

1 **Administrative Guidelines for Psychology Training**

2 **Clinics (Revised 02/12/08)**

3 **Purpose**

4 These guidelines are intended to provide clinic directors, directors of psychology training
5 programs (clinical, counseling, school or combined programs), departmental chairs, and
6 other interested parties with recommendations for the appropriate, effective and ethical
7 administration of psychology training clinics. The guidelines have been created by the
8 membership of the Association of Directors of Psychology Training Clinics (ADPTC)
9 and as such represent the combined experience of scores of psychologists who have
10 served in the clinic director’s role. The membership of the ADPTC encompasses a full
11 range of training models in the United States and Canada, from clinical-scientist to
12 scientist-practitioner to scholar-practitioner, and diverse doctoral training programs in
13 clinical, counseling, school psychology and combined applied programs. These
14 guidelines are intended to be broadly applicable to all professional psychology doctoral
15 practicum training clinics; however, ADPTC recognizes the importance of tailoring these
16 guidelines to each individual clinic and training program.

17 **Introduction**

18 Beginning with the first university-based psychology clinic in America, developed by
19 Lightner Witmer at the University of Pennsylvania in 1896, psychology training clinics
20 have pursued a tripartite mission involving training, research, and service delivery.
21 Individual clinics differ, however, in the relative emphasis placed on each of these
22 activities and in the ways in which they are actualized.

23 Psychology training clinics are applied settings designed to provide graduate students the
24 best possible training in professional psychology. Historically, clinics have been the focal
25 point of many interests, each with different and at times competing demands and
26 priorities. This trend has continued and interests have further diversified, reflecting the
27 growing complexity of our discipline. Current interests include the university’s broad
28 policies and educational goals; goals and standards of deans, administrators, department
29 chairs and directors of training; the goals, needs and interests of faculty, trainees, and
30 accrediting bodies such as the American Psychological Association (APA) Commission
31 on Accreditation (CoA); and the needs of the client populations served. The challenge for
32 clinic directors is to negotiate and reconcile these competing interests while sustaining
33 the core standards, values and purposes of the training clinic. Further, ADPTC has
34 promoted a Competencies Document (ADPTC, 2007) that training programs and clinics
35 may use to guide their selection and description of the domains of professional
36 competence among its trainees relevant to the program’s emphasis and orientation.

37 The following Guidelines have been formulated to assist directors in their roles,
38 recognizing that effective leadership is supported and strengthened by an explicit
39 statement of essential components for the professional operation of training clinics.

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

42 *The term "guidelines" refers to pronouncements, statements, or declarations that suggest*
 43 *or recommend specific professional behavior, endeavor, or conduct.... Guidelines differ*
 44 *from standards in that standards are mandatory and may be accompanied by an*
 45 *enforcement mechanism. Thus, ...guidelines are aspirational in intent. They are intended*
 46 *to facilitate the continued systematic development of the profession and to help assure a*
 47 *high level of professional practice by psychologists. ...guidelines are not intended to be*
 48 *mandatory or exhaustive and may not be applicable to every...situation. They should not*
 49 *be construed as definitive.... [APA, 2000, p. 1440]*

50 **1.0 The Clinic Mission**

51 1.1 Clinics develop clear mission statements consistent with their individual priorities and
 52 goals with regard to training, service delivery, and research.

53 1.2 Clinic directors include their clinic’s mission statement in the clinic’s policy and
 54 procedure manual.

55 **2.0 The Director's Role**

56 2.1 Clinic directors are responsible for the professional operation of the clinic, including
 57 adherence to ethical and legal standards of professional conduct and client care. The key
 58 feature of the clinic director’s role is her/his responsibility to guarantee high standards of
 59 clinical training, practice, and research application.

60 2.11 Clinic directors have authority requisite to assuring high standards of clinical
 61 training, practice, and research.

62 2.12 Clinic directors have appropriate authority over the work of staff, trainees,
 63 supervisors, and strategic planning, in consultation with and assisted by the
 64 appropriate university bodies and the training program with which the clinic is
 65 associated. These relationships may vary depending on the administrative setting
 66 of the clinic.

67 2.2 Given the number of stakeholders in the clinic and the sometimes divergent interests
 68 that directors must reconcile, it is essential that the director have a clear understanding of
 69 the lines of authority and decision-making within his/her own department or
 70 administrative home.

71 2.21 The director’s scope of authority and responsibilities are clearly elaborated in
 72 a job description.

73 2.22 Directors receive regular performance evaluations from those to whom they
 74 report.

75 2.23 If the director is on a tenure track faculty line, the unique demands of the role
 76 of the director are taken into account in performance evaluations.

77 **3.0 Supervision**

78 3.1 The primary function of a psychology clinic is to train graduate students to be
 79 practitioners and applied scientists according to the model of their training programs.

80 3.11 Insofar as clinical supervisors carry the central and critical responsibility for
 81 immediate oversight of practicum training and client welfare, they adhere to
 82 appropriate professional, ethical and legal standards

83 3.12 Clinic directors and supervisors are familiar with professional guidelines
 84 developed for clinical practice and use them as appropriate to their settings along
 85 with applicable state/federal laws and regulations (e.g., the Association for
 86 Counselor Education and Supervision, 1993; the Association of State and
 87 Provincial Psychology Boards, 2002). .

88 3.2 Under the leadership of the director, the clinic develops policies to ensure that the
 89 clinic provides high quality supervision.

90 3.21 Clinic policies regarding supervision are developed and reviewed regularly
 91 with the active participation of clinic supervisors, trainees and other stakeholders.
 92 Best practices for supervision policies include the following features:

93 3.211 Supervisors are licensed and qualified to practice in the areas of
 94 practicum work that they conduct and supervise in the clinic.

95 3.212 Supervisors and student trainees understand and adhere to APA's
 96 Ethical Principles and Code of Conduct (APA Ethics Code; APA, 2002),
 97 other APA ethical and professional guidelines, and state and federal laws
 98 pertaining to supervision and clinical practice.

99 3.213 Policies are in place to ensure that supervisors are (a) competent to
 100 provide supervision in the activities they are expected to supervise and (b)
 101 qualified to provide supervision based upon education, training, and
 102 experience.

103 3.214 In addition to written clinic policies and procedures, supervisors
 104 provide trainees with written descriptions of practicum learning objectives
 105 and roles and expectations of supervisors and trainees.

106 3.215 Supervisors ensure that the clinic's policies are followed and that
 107 case assignment, type of treatment, and the amount and type of
 108 supervision trainees receive are appropriate for that student's
 109 developmental level of competence.

- 110 3.216 Clinics have a written policy regarding documentation of
111 supervision.
- 112 3.217 Clinics have written policies regarding how trainees are evaluated
113 over the course of their training.
- 114 3.2171 The criteria by which trainees will be evaluated are
115 provided to trainees at the beginning of the practicum experience.
- 116 3.2172 Written feedback is provided to trainees at specified regular
117 time intervals.
- 118 3.2173 Trainee evaluations are integrated and reviewed by the
119 supervising faculty and director of training to assure that acquired
120 practicum experiences and performance are in concert with her/his
121 academic objectives and are part of the ongoing review of progress
122 toward her/his degree.
- 123 3.218 Supervisor performance is evaluated on a regular basis and includes
124 feedback from trainees and peer/director input.
- 125 3.2181 Clinic directors have access to supervisor evaluations in
126 order to effectively monitor the quality of supervision being
127 conducted at the clinic.
- 128 3.2182 Clinics have written policies regarding how this
129 information is collected and utilized to promote quality
130 improvement in the supervision process and to safeguard the
131 interests of the trainees who are involved in the evaluation process.
- 132 3.2183 Evaluations of supervisors are considered as part of a
133 faculty members' annual evaluation.

134 **4.0 Developing Competencies in Students/Trainees**

- 135 4.1 Students have appropriate training and experience before taking on service delivery
136 roles in the clinic. Because training is a developmental process, training experiences are
137 sequenced to match the level of the student's preparation.
- 138 4.2 Clinics implement an individual practicum training plan to guide the clinical training
139 experience for each student. These plans are created, documented and implemented by
140 the clinic director, program director of training, and the clinic supervisory faculty.
- 141 4.3 Training plans are created with the trainee at the start of practicum training, reviewed
142 during training, and discussed at the conclusion of training to assess progress and identify
143 areas in need of further training

144 4.31 Training plans may be used both as an evaluation tool of student progress and
 145 for guidance to the clinic director in assigning cases and supervision appropriate
 146 to the goals identified for the student.

147 4.32 Written documentation of the student's progress is maintained and
 148 considered in their overall evaluation of competence. [Detailed administrative
 149 guidelines for practicum training plans have been developed by the Council of
 150 Chairs of Training Councils (CCTC; 2007).]

151 **5.0 Clients Receiving Professional Services**

152 5.1 Training clinics provide a range of professional psychological services to clients who
 153 are in need of these services. Although services are usually provided by graduate students
 154 in training, clinic supervisors are responsible for assuring that clients receive quality care
 155 meeting the accepted standards of practice).

156 5.2 Clinical decisions regarding assessment and treatment services provided to clients
 157 consider both the training mission and client needs.

158 5.3 When clients participate in activities at the clinic that are not primarily based upon
 159 client need as assessed by the trainee and supervisor (e.g., for research or educational
 160 purposes), these activities are voluntary.

161 5.31 All activities not primarily based upon client need are subject to separate
 162 consent procedures, and reviewed/approved by the institutional IRB where
 163 appropriate.

164 5.32 To minimize the risk of client exploitation, activities not primarily driven by
 165 client need are clearly separated from those essential to clinical care.

166 5.33 Clients are not pressured to participate in activities unrelated to their clinical
 167 care and are assured that non-participation will have no negative effect upon their
 168 clinical care.

169 **6.0 Operational Guidelines**

170 6.1 Infrastructure and Support

171 6.11 The clinic facility and resources are adequate for professional practice,
 172 training, and applied research.

173 6.111 Clinics have confidential treatment rooms, adequate waiting areas,
 174 and the furniture and décor appropriate for professional practice, with
 175 attention given to privacy and security.

176 6.112 Observational and audio/video recording capability is available for
 177 supervision.

178 6.113 Work space, computers, and secure storage space are provided for
179 clinical documentation within the clinic, as well as space storage of client
180 files and testing materials.

181 6.12 The clinic director is granted sufficient administrative time to assure proper
182 oversight of the clinic.

183 6.13 Clinics are staffed with adequate professional and clerical support.

184 6.14 Clinics ensure professional liability protection is in place for faculty,
185 supervisors and trainees.

186 6.15 Support for clinic operations and facilities by the academic institution is
187 sufficient to enable the implementation of the training mission of the clinic and
188 the clinic's ability to serve the training needs of student affiliates from the
189 academic program.

190 6.2 Policies and Procedures

191 6.21 Clinics have a policy and procedure manual that is updated regularly and
192 made available to both trainees and clinical supervisors in order to ensure
193 compliance with its guidelines. The manual will reflect the mission and structure
194 of a particular clinic and, as appropriate, its associated training program.

195 6.3 Staff Training and Confidentiality

196 6.31 Individuals staffing the clinic, whether they are office staff, graduate
197 assistants, or supervisors, learn and understand the ethical guidelines and clinic
198 policies and procedures relevant to their roles in the clinic. Particular attention
199 should be paid to staff activities that involve direct client contact or access to
200 confidential client information.

201 6.4 Clinical Operations

202 6.41 Clinic operational policies assure professional client care as well as high
203 standards of clinical training and supervision.

204 6.42 Clinics operate over twelve months to provide continuity of client care, to
205 insure the viability of the clinic's role in the community, and to provide on-going
206 training for trainees.

207 6.43 Clinics have clear policies on community advertisements, screenings and the
208 admission of new clients.

209 6.44 Guidelines for client admission/intake (developed by the clinic director
210 together with faculty) reflect faculty expertise and the training needs of trainees.
211 Clinic trainees and supervisors respond promptly to clients requesting services.

212 6.5 Billing and Financial Issues

213 6.51 Where clinics provide fee-for-service, appropriate billing and collection
214 mechanisms are in place.

215 6.52 Written information regarding the fee structure is available to clients,
216 supervisors, and trainees.

217 6.6 Informed Consent

218 6.61 Clinics develop appropriate informed consent procedures (or notification as
219 appropriate) and require that all clients be provided informed consent/notification
220 to receive evaluation and/or treatment services at the clinic. The informed consent
221 includes information regarding any limits to confidentiality and the clinic's fees
222 and billing policies. Clients are provided the name of the supervising
223 psychologist.

224 6.62 The informed consent includes information regarding any persons who may
225 have access to records without the client's written consent (e.g., court orders,
226 auditors such as CoA site visitors).

227 6.63 Additional specific guidelines (e.g., providing copies of privacy policies), are
228 adhered to in those clinics that are HIPAA compliant.

229 6.7 Crisis Care and Emergency Policies

230 6.71 The clinic policy manual provides detailed instructions for trainees in the
231 case of client emergencies, and there is a clear system for trainees to access a
232 supervisor whenever necessary.

233 6.72 Clients are provided with copies of the clinic's policies regarding emergency
234 and off-hours coverage, as well as emergency referral resources in the
235 community.

236 6.8 Integration of Ethics and Cultural Competence Training

237 6.81 Clinics provide a supportive learning environment that fosters increased
238 awareness and sensitivity to ethical and cultural issues, promotes personal
239 development for all staff, and provides appropriate professional training
240 experiences.

241 6.82 Supervisors assure that multi-cultural and diversity needs of clients (see
242 APA, 2003) are integrated into clinical services.

243 6.9 Collaborative and Evidence-based Treatment

244 6.91 Clinics provide clients with adequate information regarding all services
 245 provided, including assessment methods and therapeutic strategies to be
 246 employed.

247 6.92 When conducting therapy, trainees work collaboratively with clients to
 248 conduct an initial assessment, formulate a treatment plan, enumerate treatment
 249 goals, and conduct on-going evaluation of the treatment provided.

250 6.93 Clinic services include evidence-based services to clients (see APA, 2005)
 251 and instruct trainees in best practice models of care.

252 6.94 Trainees and supervisors follow-up with clients who might miss
 253 appointments or drop out of services until the case is appropriately closed or
 254 referred to another professional.

255 **6.10 Documentation and Record-Keeping**

256 6.101 Client contact and services are appropriately documented. Clinic policy
 257 and procedures specify clinic documentation and record keeping requirements.

258 6.102 Documentation reflects the clinician’s status as a trainee.

259 6.103Clinic policies regarding the use of email and faxes are thoroughly
 260 described.

261 6.104 Evaluation and termination reports are completed in a timely manner.

262 6.105 Clinics develop procedures for monitoring adherence to record-keeping
 263 policies.

264 6.106 Clinics develop and implement policies to insure the confidentiality and
 265 security of client records.

266 6.107 Clinics respond promptly to requests from other professionals external to
 267 the clinic for reports on the cases they evaluate or treat.

268 6.108 There are clear policies regarding how the clinic responds to subpoenas and
 269 court orders and clinic directors have access to legal consultation.

270 **7.0 Financial Accountability and Service Expectations**

271 7.1 Mechanisms are in place (e.g., annual report, advisory board meetings) for the
 272 clinic director to summarize and report on clinic financial, training, research, and
 273 service activities.

274 7.2 Training clinics are sufficiently supported financially by the university
 275 department(s)/program(s) they serve to provide high quality training and service .

276 7.3 Supervisors and faculty are involved in determining appropriate expectations
277 for caseloads given the primary training mission.

278 7.4 Clinic directors and faculty give careful consideration to the administrative
279 uses and benefits of computerized records and databases of clinic activity. When
280 used, computerized records necessitate compliance with electronic security
281 standards.

282 **8.0 Problem Resolution and Due Process**

283 8.1 Clinics offering practicum training provide for informal problem resolution
284 when disputes between trainees and supervisors and/or other clinic staff arise.
285 Clinics and the associated training program have policies related to trainee
286 problems and ethical violations that address due process rights.

287 8.2 Insufficient progress toward developing foundational competencies or
288 violation of clinic policy (e.g., repeated late clinical documentation) warrants a
289 trainee remediation plan. Major ethical violations are sufficient cause for
290 immediate removal from the practicum.

291 8.3 The clinic director is involved in any decisions regarding trainee difficulties
292 including the viability of the student continuing in the practicum site.

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295 counseling supervisors. (<http://www.acesonline.net/ethicalguidelines.htm>)

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