



CLINIC MANUAL
POLICIES AND PROCEDURES
The Psychological Center
The City College of New York

How to Use This Manual

The series of policies and procedures outlined in this manual are to assist student therapists in meeting professional, ethical, legal, and fiscal requirements in the profession of clinical psychology, reflecting the most recent updates in the standards of practice.

Student therapists are expected to familiarize themselves with the policies and procedures described within this manual, especially before they begin treating patients. Additionally, the Director and Associate Director of the Psychological Center, as well as, the Clinical Administrator, other clinic staff, supervisors and the Director of Clinical Training are available for consultation regarding these policies and procedures.

The manual is divided into sections that review the training goals, administrative policies and procedures of the Center and provides a general overview of Clinic. The manual is intended to assist doctoral students during their training.

It is important to note that this handbook is a work in progress. All are welcome to provide feedback to the Director or Associate Director. Comments and suggestions are greatly appreciated.

Overview of the Clinic & Ph.D. Program

The Psychological Center at The City College of New York (CCNY), also known as “the Clinic” opened in 1969. The purpose of the Clinic is twofold. The Clinic provides low to moderate cost services to both the CCNY and Harlem communities. The Clinic is also the primary practicum site for graduate students in the Ph.D. Program. All psychological services provided by the clinic are conducted by doctoral students in the Ph.D. Program. Serving adults, adolescents, children, couples and families, the Clinic is one of the only sliding scale fee community mental health centers in Upper Manhattan.

In the 45 years since its inception, the Clinic has provided a range of psychological services to a clinically and culturally diverse patient population. In any given year, the Clinic provides psychological services to more than 200 patients.

The Clinic is physically located on the 8th floor in the North Academic Center, on Amsterdam Avenue and 137th Street, one of the main teaching centers of CCNY.

Mission Statement of the Clinic

The Psychological Center’s mission is to provide the highest quality psychological services for the college and surrounding communities as well as to provide relevant training opportunities for the students in the Program. The Clinic shares a commitment with the Program in providing services to those who might otherwise not have access to treatment, particularly underserved, poor and disenfranchised populations from the New York Metropolitan area.

Clinic Population for 2014-2015

While the population of the Clinic is fluid, a snapshot of the Clinic Population during the 2014-2015 year. In 2014-2015, the Clinic population had a mean age of 22.6 years. 22% of the patients were children under the age of 13; 16% were adolescents (ages 13-18); 58% were adults (ages 19-49), and 4% were over the age of 50.

57% of the patients are male; 43% are women. Over 90% of the patient population identify as belonging to a non-majority background (52% African-American; 4% Afr-Caribbean; 36% Latino/Latina; 1% Asian-American). Patients come from all 5 boroughs of New York City, New Jersey, Connecticut and Long Island.

Referrals generally are self, though we also receive significant referrals from HospitalCenters, Community Mental Health Centers, and University Counseling Centers.

90% of the patients make use of our sliding scale fee system, while 10% pay full fee (\$40 a session).

Diagnostically, patients display a wide range of psychopathology, from neurodevelopmental disorders, to mood, to psychotic disorders.

Training Goals of the Ph.D. Program as they relate to the Clinic

The Psychological Center provides student therapists with a multi year, intensive, onsite externship experience in community psychology. Through this experience, relevant theoretical and clinical issues are integrated within the Ph.D. Program's scholar-practitioner framework. The training goals of the Clinic are designed to complement the training goals of the Ph.D. Program. The goals and objectives for practicum training during the course of a student's residency include the following:

1. To become proficient in the application of a wide range of clinical intervention techniques.

This goal encompasses learning how to treat patients using various treatment modalities for individuals, groups, families and couples. Over the course of their residency in the Clinic (years 1-4 in the Ph.D. Program, though many students continue their residency into years 5 and 6), students have opportunities to provide clinical intervention using psychodynamic, cognitive, cognitive behavioral, integrative, evidenced-based treatment modalities. Over the course of their residency, students also gain experience in short-term crisis intervention, extended consultation and extensive intake and evaluations. All students treat patients across the lifespan, from childhood through adulthood.

2. To become proficient in the use of supervision and consultation.

Students receive a very significant amount of individual supervision on their clinical cases throughout training. During their multi-year, on site externship training at The Clinic, they receive one hour of supervision from licensed, Ph.D. clinical psychologists for each each week. Students are also active participants in a variety of group supervision and consultation opportunities from their first days of The Ph.D. Program, through the Clinical Teams.

In addition to conducting psychotherapy and assessments, since the fall of 2014, advanced students have been offered the opportunity to participate in Peer Consultation.

In this program, Advanced Students provide consultation to the students taking *Child and Adult Intake*. Rising fourth year students and above who have taken and received a grade of at least A- in PSY 85408 *Supervision and Consultation* are eligible to be Peer Consultants (hereafter, PCs). PCs meet weekly with their peer consultees to discuss intake cases. Additionally, PCs are also responsible for the overseeing of the intake report writing and review several drafts of each intake report. PCs are assigned to intake students by the Directors.

In addition to their weekly duties with the intake students, Dr. Harris meets with all of the PCs once a week in groups of 5 or 6. During that meeting, cases are reviewed and issues around beginning supervision are discussed. Like the Eval Teams, while the PC supervision meetings are not part of the didactic course taught by the faculty, there are ample opportunities for live teaching and didactics .

This system is designed to give everyone who goes through The Program practical experience in Supervision & Consultation.

3. To become proficient in the application of a wide range of clinical assessment techniques.

Over the course of their residency, students learn to apply skills in a series of assessment batteries they administer during their clinical placement in the Psychological Center. While the minimum level for demonstrating achievement in this domain is the completion of five full assessment batteries, students are strongly encouraged to complete more than that. Typically students complete one battery during the second semester of their second year, and then complete the rest in the second semester of the third year, and the first semester of the fourth year. Many students elect to complete some of their batteries over the summer between semesters. Some students who participate in offsite extra-curricular experiences (e.g., summer testing externships elect to use up to 2 outside testing batteries to count towards their minimum of 5 batteries. In order to do this, students fill out the *Request for Offsite Testing Credit Waiver Form*, which is reviewed by the

4. To become ethically grounded, culturally competent, and socially responsible psychologists.

The fourth major goal of the Ph.D. Program is to train our students to develop into ethically grounded, culturally competent and socially responsible psychologists. Success in each of the three aforementioned goals (supervision & consultation, intervention training, and assessment) is predicated on an appreciation of ethical standards as well as respect for, knowledge of, and welcoming of multiculturalism and individual differences. Further, we hold a deep commitment to social justice, which we attempt to weave throughout the training in professional conduct.

Understanding the relevance and significance of cultural and individual diversity is integral to the clinical training sequence in The Ph.D. Program. Most of the patients treated at the Clinic come from diverse, non-majority backgrounds. The recognition of, appreciation for, and significance of these factors are essential to the student's evaluation,

assessment, and choice of therapeutic intervention. These factors are discussed in all practicum courses, in individual supervision, in both Evaluation Teams, and in the weekly Clinical Team Meetings. A student's ability to integrate these factors into their formulations and treatment plans is a fundamental part of the training experience.

Course of Clinical Intervention Training

Clinical Psychology Services

The sufficiency of practicum experiences required of our students, in preparation for an internship, enables them to match successfully with internship sites. Our students regularly match at a very high level with the internship sites. During the past 7 years, our students matched 92.7% (103 of 111) of the time with the internship sites they picked. See Table 4 for the number of applicants applying for internship and the number who matched.

Basic Organization of the Clinic

The Psychological Center serves as the main practicum training site for the students in the Doctoral Program in Clinical Psychology. The Clinic provides treatment to children, adolescents and adults. Patients may receive individual or group psychotherapy, family and couples psychotherapy and psychological testing.

Relevant information about the Clinic can be found at: www.thepsychologicalcenter.com. To access the clinic's website, a gmail account must be used. Electronic communication with student therapists in residence at the Clinic occurs through the psychresidents listserv (psychcenteresidents@googlegroups.com); no identifying data while using this electronic communication.

Hours of Operation

The Clinic follows the CCNY schedule; if the college is closed, then the clinic is closed. The Psychological Center is open from the Tuesday after Labor in September through July 31st. Clinic hours begin at 7:30 am, and end at 8:30 pm, Monday through Friday. The last session of an evening may begins no later than 7:30 pm. The Clinic is closed on Fridays during July. The Clinic is closed for the entire month of August, as well as during CCNY vacations. The vacation and holiday schedule can be found on the Center's website: www.thepsychologicalcenter.com, or at <http://www.cuny.edu/registrar/academic-calendar.cfm>.

Administrative and Supervisory Staff

Director of the Psychological Center

The Clinic Director (Diana Punaes, Ph.D.) reports to the Director of Clinical Training (DCT) of (Steven Tuber, Ph.D.) and supports the overall mission and training

goals of . The Associate Director (AD) of the Clinic (Ben Harris, Ph.D.) reports directly to the Director of the Clinic.

The role of the Director, who works closely with the DCT and AD is to monitor the course of students' clinical training and the completion of their clinical requirements with specific attention to:

- Implementing the training goals of with regard to clinical practice
- Insuring the quality of services provided to the patients and adherence of Center personnel to appropriate ethical and professional guidelines
- Providing consultation and support in clinical emergencies and clinical treatments
- Maintaining the physical environment of the Clinic, including air quality, cleanliness, and safety
- Overseeing policies and procedures including the budget, fee setting and hiring guidelines
- Participating in the Evaluation and Disposition Team
- Maintaining a close relationship with agencies in the community through ongoing public relations efforts to foster public awareness of services offered at the Clinic
- Monitoring of the flow of referrals, disposition of patients and services provided to patients
- Assessing the performance of all Clinic administrative staff
- Overseeing the implementation of clinical research sponsored by the Psychological Center
- Conducting the Annual Clinical Review of students therapists and evaluating their clinical performance
- Coordinating externships and clinical fellowships with the DCT
- Directing the Clinical Teams
- Supervising and consulting with students on an as needed basis

Associate Director of the Psychological Center

The Associate Director (AD), who works closely with the Director of the Clinic and the DCT is to monitor the course of students' clinical training and the completion of their clinical requirements with specific attention to:

- Assisting the Director of the Psychological Center in developing and implementing all policies and procedures related to the administration of the Psychological Center and the training of student therapists
- Coordinating the Evaluation and Disposition Team
- Coordinating the Peer Supervision and Consultation Service
- Monitoring of the flow of referrals, disposition of patients and services provided to patients
- Assigning student therapists to supervisors to insure the best possible match between presenting problems and supervisory expertise
- Managing and credentialing the supervision process and maintaining regular ongoing contact with supervisors

- Providing consultation to students and supervisors regarding clinical emergencies and clinical treatments
- Directing the Clinical Teams
- Supervising and consulting with students on an as needed basis

Clinic Administrator

The Clinic Administrator (CA) who works closely with the Director and Associate Director (the Directors) of the Clinic in the administration of the clinic. The CA is specifically responsible for:

- Managing the administrative aspects of the finances of the Clinic including check requisitions, budget, and monthly reporting
- Supervising all front desk activities, including bookkeeping, secretarial, and receptionist functions
- Participating in the Evaluation and Disposition Team
- Assisting in the assigning of clinical cases to student therapists
- Acting as liaison for student work study grants
- Coordinating special initiatives and clinic projects
- Supervising clinical staff
- Developing and maintain clinical databases and production of statistics and spreadsheets
- Coordinating the Desk Duty tasks and schedule assignments

Additional Clinical Staff

Additional clinical staff is composed of work-study students, undergraduate volunteers and fellows from the City College of New York. The additional clinic staff is responsible for:

- Assisting with the implementation of data management
- Performing basic administrative tasks, such as answering phones, taking messages, record keeping, filing, ordering supplies, maintaining inventories
- Managing patient related databases
- Contacting patients regarding appointments and waitlists for services
- Coordinating the Data Collection Initiative Coordinating the Psychological Testing Requisitions Desk
- Coordinating therapy room assignments

Supervisory Clinical Adjuncts (Clinical Supervisors)

Licensed clinical supervisors are essential to the training of student therapists; they supervise the mental health services provided by Program students. Supervisors may be full-time faculty members or part-time adjunct faculty.

Supervisors are assigned . In addition, in the early summer of each year, as the second part of the Annual Clinical Review (see below) students meet with the AD to discuss current and future supervision needs. New supervisors are assigned at this time. While in residence at the Psychological Center, all student therapists are supervised by New York State licensed clinicians. All supervisors are Clinical Supervisory Adjuncts who contribute to the students' ethical and legal actions involved with patient care.

General Procedures

Orientation to the Psychological Center's Procedures

In the first year, there are two mandatory orientations to the procedures of the Clinic; one in August just before classes begin, and one in January, just before clinical work begins. The purpose of the orientations is to introduce new students to the clinic manual and the policies and procedures before beginning their residency and conducting psychological treatment at the Clinic. All students have access to the clinic manual through the Psychological Center webpage. Hard copies of the clinic manual may be requested from the Clinic office. Updates, revisions and reminders regarding policies or procedures are communicated to the greater clinical psychology community via email and at weekly clinic team meetings; these are also reflected in updates and formal revisions to the clinic manual.

As previously stated, copies of the American Psychological Association's *Ethical and Professional Standards of Psychologists and the Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists and Record Keeping Guidelines* can be found on the Clinic website, or the APA website (<http://www.apa.org/ethics/code/principles.pdf>). All student therapists are expected to be familiar with these documents as they begin their residency at the Psychological Center. In addition, all first year students are required to take the *Proseminar in Ethical and Professional Issues* in their first semester in . Familiarity and a continued discussion of these standards is an essential component of the on-going clinical training for all student therapists in residence through the clinical teams and practicum courses.

Student Responsibilities

Desk Duty

In the first semester of their first year, students are expected to work in reception/screening for one hour a week advanced and beginning students are paired for to provide mentorship and guidance for entering students.

The term "Desk Duty" is used to refer the administrative tasks that 1st – 4th year students in residence at the Psychological Center fulfill as part of their staffing of the Clinic. The front desk of the Psychological Center represents one of the places where the clinic directly interacts with . It is not uncommon for prospective patients and their family

members—sometimes in acute stress—to present themselves at the front desk without having any prior contact with the Psychological Center. For this reason, it is imperative that the front desk be staffed on a regular, reliable basis with student therapists. Essential tasks performed by student therapists on desk duty include:

- Providing information about the Psychological Center’s full range of services to prospective patients and community mental health professionals and organizations
 - Screening prospective patients and assessing their presenting level of risk and appropriateness for services
 - Scheduling new patients for psychological screening sessions
 - Announcing patients arriving for scheduled appointments
 - Managing incoming phone calls
 - Forwarding phone messages to staff therapists
 - Checking the clinic’s voicemail on a regular basis

All students in their 1st – 4th years in the Clinical PhD Program are required to commit one hour of Desk Duty each week during the spring and fall semesters. Alternative arrangements are made during the winter and summer intercessions, which require students to commit to two four-hour blocks of time. First year students are paired with advanced students during the first semester of their first year of residency in an apprentice model that allows less experienced students to learn about the processes described above from upper classmen. Starting in the second semester, first year students conduct desk duty on their own. Thus, after this first semester, all students, including first year students will perform desk duty as defined above.

The Clinical Administrator arranges the schedule for desk duty based on student therapists requests for specific time slots. Once a desk duty slot is assigned, each student therapist must report weekly for their desk duty assignment. If a therapist is unable to make their desk duty slot for any reason, it is the exclusive responsibility of that therapist to both: 1) find a replacement for that hour, and 2) to make up the missed hour as soon as possible upon arrangement with the Clinical Administrator. The ongoing functioning of the Clinic depends on this critical shared responsibility and as such no student in residence is exempt from missing or cutting short their desk duty time for any reason. If a student therapist does have to miss their desk duty, they need to inform the Directors of the Clinic as soon as possible. Students who do not fulfill their Desk Duty obligations will have the incident reflected in their Student Clinical Record as it is considered a serious breach of clinical care.

Screening Procedures

The process of psychological screening and intake serves to collect the relevant information about a prospective patient in order to attain a disposition regarding treatment or further evaluative recommendations that can best serve the individual patient. These processes are important as these to ensure that the prospective patient receives treatment that meets their needs. Even though the clinic has full-time administrators and adjunct clinical supervisors, the clinic is not equipped to treat patients who require in-patient

psychiatric care, a day treatment program or are in an acute crisis where they pose an imminent danger to themselves or others. Patients who are considered by the students therapists and Directors of the Clinic to pose an imminent threat to self or others will be evaluated and sent to the nearest psychiatric emergency for further evaluation and assessment of safety.

Patient Selection Criteria

The primary purpose of the Psychological Center is to serve as the training clinic for , the following exclusion criteria is in place to determine a patient's eligibility to be accepted for treatment at the Clinic:

- Patients who pose an acute danger to themselves, others or the community
- Patients who are actively decompensating or psychotic
- Patients who may not meet the conditions above, but nevertheless may be in need of psychiatric hospitalization or a day treatment program or other comprehensive services not provided by the Clinic
- Patients for whom active and significant (i.e., use of alcohol or substances on a daily basis with episodes of delirium and/or blackouts) substance use is the primary clinical problem
- Patients actively involved in litigation that may result in a student therapist needing to testify in a legal proceeding

Patients falling under any of the above categories are referred to another facility where they can be better served given their specific needs. If and when these conditions arise during the course of treatment, the trainee is required to inform their supervisor and the Clinic Directors in order to update the current disposition.

Psychological Screenings

Psychological screenings precede the intake evaluation process. Only patients who have completed a psychological screen can be considered for intake. Prospective patients who present to the Clinic for services usually are referred by the following sources: community agencies, the Counseling Center at CCNY, or self. Such patients will contact the clinic by phone or come in person to the front desk to make an appointment for a psychological screen. All patients who undergo a psychological screen are informed that the therapists working in the clinic are doctoral students who are supervised by licensed psychologists. Patients are also informed of the fee structure of the clinic. Additionally, patients are asked about the type of services they are seeking and whether they are experiencing a psychological emergency (e.g., suicidal or homicidal ideation, active psychosis). If a prospective patient is experiencing an emergency or crisis, the patient is assisted to go a psychiatric emergency room. These arrangements are made in consultation with the Directors of the Clinic and the Public Safety Office of CCNY. Patients are informed of any current wait-list for a delay in clinic services. All patients who have been determined to be appropriate for a screening must have an appointment in order to be screened at the Psychological Center.

For patients seeking family/couples therapy, child therapy, or adult/child psychological assessment, the screening form can be filled out over the phone or in person.

An actual intake appointment is not given to the patient at this time as the Directors of the Clinic must review these forms before assigning the case to a student therapist.

For adults seeking individual therapy, the following guidelines apply:

- Prospective patients must fill out an Adult Screening Request card (See Appendix C), and make an appointment for an in-person screening. The Clinic does not treat acute crisis or emergency situations for adult patients who are not currently in treatment at the Psychological Center. Screening appointments must be made for at least the next day (e.g. prospective patients cannot be scheduled for a screening appointment the same day as their request for a screen). Any exceptions to this policy must be discussed with and approved by the Directors of the Clinic.
- When a prospective adult patient arrives for the screening they are given several forms for both clinical screening and data collection purposes (see Appendix C for screening forms). Other instruments can be included at the discretion of the Clinic for purposes of clinical research (see section IX for Research Procedures). In these cases, potential patients will be appropriately consented.
- If the potential patient does not appear their scheduled screen, it is the responsibility of the assigned screening therapist to follow-up with the potential patient and attempt to reschedule the screen. Additionally, the Clinic needs to be informed of the reschedule by emailing the Clinic Administrator directly.

When all the forms are completed, the screening therapist invites the patient into the closed Front Desk area to review the completed forms and to assess for suicidality, homicidality or psychosis. If an emergency situation arises, refer to Appendix A.

The screening therapist then initials the questions on the inventories regarding suicidality and homicidality as having been assessed, and submits their screening notes and all related forms to the clinic office by placing the forms in the appropriately labeled folders in the front desk drawer. These forms are collected on a daily basis by the staff of the Clinic.

The student therapist who completes the screen will also email the Directors of the Clinic, the clinic administrator and deskduty@gmail.com with information regarding the screen.

All submitted screening forms, regardless of the type, are then reviewed by the Clinic Director and Associate Director. If the information provided on the screens does not exclude a patient from potential admission, then the patient is assigned a case number and a folder is created for their case. If it is determined that the patient is not appropriate for intake at the Clinic, the potential patient is contacted by either the screening therapist or the clinic staff and referred to another mental health agency or given the 1-800 LIFENET number to contact for additional referrals. If the potential patient was referred by another agency, that referral source is contacted and informed that the case cannot be accepted for treatment. If it is determined that the screening meets criteria for acceptance to the Clinic for an intake, then the case is assigned to the adult intake team, the child intake course, an available therapist or is placed on the intake wait-list.

Clinical Teams

All students who treat patients at the Clinic are assigned to one of four clinical teams that meet weekly. Each team is comprised of a total of 10-12 student therapists with representation of students from each of the first four years, as well as any other students who are treating patients in the clinic beyond the fourth year. Students remain in that Clinical Team for the entirety of their residency (4-6 years)

There are four Clinical Teams; two are led by the Clinic Director (Dr. Punales) and two are led by The Associate Clinic Director (Dr. Harris). These weekly Team Meetings allow for the monitoring of all cases, as well as the development and progress of individual student. Because they are conducted within a multi-cohort group setting, the format allows all students to learn from and consult with each other. In the first week of their first year, students are placed onto one of four teams comprised of a cross section of students from all class cohorts.

The purposes of Clinical Teams is the following:

- To give student therapists a forum in which to apply the clinical and consultation skills they are learning into practice.
- To help the clinic administration more effectively oversee and manage the data collection or pilot protocols and research that student therapists may conduct and participate in.
- To allow the Directors of the Clinic to more efficiently and comprehensively oversee students' clinical work; to reduce the likelihood of risk, and increase compliance with supervision, desk duty, and chart maintenance.
- To allow the clinic administration to track caseloads to insure that students in residence maintain active and full caseloads. Additionally, the teams facilitate triaging of emergent situations allowing for practica courses to spend more time in the class for didactics and a more in depth discussion of case material.
- To provide student therapists with experiences of mentoring and being mentored and as a result, giving trainees added exposure to supervision and consultation through discussion of cases with a format that allows for input.
- To provide a space where students can discuss their clinical experiences that is both formalized and regular, with a particular focus on helping reduce anxiety experienced by trainees.

Structure of Clinic Teams

Typically meetings begin with dissemination of administrative information. This part of the clinical team meeting discusses procedures about charting, the implementation of new pilot research, reminders and clarifications about treatment updates etc. and takes approximately 10-15 minutes. During this time, weekly changes in caseload and supervisor status for each student is recorded.

The second phase of the Clinical Team is a discussion of any clinical emergencies or concerns that arose during the week with patients. This phase allows for a proactive discussion of clinical concerns about current patients. Additionally, it allows for the gathering of incident reports and charting of emergency situations. Throughout the meeting, there will be space for students to weigh in on each other's cases, to work

collaboratively, and to essentially consult each other in a standard meeting. Student therapists in the Clinical Teams also have the benefit of hearing and becoming familiar with 30-40 other cases over the course of an academic year. Attendance at these meetings is mandatory.

Over the course of their residency, students are expected to remain in their Clinical Team to provide continuity of experience for themselves, as well as for their fellow students. Students are allowed to request to switch teams once during their residency. No one may see patients at the Clinic without being part of a Clinical Team.

Psychological Intake Evaluation

Intake evaluations are assigned to individual therapists who do not have the minimum caseloads or to student therapists in the Adult Intake class, Child Intake class, or those awaiting family couples cases. All potential adult intake cases must have undergone a psychological screen, and have been approved for intake by the Director or Associate Director. Students in the Adult Intake and Child Intake courses are also required to participate in the respective Intake/Evaluation Teams, which led by the Associate Director. In these teams, students have live supervision and consultation during the intake sessions, in addition to participating in the evaluation and disposition of these patients. The number of intake sessions that a patient undergoes is dependent on the needs of the case and the specific service that is being sought. However, all intakes must comply with the following:

During the Intake sessions with the patient(s) and/or guardians, an Intake Fee Agreement Form (see Appendix C) must be signed at the first intake session. Patients are informed that they will not receive feedback until they have paid the entire intake fee. Patients who state that they require a reduction of the intake fee will need to submit proof of financial hardship to the Clinic Director by completing a fee adjustment form (see Appendix C).

After the intake sessions, a clinical evaluation report (also referred to as “Short Form” in Appendix C) must be completed by the intake therapist describing the patient’s presenting problem, relevant history, preliminary diagnoses and dynamic formulation. For students in the Adult Intake course, review and editing of the short form is conducted by the Evaluation Team leaders each week. All cases must be presented by the student therapist who conducted the intake evaluation to the Director of the Clinic. However, before scheduling a disposition session, the Associate Director and Evaluation Team leaders need to sign off on the evaluation. This means that the evaluation report is complete and approved for disposition. Once the evaluation report is approved then the student therapist schedules a meeting with the Director of the Clinic. At the disposition meeting, the student therapist will formally present the case to the Clinic Director and the final decision regarding outcome of the case is made. The student therapist must bring the completed clinic chart to the meeting for administrative processing.

After the disposition meeting, the student therapist meets with the intake patient for feedback where the patient receives recommendations for treatment.

See Appendix C for a list of forms used during intake

Disposition

Process for Disposition

The disposition of patients occurs in a meeting with the Director of the Psychological Center. Before this meeting can be scheduled, the completed short form must be signed off on by the respective adult or child evaluation team teaching assistants and peer supervisors coordinators (adult or child short forms). The evaluation form should also be signed by the student and their supervisor. In this disposition meeting, a determination is made by the student therapist and the Director of the Clinic as to the appropriate disposition for treatment at the Clinic or for referral to an external agency.

If the Director and Associate Director determine that the patient would be better served by an outside referral, the intake therapist will give the patient referral information to an external agency or service that can best meet their needs. This will take place in the feedback session.

If the Director and Associate Director determine that the patient is appropriate for psychotherapy at the clinic, the student therapist who conducted the intake will inform the patient that they have been assigned to an available therapist. This will take place in the feedback session. In some cases the intake clinician may be able to continue to work with the patient for psychotherapy. That decision is made at the discretion of the Clinic Director and Associate Director. If there are no student therapists available, patients are given the option to be placed on a waitlist for treatment or be referred to another mental health agency for services.

Treatment Modalities

The Psychological Center provides patients with treatment in the following modalities: individual psychotherapy, group psychotherapy, family and couple psychotherapy for children, adolescents and adults. Clinic provides short- and longer-term empirically supported treatments which include: psychodynamic psychotherapy, Transference Focused Psychotherapy, Dialectical Behavior Therapy, Emotion Focused Therapy and Motivational Interviewing. Student therapists who provide manualized treatment to patients do so in the context of participating in treatment and supervision teams for the respective treatments.

Peer Consultation

Students who have completed the *Supervision & Consultation* practicum are eligible to become Peer Consultants. In this model, each Eval Team student will be assigned an advanced student who has completed the Supervision & Consultation Practicum. The Peer Consultant will be responsible for meeting weekly with the Eval Team student to provide consultation on the case until the disposition of the case has been determined and/or the Eval Team student has been assigned a supervisor.

In addition, Eval Team students will be required to submit drafts of their intake reports by 9:00 am Sunday morning each week that they see their intake case to both the Eval Team Leaders as well as their Peer Consultant. The Peer Consultant will review the report to help the Eval Team student develop the report and track the case. Peer

Consultants will also be expected to help Eval Team students with any questions around charting and documentation.

The Peer Consultants must attend one of two 45 minute Group Supervision sessions led by the Associate Director. In these sessions, we review the cases being discussed as well as the experiences of supervision.

In addition to this group supervision, The Associate Director is one of the two Eval Team leaders on both the Child and Adult Eval Teams and as such will review and monitor cases through that medium as well.

Every effort will be made to make sure that any advanced student who has a) taken the Supervision & Consultation program and b) has discussed Peer Consultation with the Clinic Director during their annual clinical review has the opportunity to participate in Peer Consultation at least once.

Peer Consultants will be assigned to Eval Team students by the Associate Director.

Advanced Peer Consultation

Any student who has a) completed *Supervision & Consultation* with a grade of at least A-, and b) has already completed a semester of Peer Consultation, may apply to do Advanced Peer Consultation which involves co-leading one of the Eval Teams with The AD.

Referrals to External Agencies

Referrals to external or outside agencies are coordinated with the assistance of the Director and Associate Director of the Psychological Center. Resources are identified in the resource book, which is located at the front desk as well as in the clinic staff office. 1800LIFENET, a national toll-free referral service, is also used to facilitate referrals based on the patient's medical insurance and geographic residence. Once a referral is determined, the information is communicated to the patient verbally and in writing. When needed and appropriate, the intake therapist will assist the patient with following through with the referral.

For patients who elect to be placed on the Clinic's waitlist, their interest in continuing to be waitlisted will be periodically assessed through phone calls made by the clinic staff. Once a student therapist is available to be assigned a new case, patients on the waitlist will be contacted and offered services.

All disposition and recommendations are recorded on the Short Form by the Director of the Clinic. Disposition information for all patients is also recorded in the patient registry by the Clinic staff. If the patient is not admitted for treatment at the Psychological Center, is referred elsewhere, refuses treatment at the clinic or is unable to be reached, the intake therapist is responsible for closing the case. All cases that are closed require that a letter to the patient co-signed by the Director be sent informing the patient that their screening and /or intake case at the Psychological Center is officially closed. Student therapists need to complete a Termination Form for each case (screening or intake) that is closed; the termination forms must be signed by the Director (see Appendix C).

The process of screening and intake serves to collect the relevant information about a prospective patient in order to reach a disposition regarding treatment or further

evaluative recommendations that can best serve the individual. The primary objective of the intake process is to ensure that each prospective patient's disposition recommends a treatment situation that meets their needs. While the clinic has administrators and supervisory staff, the clinic is not equipped to treat patients who require inpatient psychiatric care, in need of a day treatment program or who are in an acute crisis.

Caseloads

By the time have finished the intake sequence, should have a full caseload of patients. In the second semester of their first year, students pick up a clinic patient through their work on the Child or Adult Eval Team. Thus, by the end of the second semester of their first year, adult track students are seeing at least one adult patient in ongoing psychotherapy at the Clinic and child track students are seeing at least one child patient in ongoing psychotherapy at the Clinic. Over the summer between their first and second years, students pick up a second patient; adult track students pick up a second adult case and child track students pick up a second child case. In the fall of their second year, Adult track students pick up a child case and Child track students pick up an adult case the intake courses. intake courses

By the second semester of their second year, students are expected to have a full complement of cases (three cases: typically two children and one adult for Child Track students, and two adults and one child for Adult Track students, though some Child Track students have more adult patients and some Adult track students have more child patients). Many students see either a family or a couple and a number conduct psychotherapy groups as well.

During the first semester of the second year, students each begin work with a third psychotherapy case. Those who have not begun work with a second case over the summer between first and second years will begin work with two psychotherapy cases. When students are assigned a new case from the clinic, they are simultaneously assigned a new individual supervisor so by the end of the second semester of the second year, all students are seeing three patients in our onsite clinic, and each receiving a hour of supervision from a different supervisor for each case. In the spring of the second year, all three supervisors fill out the . In addition, each student takes part in the two-step annual clinical review conducted by the Clinic Directors.

Psychotherapy Case Assignments

The Clinic Director and Associate Director determine if a patient is appropriate for admission to the Psychological Center in discussion with the student therapist who conducted the psychological evaluation. Supervisors are also consulted with when necessary during the course of a patient assignment for the purpose of treatment and training goals. While all input is considered, ultimately cases are assigned by the Clinic Director, in consultation with the Associate Director and Director of Clinical Training according to the needs of the trainee, patient, and clinic. In some cases, advanced trainees in need of a case will be assigned a screening case to evaluate. The advanced student (meaning a student who has successfully completed either Adult or Child Intake courses) will then complete an intake and submit it to the Clinic Director for approval prior to

giving feedback or beginning psychotherapy with a patient. All cases assigned are also presented and discussed in Clinical Teams.

Doctoral students are expected to maintain full caseloads (minimum of 3 patients) during their four years residency (and completion of 500 clinical hours) in the Psychological Center. Students are eligible to apply for externships after completion of 350 clinical hours and must be approved for application by the Director and the Associate Director of the Psychological Center and the DCT. Student therapists are encouraged to continue treating patients until they commence their internship.

Therapy Procedures

If a prospective patient is determined to be appropriate for treatment by the Clinic Director and Associate Director, and the patient has agreed to begin psychotherapy, the case will be assigned. All cases are assigned by the Clinic Directors according to the needs of the patient and the training goals of the student therapist. In some cases, advanced trainees in need of a therapy case will be given a screening case for evaluation. As with any intake/evaluation, the intake student therapist will need to complete a short form and must follow all the procedures previously discussed in Section IV.

Students may begin treating transfer patients (patients who have been in treatment at the clinic with another student therapist, whose therapists are leaving the clinic and who still can benefit from psychotherapy) as early as the summer prior to the second year. All students are required to maintain a full caseload through the summer of their fourth year and must complete a minimum of 500 clinical hours during their residency. Beyond the fourth year and even after completion of the 500 minimum required hours, student therapists are encouraged to continue treating patients at the clinic until they begin their clinical psychology internship.

Treating Patients

Once a patient has completed the evaluation process (as described in section IV) and is assigned to a therapist, the case is considered “active” and the relevant patient disposition and information is entered into the patient registry. Active cases must have charts that document all clinical encounters. Students are expected to treat patients at least once a week; this does not apply when the clinic is closed for holidays and/or the month of August. All clinic closings are listed on the Psychological Center website, are reviewed in clinical teams, and are sent to the current therapist listserv. Student therapists should inform patients at the beginning of therapy that in the event of three consecutively missed appointments without calling or previously arranging the absence with the therapist, the case may be closed. This policy must be discussed with the student therapist’s supervisor at the start of supervision and is determined and regulated by the Directors of the Psychological Center.

Students cannot provide treatment to any patient without having a supervisor assigned to that case. Supervision must take place on a weekly basis even when a patient misses a session to insure continuity of supervision. The Associate Director of the Clinic assigns a supervisor to each case accepted into treatment. At the Annual Clinic Review, supervisor assignments are reviewed and made according to the training needs of the

student therapist. When the supervisor is ill or on vacation the student arranges with the Clinic Directors alternate plans for supervision.

First Appointment

After being assigned to a supervisor by the Associate Director of the Clinic, the student therapist must contact the patient to schedule the first appointment. Before meeting the patient, the student therapist must review all available information on the patient. The student therapist is also responsible for contacting the supervisor and arranging for supervision once a patient has been assigned. The student therapist makes all subsequent therapy appointments on a recurrent basis.

Appointments and Therapy Rooms

The Psychological Center has a set number of therapy rooms available for child, adult, group, and family/couple psychotherapy sessions and testing's. Rooms are reserved by emailing the clinic staff member responsible for room assignment as well as through the clinic website which allows student therapists to sign out rooms on a first-come-first-serve basis. Therapists may log onto www.thepsychologicalcenter.com and follow the instructions for reserving a therapy room.

Up to ten minutes prior to scheduled psychotherapy sessions, therapists may obtain therapy room keys from "the Key Cabinet" (located in the student lounge). Therapists should sign out the appropriate key(s) using the Key Log book located in the student lounge. The book is usually kept on the main table in the center of the lounge. Please note: if a therapist has not signed out the key for a reserved therapy room for three weeks in a row, the Clinic will assume that this room is no longer being used by the assigned therapist and the room and time slot will become available for other therapists to reserve.

Therapists can reserve therapy rooms for one-hour blocks from AM to PM on Monday thru Friday. A limited number of therapy rooms are also not available on Wednesdays from 12:00 PM to 1:30 PM, as they are in use by the Adult Eval Team; the same is true on Thursdays from 3:30-5:30 during the Child Eval Team.

Toys or other materials are not to be removed from or transferred from their original room to other rooms. All therapy rooms must be maintained in clean and orderly conditions. Student therapists must pick up therapy rooms that they use so that the next therapist that uses the room will find it in good condition. This is particularly important for child therapy rooms. Student therapists who consistently disregard this policy will not be permitted to reserve rooms in advance or in recurrence and such information will be included in the students' Annual Clinical Review. If there is an issue regarding cleanliness or maintenance (e.g., light bulb is out) of rooms student therapist need to inform the Clinic Administrator so that the issue can be redressed.

Ongoing Assessment

Therapists are required to complete updated assessments of their patient cases and progress every 6 months with a formal *Six-Month Summary* (for Six-month summary outline refer to Appendix C). These summaries need to be discussed with supervisors and must be signed by the trainee, supervisor and Director of the Clinic. The summaries are due on January 15th and July 15th. Therapy outcome measures collected by the Clinic as

part of the Biannual Data Collection Initiative are to be incorporated into the six-month summaries.

Termination

When a patient ends their treatment at the Psychological Center, the student therapist is required to document a summary of the treatment, reasons for the termination, and any referrals or follow-up provided to the patient. An appointment with the Director of the Clinic must be made to close the case and complete termination. The therapist should bring the updated and completed patient file including the Termination Form, Termination letter with referral information when indicated to be given or sent to the patient, final bill and Termination Summary (signed by trainee and supervisor) to this appointment. Termination Summaries are not required for screening and intake patients, but is needed for patients ending therapy.

Transfer

Patients are transferred to another therapist when the current therapist takes a leave of absence, completes their clinical residency after meeting a minimum of 500 hours or leaves the clinic for internship after completing residency. In order to transfer a clinical case, an appointment with the Director of the Clinic must be made to complete the transfer. The trainee should bring the same documentation listed above for a termination. See Appendix C for information regarding transfer forms.

Testing Procedure

Student therapists who are interested in performing psychosocial testing on either a child, adolescent or adult patient inform their Clinical Team leaders. Cases are assigned by the Director of the Clinic and the Clinic Administrator, according to the referrals for testing received by the Psychological Center. Students are expected to begin testing once they have completed the first three required courses in the testing sequence offered by . Exceptions to this standard must be approved by the DCT and the Director of the Psychological Center. Once a testing case has been assigned, the student therapist is responsible for contacting the patient and setting the appointments for the testing to occur. The Director of the Clinic will also assign a testing supervisor to the student therapist. Supervision for testing can take the form of either individual or group supervision depending on availability of supervisors and the preferred learning experience for the student therapist. Testing fees are calculated before the start of the testing. If the patient is unable to pay the full testing fee, they can apply for a fee adjustment through the use of the sliding fee scale, which requires the patient to submit all appropriate documentation. The Director of the Clinic will calculate a testing fee and the student therapist communicates this fee to the patient. Payment plans are also available for patients undergoing testing and require the authorization of the Director of the Clinic. The complete report of the testing will not be released to patients until the fee is paid in full. Before providing testing feedback to the patient, the testing therapist must meet with the

Director of the Psychological Center to present the results of the testing, review the recommendations and co-sign the testing report. All testing reports must be signed by the student tester, the testing supervisor and the Director of the Clinic.

Psychological tests are available through a lending system in the Psychological Center (refer to Appendix D for a complete list of testing materials available). Testing items are barcoded and scanned under each individual student therapist's identification card. Requests for borrowing testing materials must be sent by email to the Psychological Center at least 24 hours prior to when the student therapist will pick up the testing materials. Student therapists can borrow testing materials for 5-7 days maximum depending on the quantities of the tests that are available at the Psychological Center. A late fee is placed on all test items returned past the due date and such information is noted in the student's Annual Clinical Review. During times when the scanning system is not available, test borrowing is recorded in the testing materials lending binder in the Clinic office.

Empirically Supported Treatment Teams

Students are also required to conduct at least one practice treatment before they . Current offerings include Dialectical Behavior Therapy (DBT,); Transference Focused Psychotherapy (TFP,); Emotion Focused Therapy (EFT). Supervision for all of these treatment modalities are conducted in a group setting. Upon completion of these treatments, students are evaluated on competencies by their supervisors with the *Treatment Rubric*

In general, all student therapists in residency at the Psychological Center must carry a minimum of three cases or the equivalent units of treatment. For example, student therapists who co-lead an ongoing established psychotherapy group, may choose to have the group count as their third ongoing case. In that instance, those students would have one child, one adult and one group psychotherapy case.

Although the Clinic Director, the Associate Director and the clinical supervisors assume the final professional responsibility for clinical activities and facilitating training, students are ultimately accountable for their own professional conduct. Students are expected to keep supervisors and clinic administration informed and current with all aspects of each patient case. Additionally, student therapists must make immediate contact with the case supervisor and/or Directors of the Psychological Center when any ethical, legal or clinical concerns arise in regard to patients. Students are also required to complete a formal report in the event that an incident of a critical nature occurs with any of their cases.

Supervision

At the same time that a patient is assigned to a student therapist for treatment, a supervisor is also assigned by the Associate Director of the Psychological Center. The student must contact the supervisor and discuss the case prior to meeting with the patient. Patients must be contacted as soon as possible by the student therapist to set appointment times and begin treatment.. Supervision occurs once per week throughout the treatment of

the patient and student therapists are required to maintain a weekly log of their supervision. A copy of this supervision log is found in the Appendix C of this manual. The log of weekly supervision is reviewed at the Annual Clinical Review by the Director and Associate Director of the Psychological Center.

Faculty members of the Ph.D. Program and externally based licensed clinical supervisors provide supervision for psychotherapy cases and psychological testing. Student therapists are usually assigned to supervisors during the summer for the following academic year. In addition, students are assigned additional supervisors throughout the year as they receive new assignments. Typically, supervisors for adult cases are assigned for one year and child or family supervisors for two years. Every student therapist is required to have one supervisor for each patient that they treat. Exemptions to the one-to-one supervision model only occur in consideration of the student therapist's training needs and must to be approved by the Directors of the Clinic and the Director of Clinical Training.

Psychological testing supervisors are assigned on an as needed basis and can take the form of either individual or group supervision. Students are evaluated on a yearly basis by each of their supervisors who complete an evaluation form which is reviewed by the Directors of the Psychological Center at the Annual Clinical Review.

Supervisors are central to clinical training and as such are expected to inform their supervisee about how they would like clinical material to be presented (audio, process notes etc.) and to work in an ongoing way on treatment and diagnostic formulations. Supervisors will inform the student therapist when in depth process notes are required for each session. In addition to being in congruence with the policies and procedures outlined in this manual, supervisors are responsible for:

- Conducting weekly meetings with their supervisee and ensuring that the supervisee is aware of any foreseeable breaks; thus allowing for alternative coverage.
- Intervening with patients assigned to their supervisee, including availability for consultation between supervisory meetings should there be an emergency or pressing concern. Therefore, supervisors should provide the supervisee with a number where they can be reachable for emergency situations that arise with the patient.
- Reviewing and/or signing of process notes, reports, and summaries to ensure that charts are updated in a timely and professional manner, as indicated.
- Evaluating the supervisee's clinical work annually through a formal evaluation (for Supervisors' Evaluation Form refer to Appendix C) as well as informing the Clinic Directors and supervisee of any concerns that arise. Supervisors must review the annual evaluation with their supervisees.

Required Practicum Hours and Scheduling

Student trainees are expected to dedicate 8-10 hours a week for practicum training at the Psychological Center. Students are expected to conduct therapy and treat each patient at least once a week throughout the treatment except for clinic holidays and closures and the month of August. Attendance at the weekly Clinic Teams is required for all students in residence and who are currently seeing patients at the Clinic as well as all first year students starting in their first semester. Appointments may not be scheduled

during Ph.D. Program meetings or events (Tuesdays 12:00 to 2:00PM), on weekends (exceptions may be made for testing cases only), or when the clinic or college is closed.

(For more information on Operating Hours the Clinic Manual).

If a student therapist intends to take vacation separate from the times that the Clinic is closed for holidays, closures or the August break, this time off needs to be approved by the Clinic Director and the Director of Clinical Training. Additionally, the student must arrange clinical coverage prior to the vacation and must inform the Clinic Director by completing the time off clinic coverage form. Vacation requests cannot be joined to the August break. In addition to informing the Clinic Director formally, student therapists must inform their supervisors and patients of the time off and the coverage plan. Coverage during time off is arranged through the Clinical Teams and requires the Time Off and Coverage form (refer to Appendix C)

Communications with External Agencies

Students must submit all letters and other communications that are mailed to patients and/or agencies to the Clinic Director for review, approval, and signature.

All communications, including inter-agency communications such as letters, psychological reports, termination summaries, etc. are to be printed on letterhead (refer to Appendix C) and **co-signed** and dated by the student therapist and Directors of Clinic. Supervisor signatures are included when determined necessary by Director of the Clinic. A copy of the documentation must be placed in the patient's chart.

No information can be released without the written permission of the patient. It is essential that the proper Authorization to Obtain/Release Information Form is completed and signed by the patient or parent/guardian of a minor (Refer to Appendix C for authorization forms).

Charting

As mental health providers, all student therapists have a legal and ethical responsibility to keep updated, current information on the patients they are treating at the Psychological Center. This includes documenting the nature of all therapist-patient contact (actual visits, and written correspondence). Each chart should include the following: contact form, referral/screening form with supplemental instruments, an intake/evaluation report, consent for treatment, up-to-date progress (SOAP) notes, encounter notes as needed, fee agreement, documentation of fees collected, and six-month summaries of treatment. In some cases charts may also include a release of information, permission to audio/video tape, testing and school reports, and an incident report. (Refer to Clinic Manual Appendix B for copies of APA guidelines for record keeping guidelines and Appendix C for charting forms).

The chart should be organized such that a chronological presentation of the patient's treatment in the Clinic is easily discernable including the patient's presenting problems, the evaluation process, and the course of treatment. Each chart should reflect the clarity and integrity of the therapist's organization of the case. It is each clinician's responsibility to ensure that the chart is updated and in compliance. Charts taken outside of the Center must be stored in the chart room when not in use. Students who remove patient

charts from the Psychological Center will have the incident reflected in their student clinical record, as it is considered a serious breach of patient privacy and confidentiality.

Annual Audit

Charts are audited biannually. On the third Wednesday of January all first year students are required to conduct the Annual Chart Audit under the supervision of the Director of the Psychological Center and the Clinical Administrator in order to assure student therapists' compliance with charting. The status of a student therapist's charts is also reviewed and recorded in the Annual Clinical Review as this is a competency area of training, which is reviewed by the Director of the Clinic and the Director of Clinical Training.

Billing & Fee Collection

While the setting of the fee is determined by the Clinic Director, students are responsible for providing their patients with monthly bills, collecting the fees and submitting these to the clinic office. Issues of non-payment should be addressed in supervision; further agreements (payment plan etc.) must be approved by the Director of the Clinic. If issues in regard to payment or fee agreements persist, the trainee should also inform the Clinic Director who can intercede on behalf of the clinic. (Refer to Section VII of Clinic Manual for more information on fee setting).

Confidentiality

All patient information is to be treated with the utmost confidentiality in accordance with ethical and professional guidelines. The importance of confidentiality is stressed at all times during the Fall Orientation of First Year students, in Clinical Teams and during class and practicum discussions.

For those students writing reports, notes etc. at home on personal computers, no identifying data should appear on the disk or hard copy except for the chart number, age and gender. Only when these materials are brought into the Clinic can identifying information be entered. For psychological testing cases, the above stated protocol should be followed when writing the report from home. Under no circumstance can a patient record be removed from the Psychological Center. Charts are kept in a double locked room on the 8th floor of the NAC Building. Any electronic communication of patient information and records must be encrypted and password protected. Students who violate this policy will be duly disciplined and such behavior(s) encroaching upon a breach of privacy and confidentiality will compromise the student's in .

Discussion about patients should only take place in the context of supervision, practicum classes, clinical team meeting or treatment teams or in non-public spaces with fellow Center trainees.

Personal notes and personal computer records must be maintained with no identifying information so the anonymity of the patient is assured. Any patient information that is stored on a "cloud" site needs to be both encrypted and password

protected and the Clinic Director or Associate Director needs to sign off on the security of the cloud site.

An Authorization Form (see Appendix C) must be completed and a copy retained in the patient's chart when any written or verbal information (e.g., tests, final reports) is disclosed even to the patient. The authorization must be witnessed by a clinical staff member or other student therapist. It is also important to remember that the authorization is a legal document and must be accurate, legible, and written in ink. A separate form must be used for each individual or agency. In addition, it should be noted that there are separate forms to disclose or request protected information with an outside individual or facility (See Appendix C).

All email contacts with supervisors and the clinical staff regarding patients should use only initials or chart number to assure confidentiality.

therapists give out their individual cell phone numbers or email for patients to contact them. When calling a patient from a cell phone always insure that the number is blocked from caller ID. This insures confidentiality of the patient, but is also protective of the trainee and the clinic both of which liability insurance only covers when together. Furthermore, texting, using Skype and other forms of social electronic media such as chatting, Twitter, etc. are not permitted under any circumstance. Students who do not follow this policy will have the incidents reflected in their Student Clinical Record, as any deviation from this policy is considered a serious breach of professional ethics and will compromise the student's candidacy in .

Professional Presentation

All trainees and clinical staff employees are expected to conduct themselves in a professional manner. Behavior that disrupts the professional atmosphere is unacceptable (e.g. unnecessarily boisterous conversations near the front desk). In addition to behavior, professional attire is required when interacting with patients. At all times, the appearance of the student therapist should express professional respect towards patients and themselves. Attire that is inappropriate or distracting to the patient can unduly shift the focus during a session. Items such as torn jeans, crop tops, flip-flops, leggings worn as pants or undershirts are unacceptable for patient interactions. Any questions or concerns about proper attire should be addressed directly to the Clinic Directors.

Equipment & Supplies

The Psychological Center is responsible for maintaining the front office equipped with the supplies needed to perform desk duty. Additionally, the Clinic maintains the testing kits needed to conduct psychological testing and assessment in the clinic office.

Testing kit

Student therapists who are conducting psychological testing must individually sign out of the Clinic, the test(s) that they need. A scanning system utilizing bar codes for testing items allows student therapists to borrow and track tests. This involves emailing the clinic staff with twenty-four hour notice of the tests that they need to borrow. The

Clinic staff will then sign out and prepare the psychological test(s) for the student therapist to pick up and sign out. Psychological tests can be borrowed on average for 5-7 days depending on the availability and quantity of the test(s). Student therapists must come to the Clinic office to pick up the test(s) that they wish to borrow and sign the test(s) out. The student therapist who borrows and signs out the test will be financially responsible for returning the test back on time and in the same condition as when it was signed out. Failure to do so will result in restricted ability to borrow tests in the future. Students are fully responsible for any missing or damaged parts of tests as well as for the financial replacement of said parts. Payment of late fees and will be included in the student therapist's Annual Clinical Review report. (refer to Appendix D for a list of testing materials).

Using the Clinic Office Photocopier

The photocopier in the Clinic office is to be used solely for patient and clinic related work. Photocopying for class work, professors or personal use is to be conducted on the photocopier located at the main office of the Psychology Department on the 7th floor of the North Academic Building.

Therapy Rooms

Student therapists are responsible for maintaining the therapy rooms in good working conditions. After use of a therapy room, the trainee must clean up to insure that the next student therapist and patient that use the room will find it in clean and neat. This policy applies most importantly in the child therapy rooms. Student therapists who consistently leave their child therapy rooms in disarray will have this information reflected in their Annual Clinical Review report

Self-Care

“People tend to feel better when they can be true to themselves, especially if they can be understood by others on that basis for the patient, one of the greatest satisfactions that emerge from psychoanalytic therapy is the sense that he or she has been accepted, psychological warts and all. But the virtue of nurturing the true self applies to ourselves as well as our patients, and it is inseparably bound up with our ability to do our job.”
(McWilliams, p. 303, 2004)

There are many demands of beginning therapists who are often faced with balancing graduate academic work, their patient caseload, various supervision appointments, teaching or other employment and their family and social commitments. With so many pressing issues, it can be easy for trainees to become overextended and feel stressed. Additionally, being able to model sound self care is an important therapeutic process for both patient and therapist. Here are some suggestions for self-care:

Sleep and rest: Both provide the trainee with the ability to think clearly and stay alert during sessions. This also applies to illness and being honest in regard to one's limitations: taking time to rest if ill is vital and permits the modeling of self-care to the patient.

Time: Having free or unscheduled time that cannot be impinged upon by academic or patient demands is vital for the care of the self. Continued sacrifice for the convenience of patients can often lead to unhelpful resentment that could negatively influence the treatment. This is not to say that student therapists should not respond to emergencies, but realistic and considerate expectations and boundaries need to be in place.

Play: In the therapeutic role, it is normal to suppress certain parts of the self as the focus is on the patient, but if the trainee makes no space outside of the therapeutic role for the expression of the entire self and associated needs and wishes, these may work their way into treatment problematically. That is why it becomes important for the trainee to have outlets for expression of the whole self, to seek emotional support, connection and gratification outside of their work, and to be in the world without the self-conscious suppression needed while training as a therapist.

Family: Attending to family and loved ones can be difficult when the psychological work is exhausting emotionally and physically but cannot be discussed with loved ones. However, as individuals interested in helping others, some amount of self-respect is connected to attending to family and friends. For some trainees, graduate training may coincide with family planning, which will require an adjustment of residency. Such issues need to be discussed with the Clinic Directors, and the DCT to ensure appropriate disposition and continuity of care for patients.

Colleagues and exposure of one's work: One of the rewards about being in the clinic environment is the ability to discuss cases with fellow trainees. Colleagues can be a wonderful resource for support as well as an initial place to begin learning and exposing your work in a safe environment. This type of checking-in and exposure can normalize and alleviate anxieties as well as calling attention to problematic behaviors or treatment difficulties.

Fee Policies

Since its inception, the Psychological Center has been committed to providing CCNY and the surrounding communities with affordable services. This goal is accomplished by the use of a sliding scale for the setting of fees for patients who are unable to afford the standard rate for sessions. Household income and family size are included in the calculation of fees. Patients must provide proof of income and rent in order to apply for a fee reduction through the use of the sliding fee scale.

While psychological screenings are performed free of charge by the student therapists, there are specific fees for intakes, different modalities of psychotherapy and psychological testing. All patients are informed of their fee during the intake process. If the patient requests a fee adjustment because they cannot afford the standard fee, the student therapist completes the Fee Adjustment Form with the patient (See Appendix C) and submit the request to the Director of the Clinic. The Director will determine a fee based on the information provided and the student therapist will inform the patient.

The student therapist must record the set fee on the Fee Agreement form (See Appendix C) and secure the appropriate signature from the patient within the first three psychotherapy sessions. For testing cases, the fee must be determined and set before the onset of the testing. Payment is generally expected at the time of service. However, patients can pay weekly or monthly if agreed to by the patient and therapist and recorded in

the fee agreement. With testing cases, payment must be submitted before a final report is released. Payment plans can also be arranged for testing cases. Reports will not be released to patients until their fees are paid in full.

A patient's inability or failure to keep up with payments should be discussed with the supervisor and Clinic Director as a clinical issue. Supervisors and the Directors of the Clinic need to be informed of any issues related to fees and billing in order to assist the student therapist in this area. A patient is considered delinquent in payment when they are behind two or more sessions. Issues related to fees and billing should always be examined within the context of the therapeutic process.

Patients are responsible for cancelled therapy appointments (unless cancellation occurs 24 hours before the scheduled appointment) and thus are expected to pay for missed sessions. Patients should be informed of this policy at the onset of the treatment as part of the treatment agreement. It is important to keep in mind that the issue of missed sessions needs to be addressed within the context of the therapeutic process.

Please note that the fee schedule is adjusted for each patient during the Annual Clinical Review. Thus, patients are expected to provide proof of income and rent on a yearly basis.

Referral Procedures

Services Available to Patients Who Attend the City College of New York

Patients who are enrolled at the City College of New York can avail themselves of counseling through the CCNY Counseling Center. For more information on the services provided by the CCNY Counseling Center, students should contact the CCNY Counseling Center directly. In addition, the Accessibility Center, the Reading Center and CCNY Counseling Center also provide services for patients who are enrolled in the college with respect to special learning needs.

External Referrals for Psychological and Psychiatric Services

In the event that a patient requires referral to an external agency for psychological and /or psychiatric care, student therapists discuss the need to refer with their Clinical Team, their supervisors and the Directors of the Clinic. Once the determination is made that the patient will benefit from an external referral, the student therapist must obtain authorization from the patient or the parent(s)/guardian(s) if the patient is a minor before making the referral. Student therapists are assisted in the process of providing referrals by the Directors of the Psychological Center (see Appendix C for form information).

Procedures

Clinical data management and clinical research are important components of the Psychological Center's operation and promote the scholar practitioner training philosophy of . From the point of entry for patients, which commences with a psychological screen, prospective patients are made aware of any ongoing clinical data gathering and research projects and sign an agreement of participation. While all patients participate in data collection for treatment planning and quality assurance, patients are informed that consenting to participation in research is entirely voluntary and will not affect their treatment at the Psychological Center. Additionally, patients may also be asked to sign a

more specific agreement of participation for a particular research project being conducted (i.e., doctoral dissertations, faculty-sponsored research, etc.). In the case of research being conducted at the Psychological Center, the criteria established by the University's Institutional Review Board (IRB) for the protection of human subjects are closely adhered to.

Ongoing Center Projects

In accordance with the goals and objectives for practicum training of , basic patient information is gathered on the patients served at the Clinic. In addition, outcome measures may be used during psychological screening, individual psychotherapy, and treatment summary stages of patient care. Currently, adult patients receive a set of clinical instruments at the time of psychological screening: Beck Depression Inventory (BDI), Brief Symptom Inventory (BSI), and Demographic questionnaire, which are used to determine clinical eligibility for psychological intake. The measures used in child psychological evaluations are the Child Behavior Checklist (CBCL) and the Connors Comprehensive Behavior Rating Scale. Outcome measures are helpful in being able to more accurately and systematically track patients' progress in treatment and to be able to provide student therapists and their supervisors with evidence regarding clinical practices to better assist clinicians in their provision of services. The outcome measures for patients include the following:

Outcome Questionnaire-45 (OQ-45): is a 45-item self-report, repeated measure of the patient's progress through the course of psychotherapy and following termination.

Outcome Questionnaire-Assessment for Signal Clients (OQ-ASC): is used in conjunction with the OQ-45 and provides more information to help identify patients that are not on track with respect to progress and change. It measures therapeutic alliance, social support, motivation for therapy, and life events.

Youth Outcome Questionnaire-2.01 (Y-OQ 2.01): is a 64-item measure completed by the parent/guardian of the child patient. It measures treatment progress for children and adolescents, ages 4-17, tracking actual change in functioning.

Youth Outcome Questionnaire-2.0 Self Report (Y-OQ 2.0 SR): is a self-report version of the Y-OQ 2.01 and is used as an additional source of evidence in tracking treatment progress for adolescents ages 12-17; however, this measure is not an equivalent form of, or interchangeable with, the Y-OQ 2.01.

Evidence gathered from these measures are collected twice a year, typically in October and April and are discussed with supervisors and incorporated into the treatment summaries. Treatment summaries are reviewed and co-signed by the supervisors and Director/Associate Director of the Psychological Center.

Requests to Use Psychological Center Data for Research Purposes

The following procedure should be followed when faculty members or students are interested in conducting a research project using data from the Center: A summary of the project is submitted to the Director of the Clinic. The summary should include the research questions, subjects, and copies of protocols as well as commitments of both time and effort needed from patients, therapists and supervisors. The Director of the

Psychological Center will present the request for research to the Leadership Team to determine the suitability of the proposed project for the Center. As with all research projects, the final proposal must be submitted to the IRB for approval. A copy of the IRB's decision as well as the completed version of the proposal should be submitted to the Director for the Clinic's file. The researcher will meet with the Directors of the Clinic to work out the logistics of how best to proceed with gathering data. Data gathered at the Clinic is available to and its student therapists for clinical and research purposes. Data collected with the intent to be used for research will have informed consent from the patient participants. Professional presentations and/or publications resulting from the specific project must clearly credit the Clinic's role in the study.

Emergency Protocols

1. On-Site Emergencies

Clinical emergencies can occur during any phase of evaluation and/or treatment. Situations that lead to decompensation and worsening of symptoms for patients will vary depending on the diagnosis and psychosocial stressors that the person is experiencing. Student therapists who are treating such patients are often the front line person to both address and manage the emergency situation. An emergency situation is defined as any serious, acute deterioration or condition where the life and/or emotional state of the patient and/or the lives of others are under imminent threat and risk:

- An acute decline in normal functioning, accompanied by a serious, negative change in mental status
- Clear suicidal/homicidal ideation and/or threat
- A grossly psychotic presentation
- An acute threat to the safety of a child via neglect or abuse, or report of neglect and abuse

Ask For Assistance

- Contact the Clinic Directors by calling or texting their cell phones to inform them of the crisis or emergency situation. If the patient that has presented to the Front Desk is an existing patient, the student therapist needs to contact the patient's clinician as well.
- Find faculty or advanced students to help you assess the risks..
- If the student therapist at the front desk is concerned about their safety, they need to call College Security at X6911 or X7777. If these are not responsive, call 911.

Take Action

- If the potential or existing patient is determined to be at imminent risk of hurting himself or herself or others, action must be taken.
- This entails calling the Directors of the Clinic or a faculty member into the session, contracting for safety, and contacting a relative or friend to escort the patient back home or to an emergency room. The patient's student therapist must also be informed, if the patient is currently in treatment at the Clinic.

- Do not leave the potential or existing patient alone. If the student therapist needs to speak privately with a relative or hospital staff member from an emergency room, have another person (classmate, clinic staff or faculty) sit with him/her in the waiting room.
- Once the decision is made by the student therapist in the front desk and the Clinic Directors to send the patient for further assessment to an emergency room, the patient is informed. If the patient does not agree to go to an emergency room, the patient needs to contact a relative or friend to come to the Psychological Center and pick them up or EMS will be called to transport the patient to the Emergency Room.
- Student therapists cannot escort patients themselves to an emergency room. Please note that if a patient insists on leaving the Psychological Center when he/she requires emergent care, the/she cannot be held against his/her will. If he/she insists on leaving and is homicidal –inform the potential or existing patient that the Psychological Center is required by law to notify the police. The student therapist must then call Security who will contact the police.
- An incident report should be filled out for any situation that requires risk evaluation and should be reflected in the process notes and intake report if applicable. A copy of the incident report is provided to the Clinic Directors and for existing patients, a copy is placed in their chart.

When existing patients present at the Clinic and are assessed to be at potential risk, the treating therapist must discuss this development with their supervisor and Clinical Team immediately. The same procedure holds true in the event of a case of possible child abuse or neglect, for which a report to Administration of Child Services may be mandated.

The following protocol has been established to assist and support student therapists who are dealing with an emergency. Psychiatric emergencies at the Psychological Center fall under the several categories:

Category I are individuals who present to the Front Desk and request emergent care or who at that time are determined to be suicidal, homicidal or psychotic.

Category II are prospective patients who undergo a psychological screen or who are in the process of a psychological intake and who are determined to be suicidal, homicidal or psychotic.

Category III are patients currently in psychological treatment who are determined to be suicidal, homicidal or psychotic or who are experiencing a decompensation or a worsening and acuity of symptoms.

In the event that either the front desk student or therapist encounters any of the above situations, the following should be implemented:

Category I Emergency

Category I emergencies involve individuals who present to the Front Desk and request emergent care or who at that time are determined to be suicidal, homicidal or psychotic. The student therapist must evaluate the individual or prospective patient for suicidality, homicidally and psychosis. If the person endorses either suicidality or homicidally, the student therapist must bring the person into the Front Desk area and further assess for specificities regarding ideation, intent and plan. Additionally, the student

therapist must determine if the person has access to weapons. Psychosis, specifically in the form of auditory and visual hallucinations must also be queried. Once the student therapist gathers this information, the Directors of the Clinic are contacted. The Directors of the Clinic will discuss with the student therapist the available options that will be reviewed with the person presenting with risk symptoms. The options will include: calling Public safety at x6911 or x7777 and having them call 911 for the person to be brought to an Emergency Room; or requesting that the person contact a friend or family member to escort them to an Emergency Room. The Directors of the Clinic can elect to speak to the patient via phone or in person if feasible. Once the determination is made to send the person to the Emergency Room, the person is informed. This is often a complicated situation as there is little information on the person since it is likely that they have not undergone a psychological screen or intake. If the Directors of the Clinic are not on site when the emergency is occurring, the student therapist will be encouraged to reach out to other faculty members as well as advanced students who are present in the Psychological Center while the emergency is occurring. The Directors of the Clinic will facilitate on site supervision during the emergency. If 911 is called, once EMS arrives, the student therapist will inform them that the person is not an admitted patient at the Psychological Center and as such will need to be referred to another agency that provides acute care. If the person is escorted home by friend or family member rather than being taken to an Emergency room, the person will be informed by the student therapist that the Psychological Center does not provide acute care and will provide the person with referral information to other agencies for such treatment. Due to liability issues, student therapists may not accompany patients to the Emergency Room.

Category II Emergency

Category II emergencies involve prospective patients who undergo a psychological screen or who are in the process of a psychological intake and who are determined to be suicidal, homicidal or psychotic.

The student therapist must assess the prospective patient undergoing a psychological screen or intake for suicidality, homicidally and psychosis. If the person endorses either suicidality or homicidally, the student therapist must further assess for specificities regarding ideation, intent and plan. Additionally, the student therapist must determine if the person has access to weapons. Psychosis, specifically in the form of auditory and visual hallucinations must also be queried. The protocol that follows is as stated above. Limited information may be available on the prospective since they have either only undergone a psychological screen or are in the process of a psychological intake. If 911 is called, once EMS arrives, the student therapist will inform them that the person has not been formally admitted to the Psychological Center and as such will need to be referred to another agency if the prospective patient requires acute care. If the person is escorted home by friend or family member, rather than being taken to an Emergency room, the prospective patient is informed by the student therapist that the Psychological Center does not provide acute care and will provide the person with referral information to other agencies for such treatment.

Category III Emergency

Category III are patients currently in psychological treatment who are determined to be suicidal, homicidal or psychotic or who are experiencing a decompensation or a worsening and acuity of symptoms. The student therapist must assess the patient who is in treatment for suicidality, homicidally and psychosis. If the person endorses either suicidality or homicidally, the student therapist must further assess for ideation, intent and plan. Additionally, the student therapist must determine if the person has access to weapons. Psychosis, specifically in the form of auditory and visual hallucinations must also be queried. The protocol that follows is stated above. If 911 is called, once EMS arrives, the student therapist will inform them that the patient is currently in treatment at the Psychological Center but requires emergent care. If the person is escorted home by friend or family member, rather than being taken to an Emergency room, the patient is informed by the student therapist that given his/her current state of acuity, the recommendation remains for the patient to seek out immediate care through the Emergency room.

Student therapist must discuss the emergency incident in their Clinical teams and if the person involved in the emergency is either a patient undergoing a psychological evaluation or is in treatment, then the student therapist's supervisor must be informed as well. All such incidents are reported and discussed with the Directors of the Clinic and an incident report (See Appendix C) is filed with the Psychological Center. A copy of the incident report is also placed in the patient's chart if applicable.

For a separate guide with additional instructions for emergency situations, please refer to Appendix A.

2. Off Hours Emergencies

While the above refers to clinical emergencies that can occur during the working hours of the Psychological Center, student therapists can also be involved in an emergency or crisis situation with their patients during off hours. Such emergencies will involve the student therapist receiving an actual telephone call or message from one of his/her patients indicating that the patient is having a crisis or emergency. All patients should be aware of the fact that if they experience an emergency during non-working hours of the clinic, the patient(s) needs to go to their nearest emergency room for treatment. Student therapists must be very clear as to the extent of their boundaries with their patients in the event of off-hours emergencies. Patients cannot have access to a student therapist's cell or home telephones. If a patient needs to reach their therapist, they must do so by calling the main clinic number and leaving a message for their therapist at the designated extension. Once student therapists learn of their patient's emergency, they need to inform the Directors of the Clinic and their supervisor and be able to discuss these issues in their next Clinical Teams. Patients must also be informed that their therapist will return messages during the course of normal business hours.

3. Reporting Suspected Abuse

Student therapists as well as their supervisors and the Directors of the Psychological Center are considered mandated reporters in the state of New York. First

year students are required to complete an online course for mandated reporters for child abuse and negligence. If a patient or a parent/guardian discloses any information regarding potential or actual abuse or negligence towards the welfare of a minor, the student therapist needs to immediately inform the Directors of the Psychological Center and their supervisors. The Directors of the Clinic have the ultimate authority to determine if the student therapist needs to make a report to the Association for Children's Services. Whenever possible and appropriate, the Director of the Psychological Center along with the student therapist will meet with the patient or the parent(s)/guardian(s) to inform of the decision to make a report. If it is unclear whether or the patient's or parent(s)/guardian(s) behaviors are reportable, the student therapist will be advised by the Director of the Clinic to contact ACS and request for a consultation to obtain clarity as to whether or not the behavior in question is reportable. Adults who are experiencing an abuse must report the abuse themselves to either Adult Protective services or to the police. Neither the student therapists nor their supervisors can make this report according to New York State law. Any questions around reporting are discussed with the Directors of the Clinic. All cases reported to ACS must have an incident report filed by the student therapist and given to the Director of the Clinic with a copy placed in the patient's clinical chart.

Medical Emergencies

In the event that either a person presenting to the front desk or an actual patient of the Psychological Center is having a medical emergency while on the premises of the Clinic, the student therapists must call 911 and then contact Public Safety. The Directors of the Psychological Center need to be informed immediately as do the supervisors. All cases that require calling 911 for a medical emergency must have an incident report filed by the student therapist and given to the Director of the Clinic with a copy placed in the patient's clinical chart.

Legal Situations

Any legal issues or requests pertaining to a specific patient must be brought to the attention of the Directors of the Clinic. Appropriate action will be taken in consultation with Risk Management and legal counsel at the City College of New York.

Appendices

The following is a list of forms that are used within the clinic. Many forms can be found in hard-copy format within the chart room, the Clinic's front desk or the clinic office.

Electronic and download ready forms (as well as a PDF of this manual) can be found on 's Clinic website: www.thepsychologicalcenter.com.

Administrative

Fax Template

Request for Time-off

Letterhead

Chart Audit

Review of Patient's Chart & Audit for Closing Charts

Supervision Log

| Summary of Clinical Hours and Request for Termination of Residency at the
Psychological Center Practicum

| Annual Clinical Review

Supervisory Evaluation

Supervisee Evaluation

Individual Clinical Tracking Record

Student Review Form

Individual Training Tracking Record

Charting
Chart Material Unavailable Note

Progress (SOAP) Notes

Incident Report

Encounter Note

Contact Sheet

Intake/Therapy
Adult Evaluation (Intake Short Form)

Child Evaluation (Intake Short Form)

Family Therapy Intake

Outline of Six-Month

Summary (Adult and Child)

Treatment Agreement (for all Therapy Services)

Therapeutic Aide
Request for an Aide

Application to be a Therapeutic Aide

Therapeutic Aid Agreement

Evaluation of Therapeutic Aid

Administrative Guidelines for Child Therapists

Supervisor's Registration of Fieldwork Volunteer

Supervisor's Evaluation of Fieldwork Experience

| Testing

Testing Referral

Screening
Appointment Screening Card (Adults)

Adult Psychotherapy Screening

Demographic Information (Adults)

BSI (Adults)

BDI (Adults)

ASC (English)

ASC (Spanish)

OQ-42.2 (English)

OQ-42.2 (Spanish)

Child Screening

Y-OQ 2.01(English, Parent Version)

Y-OQ 2.01 (Spanish, Parent Version)

Y-OQ 2.01 (English, Child Version)

Y-OQ 2.01 (Spanish, Child Version)

Family/Couple Therapy Referral/Screening

Fee and Billing

Fee Agreement

Intake Fee Agreement

Sliding Fee Scale Application

Instructions for fee Adjustment

Billing Record

Service Bill for Patient

Authorization

Permission for Audio or Video Release

Release of Information (To Obtain Information)

Release of Information (To Release Information)

Letter Templates

Unable to Accept for Psychological Intake

Started Intake Non-compliant

Screened, Unable to Contact for Intake

Termination/Referral

Outline for Termination Summary

Termination/ Transfer/ Leave

Testing Materials Appendix

- Beery
- Bender Gestalt
- Benton Visual Retention Test
- Boston Naming Test
- Brown Attention Deficit Disorder Scales
- C.A.T.
- California Verbal Learning Test
- Columbia Mental Maturity Scale (CMMS)
- Connors Parent Rating Scale & Teacher Rating Scale (CRS)
- CTONI
- Delis-Kaplan Executive Function System
- Devereaux Child Behavior Scale
- Expressive One-Word Picture Vocabulary Test
- Goldstein-Scheerer Object Scoring Test
- Good-Enough Harris Drawing Test
- Gray Oral Reading Test IV
- Holtzman Ink Blot Technique
- Illinois Test of Psycholinguistic Abilities (ITPA)*
- Kaufman Assessment Battery for Children
- Language Association Test
- McCarthy Scales of Children's Abilities
- MMPI
- Nelson-Denny Reading Test
- NEPSY
- Phonological Awareness Profile
- Ravens
- Rey Complex Figure Test and Recognition Trial (RCFT)
- Rorschach
- SCID-D Interview
- Sentence Completion
- Stanford-Binet
- System of Multicultural Pluralistic Assessment (SOMPA)
- Tasks of Emotional Development Test (TED)
- TAT
- Test of Adolescent and Adult Language (TOAL III)
- TONI III
- TOWL III

- Understanding
Dissociation Educational
Materials and Assessment Tools
- Vigil Continuous
Performance Test
- Vineland Adaptive
Behavior Scales
- WAIS I
- WAIS IV
- Wechsler -
EIWAN R
- Wechsler's
Nonverbal Scale of Ability
(WNV)
- WIAT II
- Wide Range
Achievement Test (WRAT-R)
- WIIG - Semel Test
of Linguistic Concepts
- WISC III
- WISC IV
- WISC R
- Wisconsin Card
Sorting Test (WCST)
- WMS III
- Woodcock-
Johnson



The Psychological Center
