator. The letter should be attached to the client chart in Titanium. If the client does not respond to the letter and the file is to be closed write a termination report and notify the Administrator that the chart should be closed.

### **Assessment**

The PRTC provides cognitive, achievement, neuropsychological, and psychodiagnostic assessment services. Depending on the referral question, assessment instruments are administered individually or as part of a battery. Assessment services are important to the PRTC’s community outreach mission. All graduate clinicians are encouraged to participate on some level with clinical assessments.

### **General Assessment Procedures**

Individuals interested in assessment services complete an initial phone screen with the Assistant Director who determines if the referral question can be addressed at the PRTC. Assessments are scheduled by the Administrator once graduate clinicians provide their availability. Graduate clinicians will be notified by email of the date and time of the appointment and the name of their supervisor. The Administrator will mail a confirmation letter to the client. The Administrator will enter the client’s demographic information in Titanium and schedule a room. The graduate clinician will schedule and attend an initial meeting with their supervisor to discuss the referral question(s) and select appropriate tests prior to meeting the client.

At the first appointment, the client pays the assessment fee and completes the *Client Procedures Agreement & Consent to Services*, *HIPAA Privacy Practices Acknowledgement Form*, *Social Media Form*, *Cancellation Policy*, *Assessment Client Information* sheet, and *No Emergency Services* acknowledgement form electronically. If the assessment is to be conducted for a child/adolescent, the parent/guardian will also complete the *Collateral Participant Consent*. If possible, the graduate clinician schedules subsequent testing appointments at the first appointment.

The graduate clinician meets with the client for between one and three sessions to conduct a clinical interview and all testing appropriate to the referral question. **Graduate clinicians will score assessment measures following each assessment session and begin a draft of the report following the first appointment.** Graduate clinicians will request any pertinent records, copies of previous evaluations, and conduct collateral interviews after obtaining the written consent of the client or their guardian.

**Within 1 week of the final testing session,** the graduate clinician will notify the supervisor that a draft report is available for review. **Remember to allow a minimum of 1 week for the supervisor to review the report before client feedback occurs.** The graduate clinician will meet with the supervisor to receive feedback on the draft report and discuss possible diagnoses and recommendations. The graduate clinician then prepares the final report incorporating the supervisory feedback and schedules a feedback appointment with the client. The graduate clinician must write a progress note documenting the client feedback session in the client's Titanium chart.

**All testing reports must be complete within 3 weeks following the final assessment session** ("short reports" should be completed in 2 weeks). Once a final copy of the report has been signed by the supervisor, the graduate clinician conducts a client feedback session and gives two signed copies of the report to the client. If the client requests the report be sent by the PRTC to a third party, the client must sign a *Consent to Release of Information* form. The Administrator then faxes or mails the report.

### Parent Observation of Child Assessment Sessions

Parents may request to observe psychological testing. This is possible with a few restrictions.

1. No parent may observe testing by sitting in the room with the child; all observation must occur behind the one-way mirror. Research has shown that a child's performance is significantly influenced by the presence of a parent in the room; usually they perform below their true ability.
2. The child **will** be informed that their parent is watching the testing session.
3. Parents may not observe their child's testing session unaccompanied; the Assistant Director, Director, other clinical preceptor, or an advanced graduate student familiar with the test being administered must be present at all times while the parent is in the observation room. The presence of a staff member ensures that the parent will receive appropriate explanations regarding test procedures and that any questions can be answered immediately. Parents will be informed that a request for observation will limit the days and times assessments are available to be scheduled based on staff availability.
4. Parents may not make video, audio, or written recordings of the test questions or test procedures. This is necessary to preserve test security, protect copyrighted material, and to protect the rights of the graduate clinician providing the clinical service.

### Format for Assessment Reports

Sample reports are available in the "Mailbox – Open Access" folder on the PRTC server. All reports are to be printed on clinic letterhead.

1. The report should have a **title**, such as "Psychodiagnostic Evaluation," "Psychoeducational Evaluation" or "Assessment of Cognitive Abilities."
2. The **report heading** includes the examinee's name, date of birth, age, education/academic status, sex and ethnicity, the date(s) of examination/assessment, the client number, the name of examiner, the name of supervisor, and the date of report.
3. The first section is the **Reason for Referral** which specifies the referral source, the reason(s) for referral, and any tests requested.
4. The second section is the **Background Information/Pertinent History** and includes information about birth, family composition, school currently attended, and academic history.
5. The next section is **Behavioral Observations** which includes information about the client's appearance, attitude, motivation, affect, and behavior during testing.
6. The next section is **Assessment Results**. Each test given will be clearly identified and described. Raw and scaled subtest scores should be presented, along with information on general population performance and the examinee's performance.

7. The **Summary & Interpretation** includes all findings relevant to the referral question and any diagnosis. Findings from multiple tests should be integrated in this section to illustrate an overall impression of the client abilities.
8. The last section includes **Recommendations** for specific interventions and / or accommodations based on the conclusions arrived at in Summary & Interpretation.

### **Alcohol Abuse Evaluation**

The PRTC offers a brief alcohol abuse evaluation (AAE) to interested members of the community and UW students. The AAE follows a motivational interviewing and BASICS model. The AAE costs \$30 and consists of three 30 to 50 minute sessions including:

1. A clinical interview and information gathering session oriented toward clarifying a client's current drinking habits.
2. A personalized feedback session including information about a client's level of risky or hazardous drinking, and how their behavior compares to age-related peers.
3. One or two brief follow-up sessions focused on exploring a client's attitudes toward drinking and reasons for potentially changing her/his behavior.

Clients interested in completing an AAE will first complete an initial phone screen with the Assistant Director to determine their appropriate fit with the clinic. Following successful completion of the screen, the client will be assigned to a graduate clinician for evaluation.

### **Research Assessment Clinic**

The PRTC is available to collaborate with departmental faculty and students to provide psychodiagnostic assessments for research studies. The actual tests available for administration are determined through consultation with the Director. Graduate clinicians participating in the research assessment clinic receive clinical supervision for all participant contact hours, thus these hours can be counted towards their internship application. Student participation in research assessments is usually voluntary. However, when insufficient graduate clinicians volunteer for this assessment clinic, graduate clinicians may be **required** to participate in research assessments, as necessary, to fulfill agreements between the PRTC and faculty research projects. Research projects will be accepted on a first come – first served basis. The PRTC may not always be available to provide assessment services to research projects if previous commitments and graduate clinician workloads do not permit it.

### **PRTC Satellite Office at the School of Pharmacy**

In collaboration with the School of Pharmacy (SOP), the PRTC maintains an office at Rennebohm Hall and provides psychotherapy services to SOP students. All SOP students are eligible to receive an initial evaluation & psychotherapy sessions. The PRTC provides up to 15 face-to-face psychotherapy hours per week. In exchange, the SOP pays the PRTC an amount equivalent to a 50% Project Assistant position including benefits and tuition remission. This income is retained in the PRTC general fund and may be used to support a paid student position if a CAG student applies for such a position, or for other purposes if no CAG student seeks to be paid for their practicum activities at SOP. When unpaid, the practicum placement can be occupied by a CAG student, counseling PhD student, or outside intern.

### **Referral for Additional Services**

#### **Referral for Psychiatric Evaluation**

In certain cases, graduate clinicians and clinical supervisors may find it appropriate to discuss a psychiatric evaluation for medication with the client. Graduate clinicians may assist their clients in obtaining an evaluation after obtaining written consent to exchange information with the health care provider. The level of assistance provided will vary from client to client and should be determined in consultation with the clinical supervisor.

A medication evaluation can be obtained from a number of providers. UW students can be seen for psychiatric evaluation at University Health Services. Community clients can discuss medication options with a primary care physician or access psychiatric services through their insurance company. Clients who are *established* patients at Access Community Health Clinic may receive a medication evaluation there. Access will not see individuals who are not established patients *only* for psychiatric medication. Journey Mental Health Center is available to all other



residents of Dane County and accepts Medicaid and Medicare. Lower cost services may also be available through Dane County Family Services, Lutheran Social Services, and Catholic Charities.

### **Referring for / Obtaining Inpatient Services**

If it is determined that a client is in need of hospitalization and/or further evaluation at an emergency room, obtain the client's consent to exchange information with the potential provider (hospital) and the insurance company. If the client will be involuntarily hospitalized or does not have insurance, contact Journey Mental Health Center to obtain authorization for inpatient treatment. Once a hospital is identified, fax the signed release of information. Call and inform emergency staff of the circumstances surrounding the client's crisis. If the client is involuntary, inform the hospital so they can decide if a court ordered involuntary hold is needed.

Assist the client in arranging transportation to the hospital with a friend and/or family member. If the client has no one available to assist in transportation, contact the UW-Madison Police or the City of Madison Police and inform them you have a client who is in immediate danger and in need of transport. Graduate clinicians and PRTC staff are not allowed to transport the client to the hospital or ride in the client's car.

If the client leaves the clinic before transportation arrives, call 911. Be prepared to give an accurate, description of the client, including what the client was wearing and in what direction they went when they left the PRTC. Communicate only that information which is necessary to ensure the client's safety. For example, you can release information to police that describes the crisis and is helpful in locating the client ("I have a suicidal client who can't swim and said he was headed down to Memorial Union Terrace to jump off the pier."), but you may not reveal other confidential details ("He is suicidal because he was sexually abused by his father as a child").

# Professional Conduct

Although graduate clinicians are in training, the public already identifies them as psychological professionals. For this reason, graduate clinicians must act in a manner consistent with the role of psychologist. Professional conduct includes, but is not limited to, maintenance of professional privacy standards; suitable dress, appearance, and grooming; respectful behavior towards clients, fellow professionals, and other staff; punctuality and reliability in the keeping of appointments; and consistent and timely record keeping. These expectations for professional conduct are elaborated below.

## **HIPAA Privacy Rule Training for UW Students**

All graduate clinicians are required to participate in training regarding the privacy and security requirements of the Health Information Portability and Accountability Act (HIPAA). Graduate clinicians will read and become familiar with the "University of Wisconsin-Madison HIPAA Privacy Rule Training for Students" document presented below and sign an attestation asserting that they have done so. This training will be completed prior to seeing any clients in a practicum setting (typically, spring semester of the second year of graduate training). This document will be kept on file at the PRTC for the duration of the graduate clinician's participation in clinical training.

### **Introduction**

This information is also available at <https://compliance.wisc.edu/hipaa/>

As a student in a clinical training program of the University of Wisconsin-Madison, you are required to learn about the health information privacy requirements of a federal law called HIPAA (Health Insurance Portability and Accountability Act). The health information privacy requirements are known as the HIPAA Privacy Rule and go into effect beginning April 14, 2003. When you are at a health care facility for clinical training, you are covered by the Privacy Rule as a member of that facility's workforce. In addition to this training, your training site may require you to complete Privacy Rule training specific to that site. When you are at a training site, you must follow that site's policies and procedures, including those concerning health information privacy.

### **The HIPAA Privacy Rule**

The Privacy Rule defines how health care providers, staff, trainees and students in clinical training programs can use, disclose, and maintain identifiable patient information, called "Protected Health Information" ("PHI"). PHI includes written, spoken, and electronic information and images.

PHI is health information or health care payment information that identifies or can be used to identify an individual patient. The Privacy Rule very broadly defines identifiers to include not only patient name, address, and social security number, but also, for example, fax numbers, email addresses, vehicle identifiers, URLs, photographs, and voices or images on tape or electronic media. When in doubt, you should assume that any individual health information is protected under the Privacy Rule.

All patients you come into contact with at a training site will have received a Notice of Privacy Practices, which describes in detail permitted uses and disclosures of PHI and patient rights (discussed below) under the Privacy Rule.

### **Important Definitions**

*USE* - The sharing, application, utilization, examination, or analysis of PHI by employees and trainees within the training site.

*DISCLOSURE* - Discussing PHI with or providing copies of PHI to persons who are not employees or trainees of the training site.

### **Disclosure of PHI Outside the Training Site Requires Written Patient Authorization or De-identification**

You may use PHI, without patient authorization, at the training site for purposes of treatment and your training at that site. However, you may not further disclose PHI in any form to anyone outside of the training site, without first obtaining written patient authorization or de-identifying the PHI. This means that you may not, for example, discuss or present PHI from a training facility with or to anyone, including classmates or faculty, who was not directly involved in your training at that facility, unless you first obtain written authorization from the patient. Therefore, it is strongly recommended that whenever possible, you de-identify PHI, as described below, before

presenting any patient information outside of the training facility. If you are unable to de-identify such information, you must discuss your need for identifiable information with the faculty member supervising your training and the HIPAA Privacy Officer at your training site, to determine the appropriate procedures for obtaining patient authorization for your disclosure of PHI.

In order for PHI to be considered de-identified under the Privacy Rule, all of the following identifiers of the patient or of relatives, employers, or household members of the patient, must be removed:

1. Name;
2. Geographic subdivisions smaller than a state (i.e., county, town, or city, street address, and zip code) (note: in some cases, the initial three digits of a zip code may be used);
3. All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death, all ages over 89 and dates indicative of age over 89) (note: ages and elements may be aggregated into a single category of age 90+);
4. Phone numbers;
5. Fax numbers;
6. E-mail addresses;
7. Social security number;
8. Medical record number;
9. Health plan beneficiary number;
10. Account number;
11. Certificate/license number;
12. Vehicle identifiers and serial numbers;
13. Device identifiers and serial numbers;
14. URLs;
15. Internet protocol addresses;
16. Biometric identifiers (e.g., fingerprints);
17. Full face photographic and any comparable images;
18. Any other unique identifying number, characteristic, or code; and
19. Any other information that could be used alone or in combination with other information to identify the individual.

### **Safeguarding PHI**

The Privacy Rule requires you to "safeguard" PHI at your training site. Use the following practices to ensure Privacy Rule compliance.

- If you see a medical record in public view where patients or others can see it, cover the file, turn it over, or find another way to protect it.
- When you talk about patients as part of your training, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about patients in private areas. Do not discuss patients while you are in elevators or other public areas.
- When medical records are not in use, store them in the designated filing cabinets.
- Remove patient documents from faxes and copiers as soon as you can.
- When you throw away documents containing PHI, follow the facility procedures for disposal of documents with PHI.
- Never remove the patient's official medical record from the training site.
- Avoid removing copies of PHI from the training site; if you must remove copies of PHI from the training site, e.g., for supervision, take appropriate steps to safeguard the PHI outside of the training site and properly dispose of the PHI when you are done with it. You should not leave PHI out where your family

members or others may see it. All copies of PHI should be shredded when they are no longer needed for your training purposes.

The U.S. Department of Health and Human Services has issued another set of HIPAA rules (the Security Rules) regarding safety and security of electronic data files and computer equipment. You will learn about electronic safeguards and how the HIPAA Security Rules affect you at clinical training sites.

### **Use Only the Minimum Necessary Information**

When you use PHI, you must follow the Privacy Rule's minimum necessary requirement by asking yourself the following question: "Am I using or accessing more PHI than I need to?" If you are unsure of the PHI you may use or access while providing health care for a patient at your training site, please contact your preceptor, supervisor or the HIPAA Privacy Officer at your training site.

### **Discussing PHI with a Patient's Family Members**

Before you discuss a patient's condition, treatment or other PHI with his or her family member, it must be determined if the patient would subject to such a disclosure. You should confirm with your supervisor that the patient has agreed to allow or in some other way has expressed no objection to such disclosures before you discuss a patient's condition, treatment, or other PHI with their family members.

### **Patients' Rights Under the Privacy Rule**

Each training site covered by the HIPAA Privacy Rule will have policies and procedures for implementing the following patient rights under the Privacy Rule:

- **The right to request alternative communications.** Under the Privacy Rule, patients can ask to be contacted in a certain way. For example, a patient may ask to be contacted at home instead of being contacted at work. If a patient's request is reasonable, as is the previous example, the health care provider or facility must follow it.
- **The right to look at (and obtain copies of) records.** Patients can ask to read their medical and billing records, and have copies made.
- **The right to ask for changes to medical and billing records.** Each facility must review and consider all requests for changes to medical and billing records.
- **The right to receive a list of certain disclosures.** Your training site must make and keep a list of certain disclosures of PHI (excluding disclosures for treatment, payment, and health care operations) that are made without patient authorization. Patients have the right to see and receive a copy of this list.
- **The right to request restrictions on how PHI is used and disclosed.** Patients can ask health care providers and facilities to limit the ways they make use of and disclose the patient's PHI for treatment, payment, and health care operations. Providers and facilities are not required to agree to such requests. You, as a trainee, must never agree to such restrictions on behalf of the training site.
- **The right to receive a "Notice of Privacy Practices".** Each health care facility that provides direct patient care must give every patient/client a copy of their Notice of Privacy Practices. The notice describes their privacy practices and the Privacy Rule. The facility must make reasonable efforts to have each patient sign a form acknowledging he or she received the notice. We recommend that you obtain a copy of the Notice of Privacy Practices from your training site and become familiar with it.

### **The HIPAA Privacy Officer & HIPAA Security Officer**

Each facility at which you train, that is covered by the Privacy Rule, will have a HIPAA Privacy Officer. If you have questions about the implementation of the Privacy Rule at a training site, you should contact the site's Privacy Officer.

If you have general questions regarding the Privacy Rule, you may contact the HIPAA Privacy Officer or HIPAA Security Officer.

Amanda K. Reese, JD, CPHRM  
 HIPAA Privacy Officer  
[amanda.reese@wisc.edu](mailto:amanda.reese@wisc.edu)  
 698.262.2059

### **Maintaining Confidentiality**

An extremely important legal, ethical, and clinical responsibility is confidentiality. The therapeutic relationship is built on trust, and confidentiality is of utmost importance to build and maintain that trust. While it is a basic expectation that graduate clinicians will not discuss the details of their clients' treatment with others, there are many circumstances when information can be inadvertently revealed. The common practices listed below should be observed by all graduate clinicians and supervisors to protect client confidentiality.

1. It is a breach of confidentiality to indicate to an unknown caller over the phone whether an individual is a client at PRTC. If someone asks if "John Smith" is a client, you should reply that you are unable confirm or deny if any individual is a client of the PRTC without written consent.
2. Be careful when speaking with non-clients when you call the clients' home, or leave messages on answering machines or voicemail. Do not identify the PRTC nor label the intended recipient of the phone call as a client or patient, unless their Client Information Form gives permission to leave detailed messages. State simply, "Hello, this is Mary calling for John Smith in regards to the meeting scheduled on Thursday at 1:00pm. I will try to contact you again at another time."
3. Only leave phone messages at a number the client has indicated is acceptable.
4. When you encounter a client out in the community, it is necessary to discuss this encounter at the next session, including reactions to the meeting and how future encounters will be handled. It may be helpful to discuss this possibility at the outset of therapy, e.g., "my policy is not to acknowledge my clients when out in public in order to protect their confidentiality" or "my policy is to follow the client's lead as to whether or not we acknowledge each other."
5. If the waiting room is occupied, disguise the client's name or refer to the client by their file number when communicating with the Administrator at the front desk.
6. Do not discuss confidential information in inappropriate settings such as the clinic waiting room or hallway.
7. Do not discuss case material at any time with nonprofessionals (e.g., partners, roommates) or with persons not related to the operation of PRTC (e.g., other psychology graduate students).
8. All clinic paperwork and reports must be completed on clinic computers in the clinic.
9. Clinic files are not to leave the clinic under any circumstance.
10. Exercise extreme caution in handling digital recordings and computer files that contain client information. Do not label such files with the client's name. Instead use the PRTC file number.
11. When entering client information into computer scoring programs and web-based scoring programs, use only the client's initials and PRTC file number.
12. Electronic files may only be transported for supervision on a PRTC PIN coded flash drive.
13. Delete electronic copies of in-progress reports and progress notes from the PRTC server once they are attached to the client's chart.
14. Shred paper copies of interview notes, supervision notes, draft reports, draft notes, and computer generated interpretive reports as soon as possible after they are no longer needed. Graphs and tables from computer generated score reports may be retained in the client file.
15. De-identified reports and report templates must be protected and are considered confidential, even if the names on the reports have been changed or altered. This information must be kept secure and treated with the same level of security as one would use with client files. Sample documents may be stored on the PRTC server, but may not be posted on the PRTC Wiki.
16. Research conducted in the PRTC is confidential. Undergraduate students working on research projects in the clinic must complete all relevant UW Human Subjects, HIPAA, and confidentiality training and sign the PRTC confidentiality statement.

### **Confidentiality with Minor Clients**

According to Wisconsin law, any person with legal rights pertaining to a child (e.g., legal guardian or non-custodial parent) may have the legal right to terminate the child's therapy. Moreover, the legal guardian of a minor (under 18 years of age) can request information about assessment and treatment, and can request to examine the

minor's clinical records. The graduate clinician should always consult with their clinical supervisor regarding any questions of confidentiality with minors prior to the first session.

Even though parents have a legal right to information about their child's therapy, privacy in therapy is often crucial to successful progress, particularly in individual therapy with adolescents. In such cases the graduate clinician may request parents to agree to a limit on the level of information given to them. This agreement should be documented in a written note signed by the parent, child, therapist, and clinical supervisor and kept in the child's clinical file. Typically, the therapist conveys general information about the progress of the child's treatment to the parent and includes specific information after obtaining assent from the child. However, a therapist may disclose information without the child's assent in crisis situations, such as when the child reveals self-destructive behavior, the presence of abuse, or threatens to harm another. The therapist should discuss what kind of information will be routinely disclosed to a parent with the minor client before therapy begins to minimize objections and concerns.

### **Confidentiality with Couples, Families, & Groups**

The graduate clinician should always consult with their clinical supervisor regarding any questions of confidentiality with couples, families, and groups prior to the first session. It is the baseline or default policy that the graduate clinician will not reveal any information revealed by any member of the client unit to anyone outside the client unit without prior written permission, except in mandated situations as described in the Limits to Confidentiality Section. When a release of information to or from the PRTC is sought, **all adult parties** (age 18 years or older) must agree and sign the release of information form.

However, it is a therapeutic axiom that open and honest communication between all individuals involved in therapy results in the most beneficial outcome. It is recommended in couples and family therapy that all parties involved agree that the therapist is allowed to convey information to other members of the client unit based on the rights and overall well-being of all members. This discussion and verbal agreement by all parties should be documented in a written progress note kept in the couples' or family's clinical file.

Confidentiality within therapy groups is somewhat different. In the first session therapists should discuss with the group the idea of confidentiality and how keeping group information confidential is respectful of all group members. Group members should be informed that although legal and ethical constraints prevent the therapist(s) from discussing group members' information in other settings, no such binding constraints exist for other group members. Therefore, individuals should always decide for themselves if the therapeutic benefits of self-disclosure outweigh any perceived risk. In some instances group members may be asked to sign a form attesting to their intention to keep group information confidential, even though such a document is likely not legally binding.

### **Discussing Confidentiality with Clients**

Graduate clinicians are expected to discuss the limits of confidentiality at their first client contact, even if the client has been seen in the clinic before and/or has recently completed an intake. Confidentiality may be broken if the client is a danger to themselves or someone else, when a minor, disabled, elderly, or otherwise vulnerable person is being abused/neglected, and when the therapist is ordered to release information by the court. An expanded explanation of the limits to confidentiality is presented below.

Clients must be informed that the graduate clinician is working under the supervision of a licensed psychologist and that the case will be discussed regularly with this psychologist. The APA Code of Ethics mandates you disclose the name of your supervisor and the fact that you are a trainee. Clients must be informed that all sessions are digitally recorded for supervision purposes and that these recordings are destroyed after supervision occurs. The PRTC is unable to provide services to clients who refuse to be recorded.

Clients must be informed if they are participating in live and / or group supervision. For example, if a client session is being observed through the window by multiple therapists, the client should know this and have an opportunity to meet the observers. Remember to review the limits of confidentiality within a group or family treatment setting. Specific questions should be addressed to your clinical supervisor.

### **Limits to Confidentiality**

Federal laws, state laws and the code of ethics for psychologists protect a client's rights of privacy, privileged communication, and confidentiality regarding psychological services. PRTC personnel will not release any client record without her/his written permission or authorization.

However, the following are situations that may impose limits on the client's right to confidentiality based on the Health Insurance Portability and Accountability Act (HIPAA), Wisconsin State law, and the ethical principles for psychologists.

1. *The client has given written consent (or oral consent in emergency situations) specifying a third party with whom the record will be shared.* Complete an Authorization Form to Obtain/Release Information with the client before revealing any information. Client signatures on release forms must be witnessed by clinic staff or graduate clinicians. If a client cannot obtain a designated witness, the release must be notarized. The PRTC will honor all release forms of other agencies signed and witnessed using the agency's procedures. State law indicates the provider shall comply with requests for copies of records within fifteen days of receipt of request.
2. *A subpoena or bench order is issued.* State law indicates the therapist is legally required to wait ten days upon receipt of the subpoena before turning over any documents. This "wait period" allows the therapist and the client to discuss the client's wishes and various options.
3. *The graduate clinician/clinical supervisor suspect a child or vulnerable adult is being abused or neglected.*
4. *The client has communicated a credible threat to harm or kill her/him/themselves.*
5. *The client has communicated a specific threat to harm someone else.* This issue falls under the duty to warn. Wisconsin state law indicates the graduate clinician has the duty to warn a third party from violent behavior only when the client has orally, in writing, or via sign language, communicated a *specific and immediate threat* to cause serious bodily injury or death to an identified person(s), and the client has the intent and ability to carry out that threat *imminently*.
6. *The client has filed a worker's compensation claim.* Upon request, the graduate clinician is required by law to submit relevant mental health information to the client, his/her employer, the insurer, or a certified rehabilitation provider. Notify the client that you have received this request and what information you will be providing before sending it to the requesting agency.
7. *The Federal government requests information for health oversight activities or to prevent terrorism (Patriot Act).*
8. *If the client is under 18 years of age, Wisconsin law allows the parents to request information and/or records related to treatment.* If the client is under the age of 14 or does not seem able to understand the costs and benefits of giving consent, a parent or legal guardian must sign consent forms. If the client is age 14 or older, he/she may consent to release of information without a second signature. Parents may consent to release of information for a minor without agreement of that minor. However, if the minor is age 16 or older, he/she may block release of information by submitting a written request to the PRTC indicating that he/she does not want the information released. The matter is then resolved by mediation, involving the court if necessary.
9. *The Wisconsin Board of Psychology subpoenas relevant records in the event a graduate clinician and/or clinical supervisor become the focus of an inquiry.*
10. *If a client files a lawsuit against the PRTC or professional staff, the PRTC may disclose relevant information to the University of Wisconsin legal representative in order to mount a defense.*
11. *If a client has an unpaid balance at the termination of services, the PRTC is required to share identifying information with the University of Wisconsin collections agency.*

Additionally, because the PRTC is a university-based training clinic no written client authorization is required for the following:

1. Graduate clinicians enrolled in PSY805 may fully share information about cases for educational and therapeutic purposes with their clinical supervisor(s).
2. The PRTC collects minimal personal information for clinic administrative purposes such as scheduling, billing, and quality assurance.

3. Clinic files may be requested / viewed by accreditation and program site visitors, and university, state, and federal auditors.

### **Duty to Warn or Protect**

If a client has communicated a specific and immediate threat to cause serious bodily injury or death to an identified person or persons, and if the client has the intent and ability to carry out that threat immediately or imminently, the graduate clinician has a duty to take precautions to protect third parties from harm. When a threat becomes apparent inform the client that a supervisor will be joining the session to discuss the threat and assist in formulating a plan of action. Notify your clinical supervisor, the Assistant Director, and the Director of the situation.

Review with the client a psychologist's legal obligation to report threats against other persons to public authorities. If not already known, attempt to find out the identity and whereabouts of the threatened individual(s). Also, attempt to learn the stability and comprehensiveness of the plan to harm the other individual. Use language that clearly addresses the situation (e.g., murder, shoot, poison, revenge, etc.) so the client knows you are taking their verbal report seriously. Attempt to contract for safety with the client if possible. This would entail having the client agree to not harm the targeted person and/or having the client agree to make it more difficult for them to carry out their threatened violence (e.g., have them give the weapon to another party or to the police). These discussions should be documented in detail and the notes signed by your clinical supervisor.

**If you determine a serious threat is not therapeutically amendable, call 911.** Inform the client you take their threat seriously and are legally required to notify the police and the threatened individual(s).

### **Reporting Suspected Abuse**

Wisconsin Statutes require psychologists, graduate clinicians, and all University of Wisconsin employees to report suspected abuse or neglect of children seen in the course of their professional duties. The report must be made to county social services or a law enforcement agency. The duty to report begins once the professional has seen the child and has "reasonable cause to suspect" that the child has been abused or neglected, or is threatened with abuse or neglect. The graduate clinician may also be required to make a report if an adult reveals they have perpetrated abuse in the past and a danger to a child remains even if the endangered child has not yet suffered abuse; e.g., the alleged abuser lives with the child. Psychologists and graduate clinicians are also mandated to report abuse and/or neglect for other vulnerable populations such as individuals with developmental disabilities, the severely mentally ill, and the elderly. When a graduate clinician suspects abuse and feels an official report may be indicated the clinical supervisor, the Assistant Director, and the Director are notified immediately. The clinical supervisor and / or PRTC staff will work with the graduate clinician to resolve the situation. Clients should always be told when an allegation of abuse is being reported. When possible the report should be made with the client present and participating.

Online training on mandated reporting is available to all students and staff through the UW-Madison at <http://wcwpds.wisc.edu/mandatedreporter/> Additional information regarding mandated reporting is available from the UW-Madison Police Department at <https://uwupd.wisc.edu/services/reporting-child-abuse-neglect/>

Below are definitions of the terms used by the statute which may be helpful in assessing whether a specific situation must be reported:

**"Reasonable cause to suspect"** means that the professional must have seen or heard something that leads him or her to believe abuse or neglect has happened to the child or will happen in the future. If the professional has seen the child and in good faith believes abuse or neglect has occurred, he/she must report. If the professional does **not** in good faith have enough facts to form a suspicion that abuse or neglect has happened, there is no duty to report.

**"Abuse"** means physical injury inflicted on a child (by other than accidental means), sexual intercourse or sexual contact with a child under 16, sexual exploitation of children or emotional damage caused by the child's parent, guardian or custodian for which the parent, guardian or custodian has failed to obtain treatment for the child.

**"Physical injury"** includes but is not limited to lacerations, fractured bones, internal injuries, severe or frequent bruising or great bodily harm.



**"Neglect"** means failure, refusal or inability on the part of the parent, guardian, or custodian of the child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child.

To report abuse or discuss potential abuse, contact Dane County Department of Human Services:

Children, Youth & Families Services Intake  
Office Hours: 7:45 AM – 4:30 PM  
2322 S Park Street  
Madison, WI 53713

South Madison Office: 608-261-9900  
FAX: 608-261-9903

Stoughton Office: 608-873-5636  
FAX: 608-873-9752

Central Referral: 608-261-5437  
FAX: 608-261-9903

Sun Prairie Office: 608-837-7380  
FAX: 608-837-4399

Northport Office: 608-242-6200  
FAX: 608-242-6256

Additional information on reporting abuse in Wisconsin can be found at:

<http://dcf.wisconsin.gov/children/CPS/cpswimap.HTM>

For additional information referring to child abuse and neglect laws, please see the State of Wisconsin's Mandatory Child Abuse and Neglect Reporting Laws.

<http://nxt.legis.state.wi.us/nxt/gateway.dll?f=templates&fn=default.htm&d=stats&jd=48.981>  
<http://nxt.legis.state.wi.us/nxt/gateway.dll?f=templates&fn=default.htm&d=stats&jd=48.02>

### **Physical Contact with Clients**

It is the policy of the PRTC that there will be no physical contact between graduate clinicians and their clients. The only exception is a conventional handshake.

### **Dual Relationships**

It is the policy of the PRTC, in keeping with the state and national guidelines, that graduate clinicians will not engage in dual relationships with clients. Graduate clinicians will not accept their students, co-workers, friends, or relatives as clients. Graduate clinicians will not develop social relationships with current or past clients. Graduate clinicians will not accept personal gifts from clients. Graduate clinicians using electronic social and dating forums should do so cautiously. The burden of avoiding dual relationships and compromising situations rests with the graduate clinician, not the client.

Graduate clinicians may become aware that their friends, acquaintances, colleagues, or students are being seen at the PRTC or that some other dual relationship exists. It is the responsibility of the graduate clinician to maintain appropriate boundaries in such situations and not allow personal issues to impinge upon client services. Such conflicts will be brought to the attention of the clinical supervisor, the Assistant Director and/or the Director and discussed in supervision.

### **Use of "Facebook" & Other Social Media**

Graduate clinicians will review with their clients and sign a Social Media Policy document. It is the policy of the PRTC that graduate clinicians do not communicate with clients using email, text messaging, their personal phones, or any other social media communication outlets.

It is advised that graduate clinicians restrict their use of social media overall. Be judicious when disclosing personal and professional information in public domains. Always use maximum security settings. Graduate clinicians will not "friend" or "link" with clients nor grant clients access to their personal information. Graduate clinicians are advised not to share with "friends of friends." Do not post unprofessional statements or pictures that may be viewed by clients, supervisors, instructors, colleagues, or regulatory agencies. Remove pictures and posts from your history that may be compromising (e.g., that picture from your 21<sup>st</sup> birthday party that was so amusing...).

If you choose to describe your professional status and activities on social media (e.g., Facebook or LinkedIn), you should indicate that you are a graduate student in the Clinical Psychology PhD training program in the Department of Psychology at the University of Wisconsin-Madison. Graduate clinicians should not describe their practicum activities, specific skills in which they are trained, or titles that may be assigned to the graduate clinician at placements outside of the program. Any descriptions of that sort could be misconstrued and could unintentionally misrepresent the graduate clinician's professional qualifications. Also, please remember that you cannot discuss or quote your clinical interactions with clients or research subjects. Even if these statements are not identifiable, they should not be posted online.

Overall, use caution when commenting in public forums such as blogs, news posts, and websites. Assume that everything you post will be viewed by a client, supervisor, colleague, or regulatory agency.

### **Professional Standards of Communication**

When communicating with others (i.e., face-to-face, telephone, letters) adhere to appropriate professional standards (e.g., be direct and respectful) and ethical guidelines (e.g., maintain confidentiality, exhibit cultural sensitivity). This includes the use of professional salutations when sending emails (e.g., Dear Dr. Smith), or leaving voicemail messages.

Abstain from inappropriate use of computers or other electronic devices (e.g., text messaging, e-mailing, taking pictures) while meeting with staff or clients in the PRTC. Turn your phone off or set to vibrate during sessions with clients. **Be aware that your phone or your client's phone may be inadvertently contaminated by malware that controls the microphone.** It is possible that in-session verbal communication could be recorded and/or broadcast/posted by some unknown third party. You and your client may wish to turn off phones completely or leave them outside of the session room.

### **Scheduling & Maintaining Treatment Rooms**

Graduate clinicians are responsible for scheduling treatment rooms for their own sessions. Each client and therapist has the right to expect a therapeutic environment that is neat and consistent. It is your professional responsibility to return all therapy rooms to their original condition after sessions. Treatment rooms are used throughout the day, so be sure to end your appointments on time and to leave the room presentable for the next appointment. Notify the Administrator of any missing or needed therapy room items (e.g., pencils, forms, tissues).

### **Beginning & Ending Sessions in a Timely Fashion**

Graduate clinicians are expected to **arrive 5 to 10 minutes prior to appointment time**. To help facilitate client services, inform the Administrator of your arrival in the clinic. If due to unforeseen circumstances you will be late, notify all relevant parties as soon as possible (e.g., call the PRTC).

Graduate clinicians are expected to end their sessions at the scheduled time. **Typical outpatient therapy appointments are 50 minutes in length.** Be aware of the room schedules. If you are late ending a session with a client you may disrupt the schedule. Check the schedule and notify the Administrator if you need to remain in the room or wish to move to a different room.

### **Timely Completion of Paperwork / Maintaining Charts**

Graduate clinicians have the professional responsibility to complete intake reports, progress notes, treatment plans, termination summaries, and assessment reports in a timely fashion, and to maintain up-to-date documentation of therapy and client contacts. Any delay outside of the expectations stated below and the reason for the delay must be communicated to the Director (e.g., outside supervisor is taking longer than expected to review report, graduate clinician is ill and out of work for a week).

1. A draft intake report will be completed within **1 week** of the intake interview. A final intake report will be completed within **2 weeks** of the intake interview.
2. Progress notes will be written, signed by the graduate clinician, and in the client chart on **the same day** any service is provided.

3. Reports for “short” assessments (e.g., WISC-V only) will be completed within **2 weeks** of testing.
4. Reports for assessment batteries will be completed within **3 weeks** following the last testing appointment, or at the discretion of the clinical supervisor. **The entire assessment process from initial appointment to feedback session should be completed within 6 to 8 weeks.**
5. **All client contacts are to be documented in the client chart on the day that they occur.**

Graduate clinicians have the professional responsibility to file documents in the appropriate places in their client’s charts. PRTC staff are able to assist and answer questions. Graduate clinicians will be notified when their client charts are missing documentation and will be required to remedy this situation. Any supervisory or shadow notes are to be kept loose in the graduate clinicians hanging file or as deidentified files on the PRTC server and destroyed as soon as they are no longer of use.

### **Professional Availability**

Graduate clinicians are available for appointments throughout the semester and when classes are not in session. The responsibility to be available to your clients does not end when the semester ends. Any plans for time off will be discussed in advance with your clinical supervisor, the Director, and/or Assistant Director. Graduate clinicians planning to be away for longer than one business week must arrange for another graduate clinician to see their clients in the interim (See *Vacation Coverage*).

### **Professional Dress**

Graduate clinicians are expected to dress professionally and in keeping with community standards whenever they are in the clinic during operating hours, even if they are not seeing clients. Appropriate attire consists of trouser or skirt suits, trousers, professional Capri length pants, “city” or Bermuda shorts (knee-length), skirts or dresses at or below the knee, long or short sleeve knit shirts, polo shirts, button-down long or short sleeve shirts, long or short sleeve blouses, and sweaters.

Graduate clinicians may not wear t-shirts or shirts with advertisements, novelty graphics, or writing. Shirts, blouses, and sweaters may not be excessively low cut or expose the midriff or lower back. Tank tops, tops with spaghetti straps, or halter tops are not acceptable. Jeans, cargo shorts, short-shorts, sweatpants, yoga pants, or leggings are not acceptable professional attire. Undergarments should not be readily visible (e.g., bra straps or underwear should not be intentionally displayed). Very high heels ( $\geq 3$  inches), platform heels, flip-flops, casual sandals, and athletic shoes are not appropriate footwear for a professional setting.

Hats, caps, and other head-coverings are not to be worn unless for religious or medical reasons.

If you have questions regarding the appropriateness of certain clothes ask your fellow students, clinical supervisor, or PRTC staff for feedback.

### **Hygiene & Grooming**

Graduate clinicians should maintain adequate hygiene and grooming standards. Whatever style you adopt, your hair should be clean and neatly done. Overly dramatic make-up should be avoided. Men with facial hair should maintain a well-groomed look.

Graduate clinicians should be aware of how they smell to others: strong perfume, cologne, and heavily scented grooming products should be avoided as many people are sensitive to these smells. A strong natural body odor may necessitate more frequent bathing. If you bike or walk long distances to campus you should change into fresh clothes and/or wash before seeing clients if body odor is problematic.

### **Graduate Clinician Self-Care**

It is important to consult with the Director and Assistant Director promptly if you are experiencing difficulty fulfilling clinical responsibilities (e.g., managing your caseload, working with a supervisor, difficulty with an off-site

placement). Doing so usually yields a more positive resolution and may facilitate an opportunity for professional growth. Graduate clinicians who do not seek advice in a timely manner are often disappointed by the outcome and may receive a negative clinical evaluation. Notify the Director if you are unable to fulfill your duties because of personal, medical, or mental health reasons. You are not obligated to discuss the specifics of why you cannot fulfill your duties, but must give adequate notice so that your responsibilities can be transferred to others in an orderly fashion.

### **Maintaining Personal Safety**

Although patients rarely become aggressive or violent towards their therapists, psychologists must be aware of this possibility and remain vigilant about keeping themselves--and their staff--safe. Caution is necessary, as there is a moderate elevation in risk for violence when people have mental health and emotional problems. Studies report that between **35% and 40% of practicing psychologists are at risk of being assaulted** by a patient at some time during their career. Other **studies suggest that assaults happen more frequently during pre-doctoral training and early career years**. Newer therapists may be less alert to cues of violence, may set fewer limits and allow aggressive behavior to escalate, and may be more likely to work in inpatient settings with more severely impaired patients. Important safety factors to keep in mind when working with clients include: the office layout, the initial visit procedures and the clinician's ability to handle a patient who has become angry or agitated.

Tips for maintaining general clinic safety:

- **Never work alone** – Always make sure you have clinic coverage when seeing a client.
- **Keep doors locked** – All treatment room doors should be locked when not in use. In the evening, once all expected clients have arrived, lock the main door.
- **Screen potential clients** – As part of the intake, clients complete an interview and a standardized assessment (PAI) to assist in determining their potential for violence. If you are concerned about safety during the intake consult with the Assistant Director and/or Director.
- **Re-assess your own clients** - If you notice changes in your client, re-assess their violence and self-harm risk-factors and seek consultation.
- **Be aware of clinic exits** – In the event of an emergency you may exit through both the front and back doors in the clinic.

Tips for maintaining personal safety during a session:

- **Unlock the therapy room door when you see a client** – Remember to set the door latch to the unlocked position when meeting with a client so that help can get to you should you need it.
- **Remove potential weapons from treatment rooms** – Do not have anything that could be used as a weapon, such as a letter opener or heavy paperweight, within a client's easy reach. Use chairs that are too heavy to be picked up and thrown.
- **Encourage clients to leave their coats and non-essential belongings on the waiting area coat hooks** – Clients will be less able to conceal a weapon and carry it into the session.
- **Give yourself an out** – Always sit closest to the door so you can quickly exit if necessary.
- **Be able to call for help** – Carry your cell phone turned to silent. If you are concerned about emerging violence, keep the treatment room door open slightly, so staff can hear you.
- **Allow colleagues to interrupt** – This is particularly helpful in situations when an assault has not occurred, but the patient is getting "revved up." Often the presence of another person helps calm the situation down.

Tips for handling an emerging violent situation:

- **If a client becomes aggressive or agitated discontinue therapeutic activities** – Shift your focus from therapy to the assessment of potential violence and try to stabilize the situation.
- **Make an excuse** – If a client won't calm down and is becoming aggressive, get out of the room any way you can (e.g., by saying you need to use the bathroom).

- **Call the Director and/or Assistant Director** – The Director and/or Assistant Director will then assist in the risk assessment, recommendations, and disposition of the client.
- **If a client is agitated and wants to leave the session, let them go** – Immediately inform the Director and/or Assistant Director, and contact your clinical supervisor.
- **Do not “chase” a client who has left the PRTC contrary to your advice** – There is one exception, physical or visual contact with minor children and youth must always be maintained, regardless of circumstances, until the minor is returned to the care of a parent or guardian.
- **Do not attempt to physically restrain or challenge a violent client** – Always step aside or escape from an aggressive client. Faculty, staff, and students have the right to use physical means to extricate themselves from a client’s grasp, but should not restrain or aggress against a client, except in very unusual circumstances (i.e., a clear physical danger such as a gun).
- **If a violent situation arises, RETREAT** – Go to the student office or a therapy room, lock the door, and call 911. Be prepared to give an accurate description of the client to the police, including what the client was wearing and if they are still in the clinic.

### **Professional Ethics**

Ethics are moral standards that ensure professionals provide quality services and respect the rights of the people with whom they work. Acting in an ethical manner involves following the laws and rules governing one’s profession. The profession of psychology has developed ethical codes intended to protect clients. These codes provide us with assistance regarding the best action to take in challenging, confusing, or novel situations. All PRTC services are conducted in accordance with these principles.

All graduate clinicians are expected to abide by the most recent rules and regulations governing the conduct of psychologists in the state of Wisconsin <http://drl.wi.gov/dept/codestats.htm> as well as the APA Ethical Principles of Psychologists and Code of Conduct <http://www.apa.org/ethics/code/> . The discussion in these documents regarding confidentiality, dual relationships, and scientific misconduct are particularly important. Additionally, graduate clinicians are expected to be familiar with and adhere to guidelines outlined in the following documents / publications:

General Guidelines for Providers of Psychological Services [www.apa.org/practice/prof](http://www.apa.org/practice/prof)

Specialty Guidelines for the Delivery of Services by Clinical Psychologists (American Psychologist, 1981)

Standards for Educational and Psychological Testing [www.apa.org/science/standards](http://www.apa.org/science/standards)

Ethical Principles in the Conduct of Research with Human Participants [www.apa.org/science/research](http://www.apa.org/science/research)

Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations [www.apa.org/pi/guide](http://www.apa.org/pi/guide)

Record Keeping Guidelines [www.apa.org/practice/recordkeeping](http://www.apa.org/practice/recordkeeping)

Links to all of these guidelines and resources are present on the PRTC Wiki. Books presenting professional ethics for psychologists, legal issues, and case vignettes are available in the Graduate Clinician Office.

# Graduate Clinician Practicum Requirements

Graduate clinicians are granted the *privilege* of conducting psychotherapy and assessment under the supervision of licensed psychologists because of their official enrollment in a clinical psychology doctoral program. To maintain that privilege, graduate clinicians are expected to fulfill a number of obligations. These obligations are detailed below.

## Registration in PSY805

During their first practicum year students register for up to 3 credit hours of Clinical Practicum (PSY805). First year practicum students are required to complete all practicum hours at the PRTC.

Students in their second practicum year and above may register for a total of 1 to 3 credit hours of Clinical Practicum (PSY805) depending on the constraints of their schedule. Students in their second practicum year and above may choose to apply for practicum placement at the PRTC, at a community site, or a combination of the two in consultation with the Assistant Director and Director.

## Working Knowledge of PRTC Policies & Procedures

**All clinical psychology practicum students are expected to be familiar with and adhere to the policies and procedures set out in this manual without exception. This includes students whose current practicum placement is off-campus (e.g., not in the PRTC).**

At the beginning of fall semester each academic year, ALL students expecting to participate in practicum experiences will complete an exam testing their knowledge of the information presented by the PRTC Policies & Procedures Manual. **In order to participate in ANY practicum activities (either in the PRTC or at off-site placements) students must pass the exam with 90% or greater correct.**

If a student scores less than 90%, participation in ALL practicum activity (either in the PRTC or at off-site placements) will be suspended for 1 month. This includes suspension of on-going practicum activities in the case of an advanced student. No clinical hours will be accrued during this month. At the end of that month the student will retake the exam. Upon passing the exam, the student will begin/resume clinical activities

## Graduate Clinician Background Checks

### **University of Wisconsin-Madison Department of Psychology Clinical Psychology Practicum Caregiver Background Checks**

All students enrolled in the Clinical Psychology PhD program who will provide clinical services through a supervised practicum placement must complete a caregiver background check. Typically, the background check occurs before the Spring semester of the second year in the program, as the student prepares to enroll in PSY807 Introduction to Conducting Psychotherapy. If the student is able to provide a current (within the past year) background check report completed by another entity, the PRTC Director and/or Assistant Director **may, but are not obligated to**, use the results of that background check.

This process includes the completion of a Background Check Information Disclosure Form and a criminal records check. As indicated on the form, it is important to complete this document truthfully and accurately. Health and Family Services 12.05(4), Wis. Adm. Code, provides for sanctions if the form is not completed truthfully and accurately. Untruthful or inaccurate completion of the form may also jeopardize a student's participation in the clinical training components of the Clinical Psychology PhD program. Inability to participate in clinical practicum because of a faulty completion of the background check process, or problematic background results may result in a student being unable to obtain the Clinical Psychology PhD.

All costs associated with the caregiver background check shall be paid by the student. At this time the cost is \$26.95. Students should be aware that some practicum placements may require information or other procedures in addition to the background check conducted through the Clinical Psychology PhD program. Any such additional requirements do not relieve the student of the obligation to complete the Clinical Psychology PhD program background check. Students will receive an email with a link to backgroundchecks.com and instructions on how to complete the background check.

## **Background Check Results and Practicum Placement Process**

The student, the PRTC Assistant Director, and the PRTC Director receive the background check results from Backgroundchecks.com. The PRTC Assistant Director and PRTC Director will ensure that the practicum agency receives the letter and background check for the student in order for the agency to determine if background check results are substantially related to the care of the agency's patients or clients. If the agency determines that the results are substantially related, the PRTC Assistant Director and PRTC Director will not place the student in that agency. The University of Wisconsin Practicum Affiliation Agreement contains the following language:

“The University shall ensure a caregiver background check is conducted in accordance with the applicable Caregiver Background Check statutes (Wis. Stats. §48.685 and §50.065) and regulations (Wis. Admin. Code Ch. DHS 12) for students who have or are expected to have regular, direct contact with Facility's patients. The University shall maintain completed Background Information Disclosure (“BID”) forms for those students as well as the results from caregiver background checks, so that both may be retrieved for inspection by the Wisconsin Department of Health Services. The University agrees to notify Facility of any information about a student on a BID form or in caregiver background check results that could bar that student from regular, direct contact with Facility's patients. Facility shall make the final determination whether a student may have regular, direct contact with Facility's patients but only after consulting with the University.”

In situations where a student's background check results present significant challenges in terms of finding an agency for the student's practicum, PRTC Assistant Director and PRTC Director will make reasonable efforts to place the student. “Reasonable efforts” are defined as referrals to three (3) agencies. These referrals will be documented by the PRTC Assistant Director and PRTC Director. Once the reasonable efforts to place the student have been exhausted, the student may not be able to participate in practicum training which, in turn, would prevent the completion of the clinical degree program. The Director of Clinical Training will be involved in all placement efforts for students with challenging background check results.

### **Background Checks in Effect for Four (4) Years**

If it has been four (4) years or more since the completion of the student's initial background check, the student is required to complete another one.

### **Retention of Background Check Records**

Background checks will be retained in digital format for seven (7) years post-graduation, to meet University record retention requirements. Any paper copies of background checks will be kept in a locked file in the respective student's folder and retained for seven (7) years post-graduation to meet these same record retention requirements.

### **Students' Continuing Duty to Inform**

Students have a duty to inform the PRTC Assistant Director, the PRTC Director, the Director of Clinical Training, and the Clinical Area Group Faculty of any changes or additions to the background check form. Students sign and date an “Authorization and Duty to Disclose” Form at the time of the initial background check. The completed form is kept in the student's file. A copy of the completed form is given to the student.

Students must notify the PRTC Assistant Director, the PRTC Director, the Director of Clinical Training, and the Clinical Area Group Faculty **in writing** if there are changes or additions to the background check form as follows:

If there are changes or additions to background check, the student provides the written notification to the PRTC Assistant Director and the PRTC Director.

The written notification of changes or additions will be shared with the student's current or potential practicum agency.

In the interim, the student will be required to complete a new background check and these results will be processed following the same procedures outlined above.

### **For Questions, Concerns, and/or to Appeal this Process**

Students who have questions, concerns or wish to appeal the process should contact the PRTC Assistant Director, the PRTC Director, the Director of Clinical Training, and the CAG Faculty.

#### **Overall Practicum Caseload Requirements**

One of the benefits of providing varied practicum experiences within the PRTC is that training can be somewhat customized to meet the needs of individual students. While all graduate clinicians are expected to provide assessment services and individual psychotherapy in order to demonstrate basic clinical competence, the balance between these domains is negotiable.

Typically, students devote between 15 and 20 hours each week to clinical practicum experiences. These hours include face-to-face client contact, supervision, and support hours (time for writing notes and reports). This level of engagement allows for the development of clinical skills and for the accrual of an adequate number of clinical hours for a competitive internship application across three to four years.

Depending on other program or personal commitments, graduate clinicians may at times choose to complete fewer clinical hours. Graduate clinicians who desire a lower number of practicum hours must meet with the Director and Assistant Director and develop an acceptable training plan. Completing fewer than 10 practicum hours each week for an extended period of time is not recommended if the graduate clinician expects to apply to internship within three or four years of starting practicum training.

#### **Intake Interview Requirements**

Intakes are performed by the graduate clinicians whose primary practicum placement is the PRTC. The number of intakes assigned each semester will vary. Intake interviews will be conducted across the calendar year whenever it is necessary to fill graduate clinician caseloads. Efforts are made to distribute intakes evenly across available graduate clinicians. Graduate clinicians are not required to conduct intakes during semesters when they are completing off-site practicum.

Graduate clinicians are required to provide their availability for intakes to the Assistant Director who will schedule intake appointments within these time blocks. If an appointment is scheduled in a time block given by the student, but the student is unable to meet with the client, it is the responsibility of the student to contact the client to reschedule the appointment.

#### **Therapy Caseload Requirements**

The typical graduate clinicians will accrue three to five hours of direct client contact each week through individual therapy. If clients attend therapy at a frequency of less than once a week, additional clients will be assigned to the graduate clinician in order to meet the expected number of face-to-face contact hours each week. For example, if a graduate clinician is required to maintain 3 face-to-face hours each week and has 2 clients who attend every week and 1 client who attends sporadically, an additional client would be assigned. In this example the graduate clinician is carrying 4 cases, but accruing roughly 3 face-to-face hours each week.

#### **Assessment Caseload Requirements**

It is recommended that graduate clinicians write between four and eight integrative reports prior to internship application. The reports that accompany PRTC battery assessments are considered integrative reports. Typically graduate clinicians whose primary practicum placement is the PRTC conduct one assessment battery (LD/ADHD) or two individual tests (e.g., IQ Test) each Fall and Spring semester for a total of two batteries per year (or 4 individual tests). Graduate clinicians may conduct additional assessments if they desire. If there is a dearth of therapy clients, additional assessments may be assigned in order to create an adequate clinical caseload for the graduate clinician. Graduate clinicians may elect to perform assessments over the summer semester in lieu of conducting assessments during the academic year. Graduate clinicians are not required to conduct PRTC assessments when they are completing off-site practicum.

Graduate clinicians are required to provide their availability for assessments to the Assistant Director who will schedule the initial assessment appointment within one of these time blocks. It is the responsibility of the graduate



clinician to schedule subsequent testing and feedback sessions. If an appointment is scheduled in a time block given by the student, but the student is unable to meet with the client, it is the responsibility of the student to contact the client to reschedule the appointment.

### Sample PRTC Practicum Tracks

#### PRTC – Track A - General

4 therapy hrs / week	=	4 hrs face-to-face + 2 hrs support	=	6 hours per week
Group therapy experience	=	2.5 hrs + 1.5 hr support per week	=	4 hours per week
2 assessments per year	=	16 hrs face-to-face + 16 hrs support & supervision / year	=	1 hour per week
2 hrs individual sprvsn	=	2 hrs face-to-face + 1 hr preparation time	=	3 hours per week
Intakes	=	2 hrs per week reserved (intakes do not occur every week)	=	1 hour per week
			Total	= 15 hours per week

#### PRTC – Track B – Individual Therapy Oriented

6 therapy hrs / week	=	6 hrs face-to-face + 3 hrs support	=	9 hours per week
2 assessments per year	=	16 hrs face-to-face + 16 hrs support & supervision / year	=	1 hour per week
3 hrs individual sprvsn	=	3 hrs face-to-face + 1 hr preparation time	=	4 hours per week
Intakes	=	2 hrs per week reserved (intakes do not occur every week)	=	1 hour per week
			Total	= 15 hours per week

#### PRTC – Track C – Assessment Oriented

4 therapy hrs / week	=	4 hrs face-to-face + 2 hrs support	=	6 hours per w
6+ assessments per year	=	72 hrs face-to-face + 72 hrs support & supervision / year	=	5 hours per week
2 hrs individual sprvsn	=	2 hrs face-to-face + 1 hr preparation time	=	3 hours per week
Intakes	=	2 hrs per week reserved (intakes do not occur every week)	=	1 hour per week
			Total	= 15 hours per week

### **Supervision**

All services provided through the PRTC are conducted under the supervision of the Director, Assistant Director, or departmental preceptor who is a licensed psychologist. The clinical supervisor assumes the ultimate responsibility for both the client's treatment and for the graduate clinician's training. At the beginning of the supervision process the supervisor and graduate clinician will clarify how supervision will proceed and agree upon supervision goals. The graduate clinician is responsible for completing a written Supervision Contract within the first 3 weeks. A signed copy of the supervision contract will be given to the Assistant Director who will place it in the student's file.

It is PRTC policy that all client sessions are recorded for supervisory review, without exception. These recordings are essential to the provision of high quality supervision and critical to your growth as a competent clinician. The graduate clinician is expected to prepare for supervision by reviewing these recordings and identifying areas for discussion.

For therapy clients, it is expected that the graduate clinician will meet with the supervisor prior to their first meeting with a client. At this first supervisory meeting the graduate clinician will provide the supervisor with a copy of the intake report (a draft report is acceptable) and any testing results. Graduate clinicians should meet with their supervisor every one to two weeks, depending on the frequency of client contact and the severity of the client's symptoms. The clinical supervisor determines the frequency and duration of supervision meetings.

For assessment clients, graduate clinicians will have initial contact with the supervisor prior to their first meeting with the client in order to clarify the referral question and select initial assessment measures. Supervisors will also meet with the graduate clinician at the conclusion of testing in order to assist in formulating a diagnosis and therapeutic recommendations. The graduate clinician provides the supervisor with a comprehensive report of the assessment results for review and signature.

Students will be evaluated both verbally and in writing by their supervisors. Supervisors will complete evaluations of the graduate clinician at the end of each semester and this evaluation will be placed in the student's file. Graduate clinicians will complete a written evaluation of all supervisors at the end of each semester. Such evaluations will be included in the ongoing discussion of supervision and training. If at any time a graduate clinician feels he/she is not receiving adequate supervision or feedback they are strongly encouraged to initiate a

request for more frequent observation and feedback with their supervisor and/or to discuss these matters with the Assistant Director and Director.

### **Outreach**

Graduate clinicians are encouraged to become involved in developing programs, consultations, presentations, workshops, and groups to meet the social, psychological, and physical health needs of the greater community. Outreach efforts include, to a certain extent, off-site practicum as these establish graduate clinicians within community agencies. Further, the PRTC actively seeks outreach relationships and welcomes ideas and input from graduate clinicians.

### **Obtaining Off-Site Clinical Placements**

During the month of January, each student will meet with the Assistant Director and Director to discuss their ongoing training needs, review existing off-site practicum placements, and discuss potential practicum placements. Prior to this meeting the Assistant Director will have confirmed which sites are available to students, what experiences are offered at each site, and gathered information about specific application procedures and due dates.

Students are strongly encouraged to utilize the external practicum information provided on the CAG Wiki, particularly the reviews provided by previous students. Students should consider how the demands of particular practicum fit within the context of their other obligations and overall training goals. Creating a balanced schedule is often the key to a successful placement. The student will also discuss potential placements with their faculty mentor.

The student will notify the Assistant Director when they receive a practicum offer. The Assistant Director will inform the Director, Administrator, and the clinical faculty about the final off-site placements each year.

Some students may have specialty training needs or desire specific clinical experiences not available at established practicum. In these circumstances students should consult with the Assistant Director and Director as early as their first year to explore additional possibilities. When feasible, these needs will be accommodated.

Some students may desire to obtain out of state practicum in order to accommodate professional and/or personal circumstances. While the Director and Assistant Director can assist in arranging out of state practicum, students should be aware of several additional requirements:

1. The student must develop an off-campus training plan in collaboration with their faculty advisor and the DCT. This training plan must be approved by the faculty of the CAG.
2. The out of state training site and their training procedures must be approved by the University of Wisconsin. UW Legal Services must successfully negotiate a training contract with the proposed site before any training activities may occur. This can be a lengthy process (>6 months) and there is no guarantee it will be successful. If an approved training contract is not obtained, the student may not participate in any clinical activities at that site.
3. The student may need to obtain their own professional malpractice insurance and may wish to consult with an attorney about their individual situation.

# Evaluation of Competence & Disciplinary Consequences

Clinical and faculty supervisors have a professional, ethical, and legal obligation to evaluate the clinical competence, professional skills, and interpersonal competence, of graduate clinicians who are under their supervision. Such evaluation ensures graduate clinicians are competent to manage future professional activities in an effective and appropriate manner. As part of this process, each semester, graduate clinicians and clinical supervisors complete evaluations of each other and the supervisory experience. This process allows both parties to summarize the efficacy of the practicum and supervisory experience in promoting the supervisee's professional development. Additionally, PRTC staff evaluate graduate clinicians in other areas of professional development, e.g., maintenance of client charts, paperwork, and other behavior. The Director is responsible for assigning all practicum grades and utilizes information from the following area to arrive at the practicum grade:

1. Ability to complete required paperwork and documentation
  - a. Review of charts and monthly billing
2. Maintenance of appropriate levels of practicum hours
  - a. Activity reviews
  - b. Time-2-Track
  - c. PRTC Clinical Accountability Statement - Documentation of Hours
3. Student completion of evaluation of clinical supervisors, clinic staff, and off-site placements
4. Professional Competence
  - a. Therapy performance as measured by the Cognitive Therapy Rating Scale and evaluation of the student by clinical supervisors
  - b. Interpersonal competence as measured by evaluation of the student by clinical supervisors

## **Chart & Billing Reviews**

The Administrator conducts billing and chart reviews each month and notifies the Assistant Director and Director of the results. Each time a chart review is conducted the graduate clinician will be notified of any missing documentation or needed corrections. All corrections must be made as soon as possible. Noted deficiencies that are not corrected by the next chart review or a pattern of negligent record keeping will be reported to the Director of Clinical Training and the student's faculty mentor.

## **Activity Review, Time-2-Track, & the Clinical Accountability Statement-Documentation of Hours**

Information from the PRTC appointment schedule is used to review each graduate clinician's client contacts, including total number of sessions, cancellations, and "no shows." This allows the Assistant Director and Director to determine if appropriate contact levels are being maintained and whether newly assigned cases have been seen. Such information will be used to increase or decrease the number of assigned cases based on the graduate clinician's training goals.

In addition, the PRTC provides the use of a professional hours tracking system, known as Time-2-Track, free of charge. Students who wish to use this service sign the Time-2-Track Use Agreement. Graduate clinicians will be required to document their clinical hours at least monthly in order to maintain this service at no cost. Failure to do so will result in the PRTC not renewing that student's account. Additional information about how to use Time-2-Track can be found on the PRTC section of the CAG Wiki. The Assistant Director and/or Director will check students Time-2-Track hours of at least once each semester to ensure the student is regularly recording their hours, and that estimated hours targets are being met.

Finally, students are required to document their semester practicum hours on the PRTC Clinical Accountability Statement - Documentation of Hours form. This form is reviewed and signed by both the clinical supervisor at the practicum placement where the hours were accrued and the Assistant Director, who coordinates the practicum placements.

### **Evaluation of Supervisor & Off-Site Placement**

At the end of each semester students will complete an evaluation form for each of their clinical supervisors. Students with off-site practicum placements will also complete a summary and evaluation of their experiences at that site at the end of each semester.

### **Professional Competence**

Demonstration of professional competence includes maintaining an appropriate caseload, attending and participating in supervision, and complying with all PRTC policies and procedures. Professional training goals and competencies are outlined in the “Practitioner Competencies” provided to each student at the start of practicum training. This document is also available on the CAG Wiki. Instances of non-compliance with PRTC policies and procedures will be documented and brought to the attention of the Director of Clinical Training and the student’s faculty mentor.

#### **Competence in Cognitive Behavior Therapy**

As part of the PRTC practicum experience students will be trained to use the Cognitive Therapy Rating Scale to assess how well student-led therapy sessions exemplify this model. Beginning therapeutic competence in CBT is defined as a score of 40 or higher on one psychotherapy sessions. This benchmark must be achieved before a student will be allowed to apply for off-site clinical practicum experiences.

By the time a student applies for internship, the student is expected to have had three additional sessions rated at 40 or higher. The sessions chosen for rating can be from a client seen in the PRTC or a client seen at an external practicum site. If the sessions are recorded at an external site, the graduate clinician must obtain written consent from the client and clinical supervisor for PRTC supervisors to watch and rate the session.

#### **Interpersonal Competence**

The ability to interact effectively with other people is of particular importance in the practice of clinical psychology as effective therapeutic relationships must be created and maintained. It may become clear during the course of training that a graduate clinician is struggling with interpersonal competence. A range of consistent markers of interpersonal competency problems that have emerged within the training literature:

- (a) Inability to display reflective learning – self-awareness, self-reflection, self-evaluation
- (b) Inability to engage in honest inquiry into their style of presentation - knowledge of the impact of one’s own behavior, beliefs, and values on clients, peers, faculty, allied professionals, the public, and individuals with diverse backgrounds.
- (c) Inability to be open to the process of supervision – unwillingness to explore issues that interfere with the provision of care or impede professional development or functioning.
- (d) An overly emotional or overly inhibited interpersonal style
- (e) Difficulty or inability to tolerate the affective states of others
- (f) Difficulty or inability to meet the cognitive demands of engaging in the therapeutic process
- (e) Poor maintenance of interpersonal boundaries
- (f) Poor relationship skills – the way in which students relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds.
- (g) Inability to resolve problems that interfere with professional development or functioning – poor response to evaluative feedback, refusal of referral for personal therapy
- (e) Questionable dress and hygiene
- (g) Exploitation and misuse of training resources.

### **Problems with Competence**

When problems with professional, therapeutic, or interpersonal competence are identified the following remediation and reporting process will be used:

1. When a clinical supervisor or PRTC staff member has concerns regarding student competence they will first discuss this issue directly with the student and attempt to remedy such issues.
2. When the concerns are sensitive or are not resolved when directly addressed in a more informal manner, the clinical supervisor will consult with the Director and/or Assistant Director to determine if the concern should become a focus of the student's evaluation and document the concern. The Director of Clinical Training and the student's faculty mentor will be notified of these discussions.
3. When these concerns are of sufficient severity that they become a focus of training, a formal remediation plan will be developed. This plan will be developed by the DCT, the student's faculty mentor, Director, and Assistant Director. Several possible and perhaps concurrent courses of action may be indicated, including, but not limited to:
  - a. Increased supervision, either with the same or other supervisors.
  - b. Change in the format, emphasis, and/or focus of supervision.
  - c. Recommendation for personal therapy and/or other appropriate professional services.
4. The Assistant Director and/or Director will monitor the implementation and results of the remediation plan and determine if there is acceptable and timely improvement. If improvement is not noted all parties will meet to discuss a continuing remediation plan.
5. Once implemented remediation plans will be reviewed at least once each semester to assess progress. Written documentation of the review will occur.
6. If sufficient progress is not made, a decision will be made regarding the student's clinical privileges and ability to continue in the clinical training program. Clinical privileges may be suspended or revoked depending on the severity of student deficiencies. The student may be counseled to pursue a non-clinical degree. Such decisions will be made with input from the student, clinical supervisors, Assistant Director, Director, the Director of Clinical Training, and the student's faculty mentor.

### **Disciplinary Consequences**

Students enrolled in the clinical psychology PhD program are expected to adhere to the policies and procedures of the training program as a whole. In addition, there are specific rules pertaining to the provision of clinical services within the PRTC and other practicum sites that must be followed. Students who fail to adhere to these policies and procedures are subject to specific disciplinary consequences. Violations will be judged to fall into one of two possible categories; Violation of Client Confidentiality and Privacy Practices (Level 1 and 2) or Violation of Routine Clinic Policy.

#### **Category 1: Violation of Client Confidentiality and Privacy Practices**

Violation of client confidentiality and privacy practices is a category of behaviors that includes such things as leaving confidential client information in a public space, losing confidential client information, working with or storing confidential client information on non-PRTC computers, inappropriate discussions of client material in a public forum, and engaging in inappropriate dual relationships. It should be noted that this category also extends down to behaviors such as accumulating a large amount of client information in your PRTC server folder; retaining electronic or paper copies of client information after the file has been closed; failing to delete video and document files as directed after supervision; failing to destroy informal case notes, interview notes, and computer generated interpretive reports; and storing information for extended periods of time on PRTC portable memory devices.

Violations of these policies and procedures will be judged as either Level 1 or Level 2 offenses based on the student's conduct and the circumstances of the incident. The Director of Clinical Training will bring these violations to the full Clinical Area Group which will determine whether the incident is a Level 1 or Level 2 offense. The definitions, process, and disciplinary consequences for Level 1 and Level 2 violations follow below.

**Level 1:** Any student who willfully and intentionally disregards PRTC policy and / or procedures pertaining to the protection of client confidentiality, client privacy, and / or the appropriate use of protected health information

(HIPAA policy) will immediately lose all clinical privileges. An orderly transfer of their clinical responsibilities will occur. This includes cessation of client related activities at both the PRTC and any off-site practicum locations. The student would at this point transfer to the IGM program, would not complete a clinical internship, and would not be allowed to graduate with a degree in clinical psychology.

**Level 2:** It is recognized that in a training environment a situation may arise during which a student inadvertently violates PRTC policies and / or procedures pertaining to the protection of client confidentiality and client privacy. However, students must be aware that such incidents are also serious violations. Students are expected to know and adhere to all policies. Ignorance of any policy is not an excuse for violations. These violations will be dealt with in the following manner:

1. The student will cease all client related activities and an orderly transfer of their clinical responsibilities will occur. This includes cessation of client related activities at both the PRTC and any off-site practicum locations.
2. The student will be suspended from any activities involving direct client contact for at least one academic semester and up to one calendar year. The length of the suspension will be determined by the Clinical Area Group on a case by case basis. During the suspension the student will continue to be required to attend didactic clinical activities, specialty training seminars, group supervision meetings, etc.
3. The student will complete additional training in clinical ethics. The specific training to be completed will be determined by the Clinical Area Group. Such training could include a semester ethics course (COUN PSY 735 Legal & Ethical Bases of Counseling & Psychology; COUN PSY 730 Professional & Ethical Issues in Counseling), completion of a substantial book-based continuing education course (APA courses – Essential Ethics for Psychologists; APA Ethics Code Commentary & Case Illustrations; Health Care Ethics for Psychologists; Ethics in Plain English), or other experience defined by the Clinical Area Group. All monetary cost associated with additional training will be borne by the student.
4. Following this suspension and completion of additional training in clinical ethics, the student may petition the Clinical Area Group for the reinstatement of clinical privileges. The reinstatement of privileges will be based on the quality of the student's conduct both before and during the suspension period. As part of the petition for reinstatement, the student will write a reflective essay about their policy violation, any ethical or legal dilemmas inherent to the situation and their own actions, potential alternative resolutions to those dilemmas, and their educational / remedial activities during the suspension which have increased their awareness and application of ethical principles and laws.
5. If clinical privileges are reinstated, the student will return to practicum activities on probationary status. The student will remain on probationary status until completion of their clinical training (i.e., until leaving for internship or leaving the program). Any violation of PRTC policies (Category 1 or Category 2 violations) resulting in further disciplinary action (as determined by the Clinical Area Group) while on probationary status will result in the permanent loss of clinical privileges and transfer to the IGM program or expulsion from the clinical program as decided by the CAG Faculty.
6. The student should be aware that the Director of Clinical Training is legally and ethically obligated to report any disciplinary actions taken against the student while in training on the APPIC certification of training form. Reports of these disciplinary actions will include information about the nature of the violation, the context in which it occurred, and the educational / remedial training completed by the student.
7. The student should be aware that the Director of Clinical Training / Clinical Program is legally and ethically obligated to report any disciplinary actions taken against the student while in training whenever an outside entity specifically requests information regarding the application of disciplinary consequences. However, this information will not be automatically offered on documents that request certification of successful graduation, unless the Clinical Area Group determines that such notification is necessary.

## **Category 2: Violation of Routine Clinic Policy**

Issues that fall under this heading include late paperwork, arriving late for appointments, failing to end appointments on time, problems with professional dress and demeanor, failure to address identified problems with client files and documentation, scheduling, etc. Such issues will be dealt with in the following manner:

1. When problems are first detected by PRTC staff members they will be discussed with the student directly and documented in the student file. The student will be informed of a timeline for successfully rectifying these deficiencies. If the student successfully corrects the noted problems or deficiencies the student remains in good standing and no further action is taken. Successfully resolved instances do not warrant future reporting as a disciplinary consequence.
2. If the student does not correct the noted issues in a timely fashion, if problems are recurrent, or if problems are increasing, a meeting between the student, the Clinic Director, the Director of Clinical Training, and the student's faculty mentor will occur. The purpose of the meeting is to discuss the issues and develop a plan for rectifying the situation. The student is expected to come into compliance and to remain in compliance following this meeting. If the student successfully corrects the noted problems or deficiencies, the student remains in good standing and no further action is taken. Successfully resolved instances do not warrant future reporting as a disciplinary consequence.
3. Continued problems with compliance after the meeting detailed above will result in disciplinary consequences.
  1. The student will be suspended from all activities involving direct client contact for at least one academic semester and up to one calendar year. The length of the suspension will be determined by the Clinical Area Group on a case by case basis. During the suspension the student will be required to attend didactic clinical activities, specialty training seminars, group supervision meetings, etc.
  2. The student will complete additional training in clinical ethics. The specific training to be completed will be determined by the Clinical Area Group. Such training could include a semester ethics course (COUN PSY 735 Legal & Ethical Bases of Counseling & Psychology; COUN PSY 730 Professional & Ethical Issues in Counseling), completion of a substantial book-based continuing education course (APA courses – Essential Ethics for Psychologists; APA Ethics Code Commentary & Case Illustrations; Health Care Ethics for Psychologists; Ethics in Plain English), or other experience defined by the Clinical Area Group. All monetary cost associated with additional training will be borne by the student.
  3. Following this suspension and completion of additional training in clinical ethics, the student may petition the Clinical Area Group for the reinstatement of clinical privileges. The reinstatement of privileges will be based on the quality of the student's conduct both before and during the suspension period. As part of the petition for reinstatement, the student will write a reflective essay about their policy violation, any ethical or legal dilemmas inherent to the situation and their own actions, potential alternative resolutions to those dilemmas, and their educational / remedial activities during the suspension which have increased their awareness and application of ethical principles and laws.
  4. If clinical privileges are reinstated, the student will return to practicum on probationary status. The student will remain on probationary status until the end of their clinical training (i.e., until leaving for internship or leaving the program). Any violation of PRTC policies (Category 1 or Category 2 violations) resulting in further disciplinary action (as determined by the Clinical Area Group) while on probationary status will result in the permanent loss of clinical privileges and transfer to the IGM program or expulsion from the clinical program.
  5. The student should be aware that the Director of Clinical Training is legally and ethically obligated to report any disciplinary actions taken against the student on the APPIC certification of training form. Reports of these disciplinary actions will include information about the nature of the violation, the context in which it occurred, and the educational / remedial training completed by the student.

6. The student should be aware that the Director of Clinical Training / Clinical Program is legally and ethically obligated to report any disciplinary actions taken against the student while in training whenever an outside entity specifically requests information regarding whether the student ever received disciplinary consequences. However, this information will not be automatically offered on documents that request certification of successful graduation, unless the Clinical Area Group determines that such notification is necessary.

### **Student Appeals & Grievances**

It is assumed most disputes over evidence of unsatisfactory performance or progress will be discussed and reconciled at the graduate clinician-clinical supervisor level. Furthermore, the Assistant Director, Director, and Director of Clinical Training are available for consultation on any dispute or issue. Nonetheless, serious questions will arise from time to time regarding both the status of a graduate clinician at the PRTC and the basis of the evaluation that has placed his or her status in jeopardy.

### **Departmental Grievances & Appeals Procedure**

Whenever a graduate student believes any work has been improperly evaluated, or believes there has been unfair treatment, it is expected the student will take up the questions directly with the faculty member involved. Further, the DCT is available to discuss these issues. The Director of Graduate Studies, Kristin Shutts, PhD at [kshutts@wisc.edu](mailto:kshutts@wisc.edu), is the first person to contact if you are in need of an ombudsperson for any reason. If after earnest inquiry, the matter remains un-reconciled, the graduate clinician will appeal the question to the clinical area group and/or department chair. If, for some reason, it is a conflict of interest to discuss matters with the Chair of Graduate Studies, the matter should be brought to the Department Chair, Craig Berridge, PhD, at [chair@psych.wisc.edu](mailto:chair@psych.wisc.edu).

### **University Grievances & Appeals Procedure**

If a student feels unfairly treated or aggrieved by faculty, staff, or another student, they should first attempt to address these issues at a local level. However, the university offers several avenues to resolve grievances:

#### **Division of Student Life**

(grievances involving students)  
75 Bascom Hall  
[students.wisc.edu](http://students.wisc.edu)  
(608) 263-5700

#### **Office for Equity and Diversity**

(discrimination or harassment issues)  
179A Bascom Hall  
(608) 262-2378  
[oed.wisc.edu](http://oed.wisc.edu)

#### **Employee Assistance**

(conflicts involving graduate assistants)  
256 Lowell Hall (608) 263-2987  
[eao.wisc.edu](http://eao.wisc.edu)

#### **Ombuds Office for Faculty and Staff**

(for graduate students, post-docs, faculty and staff)  
523-524 Lowell Center  
(608) 265-9992  
[ombuds.wisc.edu](http://ombuds.wisc.edu)

#### **Graduate School**

(official appeals of program/departmental or school/college grievance decisions)  
217 Bascom Hall  
500 Lincoln Drive  
Madison, WI 53706-1380  
(608) 262-2433  
[grad.wisc.edu](http://grad.wisc.edu)

### **Graduate School Appeal Process**

An official review of procedures can be initiated by the Graduate School if a student feels that their grievance was not appropriately handled or resolved at the program/department or school/college level or through consultation with other resources listed above. Initial contact may be made through the Associate Dean in the student's division (Arts and Humanities, Biological Sciences, Physical Sciences, or Social Studies; (608) 262-1044) or through the Assistant Dean of Graduate Admissions and Academic Services (AAS; (608) 262-2433).

If the student wishes to file an official appeal of a grievance decision, they should consult with the Assistant Dean of AAS. The procedures for this process are available in the graduate student handbook and online.



### **Graduate School Final Appeal Process**

If a student is not satisfied with the initial appeal to the Graduate School Associate Deans, they may make a final appeal to the Graduate Faculty Executive Committee (GFEC) within 30 days of date of the above written decision. The procedures for this process are available in the graduate student handbook and online.