

## CLINICAL MANUAL REVISED

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**GOODMAN PSYCHOLOGICAL SERVICES CENTER**  
***CARLOS ALBIZU UNIVERSITY***

**CLINICAL MANUAL**



## FOREWORD

This manual is written for the student-clinician of Carlos Albizu University's Goodman Psychological Services Center. It is intended to provide basic information for the student clinician embarking upon professional practice.

Though it contains the standards of the clinical training program, they should be viewed as **minimum requirements**. We hope that your commitment to excel will take you beyond the guidelines of this document.

An important goal of training is the ability to deliver valid clinical interventions with sensitivity to cultural issues. Ideally, theory and practice will be fully integrated. Academic coursework will provide a foundation for new skills to be enriched by practicum and internship experience.

Dr. Carlos Albizu-Miranda, founder of Carlos Albizu University, wrote: "Dysfunctional man is one who has lost confidence in himself and his surrounding world, who perceives the future with a sense of hopelessness, and who feels unloved or has lost the capacity for love. Clinical psychology, at the service of man, has the responsibility of restoring these spiritual virtues so that he can actualize himself, and thus create a better society for all mankind."

This philosophy inspires the educational mission and informs our pursuits as professional psychologists.

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## **PROGRAM MISSION, PHILOSOPHY, AND TRAINING MODEL MISSION**

The mission of the Psy.D. Program in Clinical Psychology at the Carlos Albizu University, Miami Campus is to train culturally competent clinical psychologists at the doctoral level of professional competence with special emphasis on the training of minorities, particularly Hispanics.

### **PHILOSOPHY OF TRAINING**

The philosophy of training for the Psy.D. Program is based upon the value that the needs of a multicultural society are best served by a psychology profession that is both culturally competent and inclusive. In accordance with this value, the Program seeks to provide students with a rich exposure to culturally and individually diverse populations through its academic training and applied experiences. It also seeks to train students that have been underrepresented in the field.

### **TRAINING MODEL**

The Psy.D. Program follows the practitioner-scholar model, as defined by the Vail Conference and further articulated in the Mission Bay Resolutions. The Psy.D. Program is designed to prepare students as clinical psychologists to provide comprehensive psychotherapeutic and psychodiagnostic services, to assume administrative and supervisory positions in mental health programs, and to provide professional psychological consultation. The Program trains students in the theories and concepts of cultural and individual diversity and in their application to the practice of professional psychology. It also trains students to be consumers of research and base their work on the foundation of scientific evidence and scholarly works.

### **TRAINING GOALS**

1. Prepare students to become clinical psychologists who provide comprehensive psychodiagnostic and psychotherapeutic services in an ethical and competent manner.
2. Educate students in theories and concepts of cultural diversity and individual differences, and their application to the practice of professional psychology.
3. Prepare students to function as clinical supervisors, program administrators, and/or consultants.
4. Educate students to practice clinical psychology as informed by the theories, methods, and findings of scientific research and scholarly works.

## **PROGRAM OBJECTIVES**

Upon successful completion of academic courses and clinical practica, students will be able to:

1. Demonstrate comprehensive clinical assessment skills.
2. Demonstrate comprehensive skills in clinical intervention.
3. Demonstrate a thorough knowledge of and ability to apply ethical principles to clinical practice.
4. Identify and understand issues related to cultural diversity and individual differences as they affect clinical competencies.
5. Demonstrate the ability as clinical psychologists to serve as clinical supervisors, administrators, and consultants in diverse settings.
6. Demonstrate the skills to be discerning consumers of scholarly works and research, including studies of empirically based treatment methodology.

## **CLINICAL PRACTICUM DESCRIPTION (PSYD PROGRAM)**

Clinical practicum is a supervised training experience designed to teach clinical skills. All Psy.D. Students are required to begin their clinical practicum at the Goodman Psychological Services Center. After the third practicum session, they may opt to train at an external agency designated by the Coordinator of Field Placement. Students must register for P.530 -Clinical Practicum each academic session until completion of all requirements. All students are required to undergo fingerprint and background screening prior to receiving clearance to treat and/or evaluate clients. All students must obtain, read and agree to abide by all provisions contained in the Goodman Psychological Services Center Clinical Manual before seeing patients.

Supervision of clinical practice is provided by licensed psychologists. All practicum students must be supervised a minimum of one hour per week, either at the Goodman Psychological Services Center or at their designated external agency. Students must complete a total of 1,035 clock hours of clinical practicum training. All requests for external placement must be addressed to the Coordinator of Field Placement. He/she will consult with the Director of the Goodman Center as to the student's *skill level*. If the director approves placement, the coordinator will make all arrangements with the external agency.

The Program will maintain communication with clinical field supervisors at external practicum sites to monitor student progress. A student will not be allowed to exceed the prescribed practicum hour requirement each session unless authorized by the Director of Clinical Training.

Each student must complete the required courses associated with each practicum level before advancing to the next level of practicum experience. The courses and associated practicum level are referred to as a "training block." Each training block teaches the student specific competencies in a progressive and more complex manner. Upon completion of each training block the student receives a verification of competency acquisition (ticket) for that block. The student cannot advance (register) to the following training block until the ticket is issued. Student clinicians cannot conduct interventions without the required classroom preparation

Clinic work responsibilities include providing direct services, attending supervision, didactic training, seminars and professional presentations. Additionally, a total of 30 hours may be

awarded for attending approved conferences. The student must complete all practicum requirements each academic session to receive credit. Students will receive direct supervision during the second practicum session, following P5301, Prepracticum, Interviewing and Clinic Orientation Course.

Didactic topics are offered, each on three different occasions, during the academic session. A student must attend a minimum of three different didactic trainings in order to receive a passing grade. Examples of didactic topics include major changes to the ethics code, an integrated approach to neuropsychological assessment, effects of stereotyping in psychological testing, anxiety sensitivity as a predictor of hypochondriasis, etc.

### ***POLICY FOR EXTERNAL PLACEMENT***

- a. Must be at a CAU approved site. Students cannot do clinical work at their place of employment unless approved by the Director of Field Placement.
- b. Practicum students must receive at least one hour weekly of supervision by a licensed clinical psychologist.

### ***CRITERIA FOR PASSING THE PRACTICUM***

The student-clinician must maintain acceptable clinic attendance: two or more absences without valid excuse will result in a No-Pass.

The student-clinician must maintain complete and up-to-date records. A total of three violations will result in a No-Pass.

The student-clinician must provide all indicated services to all assigned cases.

The student-clinician must submit an audio or video cassette of at least one client session per academic session. Failure to comply with this requirement will result in a no-pass for the session.

The supervisor must provide a mid-term progress report and a final evaluation in each session.

Practicum students must attend 3 didactic sessions over the course of each session in order to receive a passing grade.

### ***COMPLETION OF CLINICAL REQUIREMENTS***

In order to obtain a doctoral degree, written certification of the completion of the clinical practicum requirements must be issued by the Director of the Goodman Center.



## ***PRACTICUM PROBATION***

Each stage of practicum training is certified in the academic record of the student-clinician by a grade of "Pass". Failure to successfully complete Clinical Practicum requirements will result in probation or dismissal. Probationary conditions must be satisfied during the subsequent session. Students will not be given any credit for clinical hours for a practicum session in which a No Pass (NP) was awarded. Receipt of one NP in Clinical Practicum will automatically result in practicum probation, and two NPs in the Clinical Practicum will result in dismissal from the Program. Good standing in the clinical practicum is mandatory to remain at the institution.

## ***PSY.D. PROGRAM TRAINING BLOCKS***

### ***TRAINING BLOCK 1***

	Credits
PRAC701 Pre-Practicum, Interviewing, and Clinic Orientation	1
PSYD734 Psychopathology I	3
PSYD701 Cognitive, Affective Bases of Behavior	3
PSYD715 Theories of Personality	3
PSYD705 Ethics, Laws and Professional Conduct	3
<b>New Clinical Services Competencies upon Completion of Block</b>	
Structured Intakes	

### ***TRAINING BLOCK 2***

PRAC702 Practicum II	3
PSYD718 Case Conceptualization	3
PSYD716 Techniques of Psychotherapy I	3
PSYD740 Life Span and Human Development	3
PSYD735 Psychopathology II	3
<b>New Clinical Services Competencies upon Completion of Block</b>	
Structured Intakes & Unstructured Intakes	

### ***TRAINING BLOCK 3***

PRAC703 Practicum 111	3
PSYD717 Techniques of Psychotherapy II	3
PSYD700 Theories of Learning and Motivation	3
PSYD719 Fundamentals of Statistical Reasoning	3
PSYD732 Personality, Culture and Social Structure	3

## **New Clinical Services Competencies upon Completion of Block**

Structured Intakes, Unstructured Intakes & Individual Therapy

### **TRAINING BLOCK 4**

PRAC704 Practicum IV	3
PSYD840 Group Psychotherapy	3
PSYD746 Cognitive and Behavioral Therapy	3
PSYD788 Theories of Test and Test Construction	3
PSYD789 Cross-Cultural Psychotherapy	3

## **New Competencies Clinical Services upon Completion of Block**

Structured Intakes, Unstructured Intakes, Individual Therapy

Group Therapy & Child Behavioral Therapy

### **TRAINING BLOCK 5**

PRAC705 Practicum V	3
PSYD862 Marital, Couples, and Family Therapy	3
PSYD703 Assessment of Intelligence	3
PSYL703 Assessment of Intelligence: Lab	0
PSYD709 Personality Assessment: Objective Techniques	3
PSYL709 Personality Assessment-Objective Techniques: Lab	0
PSYD733 Compulsive and Addictive Behaviors	3

## **New Clinical Services Competencies upon Completion of Block**

Structured Intakes, Unstructured Intakes, Individual Therapy

Group Therapy, Child Behavioral Therapy, Addiction Treatment, Intelligence Testing  
& Objective Personality Testing

### **TRAINING BLOCK 6**

PRAC706 Practicum VI	3
PSYD810 Quantitative Methods	3
PSYD704 Rorschach Technique	3
PSYL704 Rorschach Technique: Lab	0
PSYD721 Personality Assessment: Projective Techniques	3
PSYL721 Personality Assessment: Projective Techniques Lab	0
PSYD708 Physiological Psychology	3

**New Clinical Services Competencies upon Completion of Block**

Structured Intakes, Unstructured Intakes, Individual Therapy  
Group Therapy, Child Behavioral Therapy, Addiction Treatment, Intelligence  
Testing, Objective Personality Testing & Projective Testing

**TRAINING BLOCK 7**

PRAC707 Practicum VII	3
PSYD817 Advanced Case Conceptualization	3
Concentration Course I	3
PSYD816 Program Design and Evaluation	3
PSYD749 Psychopharmacology	3

**New Clinical Services Competencies upon Completion of Block**

Additional competencies dependent upon concentration area

**TRAINING BLOCK 8**

PRAC708 Practicum VIII	3
PSYD712 History and Systems of Psychology	3
Concentration Course II	3
Concentration Course III	3
PSYD818 Health Psychology	3
PSYD880 Clinical Supervision and Professional Consultation	3

**New Clinical Services Competencies upon Completion of Block**

Additional competencies dependent upon concentration area

**TRAINING BLOCK 9**

PRAC709 Practicum IX	3
PSYD777 Social Psychology	3
PSYD854 Industrial/Organizational Psychology	3
Concentration Course IV	3
Concentration Course V	3

**New Clinical Services Competencies upon Completion of Block**

Additional competencies dependent upon concentration area

Total Number of Credits: 134

**CONCENTRATIONS**

All students enrolled in the Psy.D. Program are required to complete a concentration. A concentration consists of five courses and is offered in four different areas: child psychology, clinical neuropsychology, forensic psychology, and general practice. The course content for each of the concentrations is as follows:

Child Psychology Concentrations:

CPSY 700	Child Psychology	(3 cr.)
CPSY 701	Child Psychopathology	(3 cr.)
CPSY 702	Child Psychotherapy	(3 cr.)
CPSY 703	Child and Adolescent Assessment	(3 cr.)
CPSYL 703	Child and Adolescent Assessment:Lab	(0 cr.)
CPSY 704	Children at Risk	(3 cr.)

Clinical Neuropsychology Concentration:

NEUR 700	Functional Neuroanatomy	(3 cr.)
NEUR 701	Fundamentals of Neuropsychology	(3 cr.)
NEUR 702	Neuropsychological Assessment	(3 cr.)
NEUL 702	Neuropsychological Assessment: Lab	(0 cr.)
NEUR 703	Advanced Neuropsychology	(3 cr.)
NEUR 704	Neuropsychological Rehabilitation and Treatment	(3 cr.)

Forensic Psychology Concentration:

FORE700	Behavioral Science and the Law	(3 cr.)
FORE701	Forensic Psychology I (Criminal Law )	(3 cr.)
FORE702	Forensic Psychology II (Family and Juvenile Law)	(3 cr.)
FORE703	Police and Correctional Psychology	(3 cr.)
FORE704	Forensic Psychological Assessment	(3 cr.)

General Practice Concentration:

FORE700	Behavioral Science and the Law	(3 cr.)
CPSY700	Child Psychology	(3 cr.)
NEUR701	Fundamentals of Neuropsychology	(3 cr.)
GRAL702	Human Sexuality and Sexual Dysfunctions	(3 cr.)
GRAL703	Clinical Psychology: Practice and Management	(3 cr.)

**ETHICAL PRINCIPLES AND GUIDELINES**

The Goodman Psychological Services Center at Carlos Albizu University abides by the following principles and guidelines.

- Ethical principles of Psychologists of the American Psychological Association (APA)
- Standards for Providers of Psychological Services (APA)
- Standards for Educational and Psychological Tests (ETRC & APA)
- Ethical Principles in the Conduct of Research with Human Participants (APA)
- Specialty Guidelines for the Delivery of Services by Clinical Psychologists (APA)

Staff, supervisors and students are expected to adhere to the above referenced principles, standards and guidelines.

The ethical and professional behavior of the student-clinician is regulated by the norms and standards established by the American Psychological Association and the State of Florida. All student-clinicians and clinical personnel must abide by the following:

### **Student-Clinician Do's- & Don'ts**

1. Student-clinicians do not treat clients without proper supervision. The supervisor must be made aware of all meetings, contacts, interventions and interactions with clients.
2. Student-clinicians are not to engage in dual relationships with clients. Contact with clients off premises and outside the prescribed professional role is strictly prohibited. Should an inadvertent public contact be made with a client, the student-clinician must inform his/her supervisor.
3. The student clinician must maintain client confidentiality. The only person authorized to receive information pertaining to the client is the student clinician and his/her supervisor.
4. All prospective client (or parents/legal guardian, if the client is a minor) will be informed that the case will be supervised by a licensed psychologist. If the client objects, the student-clinician will refer the client to another mental health facility in the community.
5. The Student-clinician will inform the client that his/her clinical supervisor may observe or listen to the psychotherapeutic session. The client's written consent is required.
6. The student-clinician does not release information to any person, institution or agency without the client's written permission. This is documented by the release of information form. The supervisor must also approve the release. Information provided should be typed and signed by both the student-clinician and the supervisor. Copies of the release and signed documents are placed in the client's record. Information concerning the client is never given over the telephone.
7. A client cannot receive services from a student-clinician if he/she is also receiving those same services from another provider.

8. If a complaint is made against a student-clinician, his/her supervisor must be notified immediately.
9. The student-clinician must inform his/her supervisor when a case or issue is beyond his/her clinical skills.
10. The student-clinician must not administer psychological testing without the consent of his/her supervisor.
11. Student-clinicians are expected to assist with administrative duties during their scheduled clinic hours (e.g., answering phones, covering the front desk, delivering inter-departmental, collate copies of announcements, etc.). The student-clinician must follow the directives of the administrative staff except when it pertains to clinical issues.
12. Punctuality must be maintained in keeping appointments. Failure to do so will be considered a breach of clinic procedure.
13. The Chief Psychologist or Clinic Services Coordinator must authorize any changes in the student's practicum schedule.
14. Psychotherapy sessions are limited to 50 minutes. Psychological evaluations should be scheduled for at least two hours. The student-clinician must be prepared to serve his/her client 10 minutes before the scheduled appointment. If there is a delay, the student-clinician must ensure that the client is informed.
15. The student-clinician is required to wait twenty minutes for a tardy client.
16. Student-clinicians are not allowed to see private clients in the clinic.
17. Crisis situations such as, suicidal or homicidal intent, sexual abuse, spouse, or elderly abuse must immediately reported to a clinical supervisor, Director of Goodman Center, and Chief Psychologist.
18. Student-clinicians do not make major or major decisions regarding the timeliness or appropriateness of treatment without the approval of his/her supervisor.
19. Student-clinicians must be knowledgeable in Florida Statue 490. Under Florida law, student-clinicians cannot represent themselves as “psychologists,” or “psychotherapists.”
20. Student-clinicians are not permitted to accept gifts from their clients nor are they to engage in personal business with them.

## **POOR CLINICAL PERFORMANCE OR INAPPROPRIATE BEHAVIOR**

Carlos Albizu University reserves the right to dismiss a student-clinician whose conduct is improper or detrimental to the best interest of the institution or who has violated

acceptable standards of ethical and professional conduct or who is deficient in his/her clinical practicum or internship.

### **PROFESSIONAL APPEARANCE**

The student/ clinician should project a competent professional image. Appearance should not distract the client. Some items that are considered inappropriate for professional practice include provocative dress, jeans, shorts, athletic wear, t-shirts, sneakers, and sandals.

Violations to this rule will be sanctioned as follows:

**First Violation** - A meeting with the Director or Chief Psychologist of the Goodman Center. A memorandum to the student with copies to the supervisor, UPRC and student file.

**Second Violation** - Referral to the UPRC for disciplinary action.

### **LIABILITY INSURANCE**

Every student in practicum and internship must carry a liability insurance policy in the amount of \$ 1,000,000/ 3,000,000.

### **OTHER REQUIREMENTS**

In compliance with the State of Florida Department of Children and Families (DC&F) licensing requirements, students must complete the following prior to engaging in clinical activity at the Goodman Center:

HIV Training

Fingerprint Screening Process

Failure to comply will result in suspension of practicum until the above requirements are met.

### **CLINICAL PRACTICUM DESCRIPTION (SLP PROGRAM)**

**Sherrri: Insert your section here.**

### **DESIGNATED AND RESTRICTED AREAS**

#### **1. Reception Area**

- a. The client when being assisted by the secretaries.
- b. The student-clinician, to greet the client, request documents, and escort clients from the office upon completion of services.
- c. Student-clinicians signing in and out of the clinic.

#### **2. Secretarial Area**

- a. Student-clinicians, scheduling an appointment with the Clinic Director, Chief Psychologist or supervisors.
- b. Student-clinicians registering, adding or dropping practicum or

submitting pertinent documents.

c. Student-clinicians signing in and out of clinic.

### 3. Record Room

- a. No student-clinician entry is allowed.
- b. When requesting client records, student-clinicians must complete "Chart Request Form" and wait at the divided door.
- c. Student-clinicians must return charts to the record room. Under no circumstances is a client record to leave the Goodman Center premises unless attending supervision at the Doctoral Suites with his/her supervisor.

### 4. Student-Clinician Areas

- a. Only those students with scheduled clinical hours.

### 5. Therapeutic Service Area

- a. Therapy rooms are only to be for providing client services.
- b. All non-therapy conversation must be subdued and non-distracting.
- c. Doors to therapy rooms should be closed at all times indicating "In Use" when in session" or "vacant".

## **ATTENDANCE/ABSENCE**

The student-clinician will be required to provide a medical certificate, if two or more supervision sessions are missed without authorization. If the student-clinician is absent on more than two occasions he/she may be withdrawn from the clinical practicum for the academic session. If the student-clinician is withdrawn, it is his/her responsibility to provide closure to all assigned cases and pending clinic business.

Student-clinicians who anticipate being absent, must submit a "Student Clinician Absence Consent Form" signed by the supervisor. The student then informs all clients and reschedules appointments.

Absences will be sanctioned as follows:

- a. Missing an appointment without excuse and/or failing to contact the client, may result in a No-Pass.
- b. Missing supervision without proper notification or excuse may result in a No Pass.

•**First Violation** - A meeting with the Director or Chief Psychologist of the Goodman Center. A memorandum is sent to the student with copies to the Supervisor and student file.

•**Second Violation** - Referral to the UPRC for disciplinary action.



## **TARDINESS**

Unexcused tardiness will be sanctioned as follows:

- **First Violation** - A verbal warning with written documentation in the student's blue folder by the Director or Chief Psychologist of the Goodman Center.
- **Second Violation** - Referral to the UPRC for disciplinary action.

## **PAYMENT OF FEES**

- Prior to the first appointment, new clients will meet with the billing clerk who obtains financial information.
- The clinic operates on a sliding fee basis.
- The only person authorized to collect fees for a service rendered is the Receptionist. The client pays the receptionist when checking in. There are a limited number of fee-waivers available for indigent clients. The Director, Chief Psychologist, and/or Clinic Administrator can authorize a fee waiver.

## **SCHEDULING OF APPOINTMENTS**

Once a session is concluded, student-clinicians are responsible for ensuring their future appointments are scheduled by filling the Appointment Form at Record Room.

## **CRITICAL INCIDENTS**

A critical incident is defined as any event that threatens the welfare of the clients, students and/or personnel. The event must occur on the premises or in relation to the Goodman Center's professional activities. A critical incident requires written documentation of the details in all cases. Not all critical incidents are necessarily interpersonal (e.g. a physical accident resulting in injury to someone is a critical incident). Critical incidents may also involve disputes regarding the quality of treatment and/or professional behavior.

When a critical incident occurs, it should be reported to the Clinic Director or Chief Psychologist as soon as possible. A Report of Critical incident must be prepared that includes the relevant particulars. The party preparing the report must sign it, as well as all other parties involved in the event. It is necessary to have different parties prepare their own Report of the Critical Incident when there are differing versions of the event.

## **EMERGENCY PROTOCOLS**

The Goodman Center does not treat individuals who are severely mentally ill or in need of close supervision or 24 hour emergency services. Nonetheless, there are circumstances when such emergencies occur. The following protocols are to be employed when the following occasions occur.

### **SUICIDAL/HOMICIDAL OR PSYCHOTIC CLIENTS**

Clients who phone the Goodman Center requesting treatment for suicidal ideation, threats, gestures/ attempts or who appear to be experiencing a psychotic episode will be immediately referred to 1) a facility or hospital designated by their health insurance plan to address mental health needs or 2) a local Crisis Stabilization Unit or Baker Act Receiving Facility (depending on location of residence). Emergency facility phone numbers are provided at the reception desk.

Should a client or individual present at the Goodman Center with suicidal ideation, threats, gestures/ attempts;

- 1) The practicum student will immediately contact an Intern who will assess the case. He/she must also contact his/her supervisor or another supervisor, Director, or Chief Psychologist if unavailable.
- 2) The supervisor or proxy will examine the individual and oversee the referral to an emergency facility, if indicated.
- 3) The supervisor may exercise his/her professional judgment and initiate a certificate of involuntarily examination (Baker Act).
- 4) When a Baker Act is executed, transportation will be arranged by the practicum student, under the direction of the intern and psychologist. Both the practicum student and Intern will be supervised by the supervisor or proxy. If the individual or family member refuses to cooperate, after reasonable attempts to explain the benefit of the intervention, the Metro-Dade or Doral Police Department will be immediately **notified**.

## **PHYSICAL, SEXUAL, EMOTIONAL ABUSE OR NEGLECT**

If a member of a special class (minors or disabled) presents reporting physical, sexual or emotional abuse or neglect, Florida Law requires psychologists to make a report of the suspected abuse (Florida Statutes (FS) 415.101.2; 39.201. 1a; 39.201.1b2; 415.1034 (1) a). Minors are defined by law as unmarried people under the age of eighteen who have not been adjudicated emancipated (FS 39.01.12). Disabled or "vulnerable adults" are defined as individuals older than 18 with a mental or physical handicap or physical impairment that restricts the individual's ability to perform normal activities of daily living (FS 451.102.26) When an individual of either class presents complaining physical, sexual, emotional or neglect, the following steps are to be followed without exception;

- 1) the practicum student will immediately contact an Intern who will assess the case, while the practicum student contacts his/her supervisor, or if unavailable, another supervisor, Director or the Chief Psychologist.
- 2) The supervisor will decide if the case is reportable.
- 3) If the supervisor decides the case is reportable, the practicum student will call the "Abuse Hotline" (800-962-2873) and identify him/herself and request the name and identification number of the individual taking the report. The practicum student shall disclose information as requested by Abuse Hotline staff. Information that is commonly requested includes, name, age, sex, race, social security number and exact address of the alleged victim and alleged perpetrator. Additional information may include the relationship between the suspected victim and reporter, relationship between the suspected victim and perpetrator, frequency and type of abuse, signs or evidence for the basis of suspicion and if there are weapons on the premise.
- 4) The practicum student will document the time and date of the call, and the name and identification number of the person taking the report. The practicum student will also notify the Director in writing of the report, utilizing only the case number as an identifier.

## **DOMESTIC VIOLENCE**

If an individual presents complaining of domestic violence, the practicum student shall consult an Intern, then directly proceed to locate his/her supervisor. If the supervisor is unavailable, then another supervisor or chief psychologist should be contacted. The supervisor or licensed proxy shall determine the best course of action. The following agencies provide services and/or shelter:

University of Miami Heroes Program	305-243-6864
Safe Space North	305-758-2546
Safe Space South	305-247-4249
North Dade Support Group	305-748-2804
Cutler Ridge Support Group	305-247-4249
In Transition	305-899-4600

Further information regarding services for both victims and perpetrators can be obtained by contacting the Switchboard of Miami 305-358-4357.

## **CLINICAL RECORDS**

A clinical record is opened for a new client and a case number is assigned. The client record consists of: authorizations, a psycho-social history, treatment plan, progress and supervisory notes, and all pertinent information and actions taken with reference to the client.

**First Violation** - Case Deficiency Notice will be sent to the student-clinician, clinical supervisor and copies in the student-clinician file.

**Second Violation** - Referral to the UPRC for disciplinary action.

All services rendered must be documented in black ink and be legible.

Progress notes must be signed (with credentials) by the student-clinician and the supervisor. Supervisors should include suggestions or recommendations given to the student during the supervision.

Client records must not be removed from the clinic premises.

Client records are confidential. The contents are not to be communicated to anyone in any form such as letter, telephone or tape-recording without a release of information and the approval of the supervisor.

Sanctions for non-compliance are as follows:

- **First Violation** - A meeting with the Director or Chief Psychologist. A memorandum to the student with copies to the supervisor, student file and UPRC. If the violation is of a serious nature, a referral for a Quality Assurance Committee review may be initiated.
- **Second Violation** - Referral to the UPRC or Quality Assurance Committee for disciplinary action.

The Records Room Clerk, under the supervision of the Utilization & Peer Review Committee (UPRC) will make random audits of records. Case Deficiency Notices will be sent to the student-clinician and clinical supervisor for failure to maintain up-to-date clinical records:

**First Violation** - Case Deficiency Notice will be sent to the student-clinician, clinical supervisor and copies in the student-clinician file.

**Second Violation** - Referral to the UPRC for disciplinary action.

## **INTAKE INTERVIEWS**

The intake interview is the first professional contact between the client and the student-clinician. The intake interview is an evaluation of the client's problems, not a guarantee or promise of treatment. During the case staffing, the treatment team will decide whether or not to accept the client for treatment based upon his/her services needs. Student-clinicians must obtain all information requested on the intake form. The intake interview must be completed within one session, unless precluded by the client's mental or emotional state.

The procedures for the initial interview (intake) are as follows:

1. The student-clinician should be present ten (10) minutes before the scheduled appointment.
2. The student-clinician should ask the record room clerk for the new file and ensure that all necessary forms are contained within.
3. The student-clinician will complete, date, and sign with credentials, the following:
  - a. Confidentiality Form
  - b. Consent for Treatment Form
  - c. Patient Information Form
  - d. Intake Form
  - e. Client Profile
  - f. Mental Status
  - g. Progress Notes
  - h. Client Contact Form
  - i. Release of Information (if applicable)
  - j. Permission to Video or Audio Tape
  - k. Consent to leave messages
  - l. Consent for Research
  - m. Supervision Checklist Form
4. Crisis situations (e.g. suicidal, homicidal, child abuse, domestic violence) must be monitored by a licensed psychologist/ supervisor. If no supervisor is available, the student must consult an intern, who will contact the Director or Chief Psychologist and oversee the case until the licensed psychologist arrives.
5. The intake must be discussed during the next scheduled supervision session. After completing the intake interview, the student-clinician is responsible for scheduling follow-up appointments.

## **CASE ASSIGNMENTS/ STAFFING**

The Director of the Goodman Center oversees Case Staffing meetings twice a week where all cases are assigned. If the Director is not available, the Chief Psychologist or a licensed

psychologist (preferably a core faculty supervisor) may substitute. During the case assignment/staffing meeting, the client's needs are considered in relation to the student clinician's level of training and clinical skills. More complex cases require advanced practicum students or interns. Student-clinicians must check the staffing roster (posted at the record room) for new case assignment numbers each day he/she is scheduled to be in the clinic). It is the student-clinician's responsibility to schedule the appointment with the client and prepare any materials necessary for the appointment.

Students assigned cases referred by the Court/Children and Families and/or referring

agencies are responsible for observing deadlines, due dates of reports. Failing to meet deadlines or make proper arrangements is considered a breach of professional behavior and can result in a referral to the Utilization & Peer Review and/or Quality Assurance Committee(s). Reports must be signed and ready to submit one week prior to deadline. Cases referred by agencies such as Citrus Health Network, Florida International University, Dade County Department of Corrections, Department of Children and Families, etc., often require initial and monthly feedback forms. Failure to comply with these documentation requirements is considered a breach of clinical procedures. Violations of these procedures will be handled as follows:

- **First Violation** - A meeting with the Director or Chief Psychologist and clinical supervisor. A memorandum to the UPRC and student file will be sent.
- **Second Violation** - Referral to the UPRC for disciplinary action.

## **PROGRESS NOTES FORMAT**

Progress notes must be written for each and every contact with the client. This includes, but is not limited to, intake, testing, psychotherapy, feedback sessions, communications with referring agencies, etc. Progress Notes must reflect the following:

1. Treatment session beginning and end time
2. Modalities of treatment furnished
3. Frequency of modalities furnished
4. Medication prescription and monitoring
5. Results of clinical tests
6. Summary - symptoms
7. Summary - functional status
8. Summary - progress
9. Summary - diagnosis
10. Summary - treatment plan
11. Summary- prognosis
12. The client's next appointment date.

Additionally, the student-clinician may include the mental status of the client, reaction of the client to the intervention, review of psychotherapeutic process, goals, strategies and techniques and goals and strategies for the next session.

Progress notes must be signed by the student-clinician and supervisor. Each page of the record must be identified with the chart number. Progress notes must be recorded for every therapeutic session reflecting movement towards meeting treatment plan objectives. A final progress note (narrative summary) must be written when closing a case. This should detail the client's accomplishments and problems during treatment, reasons for discharge, and recommendations for further services.

## **REFERRALS**

Carlos Albizu University reserves the right to refuse referrals if not appropriate to the resources of the Center. Clients can be referred from a variety of sources or be self-referred. (e.g., provide treatment to a student or employee, etc.). Any referral that is forensic in nature (e.g., involving a court or attorney, self-referred following a "suggestion" by an attorney or court) must be "pre-approved" by the Director or Chief Psychologist. If a legal case develops during a client's treatment, the Director or Chief Psychologist must be consulted. The Center will stand in an amicus curiae role in these cases.

## **REFERRALS TO OTHER AGENCIES**

Student-clinicians often arrange referrals for clients to other agencies and professionals. No student-clinician will initiate a referral to another agency without obtaining permission from his/her supervisor. The student-clinician will then ensure confidentiality and obtain written consent from the client to release information. Specific procedures for referrals will depend on the agency. A listing of local human service agencies may be obtained from the Clinic secretary. Please note that a referral may effectively terminate services at the Goodman Center. In these cases a termination report must be completed. It is then forwarded to both the referral source and the agency referred. A release of information must be signed by the client.

## **INTERNAL *REFERRALS***

Referrals within the Clinic may be made for:

1. Second opinion about diagnosis or treatment
2. Psychological assessment
3. Consultation
4. Ancillary specialty treatment
5. Other therapy modalities

To make an in-clinic referral, the student-clinician's supervisor must authorize the case for staffing. The student-clinician must then provide specific reasons for referral and complete the appropriate referral form for case staffing.

### Reasons for not accepting a referral:

1. The main intervention is psychopharmacology.

2. The client is actively psychotic.
3. The client presents with physical and/or verbally aggressive behavior.
4. The client requires services that the Goodman Center is unable to provide.
5. An agency in the community provides a more appropriate service.
6. If the individual has violated acceptable standards of behavior.

## **CASE REASSIGNMENT**

Student-clinicians cannot reassign or refer cases. The supervisor will determine the appropriateness of a referral and authorize it. The student-clinician must document why the client is being referred. A case reassignment or referral form must be completed, dated, signed by the student and supervisor. All legal correspondence must be immediately brought to the attention of the supervisor and/or the Director or Chief Psychologist before being sent to the referring agency.

Situations requiring case reassignment include:

1. Student-clinician and client schedules do not coincide.
2. The client requires services that the student-clinician cannot provide.
3. The client requires services not presently provided at the clinic.
4. Irresolvable difficulties arise in student-clinician dyad.
5. A student-clinician knows the client or his/her family.
6. Any other situation assessed by the supervisor as meriting reassignment.

Violations of the above procedures will result in the following:

- **First Violation** - A meeting with the Director or Chief Psychologist of the Goodman Center. A memorandum to the student with copies to the supervisor, UPRC, and student file.
- **Second Violation** -- Referral to the UPRC for disciplinary action.

## ***CLIENT CONTACT LETTERS***

The following letters are to be used by the student-clinician to contact their clients.



LETTER I Issued when the student-clinician is not able to contact the client by phone for an appointment (see appendix).

LETTER II This letter should be sent the same day the client fails **to show up for the appointment**. The case will be closed by the student-clinician after the second absence with the supervisor's consent (see appendix).

LETTER III This letter should be sent to notify the client that their case will be closed if they fail to contact the Clinic to schedule their next appointment within the next 10 days.

### ***TREATMENT PLAN***

Student-clinicians must complete an initial treatment plan by the beginning of the third session. Treatment plans must be dated and signed by the client, signed by the student and supervisor. Treatment plans must be reviewed every 90 days or as needed. The treatment plan must be measurable. The treatment plan objectives must be measurable, and progress must be documented.

### **OFFICIAL DOCUMENT TO OUTSIDE AGENCIES, INSTITUTIONAL INSTRUCTIONS OR PRACTITIONERS**

All official documents being sent to outside sources must have a cover letter approved and signed by the student-clinician and supervisor. The above-mentioned signatures must include credentials and require TYPED names beneath.

### **GUIDELINES FOR PSYCHOLOGICAL TESTING**

The test instruments selected by the clinical faculty at Carlos Albizu University are valid, reliable and useful resources for psychological assessment. Although the testing library is not exhaustive, it represents a best practices overview of our faculty. The use of psychological tests will be consistent with ethical standards published by the American Psychological Association (APA) and Standards for Educational and Psychological Testing, (APA).

Additionally, psycho-educational testing shall follow guidelines provided by Dade County Public Schools. Under these provisions, interns, under the supervision of a licensed psychologist, may perform psycho-educational evaluations for placement purposes.

It is the policy of the Goodman Center that no testing will be administered in the absence of a justifiable and valid reason for doing so. The assigned supervisor must authorize the administration of tests and the client must be informed of the reasons for doing so, the benefits and risks of evaluation, the limitations of the instrument, and the fees for the evaluation.

Testing instruments and related materials are available in the Albizu Library and the Goodman Center. Student-clinicians are responsible for all instruments and materials. They must return them in good condition immediately after use. The student-clinician must not violate copyrights of testing materials. No more than three weeks will be allowed for the complete testing process.

Reports of psychological evaluations will be submitted to the case supervisor no later than two weeks after testing has been completed. The student and the case supervisor will sign all psychological assessment reports. The student-clinician will be responsible for completing a Testing Form Checklist. A copy of the report will be given to the client or authorized person, and a copy will be placed in the client file along with a completed Receipt of Evaluation signed by the responsible parties. Reports will not be sent to any person, institution or agency without the written consent of the client.

## **VIDEO AND AUDIO RECORDING**

The video and audio taping of sessions is a significant part of clinical training and must be conducted according to the policies and procedures of the Goodman Center. Video equipment may also be used.

All practicum students are required to video tape a minimum of one psychotherapeutic session per academic session. Supervisors are authorized to require video taped sessions any time deemed necessary. The client must be informed in advance, and he/she give his/her written consent. Client consent is strictly voluntary and can be revoked at any time. After review by the supervisor the student clinician and supervisor must ensure that the video tape is erased. The supervisor is responsible for this procedure. This policy also applies to audio tape recordings of therapy sessions.

## **CASE MANAGEMENT REGULATIONS**

The following regulations must **always** be followed by the student-clinician.

1. Write legible notes and signature.
2. The notes in the record must never be "whited out", written in pencil, erased, or in red ink. If the student clinician makes a mistake, he/she should draw a line through the information to be omitted and initial the change. The erroneous information must remain legible.
3. Under no circumstances shall information concerning a client be given over the telephone.
4. Information about the client shall not be given to anyone, without a properly executed release of information form.
5. All clients of the Goodman Psychological Services Center will receive treatment with a properly executed treatment consent form.
6. If the client has had suicidal ideation in the recent past, (but not at present), it should be noted in the following manner; "at the time of intake interview, the client denied suicidal or homicidal ideation, plan or intent and is not thought to be actively suicidal /homicidal at this time".

7. A case summary/ conceptualization shall be part of every case. It must include basic demographics, presenting problems and detailed information about the frequency, intensity, duration, onset and fluctuations in severity of symptoms. The student-clinician must note precipitating events, and the client's view of his/her symptoms. Finally, the student must document developmental and educational factors, family history of mental disorders, health issues, and psycho-social history must be referenced. Based on the above information, a DSM IV-TR diagnostic impression will be formulated. Students are encouraged to use the SCDI to improve their diagnostic ability.

8. The treatment plan must address appropriate interventions for the presenting problem(s). Additionally, the plan should recommend alternatives and resources to assist the patient (e.g., Toastmasters for public speaking anxiety, etc.).

9. The treatment plan shall be reviewed every four weeks to assess progress and the suitability of interventions. Progress notes should always reflect the patient's status and response to treatment.

### **SPECIAL CONSIDERATIONS IN WORKING WITH CHILDREN AND ADOLESCENTS**

Divorced parents, legal custodians, Children and Families representatives, etc. must provide proof of custody in order for a child to be seen in the clinic. If parents are separated and/or filing for divorce, consent must be obtained from both parents before treatment can begin.

### **GUIDELINES FOR CLOSING CLINICAL CASES**

To close a case one or more of the following situations must apply:

1. The client has failed and/or cancelled two or more consecutive therapeutic sessions, without contacting the clinic.
2. The client requires services not provided by the Goodman Psychological Services Center.
3. The client states that he/she does not want to receive further services.
4. The client has met all psychotherapeutic goals.
5. The supervisor determines that it is no longer appropriate to treat the client at the clinic.

### **CASE CLOSING PROCEDURES**

1. A "Closing Case Form" must be filled out.
2. A final progress note (narrative summary) describing the course of treatment, progress, problems, and recommendations for further services, if indicated must be completed.
3. High-risk clients, referrals from other agencies, and court cases may require additional information, such as feedback, terminations summaries and treatment summaries, to be included in the file before closing the case.

4. All testing materials, reports, etc. must remain in the client's file at all times.

NO CASE SHALL BE CLOSED IF THE CHART IS *INCOMPLETE*. This includes blank or missing forms, supervisor, student or patient signatures, or any other deficiencies in charting. The student clinician must complete the file to receive credit for the session. Failure to adhere to this policy will result in disciplinary action.

## **SUPERVISION**

All supervisors must be licensed as psychologists by the State of Florida. Supervisors may be faculty members of Carlos Albizu University, visiting clinicians with known experience or clinical supervisors under contract by the Goodman Center. Every student-clinician is assigned a supervisor.

Student-clinicians must attend regularly scheduled (weekly) individual and/or group supervision sessions. Student-clinicians are evaluated at the mid-term and end of the academic session.

Although individual supervision is the primary method of clinical oversight, group supervision is also provided. Attendance is mandatory at all supervisory sessions. Unexcused absences can result in a No-Pass for the clinical practicum. More than two excused sessions can result in a No-Pass. The student-clinician and the supervisor must sign a Supervision Attendance Sheet certifying attendance at supervisory sessions. If the supervisor is unavailable, the Chief Psychologist or designee will supervise.

Specific treatment modalities employed by the student-clinician must be approved by the supervisor. A student-clinician encountering difficulties with a specific modality must discuss it with his/her supervisor. If this does not resolve problem, the Director or Chief Psychologist of the Goodman Center should be consulted.

## **CLINICAL SUPERVISORS**

All clinical supervisors at the Goodman Center must comply with the following:

- a. Supervise all assigned student-clinicians.
- b. Validate student-clinician attendance via signature.
- c. Discuss all clinical services to be rendered.
- d. Determine when to use video equipment.
- e. Review video/audiotape or be involved in live supervision.
- f. Determine termination or reassignment of cases.
- g. Review, date, and sign with credentials, all pertinent documents.
- h. Attend all supervisory meetings.

- i. Evaluate clinical performance of all assigned student-clinicians by mid-term and final day of the academic session.
- j. Assure compliance with the standards prescribed in this manual.

Clinical Supervisors report directly to the Director of the Goodman Center. Clinical supervisors are evaluated at the end of each academic session by the student-clinician and the Director. Supervisors retain the right to assign additional reading, written assignments or any other appropriate didactic activity to enhance or improve the student's clinical skill level.

## **SUPERVISION PROCEDURES**

1. All student-clinicians will be assigned to a supervisor. It is the student's obligation to attend all supervision sessions (even if no cases have been assigned). The student-clinician should have a minimum of one hour of face-to-face contact with the supervisor each week.
2. Clinical supervisors can require reading assignments and written reports to develop, strengthen or augment intervention skills.

Students rendering services at the Goodman Center are responsible for, but not limited, to the following:

1. Intake Interview and documentation, including the initial diagnosis. The intake should be completed and submitted for staffing within 48 hours.
2. Psychological Evaluations (Personality, Cognitive /Intellectual, Forensic, Neuropsychological) must be completed within three weeks.
3. Psychotherapy (Individual, Couple, Family and Group)
4. Community Education

## **INTERN MENTORS**

Each Practicum student will be assigned an Intern-Mentor. The Intern-Mentor is a senior student-clinician who has completed academic requirements and is supervised by licensed psychologist(s). The Intern-Mentor is available to answer routine questions pertaining to administrative and minor clinical issues. All major treatment decisions must be made by the supervisor, though an Intern-Mentor may take a directive role in an emergency, until a licensed supervisor arrives, Intern-Mentors will be able to assign routine duties to practicum students, except when the practicum student is scheduled to see a patient or is in supervision. Intern-Mentors follow the directives of supervisors.

The Intern-Mentor is also responsible to ensure that each and every intake completed by a practicum student is of the highest quality, with special emphasis placed upon observation and documentation of symptoms and presenting problems. If the intake interview is not of sufficient quality to assign the case, the Intern-Mentor will inform the practicum student. The practicum student is required to re-interview the patient to obtain more information and complete the intake.

## **UTILIZATION & PEER REVIEW COMMITTEE (UPRC)**

The Utilization and Peer Review Committee (UPRC) is composed of three faculty clinicians and the Director. The UPRC term is one year for faculty. The UPRC meets monthly. The Director of the Goodman Psychological Center attends and serves exofficio (does not vote).

The purpose of the Utilization and Peer Review Committee may be summarized as follows:

1. To determine appropriateness of treatment, assure quality of care and monitor duration of care.
2. To determine educational needs, improve documentation and enhance diagnostic and therapeutic skills.
3. To ensure optimal relationships with referring agencies, review complaints, and analyze utilization of service.
4. Establish other peer review goals as necessary.

The Goodman Psychological Services Center employs three levels of review: Level I; supervisor and supervisee, Level II: Director or Chief Psychologist and Level III: Utilization Peer Review Committee (UPRC).

Specific procedures to be used in Level III reviews are provided to each faculty team member at the time of the first review. An evaluation form has been developed by the committee (see Appendix XVII) . A copy of this form is provided to the clinician at the time of notification of review or upon request. Cases are selected for review by the UPRC based on the following:

1. Length of utilization - cases in treatment for one year or more are reviewed with priority.
2. Automatic identification - when ongoing client problems increase, advance or accelerate -third level review is required.
3. Consumer initiated - a client asks for a review.
4. Diagnostic Revision - current diagnosis updated or revised within the last session.
5. Random - when categories 1, 2, and 3 do not require available UPRC time, cases may be drawn randomly for review. No student-clinician will be selected for a second review until all student-clinicians have been reviewed.
6. Brevity - cases terminated in three or fewer sessions.

Practicum student-clinicians and interns are subject to Level III review. When a case is reviewed, the faculty supervisor also attends the committee meeting. It is desirable that faculty providing direct services meet at least once a year with the UPRC.

During academic recess, Level II peer reviews will be conducted only for dangerousness and/or lethality and/or increasing dysfunction. If a case is due for a Level **III longevity** review during an academic recess, a Level II review is done instead. Level I & Level II reviews should follow the appropriate review cycle irrespective of summers or vacation periods.

The faculty/ student clinician relationship is informed by the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct and the General Policies and Disciplinary Procedures Manual of Carlos Albizu University.

Behavior thought to be unprofessional or unethical is:

1. Brought to the student-clinician's attention in an informal meeting. If no agreement is reached and/or the behavior persists, the student-clinician's supervisor is provided with a written report and a request for compliance, citing the relevant ethical standard. The Utilization Peer Review Committee (UPRC), Director, Chief Psychologist, and student-clinician are provided with copies of written report and request.
2. If the matter remains unresolved, the UPRC will refer the student-clinician for a Quality Assurance Committee Review as per the General Policies and Disciplinary Procedures Manual of Carlos Albizu University.

## PANIC BUTTONS

In the unusual event of a true emergency with a client, the following steps are to be taken by the Student-Clinician:

1. Panic buttons are located in all of the therapy rooms at the Goodman Center.
2. The Panic buttons are located either underneath the desk (white box underneath the desk) or on the wall next to the light switch.
3. For safety reasons, all students conducting therapy, testing or intakes need to sit on the side of the table that is closest to the exit door, which is the side of the desk where the panic button is located.
4. Prior to conducting a session with a client, students must make sure that the chairs and tables are placed properly in the room. That is, student needs to ensure that the chair they will use is placed nearest to the exit door and the panic button.
5. Prior to the escalation in behavior of a client, the Student will assess for potential emergency situation. Possible behaviors to observe are (restless or agitated behavior, increase in tone of voice, yelling or screaming, etc.). If efforts to verbally de-escalate client's behavior are unsuccessful, then student is to exit the room and seek staff assistance. Student can also locate a staff by calling them on the telephone that is located in the therapy room.
6. The panic button is ONLY to be used by pressing the button in a case of a real emergency.
7. A real emergency is defined as "imminent danger where the student feels that they are in immediate threat of physical harm."
8. In the case of the above emergency, the student-clinician will immediately press the panic button, and if at all possible, exit the room.
9. Once the panic button is pressed, an alarm will sound in the Staff area, which will alert the staff as to what room assistance is needed.
10. Goodman Center staff member will then immediately go to the room, provide assistance as necessary, assess the situation and determine what the appropriate action is to be taken.