

Administrative Guidelines for Psychology Training Clinics (Approved 7/16/2015)

Purpose

These guidelines are intended to provide clinic directors, directors of psychology training programs (i.e., clinical, counseling, school or combined programs), departmental chairs, and other interested parties with recommendations for the appropriate, effective and ethical administration of psychology training clinics. The guidelines have been created by the Association of Psychology Training Clinics (APTC) and as such represent the combined experience of scores of psychologists who have served in the clinic director's role. The membership of the APTC includes doctoral health service psychology¹ training programs in clinical, counseling, school, and combined-integrated programs from across the United States, Canada and beyond that encompass the full range of training models, from clinical-scientist to scientist-practitioner to scholar-practitioner. These guidelines are designed to be broadly applicable across professional psychology doctoral practicum training clinics, while recognizing that some modifications may be needed to fit the needs of individual clinics and training programs.

Introduction

Psychology training clinics are applied settings designed to provide graduate students high quality training in professional psychology. The first university-based psychology clinic in the United States was established by Lightner Witmer at the University of Pennsylvania in 1896. Psychology training clinics have since pursued a tripartite mission of training, research, and service delivery. Individual clinics differ in the relative emphasis placed on each of these activities and in the ways in which overarching goals are actualized.

Historically, clinics have been the focal point of diverse and sometimes competing interests. Reflecting the growing complexity of our discipline, current interests may include the university's broad policies and educational goals; goals and standards of colleges, departments, and programs, deans, administrators, department chairs, and directors of training; the goals, needs and interests of individual faculty members and trainees, and those of accrediting bodies such as the American Psychological Association (APA) Commission on Accreditation (CoA). In addition, many training clinics have adopted the social justice mission of providing psychological care to underserved populations in their communities. The challenge for clinic directors is to negotiate and reconcile these competing interests while sustaining the core standards, values, and purposes of the training clinic.

The following Guidelines have been formulated to assist directors in their roles,

¹ The term health service psychology is a new term introduced by the Health Service Psychology Education Collaborative (2013) to refer to all professional psychology competencies involved in health care provision across practice areas such as school, counseling, and clinical work. In this document, it is used synonymously with older term of professional psychology. See *American Psychologist*, 86, 411-426.

recognizing that effective leadership is supported and strengthened by an explicit statement of essential components for the professional operation of training clinics.

Use of the term *guidelines* in this document is similar in intent to policy statements on guidelines used in publications sanctioned by the APA:

The term “guidelines” refers to pronouncements, statements, or declarations that suggest or recommend specific professional behavior, endeavor, or conduct.... Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help assure a high level of professional practice by psychologists. ...guidelines are not intended to be mandatory or exhaustive and may not be applicable to every...situation. They should not be construed as definitive...².

Although aspirational and not mandated for APTC member clinics, the following guidelines offer best practice suggestions to promote quality training, service delivery, and operations of psychology training clinics.

1.0 The Clinic Mission

1.1 Clinics develop clear mission statements consistent with their individual priorities and goals with regard to training, service delivery, and research.

1.2 Clinic directors include their clinic’s mission statement in the clinic’s policy and procedure manual (see 6.2).

2.0 The Director's Role

2.1 Clinic directors are responsible for the professional operation of the clinic, including adherence to ethical and legal standards of expected conduct and ensuring competent client care. The key feature of the clinic director’s role is her/his responsibility to guarantee high standards of clinical training, practice, and evidence based practice, and to ensure that research conducted in the clinic adheres to applicable ethical and legal standards.

2.11 Clinic directors have authority requisite to assuring high standards of clinical training, practice, and research.

2.12 The clinic director is granted sufficient administrative time to assure proper oversight of the clinic.

2.13 Clinic directors have appropriate authority over the work of staff, trainees, supervisors.

² American Psychological Association (2002). Criteria for Practice Guideline Development and Evaluation. *American Psychologist*, 57, 1048–1051. <http://www.apa.org/practice/guidelines/criteria.pdf>

2.14 Clinic directors have appropriate authority to develop strategic plans for their clinics, in consultation with and assisted by the director of training, training program faculty, and other appropriate university bodies with which the clinic is associated.

2.2 Given the number of stakeholders in the clinic and the sometimes divergent interests that directors must reconcile, it is essential that the lines of authority and decision-making are clear within the director's own department or administrative home.

2.2 The director's scope of authority and responsibilities are clearly elaborated in a job description.

2.22 Directors receive regular performance evaluations from those to whom they report.

2.23 If the director is on a tenure track faculty line, the unique demands of the role of the director are taken into account in performance evaluations.

2.24 For directors who are in clinical or other non-tenure positions, there should be articulated advancement opportunities available to recognize achievements and requirements for advancement are clearly specified.

3.0 Supervision

3.1 The primary function of a psychology clinic is to train graduate students to be practitioners and applied scientists according to the model of their training programs.

3.11 Insofar as clinical supervisors carry the central and critical responsibility for immediate oversight of practicum training and client welfare, they also adhere to appropriate professional, ethical and legal standards.

3.12 Clinic directors and supervisors are familiar with professional guidelines developed for clinical practice and use them as appropriate to their settings along with applicable state/federal laws and regulations.

3.13 Under the leadership of the director, the clinic develops policies to ensure that the high quality supervision is provided to trainees by faculty and designated other supervisors.

3.21 Clinic policies regarding supervision are developed and reviewed regularly with the active participation of clinic supervisors, trainees and other stakeholders. Best practices for supervision policies are consistent with APA Guidelines for Clinical Supervision in Health Service Psychology and include the following features:

3.211 Supervisors are licensed and qualified to practice in the areas of practicum work that they conduct and supervise in the clinic. New faculty in the process of pursuing licensure may supervise under the meta-supervision of a fully licensed clinician. All supervision practices must be consistent with applicable jurisdictional statutes and program policy.

3.212 Supervisors and student trainees understand and adhere to APA's Ethical Principles and Code of Conduct, other APA ethical and professional guidelines, rules of state licensure boards, and state and federal laws pertaining to supervision and clinical practice.

3.213 Policies are in place to ensure that supervisors are (a) qualified to provide supervision based upon education, training, and experience and (b) competent to deliver developmentally appropriate supervision in the context of the training clinic.

3.214 In addition to written clinic policies and procedures, supervisors provide trainees with written descriptions of practicum learning objectives and roles and expectations of supervisors and trainees.

3.215 Supervisors ensure that the clinic's policies are followed and that case assignment, type of treatment, and the amount and type of supervision trainees receive are appropriate for that student's developmental level of competence.

3.216 Clinics have a written policy regarding how supervision is documented and evaluated.

3.217 Clinics and their associated training programs have written policies regarding how trainees are evaluated over the course of their training.

3.2171 The criteria by which trainees will be evaluated are provided to trainees at the beginning of the practicum experience.

3.2172 Written feedback is provided to trainees at specified regular time intervals.

3.2173 Trainee evaluations across supervisors and/or practicum sites are integrated and reviewed by the supervising faculty and director of training to assure that acquired practicum experiences and performance are in concert with her/his academic objectives and are part of the ongoing review of progress toward her/his degree.

3.218 Supervisor performance is evaluated on a regular basis and includes feedback from trainees and director input.

3.219 Clinic directors have access to supervisor evaluations in order to effectively monitor the quality of supervision being conducted at the clinic.

3.2191 Clinics have written policies regarding how supervisor evaluations are collected and utilized to promote quality improvement in the supervision process and to safeguard the interests of the trainees who are involved in the evaluation process.

3.2192 Evaluations of supervisors are considered as part of a faculty members' annual evaluation.

4.0 Developing Competencies in Students/Trainees

4.1 Students have appropriate training and experience before taking on service delivery roles in the clinic. Because training is a developmental process, training experiences are sequenced to match the level of the student's preparation.

4.2 Clinics are informed of individual training plans developed at the program level for individual students placed at the clinic, and participate in shaping the plans as appropriate. (Detailed administrative guidelines for practicum training plans have been developed by the Council of Chairs of Training Councils and are available on its website).

4.3 Training plans may be used both as an evaluation tool of student progress and for guidance to the clinic director in assigning cases and supervision appropriate to the goals identified for the student.

4.4 Written documentation of the student's progress is maintained and considered in their overall evaluation of competence.

5.0 Clients Receiving Professional Services

5.1 Training clinics provide a range of professional psychological services to clients who are in need of these services. Although services are usually provided by graduate students in training, clinic supervisors are responsible for assuring that clients receive quality care meeting the accepted standards of practice.

5.2 Clinical decisions regarding assessment and treatment services provided to clients consider both the training mission and client needs.

5.3 All activities not primarily based upon client need (e.g., research protocol) are subject to separate consent procedures, and reviewed/approved by the institutional IRB where appropriate.

5.4 To minimize the risk of client exploitation, activities not primarily driven by client need are clearly separated from those essential to clinical care.

5.5 Clients are not pressured to participate in activities unrelated to their clinical care and are assured that non-participation will have no negative effect upon their clinical care.

5.6 Clients are informed if their de-identified personal health information (PHI) might be used for research purposes.

6.0 Operational Guidelines

6.1 Infrastructure and Support

6.11 The clinic facility and resources are adequate for professional practice, training, and applied research.

6.112 Clinics have confidential treatment rooms, adequate waiting areas, and the furniture and décor appropriate for professional practice, with attention given to privacy and security.

6.113 Observational and video recording capability is available for supervision.

6.114 Work space, computers, and secure storage space are provided for clinical documentation within the clinic, as well as space for storage of client files and testing materials.

6.12 There is adequate professional staff for the clinic's mission and population served.

6.13 Clinics are staffed with adequate administrative support.

6.14 Clinics ensure professional liability protection is in place for faculty, supervisors and trainees.

6.15 Support for clinic operations and facilities by the academic institution is sufficient to enable the implementation of the training mission of the clinic and the clinic's ability to serve the training needs of student affiliates from the academic program.

6.151 Needed support typically includes a) reception and clerical assistance b) additional help with purchasing, billing and money management as needed, c) maintenance for video recording, d) information technology assistance, e) access to legal consultation, and f) overall necessary financial support to run a clinic.

6.2 Policies and Procedures

6.21 Clinics have a policy and procedure manual that is updated regularly and made available to both trainees and clinical supervisors in order to ensure compliance with its guidelines. The manual will reflect the mission and structure of a particular clinic and, as appropriate, its associated training program.

6.22 Clinic manuals typically include content related to the clinic's mission and relationship to training programs, operational procedures related to clinic work flow, services provided and record keeping, risk assessment and management, communications with clients, ethical issues including informed consent, confidentiality and multiple relationships, supervision guidelines and policies, and practicum evaluation and grievance, problem resolution and due process procedures. (As a member resource, a set of clinic manuals is available on the APTC website).

6.3 Staff Training and Confidentiality

6.31 Individuals staffing the clinic, whether they are office staff, graduate assistants, or supervisors, learn and understand the ethical guidelines and clinic policies and procedures relevant to their roles in the clinic. Particular attention should be paid to

staff activities that involve direct client contact or access to confidential client information.

6.32 Processes for training staff and clinicians should be documented.

6.4 Clinical Operations

6.41 Clinic operational policies assure professional client care as well as high standards of clinical training and supervision.

6.42 Clinics operate over twelve months to provide continuity of client care, to insure the viability of the clinic's role in the community, and to provide on-going training for trainees.

6.43 Clinics have clear policies on community advertisements, screenings, the acceptance of new clients, and communication between trainees and clients.

6.44 Guidelines for client admission/intake and related administrative process (developed by the clinic director together with faculty) reflect faculty expertise training needs of trainees, and ethical obligations to prospective patients.

6.5 Billing and Financial Issues

6.51 Where clinics provide fee-for-service, appropriate billing and collection mechanisms are in place.

6.52 Written information regarding the fee structure is available to clients, supervisors, and trainees.

6.6 Informed Consent

6.61 Clinics develop appropriate informed consent procedures (or notification as appropriate) and require that all clients be provided informed consent/notification to receive evaluation and/or treatment services at the clinic. The informed consent includes information regarding any limits to confidentiality and the clinic's fees and billing policies. Clients are provided the name and contact information of the supervising psychologist.

6.62 The informed consent includes information regarding any persons who may have access to records without the client's written consent (e.g., court orders, auditors such as CoA site visitors).

6.63 Additional specific guidelines (e.g., providing copies of privacy policies), are adhered to in those clinics that are HIPAA compliant.

6.7 Crisis Care and Emergency Policies

6.71 The clinic policy manual provides detailed instructions for trainees in the

case of client emergencies, and there is a clear system for trainees to access a supervisor whenever necessary.

6.72 Clients are provided with copies of the clinic's policies regarding emergency and off-hours coverage, as well as emergency referral resources in the community.

6.8 Integration of Ethics and Cultural Competence Training

6.81 Clinics provide a supportive and developmentally sequenced learning environment that fosters increased awareness and sensitivity to ethical and cultural issues, promotes personal development for all staff, and provides appropriate professional training experiences.

6.82 Supervisors assure that multi-cultural and diversity needs of clients are integrated into clinical services (current guidelines are available on the APA website).

6.9 Collaborative and Evidence-based Treatment

6.91 Clinics provide clients with adequate information regarding all services provided, including assessment methods, and therapeutic strategies to be employed.

6.92 When conducting therapy, trainees work collaboratively with clients to conduct an initial assessment, formulate a treatment plan, enumerate treatment goals, and conduct on-going evaluation of the treatment provided.

6.93 Clinic services include evidence-based services to clients and instruct trainees in best practice models of care.

6.94 Trainees and supervisors follow-up with clients who might miss appointments or drop out of services until the case is appropriately closed or referred to another professional.

6.10 Documentation and Record-Keeping

6.101 Client contact and services are appropriately documented. Clinic policy and procedures specify clinic documentation and record keeping requirements.

6.102 Documentation reflects the clinician's status as a trainee.

6.103 Clinic policies regarding the use of email, faxes, and teleconferencing are thoroughly described.

6.104 Clinics should have clear policies for trainees as to the use of social media.

6.105 Evaluation, treatment, and termination reports are completed in a timely manner.

6.106 Clinics develop procedures for monitoring adherence to record-keeping policies.

6.107 Clinics develop and implement policies to insure the confidentiality and security of client records.

6.108 Clinics respond promptly to requests from other professionals external to the clinic for reports on the clients they evaluate or treat.

6.109 There are clear policies regarding how the clinic responds to subpoenas and court orders and clinic directors have access to legal consultation.

7.0 Financial Accountability and Service Expectations

7.1 University expectations regarding revenues generated by training clinics should be realistic and discussed by program and university stakeholders in the context of the clinic's primary mission.

7.2 Mechanisms are in place (e.g., annual report, advisory board meetings) for the clinic director to summarize and report on clinic financial, training, research, and service activities.

7.3 Training clinics are sufficiently supported financially by the university department(s)/program(s) they serve to provide high quality training and service.

7.4 Supervisors and faculty are involved in determining appropriate expectations for caseloads given the primary training mission.

7.5 Clinic directors and faculty give careful consideration to the administrative uses and benefits of computerized records and databases of clinic activity. When used, computerized records necessitate compliance with electronic security standards.

8.0 Problem Resolution and Due Process

8.1 Clinics offering practicum training provide for informal problem resolution when disputes between trainees and supervisors and/or other clinic staff arise. Clinics and the associated training program have policies related to trainee problems and ethical violations that address due process rights.

8.2 Insufficient progress toward developing foundational competencies or violation of clinic policy (e.g., repeated late clinical documentation) warrants a trainee remediation plan. Major ethical violations are sufficient cause for immediate removal from the practicum.

8.3 The clinic director is involved in any decisions regarding trainee difficulties including the viability of the student continuing in the practicum site.