

**ORIENTATION MANUAL
UNM DEPARTMENT OF PSYCHOLOGY CLINIC**

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**ORIENTATION MANUAL
UNM DEPARTMENT OF PSYCHOLOGY CLINIC**

MISSION and SERVICES

The Department of Psychology Clinic was established in the Spring of 1982. Since that time, the Clinic has pursued two equally important primary missions: 1) to provide high quality evidence-based psychological services to the community and, 2) to provide in-house, state-of-the-art training for our clinical psychology graduate students. Over the years, the Clinic has successfully balanced and accomplished these missions. ([See Appendix A](#) for complete Mission Statement and explanation)

Services

Currently the Clinic provides a variety of evidence-based psychological services with an emphasis on individual adult psychotherapy and psychological assessment. We also offer therapy for children, families and couples, and ADHD and neuropsychological assessment.

The General Clinic, described here, provides evidence-based psychotherapy for individuals with a broad range of diagnoses where there is a clinician appropriate for the person and a supervisor with appropriate expertise. When the word “Clinic” is used in this document, it means the General Clinic.

In parallel with the General Clinic, several specialty clinics provide services for specific problem areas or populations. Our specialty clinics are:

- Ψ Alcohol Treatment at UNM (referred to as “@UNM”)
- Ψ Cultural Counseling Center (also known as Diversity Clinic)

Each of these is described briefly in [Appendix B](#).

Organization of this Manual

This manual guides you through all aspects of the Clinic in the order given by our mission statement. [Part 1](#) is about the client from the first contact through termination. [Part 2](#) describes various aspects of training in and out of the Clinic including supervision. [Part 3](#) is on ethics with a focus on confidentiality, technical aspects of securing privacy, and professionalism. [Part 4](#) is about the physical facilities, staff and miscellaneous issues. [Appendices](#) follow with more detailed information as needed. As you may have noticed already, there are links to get you to the right section quickly.

Also, please note that the Alcohol Treatment at UNM (@UNM) specialty clinic has its own manual which will supplement this manual and supplants it for any differences in procedure. This manual is available to those with clinical privileges on the Clinic’s Google Docs page and in the “Clinic → @UNM” folder in the Clinic’s secure file share.

This manual is subsidiary to the latest version of the Department of Psychology Guidelines for Graduate Students (<https://psych.unm.edu/graduate/student-resources/graduate-student-handbook.html>) which takes precedence in case of any conflict.

Part 1: The Client—First contact through termination

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Before services begin

Client finds the Clinic or is referred

Clients may be referred by someone—a therapist, professional or friend—or find the clinic on their own. Usually the person calls the Clinic and a staff person takes the name, age, contact information, very brief description of why they are coming in and referral information if given. The person taking the call will give the caller some indication of how long it will be before they will be seen. If it is likely to be several weeks, the caller will be given information about other possible services.

The client list

The staff person taking the information puts it on a list of potential clients. We do not call it a “waiting list”—not all people on the list will be served, given the limitations of caseload at the Clinic. The client list is a Word document that is stored in TherapyNotes. Student-clinicians or supervisors can access the list and modify it to “sign out” a name for contact. [Appendix E](#) gives details on this process so that multiple clinicians are not contacting the same person.

Selecting a client/Arranging for supervision

A client will be appropriately served at the Clinic if there is a good match among client and her or his needs, the therapist and the supervisor. Sometimes a clinician has arranged to work with a certain supervisor and will try to find a case that is appropriate for that treatment team. More likely, the clinician will find a case they would like to work with and then there is a need to find an appropriate supervisor. Supervisors are assigned by the Director of Clinical Training and the Clinic Director, based on students’ expressed interests, training needs, and availability. Faculty supervision takes place in small group settings (usually two to four students) or individually. Live supervision is possible using the observation room.

Meeting with your supervisor

In established [specialty clinics](#) and [vertical supervision teams](#), a clinician-supervisor pair will be established prior to the first contact with a client. In the general clinic, the appropriate supervisor may not be determined until after an intake session. In such cases, the Clinic Director serves as supervisor for the intake. The case assignment to a clinician is not finalized until after the first session.

Scheduling with a client

When you have selected a possible client and arranged for supervision with either your likely supervisor or the Clinic Director temporarily, you may schedule to meet with the client.

First sessions should be scheduled for 90 minutes. You will want to have the Clinic's Google Calendar open when you do this to make sure that a room is available when you want to meet.

Directions to the Clinic may be found in the TherapyNotes Library. For GPS purposes, the Clinic is located at 1820 Sigma Chi NE and client parking is available across the street. Green parking cards are available at the Clinic from the administrative assistant or near the student mail boxes in the back of the clinic.

Fees should be discussed at the time of scheduling.

With cell phones now being ubiquitous, it is acceptable to leave a message such as "This is [Your Name] from the University of New Mexico. Please call me at 999.999.9999." Student clinicians may set up a Google Voice or similar account to take return phone calls or leave the main Clinic number (505.277.5164) or other UNM number rather than give out their personal cell phone number.

Paperwork, schedules, folders files and money

The most important paperwork in the first session is the consent for treatment, which is a condensed version of the Clinic's document, *Protecting the Privacy of Your Behavioral Health Information*. A "Starter Pack" with these documents, some interview information, biographical forms, etc. is in the [Library] of TherapyNotes and [Appendix C](#).

TherapyNotes will advise the case supervisor of notes and entries to be reviewed and signed electronically. It will also allow Clinic Staff to review whether notes are up-to-date and signed. The Clinic Administrative Assistant will monitor this process and report to the Director for appropriate remedy. For paper files, the Administrative Assistant monitors latest signed notes no less than once a month and reports to the Director.

If you need physical folders, paper, pens, staples and such, most of what you want is in a hutch in the waiting room at the Clinic or in the Student Clinician Office (Room 114).

Clients pay for services on a very affordable sliding scale, going as low as zero ([see Fees below](#)). Payment for the first session is the same as any session.

Starting therapy

Before the client arrives--checklist

- ☐ Client is scheduled for the appointed time
- ☐ Room is reserved in Google Calendar
- ☐ Client file started on TherapyNotes
- ☐ Client entered in OQ
- ☐ Clinician reviews the Case Starter Pack (see [Appendix C](#) and TherapyNotes Library)
- ☐ Clinician arrives at the Clinic a few minutes early to prepare, including
 - ☐ Parking card for client
 - ☐ Consent for treatment
 - ☐ Privacy document
 - ☐ Outcome Questionnaire, paper copy
 - ☐ Audio or video equipment set up
 - ☐ Note-taking materials
 - ☐ Interview materials, biographical form, Me-Wheel, etc.
 - ☐ Assessment materials recommended by supervisor

When the client arrives

The first order of business will usually be filling out the consent form and going over the information it contains. Recording equipment should not be started until that form is signed. The consent form asks for annual income. This may be a good time to [set the fee](#) which is:

1/10% of annual income e.g. \$14 for \$14,000 income, or

Amount of co-pay if the client is insured (they may not know)

Ask if this is affordable and the student clinician may check with the Director if it is not affordable for the client.

Clients are assigned a therapy number. The client number begins with "T" for therapy, followed by the numerical

date that they are first entered into the system (e.g. OQ, TherapyNotes, e.g. July 19, 2018 = T071918). If TherapyNotes says the number is not unique (more than one on a date) a letter may be added to make each case number unique.

Start your interview by clarifying, “I may or may not be your therapist. The Director decides that after we’ve talked. Then go on to ask, “What brings you to therapy at this time?” Or whatever you have discussed with the Director or your supervisor.

It is often a good idea to lay out a plan for early sessions with the client in this first session. Some supervisors will want an assessment plan or homework assignments at the outset, and discussing these with the client may facilitate collaboration and rapport. Clinicians should discuss this agenda-setting with their supervisor or the Clinic Director.

Finalizing the client-therapist pair

The person is not your client until the Director assigns you. You do not need to check with the Director if your supervisor is okay with the pairing. The purpose of this step is to make sure that the client is right for the therapist and vice versa after they have met. If not, the Director will prioritize this case for re-assignment or referral—the interview creates a commitment of the Clinic to the client.

Starting therapy: rapport building/assessment/case formulation/treatment plan

The first phase of therapy, varying in length depending on the therapy and supervisor, is rapport building and assessment. This may be in the form of a clinical interview, a structured interview or formal assessment. Clinicians should plan this first phase with their supervisor or the Clinic Director. Fortunately, the rapport building/information gathering/assessment process allows time to discuss each step with your supervisor.

Conducting therapy

Assessing progress

It is standard procedure for the client to fill out the [Outcome Questionnaire-45](#) at the start of each session. The answers are entered into the client’s file in the OQ database. Most clinicians use the Clinic iPad for OQ administration, eliminating the need for manual data entry. This allows tracking of progress in therapy including whether the client is off track and when they are improved enough to consider termination.

Some therapies have their own weekly tracking assessments/questionnaires, and individual supervisors may like other repeated measures such as the Beck Depression Inventory or the Positive Affect/Negative Affect Scale. The Clinic makes these instruments available and will obtain others if requested.

Room scheduling

If a therapist intends to use one of the therapy rooms for a session or for supervision, the room must be scheduled online through [Google Calendar](#). It is important to schedule rooms as far in advance as possible. Google Calendar allows repeated appointments. If you use this, try to remember to remove appointments when they are cancelled and stop them when therapy ends. Preference for room use is given to therapists who have been seeing clients regularly in a requested room. Consequently, it is important to check the previous few weeks in the schedule to see if a therapist has been using a particular room at a particular time. In cases of conflict over room scheduling, whatever is entered in the online schedule will rule.

It is very important to restrict use of therapy rooms to the time for which the room is scheduled. It is Clinic policy that sessions may vary in length, but therapists should be out of the therapy rooms 10 minutes prior to the next session. If a client is scheduled for longer than 50 minutes, the clinician should block out additional time in Google Calendar. If a crisis requires running over, clinicians should do the best they can to let others know (staff or next scheduled therapist) to avoid disruption of other client sessions. If a student should encounter a situation where a scheduled room is still in use at the time of a scheduled appointment, the student should knock on the door and talk to the therapist. If you’re running over for whatever reason, expect the knock.

Fees

Fees are set based on income information obtained from the client. We have not found the need to require documentation of income.

The fee system is \$5 minimum or the lesser amount of:

- ☐ 1/10% of annual income e.g. \$14 for \$14,000 income, or
- ☐ Amount of co-pay if the client is insured (they may not know). The co-pay for some insurance is zero, in which case that is the fee.
- ☐ If the client was referred by Indian Health Service, the fee is zero.
- ☐ Ask if this fee is affordable on a weekly basis. If not, tell them you’ll check with the director

about a fee that is feasible for the client.

The fee is payable at the time of the session. It is up to the therapist and their supervisor whether to have the client pay at the beginning or the end of the session. Some clients ask to pay several sessions in advance; this is discouraged for several reasons but can be done after discussion with the supervisor. In the event that a client is unable to pay the set fee, the amount of the fee can be altered at the discretion of the Director.

The Clinic uses a receipt system that makes two copies and an entry for the Clinic records. The receipt “clip board” is kept on a table under the student clinicians’ mailboxes. The pink copy of the receipt and the payment (cash or check) are clipped together and placed in the cash folder in the front of client files in the file cabinet. The white copy is given to the client.

In general, clients should pay every session. Some clients prefer to pay after several sessions, for instance, on their pay dates, and this is acceptable if arranged in advance. While it is possible to postpone payment for other reasons, clients should not be allowed to run up bills of more than a few sessions if only for the sake of the therapy and the therapeutic relationship. If a client wants to pre-pay for sessions, this should be discussed with the supervisor.

Clinicians should treat payment as a therapeutic issue and discuss non-payment or payment difficulties with their supervisor.

Cancellations/No shows

Cancellations should be made by the client at least 24 hours prior to the scheduled appointment time, except in the case of an emergency. If they call the Clinic, staff will try to reach the clinician to avoid an unnecessary trip to the Clinic.

To avoid no-shows, some therapists, with permission of their supervisor, give a notification call in advance of each session. Please talk this over with your supervisor, as some would see this as a therapy issue.

The first time a client fails to provide 24-hours’ notice of a cancellation, he or she will be advised of or reminded about the policy. Thereafter, clients failing to notify in advance will be charged for a missed appointment. The fee for the cancelled or missed appointment should be paid before the next scheduled appointment.

If a client does not appear for a scheduled appointment, the therapist should wait at least 20 minutes (Note: some supervisors insist that therapists wait the entire scheduled period). When an appointment is missed, the therapist should follow the procedures preferred by the supervisor for that case. Some supervisors want the therapist to follow up but others do not. There is not a Clinic policy on this issue out of respect for the diversity of supervisors’ styles and preferences. The therapist should make note of a No Show appointment in the client’s file and note if any action is taken.

Client file, case formulation and progress notes

The therapist will start a new file for each client in TherapyNotes (see [Appendix E](#)). TherapyNotes guides treatment planning, scheduling and progress notes. Appendix E will be revised as needed to accommodate TherapyNotes to our treatments and needs.

Intake summary and case formulation may vary by supervisor and therapy manual, but the Clinic’s standard outlines for intakes and case formulation may be used and the latter can guide note writing. Clinic’s Word document “Treatment Plan-Termination Note.docx” (Clinic Starter Pack on the file share; see also [Appendix C](#)) may be used for case formulation and then can be converted to a closing summary.

Progress notes will be entered in TherapyNotes for each session, for each client. These serve the purpose of documenting the implementation of a treatment plan, client issues of the week and progress in therapy (see [Appendix E](#) and guides in the TherapyNotes Library). Supervisors must sign off on all progress notes; TherapyNotes makes it easy for the supervisor to see what notes need to be signed by showing a notification of unsigned notes in the supervisor’s TherapyNotes InBox.

In writing notes, it is important to keep in mind their purpose and the possible readers. Keep in mind that the most likely readers of the notes are: yourself, your supervisor, the Clinic Director, and **your client**. Since clients have the right to review their notes, the impact of what you write should be judged from that perspective. This does not mean that you must water down what you say to the point that notes are useless for other purposes, but simply that what you have to say be explainable and defensible should you have to go over what you have written with your client. Similarly, your client could release you to send your notes to others, for instance, a lawyer or probation officer.

The content of the progress notes will vary depending upon the requirements of the supervisor. The standard for the Clinic is the DAP-note connected to a problem list or treatment plan as illustrated in the Starter Pack described in [Appendix C](#). The format includes the following:

D: Description of the topic, issue or treatment area (may be entered in Relevant Content in TherapyNotes)

A: Assessment of how the client is doing in this area (Enter in Progress section of TherapyNotes)

P: Plan for the future, e.g. follow up next week or the next treatment phase. (Enter in Plan in TherapyNotes)

It is sometimes more natural to have three or four DAP's in one week's progress note rather than trying to summarize the whole, multi-topic session in one DAP. This can be done in TherapyNotes by numbering topics in each section.

Appropriate crisis intervention (see Part 3 [Breaking Confidentiality](#) and Part 4 [Emergencies](#)) should be followed in emergency cases, and therapists should always be mindful of the ethical implications of client reports, especially as they pertain to warning and protecting others. As always, consultation with appropriate others is recommended whenever there is a concern.

TherapyNotes will advise the case supervisor of notes and entries to be reviewed and signed electronically. It will also allow Clinic Staff to review whether notes are up-to-date and signed. The Clinic Administrative Assistant will monitor this process and report to the Director for appropriate remedy. For paper files, the Administrative Assistant monitors latest signed notes no less than once a month and reports to the Director.

Transition to electronic records and files: Transporting confidential files and records for supervisor's signature and review.

At the time of this revision, TherapyNotes and the secure file share have not been fully implemented, digital policy has not been completed, and some files are on paper and locked in folders. Recordings of sessions are on various mostly digital media. Until TherapyNotes is implemented for all files, the client file and paper notes should be maintained at the Clinic, that is, written in the Clinic by hand or on a secure device. Recordings should be stored on encrypted media. Paper copies must be put in the client's folder and locked in the file cabinet, to which all clinicians with clinical privileges have access through keys stored in a lockbox.

The following methods of writing notes and transmitting recordings (see also Appendix D) are secure and fulfill the above requirements:

1. Handwritten, filed and locked up.
2. Typed or recorded on a Clinic computer (all are encrypted), printed at the Clinic, filed and locked up. Digital audio recorders and unencrypted SD cards may be securely stored in the bottom drawer of the primary file cabinet.
3. Typed or recorded on an encrypted personal computer, printed at the Clinic and filed.
4. Typed or recorded on an encrypted computer and stored on an encrypted device to be taken for supervisor's signature
5. Typed or recorded on an unencrypted computer or device and saved as an encrypted file (for instance, in Word or as an encrypted pdf). Such a file may be transmitted by email, cloud storage or unencrypted storage medium to a supervisor
6. Saved to the Clinic's secure file share when it is available.
- 7.

Notes must be signed by the supervisor, preferably before the next session. Supervisor's signature may be obtained by:

1. The supervisor signing in the Clinic
2. Print the note in the supervisor's presence for signature, sign, scan, encrypt for storage and destroy the original.
3. Electronic signature of the appropriately stored note
4. Electronic signature of an encrypted note (e.g. a Word or pdf document encrypted by a password, which may then be transmitted by email or other means
5. Print the note without the client's name (use initials or a numeric identifier) and identifying content removed to take to the supervisor for signature. Even with deidentification, care must be taken that the note is transmitted carefully to the supervisor and returned to the file. If identifying information is removed *from the content of the note*, the original and the signed, deidentified note may be stapled together and filed.

Recordings may be given to a supervisor by

1. Hand-delivering an encrypted device or storage medium
2. Encrypting the recording on a secure computer and transmitting electronically
3. Storing on the Clinic's secure file share which the supervisor can pick up securely

Medication referral and consultation

Student therapists will be aware from their classwork, supervision, and reading of the empirical literature that some conditions may be helped by psychotropic medications. See [Appendix H](#) for more information. Often, a medical evaluation may be prudent to rule out other physical/medical causes of psychological conditions such as thyroid dysfunction. In general, we follow the empirically supported finding that the combination of medical care and psychotherapy is the accepted standard of care for many conditions. It is appropriate and sometimes ethically responsible that clients be referred for medication evaluations in such cases. If there is any reason to think that a medication referral may be indicated, student therapists should discuss this with their supervisor or the Clinic Director.

Although it is often desirable that medications be prescribed by a psychiatrist, this is not always possible and often not necessary. If the individual has a primary care physician (PCP), a recommendation that they make an appointment with their PCP is usually the first step. If the person does not have a PCP or health insurance, the process of getting a medication evaluation depends on the person's income and age/disability status. Appendix H contains more information about options and helping people through the system.

In many cases, it will help the prescribing physician if they have referral information from you. One way is to provide a referral letter that describes the problems that you are seeing that lead to a referral. You do not need to (nor should you unless you have particular expertise in medications) suggest a particular medication or class, but diagnostic information and the basis for your diagnosis, even in a few paragraphs, will be helpful especially to the non-psychiatrist. A sample letter is given in Appendix H.

Many physicians find it helpful to make contact with the psychotherapist for more information about the client and to help monitor side effects, medication compliance and so forth. Such a contact is also a chance for the student therapist to ask about medications and answer questions regarding the client. Of course, you need a written release of information (in the Starter Pack on the Clinic's Shared Information Folder) to make this contact. In most cases, the client is glad to have their treatment team members coordinating their care and are willing to sign the release.

Video/audio recording and transmission of recordings

Student-Clinicians should not begin audio or video recording sessions until they are knowledgeable about procedures for safeguarding digitally recorded material. [Appendix D](#) and the section "Transition to electronic records and files" above are the places to start. Training by staff, advanced student-clinicians or review of training videos will also be necessary. Students should not store anything on their own equipment (computer, phone, external storage) until they have completed a Psychology Clinic Digital Users Agreement (see Appendix D) and it has been signed by an authorized person.

Audio and video recording equipment is available at the Clinic to enable students to record sessions for supervision. Clients are notified of the possibility of audio or video taping at the time of the intake and are asked to initial authorization for recording on the consent form. Appendix D describes current procedures for handling, storing and transmitting recorded material. If a clinician's own recording equipment is used, it must meet Clinic approved standards including device characteristics, clinician training, and written permission.

Ending a case

Preparing for termination and terminating

The clinician and client might prepare for termination at the start of treatment by specifying a specific number of sessions. Alternatively, treatment planning may be based on client progress as assessed collaboratively with the client and the supervisor. The OQ can be very helpful to assess client progress, given that it is a measure (with all the shortcomings of self-report measures) of how the client is doing.

If a fixed length of treatment is not part of treatment planning, it is useful to discuss termination during the course of treatment and before it is imminent. How will the two of you know that it's time to end treatment? What will the latter stages of treatment look like? How will therapy end? These are good topics for clinician and supervisor to discuss, including how and when to bring it up with the client.

Closing the casefile

The closing summary is the final report of the progress with each client. These notes are important in case the client should decide to contact the Clinic, or if an emergency situation arises in the future. Information regarding the course of therapy and the nature of termination is important to include in such a report. At the supervisor's discretion, the Clinic's Word document "Treatment Plan-Termination Note.docx" (Clinic Starter Pack on the file share; see also [Appendix C](#)) may be used as a closing summary. Changing the headings using drop downs allows the clinician to report on the status of each therapy goal or issue. Termination reports should be completed,

signed by the supervisor and placed in the client's file within a week of termination. Any audio or video recordings of sessions should be erased or destroyed, unless the supervisor advises otherwise.

Starting and conducting psychological assessments

The Psychology Clinic provides evidence-based cognitive, personality, and neuropsychological assessment services to the general community on an “as clinicians are available” basis. Several online or computer aids to assessment are available ([See Appendix E](#)). When assessment cases are referred, the Director sends an e-mail to check if there is a student-clinician available. The process for obtaining a supervisor is the [same as for a therapy case](#).

Assessment hours provided through the Clinic count toward the core clinical experience. Time spent scoring, interpreting, and writing may be counted as well as face-to-face assessment time. The Clinic rule is that scoring and writing time are artificially limited to two hours for each hour of face-to-face client time. Supervision for assessment should also be recorded for purposes of reporting at internship.

Presently, our educational diagnostician maintains a busy schedule of assessment but is available for consultation and training. The Clinic has an extensive array of psychological tests available for use by graduate students. All assessments are conducted under proper supervision.

Testing materials are available for use in the Clinic itself in a file cabinet and book shelf in the Clinician Work Room. Materials can also be checked out for a limited period for use outside the Clinic. However, testing materials are not to be taken outside the Clinic without first checking with the Administrative Assistant or Clinic Director. Tests are to be returned as soon as possible.

The Clinic charges for assessments in a manner comparable to therapy. Usually, an estimate is made of the time required and that is multiplied by the hourly rate on the sliding scale to determine the total fee.

Part 2: Training Requirements and Supervision

Core clinical experiences:

The Clinic provides the student clinician with high quality clinical experience with intensive supervision by a select group of supervisors. Students receive weekly supervision for each case. Clinical hours at the Clinic or in certain approved settings are considered core clinical experiences. This term refers to the set of clinical experiences that are closely supervised by well-known supervisors (mostly faculty) outside of paid settings. See [Appendix F](#)

You should be aware that the core clinical experience will not likely be sufficient for you to be competitive in internship applications. Students may obtain additional hours through clinical research settings, approved formal practica, or job settings approved by the Clinical Committee as part of the individual student's program of studies.

Students keep track of their core clinical experiences and supervision using the online service Time2Track, which records hours in a format specific to applying to pre-doctoral internships.

Supervision

Student-clinicians, in their work at the Clinic and in approved outside settings, are allowed by state law to practice psychology without a license under the auspices of the Department of Psychology and under appropriate supervision. Supervisors must be approved by the Clinical Committee including, in the language of the regulation “qualified specialists under the [licensed psychologist] supervisor's authority”. The Clinical Committee recognizes supervision by the licensed psychologists in the Department, all clinical faculty, and licensed outside supervisors whose credentials and program have been reviewed and approved by the Clinical Faculty. Non-licensed clinical faculty and individuals licensed in other mental health professions may be approved as “qualified specialists” under the authority of licensed supervisors, primarily the Clinic Director.

These supervisors are assigned to a student-clinician for a case by the Director of Clinical Training and the Clinic Director, based on students' expressed interests, training needs, and availability. Faculty supervision takes place in small group settings (usually two to four students) or individually. An hour of face-to-face supervision should take place after each therapy session. Live supervision is possible using the observation room.

Each therapist is required to be supervised by at least three departmental supervisors, that is, the clinical faculty and the Clinic Director, during their time at UNM. APA requires that student clinicians receive some eyes-on supervision (observation or video).

Beginning in 2019 much of the supervision of Clinic cases will be conducted in “vertical team supervision” in which an approved faculty supervisor will have a team of three to five student-clinicians working as a team with a

senior student sharing part of the supervision. [Appendix K](#) describes vertical teams.

Part 3: Ethics, Patient Rights and Code of Conduct, Professionalism

Ethical and legal conduct

The protection of clients' welfare and the conduct of clinicians at the Clinic are governed by the Ethical Standards and Code of Conduct of the American Psychological Association, the Rules of the New Mexico Board of Psychologist Examiners, state and federal statutes, regulations and rulings of the courts.

Before beginning therapy, student-clinicians are exposed to the critical issues in these areas in their first and second year practica, in their clinical coursework and, in a more systematic fashion, in their course on ethics and professionalism in psychology (which is far broader than simply following a code of conduct). Practical applications and manners of thinking about ethical dilemmas arise in the context of clinical work and are discussed in supervision. This section only deals with highlights of this broad and critical topic.

Privacy and record security training and compliance

The University requires that all individuals who deal with protected health information be trained in a manner required by the Health Insurance Portability and Accountability Act (HIPAA). Although the Clinic is not a "covered entity" under the law and regulations, we voluntarily comply with University requirements. In their second year, student-clinicians' names are entered into the University's training system, thereby allowing them to complete their basic HIPAA coursework online.

HIPAA is intended to provide a minimal standard regarding protection of health information, and the law clearly recognizes that state laws that are more stringent supersede HIPAA rules. Since the laws governing mental health and substance use disorder treatment are more stringent than HIPAA in almost all cases, the Clinic has developed and uses its own documents, "Protecting the Privacy of Your Behavioral Health Information" and "UNM Department of Psychology Clinic Brief Summary of Client Rights to Privacy and Access to Records and Consent to Behavioral Health Treatment or Evaluation." (copies are in the Case Starter Pack in the Clinic's file share. Student clinicians are trained in the information contained in these documents and their use in therapy or evaluation in the Pre-Clinical Practicum in their first year.

Although the Clinic is not a covered entity under HIPAA, its rules and documents have provided considerable guidance and the Clinic strives for "HIPAA-like" protections of confidential information. We require of ourselves that we conduct a risk analysis of possible problems that might be encountered in protecting protected behavioral health information (PBHI) and have policies in effect and train people to carry out these protections.

The Clinic-required documents serve as a training aid in summarizing New Mexico and federal requirements and provide a more detailed explanation of some of the aspects covered quite briefly in this section.

Confidentiality

There is no ethical concern more important than confidentiality. Simply stated, it is absolutely imperative that the highest level of confidentiality possible be maintained in all situations. Client information, including whether the individual is being seen at the Clinic, can only be released to other individuals after the client has read, understood and signed an authorization for release of information. Without a signed authorization, no information is to be released.

Breaking confidentiality for emergencies

The Clinic's consent for treatment and privacy documents inform the client at the onset of services that we will disclose otherwise confidential information where there is a reasonable concern about imminent danger of serious harm to the client or someone else, that a child is being abused or neglected, or that a vulnerable adult is being abused, neglected or exploited. Some of these are required reporting situations under law; others are allowed by law or regulation.

Sometimes reporting situations are clear; often there is a judgement involved about seriousness, imminence of danger, or whether a behavior constitutes abuse or neglect. In all cases, student-clinicians should seek the advice of a supervisor, preferably the supervisor of that case or the Director (505.321.9200) or another clinical faculty member. Reports most often will be to Child Protective Services (855.333.7233), a division of the NM Department of Children Youth and Families. Imminent danger may be reported to UNM Campus Police (505.277.2241; 2241 from a campus phone), Albuquerque Police Department (505.768.2020) or 911.

Client access to their records

In general, clients have a right to know what is in their records. Care must be taken to ensure that the content of the file does not contain information that would be harmful to the client if she or he were to read it. This does not

mean that reports and notes should withhold important information but rather that content in the notes must be explainable and well-justified. Students should consult with supervisors and other consultants (see the last part of this section) about the content of notes and records.

Court-referred cases

Special caution should be taken on cases in which the individual may be involved in legal proceedings (divorce proceedings are common among our clients). A court order or subpoena does not automatically force compliance in violation of the client's confidentiality privilege, but a case begun without proper understanding can cause problems or compromise confidentiality in some instances. Your supervisor or the Clinic Director can help advise you in these or other questionable situations.

Obtaining Release of Information

Clients are informed in their first session of their rights to privacy and access to records. Any time information is requested by another individual or agency or when the clinician wishes to obtain information from a confidential source, the Clinic's Authorization to Release Confidential Information must be completed. This form must be explained fully to the client, signed by the client, and witnessed. The Clinic will also respect and comply with release forms of other agencies if they contain all the appropriate information and if there is reason to believe that they were properly executed; that is, that the client was fully informed.

Ethical conflicts

It is possible that clinicians will encounter a situation that brings them into conflict with another mental health professional or student. They may, for example, learn of a violation of confidentiality, a dual relationship or other possible impropriety. In such cases they should always seek counsel from their immediate supervisor or, if they are unavailable, from the Clinic Director or another member of the clinical faculty. The generally accepted procedure in these cases is to discuss the issue with the person in question before taking further action (see also Appendix L: Solving problems at the Clinic).

Critical role of professional consultation

Student-clinicians are expected to be sufficiently familiar with ethical issues to be able to detect when an ethical or professional concern is present but are not expected to be able to resolve any and all such issues by themselves. Student-clinicians should feel both a duty and the freedom to consult with appropriate others at any time that matters of ethics or professional conduct arise. The possible resources for such consultation include other clinical students (especially more advanced ones), the case supervisor, the Director of Clinical Training, the Clinic Director, and members of the clinical faculty (again, see Appendix L: Solving problems at the Clinic). Usually client confidentiality will be involved and the student-clinician seeking help must assure that the consultant has a full understanding of confidentiality and accepts the responsibility to protect the client's rights and well-being.

Professionalism

Student-clinicians should be mindful of the fact that they are practicing as psychologists and are expected to behave ethically and professionally. Professional behavior includes dressing appropriately, maintaining professional boundaries and conducting oneself in a professional manner. Check with your supervisor or other students if you are uncertain about professional conduct, boundaries or appearance. [Appendix D](#) includes the Clinic's social media policy to provide guidance regarding the new challenges to professional boundaries presented by social media exposure.

Occasionally, a student-clinician will have a lapse in professional conduct, whether major or minor. Psychologists' code of conduct emphasizes solving the problem over penalizing the person in question. It is also important to make sure that the perceived problem is one of the shared values of our profession and the standard of care of the community, not one's personal taste. [Appendix J](#) elaborates this problem-solving approach to possible ethical problems and lapses in professionalism. Clinical privileges are granted to all students in their first year but may be suspended for misconduct as detailed in [Appendix J](#).

Malpractice Coverage

The Clinic is insured against malpractice claims by the University's risk management coverage. According to the *UNM Administrative Policies and Procedures Manual - Policy 6100: Risk Management*, the University is required "to purchase insurance coverage through the New Mexico Risk Management Division of the General Service Department for risks for which governmental immunity has been waived by the Tort Claims Act." Such required coverage includes medical malpractice insurance. Student-clinicians and their supervisors are covered for services provided at the Clinic. The bright line for malpractice coverage is that the clinician has clinical privileges at the Clinic, the supervisor has been approved by the Clinical Committee and the client has signed a our consent for treatment form. In the event that anyone needs to provide evidence of coverage, UNM posts a document each year at <https://hsc.unm.edu/financialservices/preaward/common/docs/insurance-docs/evidence-of-coverage->

Part 4: Building, Staff and Finances

Service providers

Students are the primary service providers at the Clinic. Those who are admitted to the clinical program of the UNM Department of Psychology and their approved supervisors are granted clinical privileges ([described in Appendix J](#)), allowing them to provide services and to access behavioral health information, and requiring that they behave ethically and maintain the security of protected behavioral health information (PBHI). All student-clinicians receive extensive and direct supervision by members of the Clinical Committee and approved supervisors and are assigned clinical work appropriate to their level of training.

Financial

Salaries for fulltime clinic staff--the director, office manager and educational diagnostician--are paid from the University's educational budget. The building is provided and maintained by UNM. Otherwise, the Clinic is self-supporting, relying on client fees for income. Because training and service are inextricably entwined at the Clinic, we offer psychotherapy and psychological evaluations on a reduced-fee basis. Therapy fees are based on the client's ability to pay, with a general minimum of \$5 per session.

Location, phone numbers and emergency

The Clinic is currently located at 1820 Sigma Chi NE, Albuquerque, NM 87131. The main telephone numbers are 505.277.5164 (voice), 505.277.7519 (FAX) and 505.277.2045 (Director's private voice mail). Specialty Clinics can be reached at 505.277.5165. Emergency contact is the Clinic cell phone, 505.321.9200 carried by the Clinic Director.

Hours of operation:

The Clinic is open for clinical services from 9:00 a.m. to 6:00 p.m., Monday through Friday. Clinicians schedule rooms through Google Calendar. The Clinic Director and Administrative Assistant will assure that another designated, responsible person (Clinic and Agora staff, faculty, clinical student) is in the Clinic during all scheduled appointments. It is possible to schedule appointments outside the times given above with the permission of the clinician's supervisor and the Clinic Director, who will assure there is a designated, responsible person available during that time.

The Clinic Building.

The Clinic is housed in a converted family residence on UNM main campus about a ten-minute walk from Logan Hall. There are four therapy rooms, offices for two professionals and the office manager, and work space for student-clinicians. Although there are busy times and room scheduling is important, the number and layout of rooms is ample for the current needs of the Clinic staff and student-clinicians.

A combination lockbox with a key allows access to authorized persons without need for individual keys.

Rooms 104 and 106 are large enough for family therapy or small groups. Room 106 has a large TV, computer and video playback equipment, and is used for small group presentations. Room 108 is large enough for couple's therapy and 109 is a small room for individual therapy.

An observation room between Rooms 106 and 108 allows observation for purposes of student learning or live supervision. Video and audio recording are done with portable equipment that allows transfer of recordings to computers or SD cards or direct recording into an encrypted computer.

The Clinic Director's office and Educational Diagnostician's office can be made available for therapy and assessment at certain hours, and by prior arrangement.

The waiting area is located in the center of the Clinic and has a seating capacity of five. The office manager's office window greets visitors on arrival.

The "corner office" of the Clinic is a student-clinician work area. The L-shaped room with mountain view contains locked cabinets for therapy files, test materials, a library of assessment and treatment manuals, computers and therapist mailboxes. There is workspace for writing notes or conducting other clinic-related activities.

The Clinic has WiFi access on the University's system. The "Lobo WiFi" connection is a secure connection and should be used for most clinic purposes. Several computers are available for student use and for assessments, such as ADHD continuous performance testing, test scoring of evidence-based assessment tools (PAI, MMPI), and web access and word processing (see Appendices D and E for more about digital security and useful software)

Clinic Personnel

Governance of the Clinic is by the Clinical Committee of the UNM Department of Psychology. Clinic staff consists of students with clinical privileges, faculty when they are providing services (who receive practicum course credit), and three paid positions: Director, Administrative Assistant, and Educational Diagnostician.

The Clinical Committee of the Department of Psychology consists of all Clinical Faculty, the Clinic Director, the graduate student advisor, and two student representatives (all but faculty are ex officio members). The Clinical Committee is, in effect, the governing body for the Clinic, setting policy in areas of the training model, caseload, supervisory requirements and operation. The Clinic Director is actively involved in drafting policy along the lines of Clinical Committee discussion and submitting to the Clinical Committee for approval.

The Director of the Clinic serves as a liaison between the Psychology Department's Clinical Committee and the Clinic, implementing policies and procedures for the student-clinicians. The Director is directly responsible to the Director of Clinical Training and the Clinical Committee. The Director's duties include supervision of students, coordinating case assignment, administration, support to the UNM community and a small clinical load. The current Clinic Director teaches Pre-Clinical Practicum to first year students and Psychological Assessment: Personality Functions in the second year.

A Clinical Advisory Committee (referred to as ClinAdCom) is composed of five student-clinicians representing first through fifth year students and one member of the Clinical faculty. All members are chosen because of a greater than average involvement and interest in Clinic activities. They serve as advisors to the Clinic Director in matters of policy and procedures for the Clinic.

About 25 clinical graduate students serve as therapists, evaluators, and staff for the Clinic.

The Administrative Assistant is responsible for administrative, financial, scheduling and bookkeeping matters necessary for policy implementation and the general functioning of the Clinic including monitoring of case notes and apprising the Director of need for correction. The Administrative Assistant is also the building coordinator and is the most likely person to oversee the Clinic when students are in session.

The Professional Director of Agora is administratively supervised by the Clinic Director. The Professional Director of Agora oversees all aspects of that crisis center, including recruiting and training 100 student volunteers per year, hiring and overseeing the work of one fulltime and three or four student staff.

The Educational Diagnostician is a UNM employee who is administratively supervised by the Clinic Director. The Educational Diagnostician provides educational diagnostic services to the Albuquerque and New Mexico community. The fees the Educational Diagnostician generates, on the Clinic's sliding scale, are part of the Clinic's revenue stream.

Miscellaneous

Copying

Student-clinicians should feel free to copy materials that are directly related to the Clinic, such as copies of clients' files, assignments for clients, test results, portions of books for references, progress notes, etc.

Using the Clinic's copy machine for other purposes—articles, class assignments, even personal materials—is acceptable but students should provide their own paper.

The Clinic's copy machine also serves as a networked printer, a scanner for single sheets or books, a fax machine or to scan and email. Some of these functions are described in instruction sheets near the machine; others can be learned from the manuals or from Clinic staff (Director, office manager, other students)

Telephone

A phone in the Student Office can be reached at 505.277.5165. It is available for outgoing calls at any time, dialing "9" for an outside line. Calls made from this line (and any other university line) show up as 505.277.9866 on the recipient's caller ID. Thus, calls from UNM phones are effectively anonymous.

Long distance calls should be cleared through the Director and a code will be given if it is related to Clinic or University business. Toll-free calls can be made by dialing 9-1-800-xxx-xxx. This line also serves as the intake line for specialty clinics.

Security

Access to the Clinic is always available to authorized persons by accessing a key in a combination-locked key box by the door of the Clinic. When a therapist is leaving the Clinic any time after 6:00 pm or before 9:00 am, they should also make sure the client file cabinet is locked and that all doors are locked. Clinicians should be aware that Campus Police are available to escort clinicians or clients at any time.

Maintaining the Clinic Environment

The Department of Psychology Clinic is a comfortable place to do our work as clinicians and interact with colleagues. We are all responsible for maintaining the clinic in a manner that allows us to work within this exceptional therapeutic setting.

What can you do?

- Always keep in mind that the Clinic is a professional setting. Always assume clients are in the area during clinic hours. Be cordial but limit discussion in open areas.
- Put things back where they belong, so that others can quickly find books, manuals, test materials, etc. when needed. Our materials are shared by all of our clinicians.
- If you notice we are running low on forms or testing materials or paid computer scorings of tests, alert the Administrative Assistant so we can obtain/purchase additional materials.
- Help make the student clinician office a pleasant working area by picking up after yourself, keeping the computer areas well organized, and not leaving papers strewn about the room.

Emergencies

In case of a crisis or emergency, students should attempt to notify the Director of the Clinic and/or their supervisor. At all times, the Director's cell phone (505.321.9200) serves as an emergency contact for clients or student-clinicians. Student-clinicians should make sure that Clinic has their current phone numbers (at least primary phone and other numbers that may be useful such as Google Voice). It is not recommended that therapists give personal phone numbers to their clients. Setting up a Google Voice or similar account serves as a firewall and is used by many clinicians.

Appendices

[Appendix A: Mission of the UNM Department of Psychology Clinic](#)

[Appendix B: Specialty Clinics](#)

[Appendix C: Guide to Starter Pack for New Cases](#)

[Appendix D: \(New 2018\) : Protection of Confidential Information \(PBHI\): Policies, Procedures and Staff Training](#)

[Appendix E: \(New 2018\) Online Aids: TherapyNotes, Google Calendar, Outcome Questionnaire.](#)

[Appendix F: Core Clinical Experience through The Department of Psychology Clinic](#)

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[Appendix J: Clinical Privileges/Impaired Clinician](#)

[Appendix K: Vertical Supervision Teams](#)

Appendix A: Mission of the UNM Department of Psychology Clinic

It is the mission of the University to serve the citizens of the State of New Mexico and, commensurate with its resources, those of the nation and the world (UNM Faculty Handbook *)

- Ψ The Department of Psychology Clinic provides training, educational, research and service opportunities in support of the mission of the University as a whole.

The principle directions of the university's mission statement are listed below (Policy 1000, <http://policy.unm.edu/university-policies/1000/1000.html>) and elaborated in terms of the Clinic's support of that dimension:

1. The University develops and offers comprehensive educational programs at the associate, baccalaureate, master, and doctoral levels in a wide range of academic, professional, and occupational fields.
- Ψ The Clinic is a part of the UNM Department of Psychology and serves the overall educational mission of the Department and its clinical science model. In addition to implementing a clinical training model under the guidance of the Clinical Committee, the Clinic supports, in general and specific ways, the education of students in their coursework, research, comprehensive examinations, and clinically-related employment.
 - Ψ The Clinic provides educational programs in the area of Clinical Psychology, primarily at the graduate level. The Clinic is a fully functioning outpatient mental health clinic where students experience, conduct and are supervised in evidence-based psychotherapy and psychological assessment. Clinic staff provide supervision, support, specific instruction and modelling of professional conduct in service of this educational dimension.
 - Ψ By providing services under staff guidance and faculty supervision, graduate students develop skills and knowledge, develop a working understanding of the qualities of professionalism in psychology, and gain competence and grow as people.
 - Ψ The Clinic philosophy of personal growth (for clients, student-clinicians and staff) emphasizes a dialog between openness to and acceptance of diverse ideas and ways of living, on the one hand, and the value of respectfully challenging and being challenged about those ideas and ways of being, on the other. All associated with the Clinic are encouraged to develop or maintain this philosophy of growth and respect.
 - Ψ Under the educational philosophy that students learn and grow best under the guidance of teachers who are learners, the Clinic promotes the ongoing educational, professional and personal growth of the Clinic staff.
2. The University, a designated Carnegie I research university, conducts research and engages in scholarly and other creative activities to support undergraduate, graduate, and professional educational programs, and to create, interpret, apply, and accumulate knowledge.
- Ψ Though not specifically a research component of the Department and the University, the Clinic supports research efforts of graduate students by providing a facility for conducting research, providing research participants when in keeping with our educational and service missions, and promoting an interest in and enthusiasm for research-informed treatment and assessment in all our services and educational opportunities.
3. The University contributes to the quality of life in New Mexico by providing selected services to the public that are part of, contribute to, or originate from the University's teaching and scholarly activity programs
- Ψ The Clinic provides psychotherapy and assessment services to members of the University and Albuquerque communities. This service function exists because of our educational mission but cannot be considered secondary to it; the two are intertwined and both are primary.
 - Ψ Because of the research- and experience-based expertise of our staff and students, the Clinic's mission includes serving as a resource to the University, Albuquerque, New Mexico, and the nation as well as to the psychological community within these locales.
4. The University Health Sciences Center is a valuable resource to New Mexico. Added value is

provided to health care through leadership in providing innovative, collaborative education; advancing the frontiers of science through research critical to the future of health care; delivering health care services that are at the forefront of science; and facilitating partnerships with public and private biomedical and health enterprises

- ψ The fourth mission of the University is specific to the Health Sciences Center. The Clinic maintains and increases its involvement in the activities of the Health Sciences Center by placing students in their units under the direction of approved psychologist supervisors. We have also contributed many of our graduates as faculty and employees at that Center.

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Appendix B: Specialty Clinics

There are currently two specialty clinics within the Department of Psychology Clinic. Specialty clinics address a limited range of clinical issues either by problem area (@UNM) or consideration of cultural factors is needed (Diversity Clinic). Vertical supervision teams (Appendix K) are likely to serve a similar function of specialized training and supervision as do projects in the community (e.g. health settings, public schools) or treatment-oriented research.

@UNM is an outpatient alcohol-treatment clinic, available to residents of Albuquerque and surrounding areas. The clinic welcomes both voluntary and mandated clients and provides assessment and therapy services. **@UNM** is part of the UNM Psychology Clinic.

@UNM takes an individualized, collaborative approach to treatment. An assessment is provided to each client, and treatment plans are individualized to clients' specific goals and needs. When possible, empirically supported assessments and treatments are provided. Clinicians work with clients to develop and work towards their own treatment goals.

SERVICES PROVIDED

- Assessment
- Individual Therapy
- Couples & Family Treatment for Alcohol
- Treatment for Concerned Family Members
- Brief Interventions for College Students
- Relapse Prevention
- Referral Sources

SERVICES NOT PROVIDED

- Detoxification
- On-Site Urinalysis
- Inpatient/Intensive Outpatient/Residential Care
- Billing to Health Insurance

Cultural Counseling Center

The Cultural Counseling Center offers a confidential source of help for clients who would like diversity and cultural issues integrated into counseling. This involves diversity areas such as race, ethnicity, nationality, age, gender, sexual orientation, poverty, religion/spirituality, different abilities and any other group that is unserved or underserved. This clinic also offers consultation services to other student clinicians who may encounter a client with considerable diversity related issues for which the student has little knowledge or skills.

The Cultural Counseling Center is led by Assistant Professor Kamilla Venner (Alaska Native – Athabascan) and Associate Professor Steven Verney (Alaska Native – Tsimshian) and has focus areas that include stress, anxiety, depression, substance use problems, relationships, difficulties adjusting to a new environment, culture or situation, and significant changes in your ability to perform at work, school, home, in relationships or other areas of your life.

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Appendix C: Guide to Starter Pack for New Cases

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The Starter Pack is a set of documents and materials for students starting a case. It is available in the TherapyNotes Library and in the Clinic Shared Information folder of the Clinic's secure file share. Here are the file names, which are largely self-explanatory.

- Adult Biographical Form
- Child Biographical Form
- Directions to the Department of Psychology Clinic
- General Clinic "Me Wheel" and Cultural Counseling Center Intake Interview (including Cultural Formulation Interview)
- Clinic Consent for Treatment
- Protecting the Privacy of Your Behavioral Health Information
- Outcome Questionnaire (OQ-45)
- Positive Affect/Negative Affect Scale (PANAS) with norms and score sheet
- Preintake phone contact form
- Psych Clinic Intake and Report Outline
- Treatment Plan Sample & DAP Note
- Treatment Plan-Termination Note
- Two-way Release of Information
- Values Bullseye: UNM revision
- Supervisor evaluation form: UNM Supervision evaluation form 2018 FINAL (003).pdf

Appendix D: (New 2018) : Protection of Confidential Information (PBHI): Policies, Procedures and Staff Training

This will be its own manual or a discussion of a manual stored in Clinic shared files. It will describe all policies on protecting client information stored digitally including client files and recordings. The ClinAdCom has developed some of these policies and intends to have a working copy of this document for our first training in mid- to late-September 2018.

Under construction

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Appendix E: (New 2018) Online and Computer Aids: TherapyNotes, Google Calendar, Outcome Questionnaire, online testing.

[Under Construction]

This appendix will be a companion to Appendix D but focused on the software that assists us in doing our clinical work.

Therapy Notes

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Google Calendar

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Outcome Questionnaire[

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QGlobal

PAI

CPT

Appendix F: Core Clinical Experience through The Department of Psychology Clinic

Starting in the second semester of their second year, students develop expertise in therapy and assessment within the clinical science philosophy under close supervision of the Department through the Department of Psychology Clinic. This experience is considered a core clinical experience of students in the program. Students are expected to accumulate significant direct clinical experience each year (with increasing number of hours per year expected as students progress through the program) under faculty or faculty-approved supervisors, and under conditions that are carefully monitored. Supervisory reviews and student feedback to the Clinical Committee are expected in all settings. Review of progress for the year is included in the end-of-year reviews with each student.

Rationale:

Hours at the Clinic including the Specialty Clinics are considered part of students' core clinical experiences, as it is expected that it will be their initial exposure to clinical work. Of these hours, the Clinical Committee knows the student's preparation, the kind of supervision received (an hour face-to-face after each session), and the kind of support and resources available on site to clinicians. Critically, the Clinical Committee also knows the clinicians who are providing this supervision (clinical faculty, the Clinic Director, staff and faculty of training facilities, approved outside supervisors).

The number of hours is intended to match a caseload of two carried through a normal professional year (i.e., with four weeks of vacation and holidays off). The Clinic is open year-round; supervisors can arrange for alternate supervision when they are away, for instance, in the summer or between semesters. The interim supervisor could be the Clinic Director, another member of the Clinical Committee or an approved outside supervisor.

After fifth year, the hours are intended to match a caseload of one or two at the Clinic. Student clinicians may count hours at an outside placement that has been approved as a core clinical experience as **one** of their cases with **the other case** being at the Clinic. All student-clinicians must maintain case(s) at the Clinic after they begin their clinical work in the second semester of the second year until they leave on internship.

This policy ensures that a certain amount of this intensely supervised experience is received by each clinical student in preparation for internship, and that the students are regularly in contact with peers and with the staff of the Clinic. Students need many more clinical hours to be competitive for internship and will need accumulate them through their assistantships, in outside placements or at clinical research settings. Anyone who is not accumulating the hours they would like outside the Clinic is free to take on additional work through the Clinic.

General Rule and Specifics:

As a general rule, experiences which count toward the core clinical experience are those for which the "pay" is graduate credit in a clinical practicum course. Always excluded are experiences for which a student is paid, either by an employer or under a university graduate assistantship.

1. Students accumulate significant clinical hours each year in the intensely supervised environment of the Clinic.
2. Core clinical hours are client face-to-face contact hours plus record keeping, scheduling and other time spent out-of-session on a specific client.
3. For assessment cases, scoring, interpretation and write-ups count toward the core clinical hours, with a limit of two hours out-of-session time for each hour face-to-face with the client.
4. One case must always be a Department of Psychology Clinic, that is, the person has consented to be treated at the Clinic when they signed the Clinic's Consent for Treatment form. Clients of the Specialty Clinics use the same consent form and are Clinic clients.
5. Although work with clients referred to the Clinic is the primary source of core clinical hours, hours may also be accumulated at approved outside settings. The following settings for assessment or treatment are approved as a general rule by the Clinical Committee:
 - a. Work outside of the Department of Psychology Clinic that is supervised by Psychology Department Clinical faculty.
 - b. Behavioral medicine cases at University of New Mexico Hospital or its various clinics
 - c. Work supervised by licensed psychologists who have appointments in any clinical department of the UNM Health Sciences Center
 - d. Work supervised by licensed psychologists at the Albuquerque Veterans Affairs Medical Center
 - e. Work supervised by licensed psychologists at other approved settings where the supervisory requirements of the core clinical experiences are accepted, especially settings with a training mission.
6. Supervision must occur after each session and be face-to-face in individual or small group settings (typically six students or fewer). The student should spend approximately an hour with the supervisor each week.

7. Supervisors must be Psychology Department Clinical faculty, the Director of the Clinic or approved by the Clinical Committee (including those listed in 4 above). To be approved they must be licensed mental health professionals (usually a licensed psychologist) and they must have agreed to provide feedback to the Clinical Committee through the supervisory review process.
8. The student-clinician should be enrolled for practicum hours for assessment or treatment, ideally under the course code for each individual faculty supervisor.

Record keeping and reporting:

Students are responsible for record keeping for these hours. Most students use Time2Track for this purpose, which the Clinic pays for. Students report on these hours in their end-of-the-year review and bring copies of their supervisory review forms to that session.

Exceptions:

The Clinical Committee is committed to providing good general clinical training experiences to all students, as well as individualized experiences that fit each student's training needs and professional directions. Students should consult with their advisors and seek approval from the Clinical Committee for exceptions (e.g., an outside setting, a particular supervisor, a person licensed in a mental health profession other than psychology)

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Appendix G: Evaluation of Student Clinician

The evaluation form on the following pages is provided for information. The computer-fillable pdf form available in the document with file name " UNM Supervision evaluation form 2018 FINAL (003).pdf" may be found in the Clinic Shared Information folder of the Clinic's secure file share.

Supervisory Evaluation of Clinician Trainee Clinical Skills and Professional Competencies

Date: _____
Name of Clinical Trainee: _____

Year in Program: _____
Name of Supervisor: _____

Type of Client(s) [check all that apply or indicate other]: Other _____
☐ Adult ☐ Adolescent ☐ Child ☐ Couple ☐ Family ☐ Group Adult ☐ Group Adolescent ☐ Group Child

Mode of Supervision [check all that apply or indicate other]: Other _____
☐ Individual ☐ Group ☐ Co- Therapy ☐ In- person observation ☐ Audiotape review ☐ Videotape review

Please rate the clinician trainee using the following 1 to 5 scale in the following areas of clinical skills and professional competencies, taking into consider the trainees level in the program.

1=Below expectations, remedial action required (specify remedial action in comments)
 2=Inconsistently meets expectations, requires additional supervision (specify plans for growth in comments) 3=Meets expectations for basic competency (expected level of competency for 1st, 2nd, and 3rd year students) 4=Exceeds expectations for basic competency (expected level of competency for 4th year students and beyond) 5=Meets or exceeds expectations for advanced competency

Competency	1	2	3	4	5	NA
Scientific foundation. Examines the empirical literature for scientific evidence regarding diagnosis, assessment, and/or treatment options and actively incorporates research evidence into case conceptualization and treatment/assessment planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:						
Assessment, case formulation, and outcome monitoring. Identifies appropriate assessment instruments, presents a conceptual model for the presenting problem by identifying etiological factors and individual/contextual/cultural risk and protective factors, develops a diagnostic formulation to inform assessment and treatment planning, and monitors client progress and response to treatment/assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:						
Intervention and treatment planning. Articulates a theoretical model with empirical support (if available) for the intervention techniques, generates a treatment plan that relates to case conceptualization, modifies treatment plan based on client progress, and formulates treatment goals, strategies, and techniques from session-to-session.						
Comments:						
Supervision. Demonstrates active engagement and preparation for supervision <input type="radio"/> session, seeks supervision to improve performance and integrates supervision feedback into ongoing case formulation and treatment planning, recognizes purpose of supervision and reflects on supervision processes, and is willing to receive feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Comments:						

Competency	1	2	3	4	5	NA
Communication and interpersonal skills. Develops rapport with clients and uses empathic communication, including effective listening and genuine warmth. Shows responsiveness to clients' statements, humility, and tolerance of negative emotions. Recognizes ruptures in therapeutic alliance and works to improve therapeutic alliance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:						
Professional values and self-awareness. Consistently reliable and accountable for behavior (e.g., arrives on time, prepared for clinical activities, meets deadlines promptly). Develops and maintains effective interpersonal communication and relationships with other trainees, staff, and supervisors. Demonstrates self-care, self-regulatory skills, and engages in self-reflection regarding one's personal and professional functioning, performance, well-being, and professional effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Comments:						
Ethical and legal standards. Engages in behavior that is consistent with professional ethics and codes of conduct of psychology, including identification of potential conflicts between personal beliefs or behaviors and APA ethics code. Attends to any legal issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Comments:						
Individual and cultural diversity. Actively demonstrates sensitivity to and respect for differences related to culture, sex and gender, religion, languages, disability, political viewpoints, and belief systems. Understands own worldview and cultural beliefs, as well as biases that may affect the client-therapist relationship. Considers individual and cultural diversity in case formulation and treatment/assessment planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:						
Consultation and clinical record keeping. Seeks out consultation from appropriate resources for issues related to cultural diversity, ethics, and legal standards. Maintains timely clinical records, progress notes, and termination summaries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Comments:						
Site Specific Competencies [please list].						
Comments:						
<div style="text-align: right;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div>						
Overall Competency. Level of preparation for clinical work.						
Comments:						

Additional comments and/or plans for remediation:

Clinician Trainee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Appendix H: Medication Referrals

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This appendix contains some additional detail on referring individuals for medication and consulting with physicians who are seeing your clients.

The key issue in getting medication evaluations for our clients is determining who will be paying for the prescriber and the medication. Unfortunately, a large number of our clients are uninsured, which increases the difficulty of navigating the system or finding affordable care. However, there are options for low-income individuals. The sections below address different kinds of health care systems in terms of the payer.

UNM Student Health and Counseling (SHAC) UNM students have access to health care including psychotropic medication through the UNM Student Health and Counseling. Our Clinic is very willing to coordinate care with SHAC physicians.

Insured Individuals: If your client has health insurance, they probably have a primary care physician (PCP), a standard requirement for managed care insurance. Their PCP may be willing to prescribe medication or may refer to a psychiatrist, especially for difficult cases. A PCP referral will generally be a requirement for seeing a specialist in psychiatry, so the PCP is the first stop, either way. For the insured individual, have them make an appointment with their doctor and ask if they would like you to write a referral letter or call their PCP.

If they do not have a PCP, helping them select one and make an appointment is considered part of good care by many therapists and may fit into problem-solving and decision-making processes of therapy. In general, the client will do most of the work, but the therapist can guide them through the process. Selecting a PCP usually involves contacting the insurance company for a list of providers and choosing one. Talking to family or friends about who they see and whether they like them may make the process more informed, but the choice may be one of location or other convenience factors, or more or less random. Clients may be advised to assess their choice and change PCP's if they are not comfortable with first choice. It is not usually considered the therapists' job to advise on choice of physicians. The supervisor or Clinic Director can help with this process and advise the therapist regarding how to divide the effort between client and therapist.

Uninsured Children: Almost all children who come to the Clinic will be eligible for Medicaid (the program of Medicaid managed care is called "Salud!" in New Mexico) if they are not on their parents' health insurance. Specifically, children are eligible for Salud! if family income is 235% of the federal poverty level—that's \$29,352, \$36,828, \$44,304 for families of 2, 3 and 4 members, respectively. If parents have incomes in these ranges, check to see if their child is enrolled in Medicaid, and with which managed care organization (MCO; in 2004 these are Presbyterian Salud!, Molina Salud! and Lovelace Salud!). If the child is enrolled in Medicaid, treat the MCO like any health insurance plan.

If a child is not enrolled in Medicaid, strongly encouraged the parents to enroll the child. Contacting the Medical Assistance Division of the Human Services Department is a parent's first step (1-800-432-6217), followed by selecting an MCO, getting a PCP and making an appointment. Many think it is part of a therapist's role to guide and support clients getting through such systems, while not doing the work for those who can.

Disabled Adults: Disables adults may be eligible for Medicaid, Medicare or both. They're likely to know if they're already on a plan. If not, they can contact the Medical Assistance Division of the Human Services Department (1-800-432-6217) to see if they might be eligible and how to proceed.

Over 65: They will be eligible for Medicare.

Individuals who are enrolled members of a federally recognized American Indian tribe should contact the Albuquerque Indian Health Center, 801 Vassar Drive NE (Vassar and Lomas), 505.248.4000 or go to www.ihs.gov for information.

Adults without health insurance: All New Mexicans except those who are not documented are eligible for health insurance under the Affordable Care Act (ACA). New Mexico expanded Medicaid to cover low income people under the ACA and others will be eligible for reduced rates. Clients may be referred to www.healthcare.gov to explore their options. UNM Hospital is a central connecting point for services for the low income and uninsured person.

Undocumented individuals will have additional hurdles. Student-clinicians best resource is to obtain a consultation with the Diversity Clinic.

One option is to have the person contact the UNMH Psychiatric Center intake unit (2600 Marble, northwest of Girard and Lomas; 272-1700) and follow their guidance and direction. They can do scheduling of appointments and direct the person for financial assistance.

For Bernalillo County adults with family income falling below 200% of the federal poverty level, UNM Care may be available to pay for care. More information is available at <http://hospitals.unm.edu/Healthcare/SCI-UNMCI/Applying.shtml>.

First Choice Community Healthcare is another UNM affiliated program with five offices in Albuquerque and in Los Lunas and Belen. A link with some information is http://hospitals.unm.edu/UNMH/Services/Womens/WHF_FirstChoiceCommunityHealthcare.shtml. Locations and phone are listed below. This would be the best choice for individuals who are low-income and uninsured.

South Valley Center
2001 N. Centro Familiar SW
Albuquerque
873-7400

South Broadway Center
1316 Broadway SE
Albuquerque
768-5450

North Valley Center
1231 Candelaria NW
Albuquerque
345-3244

Alamosa Center
6900 Gonzales Rd. SW
Albuquerque
831-2534

Alameda Center
7704 Second St. NW
Albuquerque
890-1458

Los Lunas Center
1259 Highway 314
Los Lunas
865-4618

Belen Center
120 South Ninth St.
Belen
861-1013

Appendix I: Solving problems at the Clinic

Overview

Problems of many types arise in the course of maintaining a setting for clinical work, providing a structured program for our work, and maintaining high standards of professionalism and ethical conduct. This section deals with a range of problems that arise, because good problem-solving shares the goal of carrying out our missions (training and service) and is forward-looking. From equipment failures to violations of the Ethical Code of the American Psychological Association, the aim will first be to remedy the problem, followed by measures to prevent recurrence. It is the philosophy of the Clinic (in keeping with established psychological principles and the values incorporated in the APA Ethical Code) to focus on prevention, remediation and avoiding re-occurrence over affixing blame.

Problems with the condition of the Clinic--Appearance, function, equipment:

Any person in the Clinic who is aware of a problem with the appearance of the Clinic building, functional problems or equipment failures should bring these to the attention of any one of the Clinic Staff. It is appropriate for the person observing a problem to determine whether the concern is one of personal taste versus diminished function or appearance from the previous condition of the building or equipment. In general, student-clinicians should not attempt to remedy problems themselves unless they are fairly sure they have the skills.

Programmatic problems

Student-clinicians have often been the instigators of positive change in the policies and procedures of the Clinic. If one is aware of a policy or procedure that is flawed or not being implemented, this should be brought to the attention of the Clinic Director, the Director of Clinical Training or any member of the Clinic Advisory Committee. It is useful, though not required, to present proposed solutions to programmatic problems.

Problems regarding practice

Student-clinicians often become aware of the behavior of other clinicians that differs from one's own or the values within one's system of psychotherapy. The behavior in question may be one that the psychological community finds to be poor practice, that the Clinical Committee has recommended against, or it may be a matter on which reasonable people could disagree.

Student-clinicians should discuss with their supervisors (all of them), or other experienced clinicians, matters which they question. If the behavior is a poor practice, a plan for approaching the other clinician can be developed that is likely to address the situation (e.g., turning the matter over to the other student's supervisor or other member of the Clinical Committee). It will be valuable to get multiple opinions for the learning of the student. (also see Pope, Tabachnick, & Spiegel, 1987; 1988 for what experienced clinicians find to be ethical or unethical and what is and is not poor practice).

Addressing unethical behavior

Student-clinicians also become aware of behavior on the part of other clinicians, supervisors or faculty that is possibly or certainly unethical. Here, we are talking about behavior that violates or may violate the APA's "Ethical principles of psychologists and code of conduct" (APA, 2002, hereafter, "Ethics Code").

The Ethics Code provides clear directions for what is expected of psychologists if ethical violations are suspected. These apply to student clinicians, with allowances for consultation required by their supervised status. The relevant excerpt from the Ethics Code follows:

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees Text omitted

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents Text omitted

Key to this section of the APA Code of Ethics are the notions that:

- dealing with ethical violations is serious business; the word “unethical” should not be used lightly given its implication “behavior in violation of the APA code of ethics” as opposed to a more common language sense,
- each psychologist is responsible for maintaining the ethical standards of psychology,
- the emphasis is on corrective action over blame,
- the first remedy is an informal approach, psychologist to psychologist (or future psychologists)
- in the case of power imbalances, for instance a student-clinician and a supervisor or faculty member, it is not required that informal problem-solving be attempted,
- notification and action by others (e.g., Board of Psychologist Examiners) is appropriate and expected under some circumstances,
- for any ethics concern, consultation is always recommended, and
- complaints and concerns should be carefully thought through and not entered into lightly.

Certainly, for student-clinicians, but also throughout one’s professional life, consultation with other psychologists (supervisors, faculty) is warranted and expected in sorting through problems and possible solutions. Students will almost always want advice of a supervisor or other licensed psychologist when a question of ethical violations arises.

American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073 (available at www.apa.org/ethics).

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987) The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 42, 993-1006.

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1988) Good and poor practices in psychotherapy: National survey of beliefs of psychologists. *Professional Psychology: Research and Practice*, 19, 547-552.

Appendix J: Clinical Privileges/Impaired Clinician

University of New Mexico Department of Psychology Clinical Committee Policy on Clinical Privileges

Clinical privileges are the privileges to provide psychological services within the Psychology Department, that is at the Department of Psychology Clinic, in the context of clinical practicum courses offered by the department or in the research under the direction of a clinical faculty member. By permission of the Clinical Committee, clinical privileges may be extended to settings outside the department as described in this policy. All clinical faculty, the Clinic Director and approved outside supervisors are granted clinical privileges to provide supervision or other services within the scope of practice of psychologists.

Clinical privileges are automatically granted to students admitted for graduate study in psychology with a major in clinical psychology. Student-clinician clinical privileges may be suspended or restricted for the protection of clients or to maintain the professional standards of the profession of psychology. These privileges necessarily involve the well-being of clients, are granted by the Clinical Committee and are exercised under the responsibility of an approved supervisor whose own professional standing and licensure could be jeopardized by the inappropriate practice of a supervisee. Thus, action suspending or restricting student-clinician clinical privileges may sometimes need to be exercised without delay and the threshold for suspending or restricting student-clinician clinical privileges cannot be too high. At the same time, action affecting a student's clinical privileges must carefully consider the well-being of the student as well as the client, the supervisor and the department.

This document is intended to strike a balance between protecting the client, the department and the profession of psychology on the one hand, while simultaneously treating the student-clinician with respect and compassion.

This policy is informed by the American Psychological Association's Ethical principles of psychologists and code of conduct (APA, 2002, hereafter, APA Ethics Code), the Code of Conduct of the New Mexico Board of Psychologist Examiners (NMAC 16.22.2), the Professional Psychologist Act (1978 NMSA 61-9), the Impaired Health Care Provider Act (1978 NMSA 61-7) and the rules of the New Mexico Board of Psychologist Examiners (NMAC 16.22). The Clinical Committee is also mindful of the Americans with Disabilities Act (ADA) which may be relevant in some cases.

It should be noted that this policy deals specifically with clinical privileges, not with academic standing in the department. There is a linkage, however, in that a clinical student must have clinical hours and Clinical Committee approval to go on internship and complete the academic requirements for the degree. Maintaining clinical privileges is a necessary condition for completion of the degree with a major in clinical psychology.

Legal Basis for Clinical Privileges

As context for this policy, it is important to keep in mind the Professional Psychologist Act and the rules promulgated by the New Mexico Board of Psychologist Examiners to implement this act. Those rules provide an exemption which allows students to provide services that are within the scope of practice of psychology, even though the students are not yet licensed. This policy is designed to protect the public whom students serve, assure that the student is not engaged in the unlawful practice of psychology and clarify the department's responsibility to properly supervise students under the following rule:

NMAC 16.22.3.9 SUPERVISION OF NON LICENSED PERSONS

D. Doctoral students under supervision. Students enrolled in a graduate-level clinical counseling or school psychology training program who are rendering services under supervision and who have not applied for licensure are exempt from the act as specified under Section 61-9-16 NMSA 1978. Students shall not directly charge a patient or third-party payor a fee for the services performed. The supervisor shall accept supervisory responsibility only over students currently enrolled in a graduate-level program, who are under the auspices of a bona fide practicum or externship program with a designated faculty advisor who shall be responsible for coordinating students' services and training. **Students shall not render any psychological services that are not supervised by a qualified supervisor as defined in this part.**" (Rules of the New Mexico Board of Psychologist Examiners, 2018 revisions, emphasis added.)

Granting of Clinical privileges

The Clinical Committee grants clinical privileges to all students admitted for graduate study in psychology with a major in clinical psychology. Clinical privileges may also be granted to graduate students from other departments or those with doctorate degrees who are cross-training in clinical psychology upon written request by the individual and approval of the Clinical Committee.

All members of the Clinical Committee as well as outside supervisors are granted clinical privileges automatically when they are hired or are approved to provide supervision by the Clinical Committee. Suspension or restriction of clinical privileges for supervisors would be handled on a case-by-case basis by the Chair, Director of Clinical Training, or the Clinical Committee.

Clinical privileges cover all activities within the scope of practice of psychologists, as described in the Professional Psychologist Act, which must be performed under supervision approved by the Clinical Committee and in settings approved by that committee. In the simplest conceptualization of student-clinician clinical privileges, the Clinical Committee grants permission to a student to see clients at the Department of Psychology Clinic and for clinical coursework and clinical research conducted under the authority of the Department. Clinical privileges may be extended to outside settings, with specific permission, either as a general rule (e.g. the New Mexico VA Health Care System, UNM Center for Development and Disability, north campus settings at the UNM Health Sciences Center) or to particular settings on a case-by-case basis.

Clinical privileges are granted to incoming students and are maintained automatically for students who are active within the department and have an academic advisor. If a student does not have an academic advisor, the Director of Clinical Training may appoint a clinical faculty member to serve in this role for the purposes of this policy until the student selects an advisor who agrees to serve in this role.

If a student requests a leave of absence from the department, clinical privileges will be automatically suspended for the duration of that leave because the student does not then meet the requirements of the rules of the Board of Psychologist Examiners reprinted above.

Students may not engage in any professional psychology activities (those which require licensure as a psychologist) on or off campus without clinical privileges, and the prior approval of the Clinical Committee. **Under no conditions are students permitted to treat clients without**

supervision. Failure to obtain proper approval may result in suspension or restriction of student-clinician clinical privileges.

As noted in the Board of Psychologist Examiners rule above, “students shall not directly charge a patient or third-party payor a fee for the services performed” although they may be involved in setting and collecting fees *on behalf of the Clinic*. Students must not refer to themselves as “psychologist” but rather as “a doctoral student in clinical psychology” or, after being advanced to candidacy as “a doctoral candidate in clinical psychology”. If another person refers to a student as “doctor” or as “a psychologist”, the student should cordially correct them to avoid misrepresentation. The professional use of university facilities by students is limited to those functions that are a part of the student’s training.

Suspension or Restriction of Student-Clinician Clinical Privileges for Ethical Violations

These student-clinicians are expected to conduct themselves in accordance with the APA Ethics Code and the Code of Conduct of the NM Board of Psychologist Examiners. Faculty may become aware of behavior on the part of student clinicians that is possibly or certainly unethical according to these codes. Both of these codes allow corrective action to be initiated by the professional who is concerned about the behavior, such as approaching the individual, pointing out the problem, and indicating what action might be required. This is, of course, one of the functions of supervision.

Other student-clinicians may become aware of ethical problems. As students in training, it is not expected that student-clinicians will have the expertise or in some cases be able to approach another student regarding ethical concerns. Students should consult with the DCT, the Clinic Director or another member of the Clinical Committee to assess the situation and determine a course of action. Due regard must be paid to balancing the protection of clients and the profession with the seriousness of alleging that another person peer is engaged in unprofessional or unethical conduct.

In the case of an ethical situation that cannot be addressed by a clinical faculty member through personal contact, the problem should be reported to the DCT. The DCT will initiate a Clinical Privileges Review Committee as described below for due consideration of the issues.

Suspension or Restriction of Student-Clinician Clinical Privileges: Impaired Clinician

A student’s clinical privileges may be suspended or restricted when the competency of the student to perform clinical duties is or could reasonably be expected to be impaired by apparent mental, emotional, physiologic, pharmacologic or substance use disorder condition.

If the DCT, in consultation with the student’s supervisors, has reasonable grounds for believing that a student-clinician is impaired in conducting clinical work and that the well-being of clients may be in jeopardy, the DCT may restrict or suspend student-clinician clinical privileges immediately. The most likely restriction in such a case is that clinical work be closely monitored either by direct observation or review of recorded sessions, depending on the circumstances. If it is deemed necessary to suspend student-clinician clinical privileges, supervisors will arrange for continued care of the client. In such cases, the DCT will initiate a Clinical Privileges Review Committee as described in the next section.

In cases where the likely impairment does not present an imminent concern for client welfare, the DCT will initiate a Clinical Privileges Review Committee without suspending student-clinician clinical privileges.

Student-Clinician Clinical Privileges Review Committee

The importance and necessity of sometimes suspending or restricting a student's clinical privileges has been presented above. At the same time, such action must be taken judiciously and discreetly to protect the student-clinician's dignity, well-being and reputation. The Clinical Committee's method of balancing these needs is the Clinical Privileges Review Committee, a three-member committee charged with investigating the issues, making recommendations for continuation of privileges or corrective action, informing the student, and monitoring and reviewing the progress.

Composition of the Review Committee will be three clinical psychologists, at least two of whom will be members of the Clinical Committee (clinical faculty plus Clinic Director). In general, the most recent end-of-the-year review committee will be selected by the DCT. In some cases, a clinical psychologist from the community with special expertise in clinician impairment or ethical concerns who is willing to serve in this role, may be appointed to serve on this committee.

Tasks of the Review Committee are:

- Ψ Investigate the concerns regarding ethical issues or clinician impairment
- Ψ Report findings regarding this investigation
- Ψ Develop a written plan for reinstituting clinical privileges
- Ψ Recommend these findings and plan to the Clinical Committee
- Ψ Review the situation upon application of the student for reinstatement of privileges following a time period specified by the plan

Recommendations may include (but are not limited to):

- Ψ Continuation of clinical privileges without restrictions
- Ψ Restriction of clinical privileges with conditions for a specified period of time
- Ψ Suspension of clinical privileges for a specified period of time
- Ψ Description of expectations in order for clinical privileges to be reinstated
- Ψ A method of review for reinstatement of clinical privileges

The Review Committee should flexibly design a plan leading to reinstatement of full clinical privileges, addressing the particular concerns in the case. Restrictions and conditions may include (but again are not limited to):

- Ψ Require evaluation of suspected impairing conditions
- Ψ Require that the individual consult with a designated psychologist regarding ethical practice
- Ψ Require a course or reading requirements regarding ethics
- Ψ Monitor clinical behavior such as review of session recordings or observation
- Ψ Implement other increased supervisory requirements
- Ψ Recommend treatment for impairing conditions
- Ψ Indicate to the student what documentation of evaluation, treatment or improved status will be useful in strengthening the case for reinstatement

In extraordinary circumstances, the Review Committee may recommend dismissal of the student from continued clinical training for severe impairment, serious ethical violations or for not following through on required conditions

Role of the Student-Clinician in the Review Process

Where issues of ethical concern or possible impairment are raised and are found by the DCT to merit the attention of a Clinical Privileges Review Committee, the student will be informed personally and in writing about the concern and the review process. The student will be scheduled to meet with the Clinical Privileges Review Committee to discuss the identified problems and review possible recommendations. The student may select any consenting

representative (including another student) to appear with him/her at this meeting with the Clinical Privileges Review Committee.

At the end of a period of suspension or restriction, the student may apply for reinstatement of clinical privileges. The Clinical Privileges Review Committee will be reconvened to meet with the student and review the current situation for recommendations. It is the responsibility of the student to initiate this review by applying for reinstatement.

Reinstatement of Student-Clinician Clinical Privileges

The Clinical Privileges Review Committee will recommend a reasonable period of time that the suspension or restriction will be in effect (a typical period might be three months). They will also recommend a method to verify that the conditions have been met. At the end of this period, the student may apply to the DCT for reinstatement of clinical privileges.

Upon application for reinstatement, the DCT will direct the Clinical Privileges Review Committee to convene to determine whether conditions have been met and whether it is appropriate that clinical privileges be reinstated. The Review Committee will conduct its investigation of the current situation with due regard for confidentiality of the student's treatment, and will request release of information only for that information which is necessary to evaluate the student's status.

The Review committee will make recommendations, which may be for reinstatement, continuation of restriction/suspension or other action that is needed. The procedure will follow the outline for initial determination above.

If clinical privileges are not reinstated by this process within a six-month time frame, the Clinical Committee may convene to determine whether termination of clinical training is appropriate.

Role of the Clinical Committee

The Clinical Committee has final approval for the recommendations of a Clinical Privileges Review Committee and may accept, reject or modify those recommendations. If student-clinician clinical privileges are suspended for reasons of impairment and if the impairment is deemed likely to affect the student's academic or research work as well, the Clinical Committee will determine a process for advising the student of options. These may include a leave of absence, seeking reasonable accommodations under the Americans with Disabilities Act, remedial measures, or other courses of action. In the most severe circumstances, the Clinical Committee may dismiss the student from continued clinical training.

Where issues arise in the non-clinical areas of an individual's program (degree research, coursework, preliminary examination) normal departmental and university procedures will be followed.

Appeal of the Decision of the Clinical Committee

There is no further appeals process because clinical privileges are truly a privilege, not a right, and the process of review, recommendation and oversight by the Clinical Committee is sufficient for this purpose. Termination from clinical training has no impact on pursuing the PhD in psychology in an area other than clinical psychology, so long as the student has demonstrated adequate academic progress. If an individual is to be terminated from pursuing the Ph.D., the established department and university policies would be in effect.

Disability Considerations

If a student is impaired as described here, she or he may be eligible for reasonable accommodations as a disabled student under the Americans with Disabilities Act. Although the issue is likely to be more relevant in the context of academic requirements or research duties, it is possible that some set of reasonable accommodations would allow an individual to maintain clinical privileges. It will be the obligation of the student to declare the reason and need for accommodations and to fulfill the requirements of the ADA such as registering through the Accessibility Resource Center. The Clinical Committee and Psychology Department will work with such a student and university offices to achieve reasonable accommodations. It is important to note in this policy that, as regards clinical privileges, the question of whether accommodations are “reasonable” will include, at a high level of priority, the need to maintain the well-being of clients.

Paragraph for Student Handbook

Clinical Privileges/Impaired Clinician: Clinical privileges are the privilege to provide psychological services in the Clinic, and at certain settings outside the department which have been approved as part of the student’s course of studies. Clinical privileges are automatically granted to students admitted for graduate study in psychology with a major in clinical psychology and to approved supervisors. Clinical privileges may be suspended or restricted for the protection of clients or to maintain the professional standards of the profession of psychology. The Clinical Committee’s Policy on Clinical Privileges describes the circumstances under which student-clinician clinical privileges may be suspended or restricted if a clinical student becomes impaired in carrying out their clinical duties. The purpose of this policy is to strike a balance between protecting the client, the department and the profession of psychology on the one hand, while simultaneously treating the student-clinician with respect and compassion.

Appendix K: Vertical Supervision Teams

A common supervision approach in many doctoral programs in clinical psychology is called the Vertical Supervision Team or V-Team. Each team is comprised typically of 3-4 graduate students in their 1st and 2nd year of training and 1-2 upper level graduate students (3rd year and above). One clinical faculty member serves as the instructor of record and supervisor for one V-Team in a group supervision format, and 5-6 V-Teams are offered each year that typically focus on specific disorders and empirically-based interventions for those disorders (e.g., exposure therapy for anxiety disorders, acceptance and commitment therapy for chronic pain, behavioral activation and cognitive-behavioral therapy for depression). The structure of the V-Team allows advanced graduate students to obtain experience doing supervision, an aspect of training that is now required in the new Standards of Accreditation (SoAs) of the American Psychological Association (APA; our accrediting body for our program). Faculty members who allow advanced graduate students to supervise essentially supervise the supervision of those students, which commonly means observing those students meeting with their supervisees. Notably, this approach does not place the burden of supervision on the advanced students; faculty who are V-Team supervisors *must* meet with their team on a weekly basis and visually observe their supervisees conducting therapy (also an APA SoA requirement). In a V-Team with 3 beginning students and 1 advanced student, the supervisor of the V-Team would be supervising approximately 6 cases (2 cases per beginning student; more if the advanced student also saw clients, which presumably could be optional). Supervision would involve meeting with the team (approximately 2.5 hours per week), reviewing/editing progress notes and assessments, assigning/discussing relevant papers regarding the disorders treated by the V-Team, and reviewing session videotapes of supervisees