University of Alabama at Birmingham
Community Counseling Clinic Handbook
Academic Year 2016 - 2017

Department of Human Studies
Counselor Education Program

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Confirmation of Handbook

A signed copy of the following will be maintained in the student's file.

I have received and agree to follow the policies and procedures expressed in this handbook while participating as a practicum/internship student at this site.

Student's Signature	Date
Supervisor's Signature	Date

This is to be signed and turned in to the UAB Student Training Clinic Director at orientation.

The University of Alabama at Birmingham Community Counseling Clinic

Mission

The UAB Community Counseling Clinic seeks to (a) increase access to outpatient mental health counseling services in Jefferson County, (b) provide an innovative educational experience for graduate counseling students, and (c) operate a flexible research lab capable of accommodating various interests and funding opportunities.

Vision

To become an integral service provider of outpatient counseling services in Jefferson County and to become an exemplar in the counseling profession through innovations in research, practice, teaching, and clinical training.

Values

Our faculty and student providers seek to accomplish our mission, vision, and strategic goals by conducting ourselves with the highest level of professionalism. Our professional conduct is driven by the following core values:

1. **Accountability -** We have a duty to provide responsible and ethical services, to create an effective training site for graduate counseling students, and to conduct ethical and innovative research.

2. **Affordability** - We provide effective services at affordable prices to increase community access to outpatient counseling services.

3. **Caring and Responsive Service** - We strive to exceed the expectations of our clients and to create a supportive, responsive, and calming atmosphere where everyone is treated with empathy, respect, and dignity.

4. **Collaboration** - We seek to build collaborative partnerships with community providers and research entities

5. **Commitment to Professional Excellence** - We offer evidenced-based counseling interventions informed by current research and continually strive toward continuous improvement.

6. **Data Driven** - We use data to guide decisions and improve the effectiveness of services.

7. **Diversity** - We value individual differences and provide a multicultural and sensitive environment free from discrimination and inequity.

8. **Developmental Learning** - We value the professional growth of counselors as they progress from novice to expert in knowledge, skills, and dispositions.

9. **Integrity** - We value honesty, diligence, trustworthiness, moral reasoning, and ethical conduct.

10. **Student-centered** - We strive to prepare counselors who can support the development of clients from adolescence through adulthood.

11. **Standards-based** - Our training standards are informed by guidelines outlined by the Council for the Accreditation of Counseling and Related Programs (CACREP).

Philosophy

Clinical Practice. We conceptualize counseling as a process that facilitates "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2010). Clinical Mental Health Counselors "combine traditional psychotherapy with a practical, problem-solving approach that creates a dynamic and efficient path for change and problem resolution (AMHCA, 2013)."

Mental Disorders. We operate from the view that mental disorders result from a breakdown of physical or mental structures that prevent an internal mechanism from carrying out its naturally intended function. Such dysfunction produces socially undesirable disturbances in social, cognitive, emotional, and behavioral functioning. An overwhelming literature suggests that the most powerful threat to physiological homeostasis is chronic stress (Lambert, 2005). During times of stress, dysfunction may activate, leading to detrimental consequences in social, academic, or occupational settings (Ivey & Ivey, 1998).

Health. We operate from the framework that, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2003). We regard health as the strength to overcome an illness by promoting positive health behaviors; integrating the mind, body, and spirit; and progressing toward an optimal level of functioning (Larsen, 1999). We also draw from the developmental sciences and learning theory to emphasize client growth and change across the lifespan.

Training. The CCC operates from a constructivist paradigm designed to train students how to apply evidenced-based counseling interventions while also enhancing critical thinking skills (McAuliffe & Eriksen, 2010). From this model, students apply previous learning to new situations in a safe and developmentally appropriate atmosphere. As students gradually move toward handling more complex and challenging cases, they integrate and adapt their learning to accommodate for these new clinical experiences.

Interprofessional Collaboration

The UAB Community Counseling Clinic (CCC) aspires to engage in interprofessional practice and research. The UAB CCC recognizes the benefits of working as members of an interdisciplinary team to ensure access to wide range of health, education, and social services. Under this philosophy we aspire to consistently demonstrate core values evidenced by professionals working together, aspiring to and wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability to achieve optimal health and wellness in individuals and communities (Hammer, Frost, Hammer, McGuinn, and Nunez, 2011, p. 384)

Description of Services

Before a treatment intervention may be used with the public it must meet the following criteria: 1. The exact nature of the service must clearly be described. 2. The claimed benefits of the service must be stated plainly. 3. The claimed benefits must be validated scientifically. 4. Possible negative side effects that outweigh any benefits must be ruled out empirically (McFall, 1991). The UAB Community Counseling Clinic (CCC) provides individual and group counseling services to residents of Jefferson County. Counseling services utilize cognitive behavioral therapy and incorporate a variety of evidence based therapeutic interventions. Counseling services are personalized, collaborative, goal-oriented, and time-limited. The UAB clinic is a training site for UAB graduate counseling students completing the clinical requirements for practicum and internship. During supervision, client progress is assessed, medical necessity for services is monitored, clinical interventions are evaluated, and recordings are reviewed.

Continuum of Care

The CCC provides outpatient-counseling services in the least restrictive alternative to more intensive mental health treatment settings. Student counselors will evaluate the level of care appropriate for the client's current mental status. The hierarchy below depicts the range of service alternatives listed from the least (outpatient counseling) to the most restrictive level of care (hospitalization). For example, clients who present with a history of mental health treatment that has failed to produce positive therapeutic gains may benefit from a referral to a higher level of care. All clients who require an escalation to more intensive services will be transferred to the appropriate level of care.

1 **Outpatient**
Represents the least restrictive level of care for mental health or substance related services. Treatment interventions often comprise weekly individual or group psychotherapy treatments lasting for 50 minutes

2 **Intensive Outpatient**
Capacity to provide planned and structured treatment interventions at least 2 hours per day and 3 days during the week. These programs offer a range of multidisciplinary treatment services for clients suffering from mental/emotional and substance abuse disorders.

3 **Partial Hospitalization**

Structured day, evening, and night programs that target mental health and substance abuse disorders using an individualized treatment plan to guided a coordinated multi-disciplinary treatment team. Range of services is less intensive than inpatient treatment and clients return home at the end of the day.

4 **Supervised Living**
Often comprise group homes and halfway houses. Services include outpatient treatment combined with assistance and supervision and managing activities of daily living.

5 **Residential Treatment**
Long-term residential care for people with mental and substance abuse disorders. Requires less intensive medical monitoring than subacute hospitalization. Referred to as an intermediate level of care that incorporates a range of diagnostic and psychosocial treatment interventions.

6 **23-Hour Hold**
Designed to promptly evaluate and stabilize psychiatric symptoms for clients presenting in a crisis state.

7 **Subacute Hospitalization**
Intended to help clients at risk for acute hospitalization for stabilization of symptoms and community reentry. Targets clients who don't meet criteria for acute hospitalization but require more intensive services that 23-hour observations.

8 **Hospitalization**
Highest level of skilled psychiatric care and substance abuse treatment provided in a facility.

Outpatient Eligibility/Discharge Criteria
To be eligible for services, the following criteria must be present:

Severity of Need
- Client presents with behavioral, psychological, or interpersonal dysfunction.
- Symptomatic distress leads to impaired functioning in social, occupational, or academic functioning as evidenced by a clinical description of symptoms, or a GAF score < 80.
- Or, client presents with a history of mental health treatment for which services are required to maintain current level of functioning.
- Or, a limited number of sessions are required to support termination from therapy and to prevent the full reinstatement of treatment services.
- Client does not require a higher level of care.
- Client appears to be motivated and capable of developing skills to manage the presenting problem.

Intensity and Quality of Service

- Face to Face Counseling Services
- Rule out need for more intensive services
- Counseling is effective AEB improvements in valid outcome measures.
- Counseling is not a duplication of services received elsewhere
- No greater than one session per week
- Precise Documentation of services is required
- Clients must consent to video recording for quality management and training purposes.

Exclusionary Criteria

- Unable to participate in counseling due to severe psychiatric symptoms that countermand therapeutic progress.
- Voluntarily chooses not to participate in counseling.
- Clinical evidence indicates client would benefit from a higher level of care.

Discharge Criteria

- Treatment goals have been achieved.
- Client is non-compliant or not engaged in counseling services (e.g. frequent missed appointments, repeated cancellations without prior notice, and/or lost to contact).
- Therapeutic progress has stalled (or the level of impairment has exacerbated) indicating a higher level of care is needed.

Training and Clinic Procedures

Orientation Training

Students must be receive initial orientation in the following domains:

- Introduction to Site
- Clinic Handbook
- Orientation to Assessments, Progress Notes, and Treatment Planning
- Diagnostic Categories
- Classes of Psychotropic Medications
- Essential Skills in Suicide Assessment and Intervention
- Effective Management of Aggressive Behaviors

Client Welfare and Protection

During the initial intake assessment, clients must acknowledge receiving information outlining the CCC's procedures designed to ensure safety and confidentiality. The legal guardian of a minor, except where the minor is above the age of 14 and chooses not to involve the parents, will be given a copy of the client rights and grievance policy.

Service recipients have the right to:

- Privacy
- Confidentiality
- Access to Client Records
- Complaint and Grievance Procedures
- Informed of the required parental or guardian consent for treatment
- Informed consent prior to participating in a research project
- Protected from harm including abuse, neglect, or mistreatment
- Human Respect and Dignity
- Refuse mental health services without reprisal

Complaint/Grievance Procedure

If a client has a complaint about a student counselor or services received in the clinic, he or she is directed to speak with:

Sean B. Hall, Ph.D.
Assistant Professor and Clinic Director
University of Alabama at Birmingham
901 13th Street South (Room 152-E)
Birmingham, AL. 35294-1250
sbhall@uab.edu

First, careful consideration is made to recognize and empathize with the clients concerns. Then a written complaint should be submitted to the Director within five business days of the incident. The written complaint or grievance should include a description of the incident, date, time, and persons involved in the complaint.

After receiving the grievance, the director shall then respond within five (5) business days. If the client is dissatisfied with the Director's response, he or she will be guided to the Counselor Education Program Coordinator for further mediation. If additional escalation is necessary, the complaint will be transferred to the Chair of the Department of Human Studies.

The Clinic Director reserves the right to consult with UAB General Counsel around issues or complaints that may have legal implications.

Missed Appointments

If a client fails to attend a scheduled appointment, telephone contact must be initiated for rescheduling. If a client is unable to be contacted after three attempts a discharge notification letter will be sent.

The following protocol must be used for clients who were:

- Discharged from inpatient psychiatric care within the last 12 months
- Decompensating at the last visit
- Identified as potentially harmful to self or others.

1. Initiate telephone contact within 15 minutes after the session was scheduled to begin.
2. If unable to reach client, 3 additional calls will be made during each successive shift.
3. If contact has not been made after the 3rd attempt a letter will be mailed requesting that the client contacts the CCC for rescheduling by a specified date.
4. If no contact is initiated by the deadline, a discharge notification letter will be sent containing referrals to appropriate external providers.

Inclement Weather Policy
Occasionally the Birmingham area experiences bad weather with snow and ice on the roads making it difficult for student clinicians to get to work. At these times, the University of Alabama at Birmingham may be officially closed.

In the event the University is not officially closed, student clinicians experiencing problems (icy roads, dead battery, etc.) must contact the clinic director by telephone or through e-mail for reporting instructions. With the supervisor's approval, the student clinician may receive an excused absence.
If the University is officially closed, student clinicians are not required to report for duty.

Dangerous Weapons and Firearms Policy
The University prohibits the possession, transportation, and use of firearms and other dangerous weapons on campus. This policy applies to all persons on campus, including **faculty, staff, students, contractors, patients, and visitors**. University students may not possess firearms at any time on campus (except as expressly authorized by the University Police Department ("UPD"). Dangerous weapons are not allowed on campus at any time. Any dangerous weapons may be confiscated.
Faculty and staff may not possess firearms on campus or while otherwise engaged in duties associated with their employment, except for a firearm properly maintained in a personal vehicle in a manner consistent with Alabama law.

Consistent with Alabama law, all persons (including concealed carry permittees) are strictly prohibited from possessing firearms (1) at facilities which provide inpatient or custodial care of patients with psychiatric, mental or emotional disorders; and (2) at locations where guards and other security features are employed, such as athletic events.

This Policy will be published in staff, faculty, and student handbooks, and supersedes any contrary provisions.

Persons on campus and in violation of University policy are trespassers and may be dealt with accordingly, including, but not limited to, being removed from campus and receiving a written directive to remain off campus. Contractors and vendors are expected to comply with policy and contract terms. Violations of Alabama law may be dealt with by appropriate law enforcement. Student violations may be addressed in accordance with the Non-Academic Student Conduct Policy as well as other applicable policies and may include sanctions, up to and including expulsion. Student violations may be resolved in accordance with UAB policies, up to and including permanent removal from the site.

Non-Smoking Policy
All buildings, facilities, and spaces (including covered walkways and covered parking) that are owned, rented, or leased by the University of Alabama at Birmingham are nonsmoking areas.

All faculty and students are expected to be good stewards of UAB's property and

grounds, and individuals who choose to smoke outside of, but near, UAB buildings are expected to place the remains of tobacco products in proper receptacles.

A violation of this policy by a student clinician, shall result in disciplinary action according to established UAB disciplinary procedures up to, and including, discharge. A violation of this policy by a student constitutes nonacademic misconduct, and the student will be subject to established disciplinary action.

Position Descriptions

Clinic Director

Primary Responsibilities. Provides and maintains primary oversight authority over CCC operations: Provides clinical supervision for practicum and Internship Students**;** Collaborates with program faculty on clinic policies**;** Generates operational procedures**;** Monitors program statistics**;** Conducts Chart audits**;** Responsible for quality management and improvement**;** Development and Maintenance of Program Manual and Clinic Handbook**;** Developing and disseminating CCC public relations materials**;** Developing and maintaining relationships with counseling referral sources within the Birmingham community; Overseeing the maintenance of CCC equipment**;** Seeking external funding for the CCC or program**;** Respond to inquiries from UAB Administration; Assign access privileges and group membership for digital recording equipment; Approve and revoke faculty/student access to digitally recorded PHI; Review privileges of users at least annually; Work with AskIT to implement all access control directives (e.g. adding and removing appropriate privileges and permissions to approved users); Create and maintain a list of approved CCVCS users; Identify logical access privileges to CCVCS assets and resources; Review and assess all access controls on at least an annual basis.

Additional Duties. Conduction Orientation and Staff Training**;** Complete Student Evaluations**;** Facilitate weekly staff meetings; Monitor Client Safety through video reviews**;** Coordinate technological upgrades**;** Teach two courses per term**;** Oversee Student Advising

Qualifications. Earned doctorate in Counselor Education from a CACREP accredited university**;** Must be familiar with the operations of a community training clinic.

Office Manager

Position Description. Assumes all responsibilities, additional duties, performance expectations, and qualifications required of the student clinician outlined below. The office manager also functions as a liaison to the clinic director; conducts telephone screenings/initial case assignments; maintains the clinic calendar; completes data entry; coordinates initial scheduling of appointments; delegates essential administrative duties to student clinicians (e.g. filing, monitoring the telephone, etc.); manages sign duty assignments; oversees petty cash deposits; conducts weekly reminder calls;

Student Clinician

Primary Responsibilities. Provides group and individual counseling to students with career, academic, learning skills, and personal adjustment concerns; Conducts Biopsychosocial intake assessments (BPSA); Conducts outreach workshops; Identifies the appropriate level of care*;* Refers cases that exceed the severity outlined in the CCC inclusionary criteria to qualified external providers; Develops and maintains collaborative treatment plans with measurable objectives and evidenced based interventions; assist office manager in administrative coverage; provide clients with initial intake paperwork. Conduct at least 10 peer reviews.

Additional Duties. Orally present a case conceptualization*;* Present an evidenced based treatment intervention*;* Cover front desk duties when needed; Fully participate in CCC staff meetings and case conferences; Generate and maintain organized intake reports and progress notes.

Performance Expectations. Timely, thorough, and accurate documentation of services; Attend weekly staff meetings*;* Is punctual and present for all scheduled shifts and required meetings; All practicum and internship evaluations must be scheduled with the director 3 weeks before the deadline.

Qualifications. Enrolled in the clinical mental health counseling concentration at UAB*;* Passed the Counselor Preparation Comprehensive Examination (CPCE)*;* Enrolled in the practicum and internship course and under faculty supervision.

Professional Conduct

Dress Code

Practicum/internship students shall refrain from wearing apparel that is unkempt, obscene, distractive, or provocative. Hair shall be kept clean and neatly trimmed or arranged. Jewelry should be limited to items considered conventional and which do not pose a potential hazard when working directly with clients or in other work environments. Any perfume, cologne, etc. should be used sparingly. Some clients may be allergic or can be adversely affected by strong fragrances. Practicum/internship students are expected to refrain from wearing shorts, **jeans**, t-shirts, flip flops, spandex, sweat suits, miniskirts, or similar items as they are not typically considered professional attire. Examples of professional attire include (but not limited to):

- Dress Shirts/Blouses; Sport Shirts; Trousers/Dress Slacks; Sweaters; Jackets/Blazers; Neckties; Clean, Well-Kempt Footwear; Skirts; Dresses/Suits

Behavioral Expectations

It is the policy of the UAB CCC to expect all practicum/internship students to behave in a professional and mature manner. The following behavioral guidelines are provided as a guide and are not to be considered an all-inclusive list.

Corrective action may be taken against any student for unprofessional behavior or misconduct, including but not limited to:

Absenteeism, Tardiness, Clinical Work, and Clinic Property

Quitting work or leaving the clinic without permission; Absenteeism and/or tardiness without reasonable explanation**;** Sleeping on the job.**;** Insubordination (e.g. refusal to perform assigned duties or to comply with a direct order of a superior; use of abusive, derogatory, profane, or disparaging language toward a superior; use of language or other actions demonstrating disrespect toward a superior); Use of offensive, threatening, coercive, indecent, or discourteous language toward superiors, other practicum/internship students, or members of the public.**;** Horseplay (e.g. pushing, shoving, teasing, practical jokes, or any other pranks and antics which disrupt the normal work routine or create a risk of danger to the safety of others); Deliberate or careless conduct endangering the safety of the UAB staff, the clinic director, practicum/internship students, or oneself; Provoking, instigating, or participating in a fight while on duty or on UAB property; Smoking in unauthorized areas; Reporting to assigned shift under the influence of intoxicants/drugs, possession of intoxicants/drugs on duty, and/or the use of intoxicants/drugs while on duty**;** Violation of any safety rule or practice; Serious neglect of work (e.g. non-compliance with documentation and/or client contact regulations); Incompetence or inefficiency in the performance of required job duties; Intentional falsification of UAB clinic records or reports; Loitering or visiting with peers in the lobby or at the reception desk where clients may be exposed to personal conversations**;** Negligence in the care and handling or destruction of UAB property**;** Theft of UAB, student clinician, client, or student property; Unauthorized use of UAB property or equipment; Downloading or surfing the internet for inappropriate material; Downloading/Uploading malicious software to UAB computers (please do not use

personal USB drives on UAB computers as there is a potential for transmitting a computer virus).

Professional Standards

Determines the best plan of care after consulting with other health care professionals, family members, and caregivers; Demonstrates cultural competence in all interactions; Psychoeducation is appropriate for the client's level of education and literacy; Recognizes and communicates the limits of one's professional competency; Refers to professionals who have the appropriate expertise or competence.**;** Demonstrates the ability to build a strong and productive therapeutic alliance; Models empathic behavior; Respects and honors patient input regarding health decisions (e.g. embraces alternative health care givers); Gathers information about the patient's/client's history from personal and professional collaborators; Verbal and written communication is timely, accurate, jargon free, succinct, respectful, complete, and legible; Reviews patient-related documentation from all health professionals; Consumes scholarly literature and incorporates the best evidence from all health care profession; Maintains professional integrity by keeping promises and demonstrating reliability; Provides accurate information to enable the process of informed consent; Engages in self-assessment and identification of areas needing further development; Recognizes one's professional culture and biases; Accurately communicates near misses or errors in client care; Engages in quality improvement and incorporates changes to enhance quality care; Reports or addresses unprofessional and unethical behaviors; Engages in improving conditions relating to safety, health, and wellness; Works to appropriately share information and minimize gaps/disruptions in services.**;** Acknowledges the contributions and expertise of others**;** Actively solicits others' feedback and expertise.

Absence and Late Arrival

Check-In

The importance of arriving on time and staying for the entire shift cannot be overstated. Student clinicians must document when they arrive and the number of clients scheduled for that day (See Appendix for a copy of the daily sign-in sheet). While the main objective is to ensure that all students arrive on time, this also helps the clinic track the number of clients served and gather data on the amount of hours available for direct care.

Reporting

From time to time a student may need to be absent from work due to illness, injury, or personal reasons. Although a student is entitled to leave, the student must notify his/her supervisor at least one hour prior to the start of her/his shift.

Tardiness

Patterns of excused or unexcused tardiness will result in either a schedule change and/or disciplinary action.

Excused Tardy. Students must call their supervisor if they will be reporting to work late more than 10 minutes. The supervisor will then decide if the tardy is excused.

Unexcused Tardy. Reporting to work 10 minutes after your scheduled shift without failure to notify the clinic director or affiliate faculty is considered an unexcused tardy. Three (3) observations of unexcused tardiness within a 3-month period is considered excessive and will result in a meeting with the student's assigned supervisor. If tardiness continues, disciplinary action will be taken. Resulting disciplinary action may include dismissal from the site and a meeting with the practicum/internship instructor.

Excessive Absenteeism

Students who consistently show patterns of tardiness or unscheduled leave may be subject to a performance review to correct attendance as an issue of poor job performance. Continued unscheduled leave usage negatively impacts operations and adversely impacts operations and client services. The clinic director is expected to monitor leave patterns.

Leaving Early

It is the expectation that students stay for their entire shift. If a student needs to leave early, this decision will be made at the discretion of the clinic director.

Assessment/Testing

The UAB CCC conducts assessments and periodically administers structured clinical interviews and psychometric measures. The UAB CCC operates under an information-gathering and therapeutic model of assessment (Finn and Tonsager, 1997). These complementary approaches help clinician's gather empirical information that is used to guide clinical decision-making, build greater self-awareness, offer information about treatment progress, build self-efficacy, increase motivation, reduce feelings of isolation, increase feelings of hope, and decrease symptomatology. In order to ensure the ethical administration and interpretation of such instruments, the UAB CCC adheres to ethical guidelines outlined by the American Counseling Association. Student clinicians must:

- Administer assessments under supervision from the program faculty.
- Disclose to clients favorable conditions that produce the most favorable results
- Administer, adapt, score, interpret or use assessment techniques in a manner that aligns with current research and is appropriate for proper application and interpretation.
- Only use assessments normed on populations that sample clients with comparable demographic characteristics. If the demographic characteristics of the validation sample are not comparable to the client, student clinicians will describe the strengths and limitations of their results.
- Use assessment methods that are appropriate to an individual's language preference and competence.
- Obtain informed consent for assessments, evaluations or diagnostic services
- Accurately document circumstances that threaten the validity and reliability of the test results. Student clinicians will also account for the purpose of the assessment, test-taking abilities, and characteristics of the person being assessed that might affect clinical judgment or reduce the accuracy of their interpretations

- Confirm the psychometric properties and consult the assessment manual for all assessments used to support clinical practice.
- Take reasonable steps to ensure that explanations of results are given to the individual or designated representative
- Maintain the integrity and security of all tests consistent with legal and contractual obligations.
- Avoid the use of administering obsolete or outdated testing instruments.
- Prevent the misuse of obsolete measures and assessment data by others

Disclosure in Supervision
Practicum/Internship students are expected to participate in supervision. Supervision meetings may be conducted individually or in a triadic group. All client information shared during these meetings will be kept confidential. Sharing of client information during supervision will be considered consultation and is within the parameters of the stated limits of confidentiality as expressed in the intake session with the client. No **recordings** may be taken off the premises.

Suicidal or Homicidal Disclosures
In the event that a client shares information deemed by the practicum/internship student to be a threat of suicide or homicide, the practicum/internship student must notify the clinic director on shift immediately.

The practicum/internship student should ask the client to remain in the counseling room while he/she notifies the director on duty. The director will then supervise the session using the closed circuit monitoring system.

Following consultation with the director on duty, the student will complete the **Columbia Suicide Severity Rating Scale (C-SSRS)** and the **SSF-III Pre-screening Form for Suicidal Clients**. Once the forms are completed the director will review each document with the student. Should it be determined that the client is an imminent threat to themselves or others, the directors will guide the student through the steps of contacting emergency services personnel.

Mandated Reporting
In the event that a client shares information deemed by the practicum/internship student to be evidence of abuse of a member of a protected population, the practicum/internship student must notify the clinic director immediately.

Duty to Warn
In the event that a client shares information deemed by the practicum/internship student to be evidence of intent to harm another person, the practicum/internship student must notify the clinic director immediately

Client Non-Discrimination Policy
Because the CCC aligns directly with the counseling profession, the well being of the

client is the foremost priority. Our policy indicates that clinical providers must affirm the personal liberty of service recipients. Clinical mental health counselors do not refer or refuse to work with clients whose values, beliefs, demographic characteristics, or lifestyle preferences are in conflict to their own. The CCC adheres to the ethical standards outlined by the American Counseling Association (2014). Student clinicians who provide services in the CCC do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, student clinicians, supervisees, or research participants in a manner that has a negative impact on these persons.

Workplace Harassment

Practicum/internship students are expected to conduct themselves in a business-like manner at all times. In keeping with its commitment to maintaining an environment that is free of unlawful discrimination and in keeping with its legal obligations, UAB prohibits unlawful harassment (and discouraging conduct that, while not unlawful, could reasonably be considered unwelcome). Discriminatory harassment of any kind is not appropriate at UAB, whether it is sexual harassment or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, genetic or family medical history, or any factor that is a prohibited consideration under applicable law. At the same time, UAB recognizes the centrality of academic freedom and its determination to protect the full and frank discussion of ideas. Thus, discriminatory harassment does not refer to the use of materials about or discussion of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, or genetic or family medical history for scholarly purposes appropriate to the academic context, such as class discussions, academic conferences, or meetings.

Prohibited Conduct

Sexual Harassment. Under the law, sexual harassment does not refer to occasional compliments or conduct of a socially acceptable nature. Nor does it refer to the use of materials or discussion related to sex and/or gender for scholarly purposes appropriate to the academic context. It does refer to non-academic remarks or actions of a sexual nature that are not welcome and are likely to be viewed as personally offensive. This can include but is not limited to: Physical or verbal advances; Sexual flirtations; Propositions; Verbal abuse of a sexual nature; Vulgar talk or jokes; Degrading graphic material; Verbal comments of a sexual nature about an individual or his or her appearance; Display of sexually suggestive objects outside a scholarly context and purpose; Physical contact of a sexual or particularly personal nature. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment (or a student's status)
2. Submission to or rejection of such conduct by an individual is used as the basis for

employment decisions (or academic decisions) affecting such individual or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance (or a student's academic performance) or creating an intimidating, hostile, or offensive work (or academic) environment.

Discriminatory Harassment of a Non-Sexual Nature. The same principles related to sexual harassment also apply to harassment on the basis of any characteristic that is protected by law. UAB's policy prohibits discriminatory harassment of a non-sexual nature, which includes:

- Verbal, physical, or graphic conduct that denigrates or shows hostility or aversion toward an individual or group on the basis of race, color, religion, sex, national origin, disability unrelated to job performance, veteran status, genetic or family medical history, or other status protected by applicable law and that
- Has the purpose or effect of creating an intimidating, hostile, or offensive employment, educational, or living environment; or
- Has the purpose or effect of unreasonably interfering with an individual's work performance or a student's academic performance.

UAB also adopts these principles with regard to discrimination or discriminatory harassment on the basis of sexual orientation, gender identity and gender expression. Prohibited behavior may include:

- Conduct or material (physical, oral, written, or graphic, including e-mail messages, text messaging or use of social media posted or circulated in the community) involving epithets, Slurs
- Negative stereotyping, or threatening
- Intimidating, or hostile acts, that serves no scholarly purpose appropriate to the academic context and gratuitously denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, genetic or family medical history, or any factor protected by applicable law.

Alcohol and Drugs

Unlawful possession, use, manufacture, distribution, or dispensing of illicit drugs, controlled substances, or alcoholic beverages by any UAB student on UAB property or as part of any UAB-sponsored or UAB-sanctioned activity is prohibited. The legal possession, use, or distribution of alcoholic beverages on UAB property or at UAB-sponsored or UAB-sanctioned activities is governed by the UAB *General Policy Regarding the Use and Consumption of Alcoholic Beverages* and applicable local, state, and federal laws. In certain situations, the University is required to report the activities prohibited by this policy to appropriate law enforcement authorities. In all cases, the University may report activities prohibited by this policy to appropriate law enforcement authorities if it appears that the activity is a violation of law.

Documentation

All UAB Clinic documentation must be objective and free of bias (i.e. documentation should be based on observable behavior and client statements rather than counselor's opinions, hunches, etc.). **All documentation must be completed on the same day of the counseling session.** If a practicum or internship student does not practice timely documentation, they will not be scheduled any additional appointments until they have caught up on their outstanding documentation.
Practicum/Internship students will be expected to complete all required UAB documentation. Documentation includes, but is not limited to: UAB Intake Assessment; Service Activity Log; Treatment/Individual Services Plan; Progress (DAP) notes; Client Satisfaction Survey; Discharge Data Form; Assessment Instruments. Blank copies of each of these forms will be made available through e-mail.

Administrative Documentation

In addition to the clinical documents included in the health record, UAB practicum and internship students will complete the following forms:

UAB Counseling Agreement. This form includes information that pertains specifically to UAB students such as (a) students' counselor-in-training status, (b) semester transitions, (c) taping requirements, etc. UAB practicum/internship students should confirm that clients have reviewed and signed this document at the beginning of the first session. Copies of the UAB Counseling Clinic may be found in the forms folder located at the reception desk.

Notice of Privacy Practices. All clients must be provide and acknowledge they have received the UAB Notice of Health Information Practices. A copy can be located on our website at http://www.uab.edu/education/counselingclinic/ or in Appendix Q of this document.

Weekly Statistics Form. Must be filled out by every practicum/internship student at the end of each week. Forms from each practicum/internship student will be compiled by the Clinic Director used for quality improvement. Each practicum/internship student must complete this form prior to leaving at the end of his or her last shift of the week.

Chart Filing

Upon completion, documents (ISPs, DAP notes, etc.) should be immediately filed in their respective charts and sored in the locked clinical records cabinet. Due to confidentiality regulations, documentation may not be completed outside of the UAB clinic, and client records may not be removed. (Under this regulation, saving client documentation (i.e. ISPs or DAP notes) to portable storage devices (i.e. USB jump drives) is not permitted. If you need extra time to complete your documentation, you may add extra hours to your shift or come in for a make-up day.

Client Record Numbers. The UAB operates from a unit numbering system. Once a client is served by the agency, regardless of type of service rendered, the client keeps the same client record number for any future services. The client record number

can also be used to identify a client's history with the UAB based on the age of the record number. Though it's not likely that services will be consistent, clients who have been served by the agency for many years will have a low number, but clients who only began services recently will have a higher number.

File Organization in the Clinical Records Cabinet. The filing cabinet at the reception desk maintains the active client records. Files are kept in client record number order **beginning with the third number of the client's record number** (e.g. if your client's number is 123-450, the chart would be in order beginning with the number 4). Practicum/Internship students, who retrieve the chart, should return the clinical record at the end of every day.

Appointment Guidelines

Session Allotment

Consistent with the UAB academic calendar, clients may receive counseling services during the fall, spring, and summer semesters. Prior to the conclusion of each semester, the clinic director evaluates overall client progress, and those clients determined to be in need of additional services may either be transferred to an incoming student clinician. Clients must be notified in advance (e.g. at intake, throughout counseling) of any potential disruptions in service due to semester breaks.

Session Length

All client appointments should last no more than 45 minutes. Practicum/internship students are expected to adhere to this guideline as sessions lasting longer than 45 minutes may interfere with other scheduled appointments and completing paperwork. Practicum/internship students may be scheduled with back-to-back appointments. Therefore, it is expected that documentation will be completed between appointments. At a minimum, practicum/internship students should jot down notes during this break so that full documentation may be completed by the end of their shift.

Scheduling Appointments

All client appointments must be scheduled through the UAB Clinic Intern/Support Technician. Once the appointment request is reviewed and no conflicts are noted, the scheduled session will be documented in the appointment book. Student clinicians may review the outcome of their request by reviewing their upcoming schedule.

Appointment Reminders

In an effort to promote attendance, the Student Intern/Support Technician will remind clients of their upcoming sessions via telephone correspondence the day before their scheduled appointment.

Client Follow-Up

Clients who do not show up for their scheduled appointments must be contacted within seven (7) days of their scheduled appointment. It is recommended that students contact

their clients 15 minutes after the time of the scheduled appointment. These contacts must be documented on a dap note (see Appendix H for more detailed instruction).

Treatment Plan Adherence/Termination Guidelines:
If a client does not adhere to the treatment options prescribed on his/her treatment plan (i.e. client does not show up for the planned number of sessions and/or client does not attend prescribed treatment groups), document the lack of adherence on a DAP note and notify the clinic director. If a client misses one prescribed treatment option (i.e. scheduled sessions), a warning letter will be sent to the client. If the client does not respond to this letter, they will subsequently be terminated. Following the *initial visit*, the counselor will develop a treatment plan based on input from the client. During the second counseling session

Supervision

Requirements. All students must be enrolled in practicum or internship under the officially sanctioned academic curriculum at UAB. Students must receive a minimum of one-hour (face-to-face) supervision (individual or triadic) from the clinic director per week. Students must also receive a minimum of one-hour of group supervision per week. NOTE: All counseling sessions must be recorded using the A/V equipment available in the clinic for quality management and training purposes.

The director of the UAB CCC and affiliate faculty will provide site supervision to every student serving as a student clinician each semester. Supervision is both administrative and clinical in nature and occurs in a number of formats:

- Weekly scheduled meetings with a supervisor
- Weekly staff meetings including case conceptualizations and Evidenced-Based Presentations
- Ongoing consultation and support regarding issues with clients

When you attend site supervision, you should bring all your client charts with you. During this meeting, you and your supervisor will discuss referrals that need to be made for your clients, appropriate documentation (i.e. Treatment Plans, DAP notes, etc.), and client attendance.

All students are required to attend a mandatory weekly staff meeting. During these meetings, we will:

- Make administrative announcements
- Review logistical issues/policy changes
- Conduct ongoing clinical trainings
- Review clinical case conceptualizations

Throughout the semester, each student clinician will be asked to present a case conceptualization including a verbal and visual component. After describing the case,

students will receive feedback from their peers and the clinic directors. You will all be provided a schedule of trainings and case conceptualizations for the semester

Finally, the director is available for consultation and guidance regarding client care "in the moment" as you are here working your shifts.

**All instances of suicidal ideation or threat should be reported to the directors. Even if the situation has been resolved with a licensed clinician, you are required to inform the clinic directors. Don't try to manage this kind of situation by yourself.

Resources

Reference Materials

Reference materials will be available in the UAB Counselor Education Program library (located in suite 152). Examples of reference materials include copies of the DSM-5, *The Complete Adult Psychotherapy Treatment Planner*, and other books and resources. Practicum/internship students are expected to use these reference materials during their assigned shifts. If a practicum/internship student wishes to use a reference item outside of UAB, he/she must check out the item using the sign-out sheet.

Compliance

All UAB practicum/internship students are expected to comply with all policies and procedures outlined within this handbook. Non-compliance will be addressed by the supervisor and clinic director and may result in either a discontinuation of client contact until the issue is resolved or dismissal from the UAB clinic.

Information Security

Confidentiality

All UAB students are expected to abide by all legal and ethical guidelines governing confidentiality and all policies outlined in UAB's Use & Disclosure of Health Information Policy (http://sppublic.ad.uab.edu/policies/content/Pages/UAB-AD-POL-0000716.aspx)

All practicum students must submit evidence indicating that they have completed the online HIPAA training (available through blackboard) before they may begin seeing clients.

Practicum/Internship students review and discuss the UAB Professional Disclosure Statement with clients during the first session. Information about confidentiality, including limits to confidentiality will be reviewed.

Acceptable use of computer and network resources

UAB computer and network resources are allocated only for activities that support UAB's mission of instruction, research, and service or other approved activities. These resources may not be used for any activity, which is destructive, disruptive, or illegal. Further, these resources may not be used for activities, which interfere with the ability of UAB to support its mission, compromise the character and reputation of UAB by

association, or violate the UAB Conflicts of Interest Policy. UAB faculty, student clinicians, and other users are responsible for adhering to this policy.

UAB secures its computers, systems, servers, campus network, and external connectivity to a reasonable and economically feasible degree against unauthorized access and/or abuse, while at the same time making these resources accessible for authorized and legitimate users. Any activity which attempts to circumvent, defeat, disable, manipulate, or compromise such security is prohibited.
The right to use UAB computer and network resources may be revoked if misused or abused, even if unintentionally. Any attempt to violate the provisions of this policy may result in disciplinary action in the form of revocation of user accounts, revocation of access to the network, and/or progressive disciplinary actions, regardless of the success or failure of the attempt. Severe or continued violations will be reported to UAB authorities. Permanent revocation of access may be part of the disciplinary actions taken by those authorities. Actions which are in violation of applicable laws and statutes will be referred to appropriate law enforcement agencies and authorities.

This policy is applicable to all computing or networked devices present on UAB premises, regardless of whether they are UAB or private property. This policy also is applicable to all computing or networked devices which are UAB property, whether or not physically present in, or connected through, UAB facilities. This policy also is applicable to all devices connected through UAB's network infrastructure including, but not limited to, wired data ports, campus wireless access points, virtual private networks (VPN's), dial-up modems, and any other physical or virtual communication medium in which the device transmits or receives data via a UAB computer or network. This policy is applicable to all computing or networked devices regardless of their typical designation (or not) as a "computer" including, but not limited to, servers; desktop personal computers; workstations; laptops; printers; kiosks; personal digital assistants (PDA's); cellular telephones using data services; and network-capable cameras, game-playing units, appliances, digital video recorders, and multimedia storage.

Access and Control Procedures

Definitions

CCVCS. Community Care Video Capture System

Information System. A discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information.

SO. Information System Owner

SA. System Administrator

Access Control. A measure implemented to regulate logical access to CCVCS information systems and technology assets.

Authorization. The official administrative approval required for a user to access a system, information component, or facility.

Policy Statement
The UAB CCC follows the steps outlined in NIST SP 800-53, Rev. 4, *Recommended Security Controls for Federal Information Systems and Organizations*; and FIPS 200, *Minimum Security Requirements for Federal Information Systems*. Both the Access Control Standard and the Procedures will be reviewed at least annually by the System Owner (SO) and the Clinic Director. Any major changes to the CCVCS will trigger a review of the Access Control Standard and Procedures.

Account Management
The CCVCS includes individual accounts and system accounts created and defined for group membership on local computer systems in the CCVCS environment. The SO and Clinic Director determine the group and role memberships for CCVCS user accounts. Group membership and system access for CCVCS accounts are based upon the following criteria:

- Employee need-to-know,
- Least privilege required for the user to complete assigned duties, and
- Roles required to perform assigned duties.

Requests for access are submitted to the SO or Clinic Director in writing. The SO and Clinic Director also must authorize all prospective CCVCS users before said users are granted access to the CCVCS environment. No prospective user is allowed access to the CCVCS until the SO or Clinic Director provides authorization. All CCVCS Administrative accounts receive additional scrutiny before they are provisioned. Once approved, a CCVCS system administrator (SA) creates the user account on the local computing assets and only grants the user the least rights, privileges, and permissions required to perform his/her duties.

Access to any functions of the CCVCS information system without identification, authentication, and authorization is strictly prohibited. This prohibition is enforced through the implementation of local machine policies, where possible, and approved/authorized user accounts.
CCVCS SAs are responsible for managing all system accounts used in the CCVSC environment. SAs must change the system account passwords every semester or when there are personnel changes.

Account Auditing and Monitoring
CCVCS components exist on a self-contained, closed-loop network. This operating condition precludes the possibility of automated account auditing and system monitoring. Therefore, audit logs will be stored on the local systems that have been provisioned with sufficient storage capacity to collect at least one academic year of usage. Audit logs should be manually reviewed at least annually or immediately if there is a security event.

Separation of Duties

Separation of duties is implemented, where possible, to ensure that no one individual can unilaterally make unapproved changes to the CCVCS. Separation of duties is enforced by the following controls:

- The principle of Least Privilege is applied in creating CCVCS user and administrator accounts on the local systems. Doing so restricts the functionality of these accounts to performing only the tasks required for the user or administrator to do his/her job.

Privileged and Non-Privileged Access

Privileged access to the CCVCS environment is restricted only to the authorized accounts of users or services whose duties and functions require administrative access. Non-privileged access is restricted to authorized accounts or standard users or services whose functions do not require elevated privileges. Non-privileged accounts, which are preferred in the CCVCS environment, are strictly prohibited from executing privileged functions. Tasks that require elevated privileges are permitted for authorized CCVCS SAs only.

The principle of Least Privilege is adhered to in granting access to both privileged and non-privileged user accounts created and maintained on the local computing assets in the CCVCS environment. Local machine policies are configured to log system audits and monitor the use of CCVCS user and system accounts.

Information Sharing and Public Accessibility

The CCVCS, by design, does not enable information sharing of any kind within the information system environment. No publicly accessible content is allowed in the CCVCS information system environment.

Appendices

Appendix A
Performance Benchmarks

Professionalism refers to the agreement we share with our clients, legislators, and other professional associations who trust that our services are safe, effective, and accessible. To ensure we maintain that trust, we must always strive to maintain the highest possible quality of care. In order to accomplish this task, counseling programs must ensure that graduates have acquired the necessary knowledge, skills, and abilities to function as a professional counselor. Student clinicians will be evaluated on the following performance benchmarks representing an appropriate standard of practice across 11 domains: 1.) Professionalism and Professional Identity; 2.) Cognitive Skills; 3.) Affective Skills; 4.) Personality/Attitudes; 5.) Diversity; 6.) Skills in the application of Research; 7.) Ethical Practice; 8.) Interdisciplinary Collaboration; 9.) Assessment and Diagnosis; 10.) Intervention; 11.) Documentation**.**

1) **Professionalism and Professional Identity**
   a) Professional Dispositions
      i) Accept personal responsibility across settings and contexts
      ii) Engages in self-reflection to identify areas for growth.
      iii) Solicits, accepts, and implements feedback from clients, supervisors, and peers.
      iv) Commitment to professional development and quality improvement.
      v) Understands the range of mental health service delivery
      vi) Works with other professionals to minimize any disruption in services.
      vii) Able to function as a contributing member of a treatment team.
      viii) Complies with the mission of the practicum site
      ix) Understands and follows the agency's operating procedures.

   b) Interpersonal Skills
      i) Ability to listen
      ii) Respects culture, experiences, values, points of view, goals and desires, fears, etc.
      iii) Acknowledges the contributions and expertise of others
      iv) Works collegially and responsively with supervisors.
      v) Develops and maintains effective professional relationships
      vi) Manages difficult communications with advanced interpersonal skills
      vii) Models empathic behaviors with clients, families, caregivers, and other professionals.
      viii) Demonstrates confidence and humility about his or her professional role.
      ix) Keeps agreements/promises with clients, family, caregivers, and other professionals.
      x) Uses tactful language during all interactions.
      xi) Ability to examine how one's own motives, attitudes, and behaviors impact others.

   c) Personal skills

i) Personal hygiene
ii) Appropriate dress.
iii) Time management.
    (1) Arrives promptly for meetings and appointments.
    (2) Demonstrates an organized and disciplined approach to duties.

d) Self-Care.
- i) Self-Monitors and seeks support during times of personal distress.

e) Interpersonal Disposition
- i) Ability to take a respectful approach to clients/families.
- ii) Ability to negotiate differences and conflicts.
- iii) Ability to understand and maintain appropriate professional boundaries.
- iv) Identifies and responds to cues that may signal barriers in effective communication.
- v) Appropriately negotiates the need for autonomy and dependency on supervisors.
- vi) Ability to be respectful of support staff roles and persons.

2) Cognitive skills
- a) Problem-solving
- b) Organized reasoning
- c) Intellectual curiosity
- d) Flexibility
- e) Critical Thinking
  - i) Identifies and differentiates between the clinically relevant factors that contribute to a problem
  - ii) Synthesizes clinically relevant factors into a working clinical hypothesis
  - iii) Ability to track variables that continually change within and between sessions.

3) **Affective skills**
- a) Understanding the dynamics influencing interpersonal conflict
- b) Tolerance
  - i) Affect
  - ii) Interpersonal conflict
  - iii) Ambiguity
  - iv) Uncertainty

4) **Personality/Attitudes**
- a) Desire to help others
- b) Openness to new ideas
- c) Honesty/integrity/valuing of ethical behavior
- d) Personal Courage.
- e) Effective communication

5) **Diversity**
   a) Provides culturally competent counseling services to clients.
   b) Understands how culture impacts case conceptualization, intervention, and treatment planning.
      i) Modifies counseling systems to make them culturally appropriate.
      ii) Understands how living in a multicultural society impacts clients.
      iii) Student understands how their own cultural identity, beliefs, and values impact clients.
      iv) Identifies how racism, discrimination, sexism, power/privilege, and oppression impact clients.
      v) Recognizes the importance of family, social networks, and community systems on treatment
      vi) Knows whom to consult with when working with diverse clients.
      vii) Knows public policies that affect the quality and accessibility of mental health services.
      viii) Understands the impact of social and political dimensions on client identity development.

6) **Skills in Application of Research**
   a) Understands and applies theory/research to clinical diagnoses, interventions, diversity, ethics etc.

7) **Ethical Practice**
   a) Knowledge of statutes, rules, regulations and case law relevant to Mental Health Counseling.
   b) Demonstrates commitment to ethical practice.
      i) Anticipates and prevents potential ethical conflicts when possible.
      ii) Seeks consultation and reviews the relevant literature to clarify ethical dilemmas.
      iii) Effectively explains their ethical decision-making process.
      iv) Practices within the limits of competence.
      v) Reports or addresses observed unprofessional and unethical conduct.

8) **Interdisciplinary Collaboration**
   a) Understands the distinctive roles of other mental health professionals
   b) Enlists contributions from a variety of professionals to enhance services.
   c) Understands the background and training of other mental health professionals
   d) Makes appropriate and clinically indicated referrals to other professionals.
   e) Uses inter-disciplinary literature to engage in evidence-based practice.
   f) Embraces alternative health providers upon client request.

9) Assessment and Diagnosis

a) Understands models and techniques of clinical interviewing.
b) Gathers information from other health care professionals and family members
c) Gathers background information, presenting problem, and mental health history.
d) Matches treatment plan to client's stage of change.

e) Psychometric Competency
   i) Understands the theoretical, empirical and contextual bases of psychological assessment.
   ii) Knowledge of test construction, validity, score reliability and psychometrics.
   iii) Understands the potential biases of diagnostic tools with multicultural populations.

f) Diagnostic and Statistical Manual of Mental Disorders.
   i) Knows the etiology, the diagnostic process, and the taxonomy of mental disorders.
   ii) Formulates an accurate multi-axial diagnosis.
   iii) Differentiates between diagnosis and developmentally appropriate reactions.
   iv) Recognizes relevant environmental factors that impact mental health.
   v) Knows the disease concept and etiology of addiction and co-occurring disorders.
   vi) Understands how substance use disorders mimic and coexist with mental disorders.

g) Data Collection/Integration
   i) Uses systematic methods for gathering data to inform clinical decision-making.
   ii) Demonstrates ability to integrate clinical data from different sources.
   iii) Understands the strengths and limitations of current diagnostic approaches.
   iv) Capacity for effective use of supervision to implement and enhance skills.

h) Level of Care and Crisis Assessment
   i) Develops competence with intake assessments.
   ii) Screens phone-in clients for urgency and level of care
   iii) Competence with risk assessment.
   iv) Demonstrates the ability to manage suicide risk.
   v) Describes clients, client issues and relevant background factors.

10) **Intervention**
   a) Facilitates appropriate clinical interventions with clients
      i) Builds therapeutic relationships with clients.
      ii) Explores client issues.
      iii) Observes and understands the therapy process (and makes appropriate process interventions).
      iv) Formulates a multi-dimensional hypothesis of client problems.
      v) Presents a rationale for treatment interventions and describes the outcome of those interventions
      vi) Case conceptualizations are informed by a theoretical orientation and outcome evaluation.
      vii) Student understands their impact on the client's therapeutic progress.
      viii) Student understands how clients impact them and how this influences therapeutic progress.
      ix) Demonstrates accurate empathy
      x) Responds appropriately to client affect.
      xi) Responds appropriately to contextual issues and nonverbal behavior.
      xii) Demonstrates effective application of micro-skills

   b) Applies psychotherapy theory and research.
      i) Applies empirically supported treatment methods
      ii) Knowledge of theoretical, empirical and contextual bases of intervention.

   c) Demonstrates skills in treatment planning
      i) Develops measurable outcomes for interventions, and treatments.
      ii) Evaluates treatment progress and modify planning as indicated.
      iii) Uses changes in outcome measures to modify treatment planning.
      iv) Analyzes and uses data to increase the effectiveness of counseling interventions
      v) Implements interventions with fidelity to empirical models.

   d) Promotes access to community resources
      i) Promotes client understanding of community resources.
      ii) Maintains a database of community resources to make appropriate referrals.

11) **Documentation**
   a) Documentation is used to improve the quality of care..
   b) Generates intake reports, case notes, and termination summaries
   c) Documentation is timely, thorough, descriptive, and accurate.
   d) Demonstrates ability to maintain client confidentiality.
   e) Understands the functions, uses, and misuses of case notes.
   f) Documentation is succinct, respectful, complete, legible, and readable.
   g) Reviews documentation from other health professionals

Appendix B

Key Reminders for Student Clinicians

1) All appointments MUST be made through the Student Intern/Support Technician

2) Client charts may be checked out from the File Cabinet. Charts MUST be returned before you leave that day.

3) ALL DOCUMENTATION MUST BE COMPLETED AND FILED ON THE SAME DAY OF CLIENT CONTACT. The only exceptions are Treatment Plans, which must be completed by the second session.

4) A weekly statistics form must be completed before you leave at the end of your last shift of the week. Forms should be placed in the Clinic Director's mailbox.

5) Discharge must begin at intake and continue throughout the counseling process. Students must notify clients who wish to remain in counseling that services may be disrupted during semester breaks. Students should be given the crisis line telephone number to contact an on-call counselor in the event of an emergency.

Community Counseling Clinic

Appendix C
WEEKLY STATISTICS FORM

To be completed at the end of each counselor's last shift of the week and submitted to the Student Intern/Support Technician.

Name: _____ **Today's Date:** _____

Dates worked this week: _____

Services Rendered	Total
Appointments Scheduled	
Appointments Seen	
Number of Session Scheduled for Next Week	
Clients Screened	
No Shows	
Cancellations	
Terminations	
Limited Intakes	

Total Show Rate for All Students (FOR SUPPORT TECHNICIAN ONLY):
_____

Appendix D

Counseling vs. Case Management

Case Management services are available for clients who meet eligibility requirements, and many of the clients we see in the clinic do receive Case Management services. However, an important distinction must be made between counseling and case management. Mental health counselors engage in the diagnosis and treatment of mental disorders through psychoeducational interventions designed to target specific emotional problems. More specifically, the American Mental Health Counselors Association (AMHCA; 1999) defines mental health counseling as:

"The provision of professional counseling services including the application of principles of psychotherapy, human development, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families, and groups for the purposes of promoting optional mental health, dealing with normal problems of living, and treating psychopathology."

Alternatively, according to the Center for Medicaid Services (CMS; 2009), adult case management helps clients with multiple or complex conditions obtain access to care and services. A case manager is responsible for the: coordination and monitoring of services, client advocacy, and linkage to medically necessary treatment providers (i.e. counseling, psychiatric, career, health care, and social services).

Please be mindful of the difference between these two roles when performing counseling services and documenting the work. For example, a counselor would help the client brainstorm about job hunting strategies, while a case manager might actually connect the client to vocational rehabilitation specialist to assist the client in developing a resume, developing interviewing skills, and completing applications. A counselor would help the client explore feelings about social isolation and possible strategies for change, while a case manager would link the client to a support group or community recreation center to increase social participation. Counseling at the CCC takes place on a face-to-face basis only. Telephone contact is limited to scheduling only. There should be no email contact with clients.

Appendix E
Client No Show Protocol

If a client does not show up for their appointment, the student clinician should take the following measures:

1. Call the client on the same day that he/she missed his/her appointment. If the client reschedules the appointment, fill out the appointment sheet and hand it to the Support Technician.

2. If the student clinician was unable to reach the client and 14 days have passed since the client attended an appointment with. Please complete request a *missed-appointment letter* in the letter request binder (located at the reception desk).

    a. In the binder, fill in the date of your request, your name, the client's name and medical record number, and the type of letter. At this stage, request the 2 missed appointments letter.

3. Once the letter you requested has been mailed to the client, the support technician will provide you with a copy of the letter. The letter will ask the client to contact the CCC to schedule a future appointment. If the client does not call to reschedule after a two-week deadline the client will be discharged.

    a. If the two-week deadline has passed, complete a request in the Request for Letters Binder. In the binder, fill in the date of your request, your name, the client's name and medical record number, and the type of letter. At this stage, request the termination letter

Community Counseling Clinic

Appendix F
Letter Request Form

Date of Request: _____
Date of Last Appointment: _____
Client Name and Record Number: _____

□ **Missed Appointment Letter**

This letter is mailed to clients under the following circumstances:

- Clients have missed a scheduled appointment.
- The student clinician has been unable to reach the client by telephone.

The contents of this letter will include:

- Date of the missed-appointment.
- Termination Date should client not initiate further contact

□ **Termination Letter**

This letter is mailed to clients under the following circumstances:

- A missed – appointment letter has been sent
- The client has not returned telephone calls or responded to the missed-appointment letter.

Community Counseling Clinic

Appendix G
Memorandum of Understanding
Masters Student Form

UAB Community Counseling Clinic

Sean B. Hall, Ph.D. ***Clinic Director***

Mission Statement

To become an integral service provider of outpatient counseling services in Jefferson County and to become an exemplar in the counseling profession through innovations in research, practice, teaching, and clinical training.

Services

The UAB Community Counseling Clinic (CCC) is dedicated to promoting client welfare by providing counseling services to the residents of Jefferson County. The UAB clinic provides a variety of empirically-based therapeutic modalities. Counseling services are personalized, collaborative, goal-oriented, and time-limited. The UAB clinic is also a training site for UAB graduate counseling students completing the clinical requirements for practicum and internship. During supervision, client progress is assessed, medical necessity for services is monitored, clinical interventions are evaluated, and recordings are reviewed.

Practicum and Internship Participants

In previous semesters this clinic has greatly benefited from the assistance of motivated, diligent, and caring students. Our practicum and Internship students model professionalism, clinical excellence, and ethical behavior.

Adhering to the highest standards of professionalism, modeling emotional wellness, and developing positive relationships with peers, clients, and administrators are skills that help the training clinic maintain a reputation as a valuable service to this community.

By signing this form, practicum and internship students agree to maintain the highest level of professionalism, provide competent, ethical, and evidenced-based clinical services, and endorse a commitment to the following standards:

- Students agree to provide individual and/or group counseling services throughout the entire semester.
- Students agree to complete other administrative duties as assigned by the clinic director.
- Students are required to work through their entire shifts; attendance does not

revolve around client appointments.

- Students are required to participate in 1 hour per week of site/administrative supervision provided by a clinic director.
- All students agree to attend mandatory weekly staff meetings throughout the semester.
- Placement is for one semester only. All requests to provide further service must be approved by the clinic director. Placement beyond one semester is contingent upon availability of positions.
- All students agree to adhere to all policies and procedures outlined in the student handbook.
- All students agree to adhere to the 2014 ACA's Code of Ethical Standards.

Student's Name	**Signature**	**Date**
Supervisor's Name	**Signature**	**Date**

Community Counseling Clinic

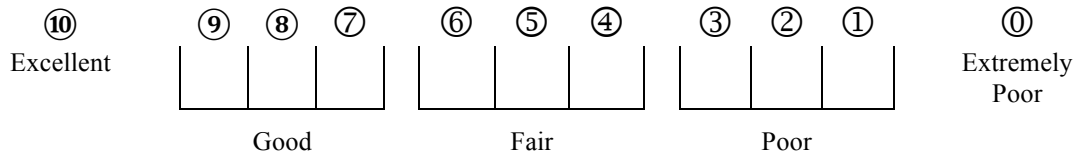
Appendix H

Client Satisfaction Questionnaire-8

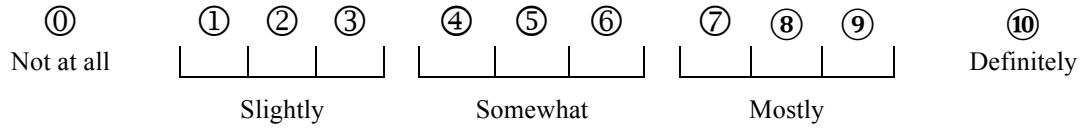
Please help us improve our program by answering some questions about the service you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help

Please fill in the bubble that corresponds to your rating of our services.

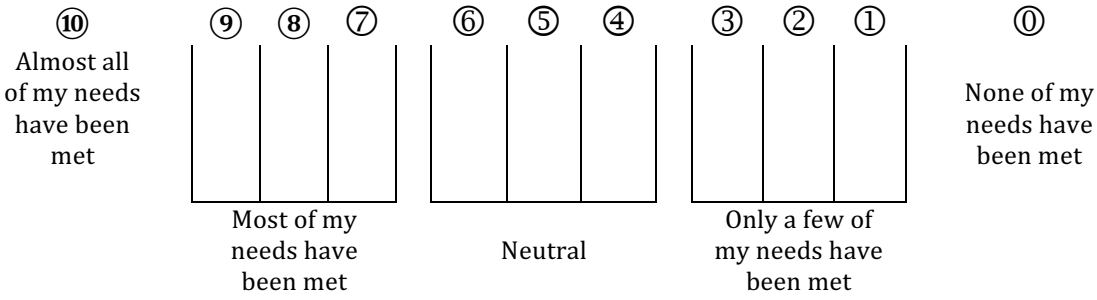
1. How would you rate the quality of service you have received?



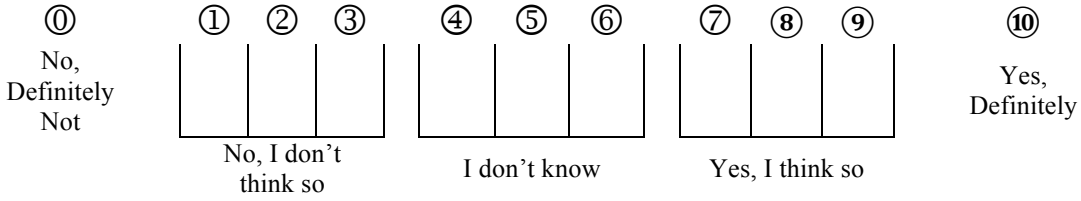
2. Did you get the kind of service you wanted?



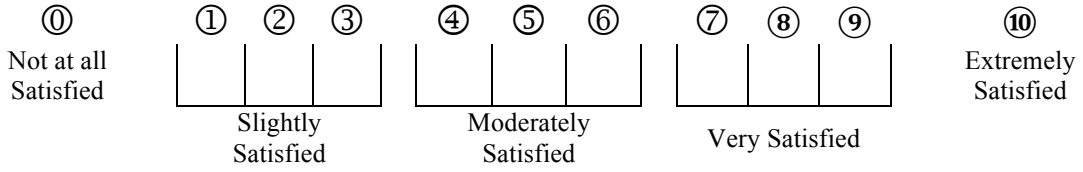
3. To what extent has our program met your needs?



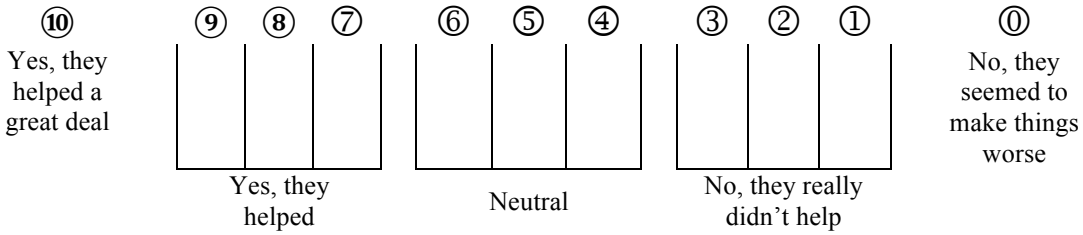
4. If a friend were in need of similar help, would you recommend our program to him or her?



5. How satisfied were you with the amount of help you have received?

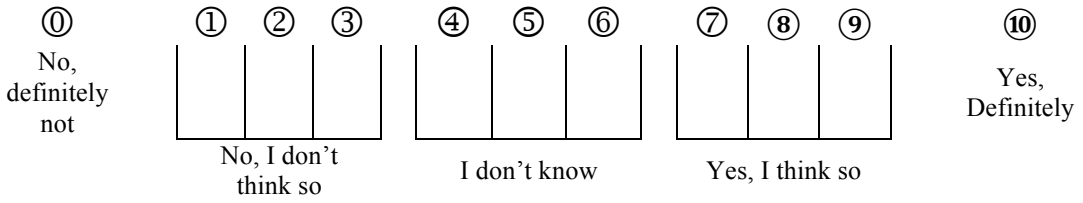


6. Have the services you received helped you to deal more effectively with your problems?



7. In an overall, general senses, how satisfied are you with the service you have received?

8. If you were to seek help again, would you come back to our program?



Community Counseling Clinic

Appendix I

Discharge Data Collection Form

Discharge Data Form

(To be completed by the Student Clinician at Discharge)

Which of the following characteristics best describe this termination? (Check al that apply)

- ☐ Treatment Goals Completed
- ☐ Client/provider mutual agreement
- ☐ Client drop out (e.g. no-show, cancellation, no response, etc.)
- ☐ Termination against provider recommendation
- ☐ End of academic term (semester/quarter)
- ☐ Ineligible for services in the clinic
- ☐ Financial reasons
- ☐ Transferred to another provider in the clinic
- ☐ Transferred to a different treatment provider in the community
- ☐ Departure of provider
- ☐ Referred out for continuation of services
- ☐ Referred out to a higher level/specialized care
- ☐ Other (please describe):

Please list three primary treatment concerns and rate the clients change on each concern
1= No change; 2 = Minimal Improvement; 3 = Some Improvement; 4 = Notable Improvement; 5 = Substantial Improvement; 6 = Resolved

1. _____ Level of Change _____
2. _____ Level of Change _____
3. _____ Level of Change _____

Appendix L
Methods of Evaluation

STRUCTURED CASE PRESENTATION

I. IDENTIFYING DATA:

Information involves client's name, sex, age, race, and marital status, etc.

Example: Client is 38 y/o divorced, Caucasian female presenting for outpatient counseling services following an increase in workplace conflicts, poor performance in job duties, a loss of interest in socializing with friends, and a steady and enduring feeling of sadness.

II. CHIEF COMPLAINT:

The primary presenting problem.

Example: "I'm here because human resources, says that if I don't get counseling, I'm going to lose my job." Client also reports, "I've been feeling really down lately, and it's causing me to get frustrated with people and lose my temper."

III. INFORMANTS:

- A list of key informants, the reliability as a source of information, and their level of cooperation.
- Previous Hospital records if available.

Example: Client authorized the exchange protected health information with Dr. Ginny Doe (Primary Care Provider [PCP]). Client presented for interview with Jane Doe (biological Sister) and Jeannette Doe (Neighbor and Close Friend).

REASON FOR ADMISSION OR CONSULTATION:

- Referral source
- Statement of legal status (Voluntary or Involuntary)
- A statement justifying why the current course of treatment is the least restrictive level of care

Example: Client presents under voluntary status at the encouragement of her friends, family, and employer. Client reports that she is having difficulty sleeping, eating, and concentrating at work. She reports that her sadness is causing her to feel increasingly frustrated with her peers and it is becoming difficult for her to maintain the motivation necessary to manage her stressful job as a 911 operator. Client is confused and disturbed by her difficulties at work. Until recently, she enjoyed her career and got along well with her coworkers.

HISTORY OF PRESENT ILLNESS

- Early manifestations and recent exacerbations of psychiatric disorders.
- Psychiatric disorders that are in remission (e.g. substance abuse, major depressive episode, manic episode, etc.).
- Review of diagnoses, treatment, duration, and efficacy during previous episodes of care.

Example: Client reports experiencing, "bouts of sadness," since she was a teenager. She reports noticing these feelings once she reached middle school. She noted feeling different and misunderstood by her peers. Client reported that she had few friends in school as her parents' strict rules made it difficult to develop and maintain an emotional connection with her peers. Client reports that when she was 16 y/o her grades dropped precipitously, she noticed feeling tired all of the time, stopped participating in activities that she enjoyed, became increasingly tearful, irritable, and defensive with her parents. She began to withdraw from others. During this period, her parents took her to see a psychiatrist and a counselor. Client was treated for 5 years with an anti-depressant and completed 12 sessions of cognitive – behavioral therapy. Client reports that both treatments were effective. Client noted that these episodes have returned periodically throughout her life. Each episode lasts for 12 months and is associated with difficulties in personal reltionships and occupation functioning.

MEDICAL HISTORY

- Relevant/Significant childhood illnesses.
- Chronological order of past surgeries, prior hospitalizations, and significant injuries/illnesses
- Allergies
- Medications
- Inquiry about previous head injuries.
- Disorders that involve the CNS (brain and spinal cord).
    - Alzheimer's
    - Encephalitis
    - Huntington's Chorea
    - Meningitis
    - Multiple Sclerosis
    - Parkinson's Disease
- Pregnancy status

Example: Client denies any significant childhood illnesses, no known drug allergies (NKDA), and isn't currently prescribed any medications by PCP. Client did report a prior incident during early adulthood wherein she was involved in a car accident and sustained a mild concussion. No additional head injuries were noted. Client is not currently pregnant.

DEVELOPMENTAL HISTORY

1. Delayed Developmental milestones
2. Ability to learn in school
3. Attention problems with hyperactivity and poor impulse control
4. Disciplinary problems
5. Social withdrawal with decline in hygiene, truancy, and anger outbursts

Example: Client reports that all developmental milestones were met. Client also denies any academic difficulties in school unless symptoms of depression were present. Client reports that she was an A student for the majority of her academic career and was generally well-liked by her teachers. Client denied any history of hyperactive or impulsive behavior during childhood and described herself as a reserved, controlled, and measured person. Client also denied any disciplinary problems in school. Client denied any involvement with negative peer groups and

reported being very selective with those relationships that she did maintain. Client indicates that her parents held strong religious beliefs and closely monitored her peer interactions (i.e. only allowing client to interact with peers from church outside of school). During episodes of depression client did note periods of social withdrawal, truancy, and difficulties with frustration tolerance. Client reports that she experienced loss of energy, psychomotor retardation, and amotivation.

SOCIAL HISTORY AND PREMORBID PERSONALITY

1. Premorbid vs. Postmorbid functioning.
    a. Clarify the client's premorbid vs. postmorbid level of functioning as it pertains to family life and work, including school and military, friends, and community functions such as church and social organizations.
2. Risk factors for psychiatric disorders.
    a. Social/Environmental factors, abuse, trauma, and stress can predispose, precipitate, and perpetuate psychiatric disorders.
3. Social support.
    a. Strong, positive role models and an extensive support system can be strong protective factors against psychiatric disorders. Social support can improve prognosis.
4. Negative impact of psychiatric disorders on social advancement.
    a. Psychiatric disorders can impede the patient's social development and can lead to demotion, job loss, and divorce.

Assesses the clients' psychosocial and environmental conditions predisposing to, precipitating, perpetuating, and protecting against psychiatric disorders.

- Upbringing (family constellation, socioeconomic status, religion).
- School and occupational history (grade completed and age when stopped, for what reason, ability, performance, and behavior in school).
- Types of work and job history.
- Military service (record and type of discharge).
- Sexual and marital history (details not only of sexual experience, but also the family dynamics with patient's role may be of importance. Premorbid personality (personality of patient before the onset of an acute psychiatric illness).
- Describe his/her activities, interests, general mood and social patterns before symptoms appeared.
- Also detail the patient's drug, alcohol and tobacco history.
- Does client have a legal guardian or representative payee?

Example: Client notes living with both parents, and two biological siblings (39 y/o brother & 32 y/o sister) during childhood. Client still maintains a positive relationship with her family. Client describes her childhood and adolescence as generally filled with happy members. She indicated that her family lived in poor neighborhood characterized by violence and criminal activity. Client also indicates that the school system in her community was barely adequate and too consumed with maintaining the safety of students. Client credits her parents with instilling a sense of morality and respect for others while still ensuring her safety by closely monitoring her activities. Client also describes her parents as attentive, ensured all of her healthcare needs were met, and encouraged client to do well in school and earn her diploma. Client's job history was stable. She

has been employed as a 911 operator for the past 11 years. Prior to the onset of her current symptoms, client won several awards for her work performance and professionalism. Client denies any military service. Client is currently divorced and has no contact with ex-husband of 13 years. She described their relationship as "rocky" and reported he was physically abusive toward her. Client stated that they married too soon although they had known each other most of their lives. Client reports feeling grief over the loss of their relationship and future together and also endorses feelings of remorse surrounding the divorce (was criticized by members of her church). Prior to the onset of her current symptoms client reports that she enjoyed an active dating life but has recently lost interest in socializing. Client denies any history of drug and/or alcohol use as it would go against her religious beliefs.

FAMILY HISTORY

Psychiatric history of first-degree relatives. The goal is to investigate a possible genetic predisposition.

Example: Client reports that her maternal grandfather was hospitalized due to his "nerves" before she was born. She also noted that he drank heavily and had financial difficulties related to gambling. Client also reports that her mother was treated briefly for an eating disorder as a teenager, and recently starting taking medications to help with her anxiety.

MENTAL STATUS EXAMINATION

Appearance. Client is a 36 y/o D/C/F presenting for initial session. Client is of average height and weight and appears her stated age. Client was appropriately dressed for the interview. Hygiene was independently and adequately maintained. Client appeared to relate well to this writer and was able to establish and maintain eye contact.

Movements. No abnormal or involuntary movements were noted. Client did report feeling fatigued, lethargic, and weighed down.

Speech Client spoke with a normal pitch, tone, rate and modulation. Speech was logical, linear, and coherent.

Mood and Affect. Client described her mood as depressed. During the interview client's affect was blunted but consistent with her stated mood.

Thought Content. Client denied any history of suicidal/homicidal ideation, intent, and/or plan. Although, she notes that suicide is not an option due to her religious beliefs, she endorsed praying to be taken by God, so that she could experience relief and an end to her suffering. There was no evidence of panic attacks, obsessions,/compulsions, delusions, hallucinations, paranoia, or grandiosity.

Cognition. Oriented to place, time, and person. Recent memory is intact. Spelling backward and serial sevens are normal. She was able to interpret proverbs and to abstract the commonalties of categories. Client's intelligence is estimated to about average.

Insight. Client is aware that she has a history of depressive episodes that are triggered periodically when she is off of her psychiatric medication. Client also reports that her symptoms worsen as her stress levels increase and she is juggling multiple responsibilities. Client suggests,

that when she practices the coping strategies that she had learned in counseling, she is better able to manage her symptoms. According to client, as her stress increases, she has difficulty maintaining her self-monitoring skills.

Judgment. Client's judgment does not appear to be impaired despite the intensity of her current symptoms. Client actively sought treatment after noticing her feelings and receiving feedback from friends, family, and coworkers.

DIAGNOSTIC FORMULATION

Summary of biological, psychological, and social factors contributing to the client's psychiatric disorder.

Biological

Predisposing factors:	Positive psychiatric family history, psychiatric disorder first diangosed in adolescence, concussion following car accident in early adulthood
Precipitating:	None
Perpetuating:	None
Protective:	Absence of chronic medical disorders,

Psychological

Predisposing factors:	Mental Inhibition Defensive functioning (isolation of affect, repression, intellectualization, and undoing)
Precipitating:	Low frustration tolerance and stress intolerance
Perpetuating:	None
Protective:	Good insight, judgment, impulse control.

Social

Predisposing factors:	Early experiences of poverty, exposure to dangerous living conditions, difficulty forming close relationships with others, marital discord, exposure to domestic violence.
Precipitating:	Increased workplace stress
Perpetuating:	Inadequate work/life balance.
Protective:	Extended support system, satisfying job.

DIFFERENTIAL DIAGNOSIS

Differentiating between two or more diseases that may share similar symptoms. Initial psychiatric diagnostic interviews may yield incomplete, vague, and contradictory information so that the interviewer believes he or she cannot make a diagnosis with confidence.

Example: Adjustment Disorder with Depressed Mood

DIAGNOSIS

Insert your diagnosis using DSM-5 diagnostic coding and reporting standards.

ASSETS AND STRENGTHS

Inventory of patient's knowledge, interests, aptitudes, education, and employment status to be used in the treatment plan.

Example: Absence of chronic medical condition, good insight and judgment, adequate impulse control, extended support system, and satisfying job.

TREATMENT PLAN AND PROGNOSIS

Biological
Client reports previous treatment with Lexapro, Wellbutrin, and Trazadone. Client indicates that Welbutrin 150mg BID QAM, QHS worked well in managing her depressive symptoms and preventing a relapse in symptoms. Client d/c medication treatment in 2011. Will refer client for a psychiatric consultation.

Psychological
Client will engage in CBT to increase ability to manage depressive symptoms. By the end of counseling client will be able to

- Identify three environmental stressors that contribute to her depressive symptoms.
- Identify three maladaptive thoughts that that perpetuate her depressive symptoms.
- Maintain monthly medication management appoints with psychiatrist.
- Identify three behavioral patterns that leave client vulnerable to a relapse of depressive symptoms.

Social
Client will attend one social gathering every 2 weeks and will contact a friend by telephone/e-mail once per/wk. Client will spend time with her family once every two weeks.

Prognosis.
Client was cooperative and motivated to participate in her treatment plan. Given client's previous success with counseling and psychiatric treatment, her symptoms appear to be manageable with counseling and medication. Prognosis appears good as clients primary risk factors are related to stress intolerance and inhibited defensive functioning.

Appendix M

Bio-psycho-social Case Conceptualization Matrix

Factor	Bio	Psycho	Social
Predisposing	Positive psychiatric family history; delay in reaching developmental milestones; psychiatric disorders first diagnosed in infancy, childhood, or adolescence; medical history (head injury, central nervous system disorders Axis III)	Impaired premorbid personality, isolation, suspiciousness, poor impulse control, anxiousness, perfectionism, presence of personality disorders (Axis II), low adaptive defense mechanisms	Neglect, abuse, low education, poor parental role models, antisocial behavior, substance use, poverty
Precipitating	Onset of severe medical disorders	Stress intolerance, poor impulse control, self-pity, blaming (projection)	Trauma, loss of job or partner, increased stress (Axis IV)
Perpetuating	Chronic medical illness	Poor insight, judgment, and impulse control; low IQ; noncompliance with Rx.	Social isolation, unemployment, poverty
Protective	Good health maintenance, absence of chronic medical disorders	Good insight, judgment, and impulse control; high IQ; compliance with Rx. (high ego strength, high adaptive defense mechanisms)	Extended support system; well-paying, satisfying job

Appendix N
Structured Case Presentation (Sample)

I. IDENTIFYING DATA:

Client is a seven y/o, Caucasian female that is deaf and blind since age 19 months. Her parents are presenting her for outpatient counseling services due to her inappropriate social relatedness, displays deficits in reciprocal social interaction and communication skills. The client persistently fails to initiate or respond in a developmentally appropriate way to most social interactions. The client is resistant to comforting by her caregivers, and exhibits reluctance and unresponsiveness to engage in social interactions with other children (frozen watchfulness). Her parents report that the client exhibits an enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect threats (hypervigilance).

II. CHIEF COMPLAINT:

The parents report that the client's behavior is disrupting the family and parents are concerned that the client is unable to connect with either parent in a loving way. The client's behavior is erratic and parents worry about the safety of the client due to her sensory sensitivity and exaggerated intensity of behaviors (ie. angry outbursts, running out of the home).

III. INFORMANTS:

Parents of the client gave permission for the release of medical records from Dr. J. Julian Chisolm, ENT.

REASON FOR ADMISSION OR CONSULTATION:

The parents report that the client's behavior is disrupting the family and parents are concerned that the client is unable to connect with either parent or siblings in a loving way. The client's behavior is erratic and parents worry about the safety of the client and her siblings due to her sensory sensitivity and exaggerated intensity of behaviors (ie. angry outbursts, running out of the home).

HISTORY OF PRESENT ILLNESS

Parents report that the client has daily episodes of angry outbursts. Client refuses to accept any encouragement, affection or assistance from parents. Personal hygiene is a daily struggle. Client is fearful of bath time and fights with parents while eating, bathing and dressing. Simple actions such as brushing hair and teeth cause client to withdraw and resist parental help.

MEDICAL HISTORY

Parents report that client's hearing and vision were functioning within normal ranges at birth. Client contracted an illness at 19 months that was described as acute congestion of the stomach and brain. Some hypothesize that this illness was scarlet fever or meningitis. This illness did not

last long, but the client was blind and deaf after the illness. Other than this one illness, her parents report that the client is a physically healthy child.

DEVELOPMENTAL HISTORY

Parents report that client met all developmental milestones other than delayed speech. Client has not had any formal schooling. Parents report that client seems to grasp new ideas quickly and is hyperactive and has poor impulse control. Client's behavior is challenging to parents. Client does not have a close relationship to anyone. Client is not interested in personal hygiene. Parents struggle to maintain hygiene. Siblings and neighborhood children are afraid of client's angry outbursts.

SOCIAL HISTORY AND PREMORBID PERSONALITY

Parents report that prior to client's illness, client was performing developmental tasks as expected. Client lives with both parents, and two younger biological siblings (6 y/o brother & 4 year old sister) and two step-brothers from father's previous marriage at a high socioeconomic level. Parents are in a position financially to provide excellent care and education for the client, provided they can find the help they need. Parents report that they have had difficulty finding a school that has teachers adequately trained to teach children that are blind and deaf. Parents reported that the local school has refused to allow the client to attend due to the client's behavior. Client's father is a military personnel, brigadier-general, and as a result, mother is often left to care for the child independently of the father. Client has a fascination and love for the outdoors. Client loves being outdoors and enjoys touching and smelling plants in the garden.

FAMILY HISTORY

There is no family history of mental illness, blindness or deafness.

MENTAL STATUS EXAMINATION

Appearance. Client is a seven y/o D/C/F presenting for initial session. Client is of average height and weight and appears her stated age. Client was appropriately dressed for the interview. Client's hygiene was adequately maintained by the parents. Client's hair was slightly disheveled. Client was reluctant to interact with this writer and was unable to establish rapport.

Movements. Client was very active. Client moved sporadically around the room and was touching everything she could get her hands on. When she knocked over an item, she made no attempt to pick it up.

Speech Client spoke with a muffled pitch, tone, rate and modulation. Speech was unintelligible and client was silent with occasional grunts or squeals.

Mood and Affect. Parents describe her mood as agitated or withdrawn. During the interview client's affect was consistent with parents' observations. Client resisted interview and was cautious to interact with the interviewer.

Thought Content. It is difficult to engage client in any kind of dialogue to determine her thoughts, however, client appears to be aware of her surroundings and eager to explore them.

Cognition. Client's lack of language skills makes it difficult to properly assess cognitive skills at this time. Client appears to have some knowledge of the people in her family and of her surroundings and given developmentally appropriate tasks is able to complete them with support..

Insight. Client appears frustrated with her inability to communicate with others. Client is interested in he rsurroundings.

Judgment. Client's judgment is impulsive and at times irrational.

DIAGNOSTIC FORMULATION

Summary of biological, psychological, and social factors contributing to the client's psychiatric disorder.

Biological

Predisposing factors:	Positive psychiatric family history, delayed in reaching developmental milestones after 19 months, illness resulting in deafness and blindness
Precipitating:	None
Perpetuating:	Permanent vision and hearing loss.
Protective:	Parents are seeking professional support for vision and hearing loss.

Psychological

Predisposing factors:	Limited schema to attach new learning to.
Precipitating:	Low frustration threshold
Perpetuating:	None
Protective:	Learns new tasks quickly.

Social

Predisposing factors:	Limited ability to communicate.
Precipitating:	Learning hinges on language skills.
Perpetuating:	Loss of vision and hearing.
Protective:	Family support and financial means.

DIFFERENTIAL DIAGNOSIS

Client does not meet the criteria for Reactive Attachment Disorder due to the fact that she has not experienced pathogenic care. Client does not meet the criteria for Pervasive Developmental Disorder. The client's inability to process social cues, dynamics and emotions is symptomatic of the client's hearing and vision loss.

DIAGNOSIS

Insert your diagnosis using DSM-5 diagnostic coding and reporting standards.

ASSETS AND STRENGTHS

Client has strong parental involvement and support. Client has siblings and extended family to interact with. The parents have the financial means to afford the most effective treatment available, including a fulltime governess (Ann Sullivan) to care for and instruct the client. Client is inquisitive and persistent when seeking to get her needs met.

TREATMENT PLAN AND PROGNOSIS

Biological

Client is assessed and receives care from an audiologist regularly as needed. Client meets weekly with a speech pathologist and occupational therapist to begin work on life skills.

Psychological

Client will meet weekly with a play therapist. By the end of counseling client will be able to

- Manage disappointment and anger in developmentally appropriate ways.
- Complete a positive play time with a parent for 20 minutes.
- Complete a positive play time with a sibling.
- Complete a task as directed by the teacher.

Social

Client will attend one play date a month with a sibling and continue working daily with governess Anne Sullivan.

Prognosis.

Client's parents and teacher are supportive of the treatment plan. Client is engaged in the activities of her treatment plan. Given the support from her family and teacher, her symptoms appear to be manageable with continued counseling and therapy. Prognosis appears good as client's primary risk factors are related to her inability to communicate with others in developmentally appropriate ways. Once the client develops some effective expressive and receptive language skills, her behavioral symptoms will begin to diminish and her behavior will become more socially acceptable and developmentally appropriate. It is important to note, this is

a client with a hearing and vision loss, not a mental illness.

Appendix O
Structured Clinical Portfolio

The structured clinical portfolio is a performance-based assessment comprised of various clinical documents and video recordings. This data will be used to evaluate mastery on selected performance benchmarks.

The following assessments will be used to gather competency data:

Chart Audits
The clinic director will select clinic files at random for review.

Audits will:
1) Evaluate the accuracy, relevancy, succinctness, and the richness of clinical information recorded by the counselor.
2) Evaluate the following performance benchmarks:
   a) Cognitive skills
   b) Critical Thinking
   c) Personality/Attitudes
   d) Diversity
   e) Skills in the Application of Research
   f) Assessment and Diagnosis
   g) Intervention
   h) Documentation

DATA SOURCES WILL INCLUDE:

DAP Note Reviews
- [Diagnosis from Intake in Brackets; Current GAF Score]
- Data (objective/behavioral observations):
  - Session number
  - Referral source
  - Presenting Problem
  - Mental Status Examination
- Assessment:
  - Signs/Symptoms that support the diagnosis
  - Cl's interpretation of distressing signs/symptoms
  - Therapist interpretation
  - Goals/Objectives
  - Intervention
- Plan:
  - Date of follow-up session
  - Homework assignments
  - Plan for next session

Treatment Plan Reviews

- Reference to Initial Assessment
- ELOS
- Problem # /Identified Need
- Service Goals
- Measurable Objectives
- Therapeutic Intervention
- Service / Support & Fx
- Target Date
- Responsible Provider
- Long Term Goals:
- Others, agencies, etc. involved in services delivery and their role

Clinic Intake Assessment Review

- **Documentation Data**
  - Evidence that all intake items were assessed
    - Document "None Reported" or "None Indicated" if client is unable to offer a response to any given item.
  - Interpretive Summary
    - Provides evidence for the following performance skills:
      - Critical thinking
      - Understanding how culture impacts clinical practice
      - DSM-5
      - Data Collection/Integration
      - Level of Care and Crisis Assessment
      - Gathers information from other sources.
      - Gathers background information.
- **Video Recording of Intake Assessment**
  - Provides evidence for the following performance skills:
    - Interpersonal Skills
    - Personal skills
    - Interpersonal Disposition
    - Cognitive skills
    - Affective skills
    - Tolerance
    - Personality/Attitudes
    - Understands techniques of clinical interviewing.
    - Diversity
    - Ethical Practice
    - Assessment and Diagnosis
    - Matches treatment plan to stage of change.
    - Data Collection/Integration
    - Facilitates appropriate clinical interventions

Counseling Tape Review

Per program requirements, all counseling sessions must be recorded using the A/V equipment available in the clinic. This data source will be used to evaluate the following benchmark domains:

- Intervention
- Assessment and Diagnosis
- Ethical Practice
- Skills in Application of Research
- Diversity
- Personality/Attitudes
- Affective skills
- Cognitive skills
- Interpersonal Disposition
- Self-Care.
- Personal skills
- Interpersonal Skills
- Professional Dispositions

Students will also be evaluated on case conceptualization, micro-skills, and the fidelity to which empirically based interventions and counseling theory are applied during the session.

Appendix P

Evidenced-Based Topic Presentation

The evidenced-based topic presentation offers an oral performance –based assessment designed to evaluate the students mastery over the literature while also examining communication skills and professional dispositions.

For this project, students will:

1) **Select a clinically relevant topic from the following categories**:
   a) Theory
   b) Diagnosis
   c) Assessment
   d) Psychometric Testing
   e) Empirically Based Intervention
   f) Multicultural Counseling

2) **Provide a brief but thorough literature review over the topic**
   a) References must be provided so that the audience can find the resources at a later date.
   b) References should be evaluated for inclusion in the presentation based on scientific rigor and methodology.

3) **Provide description for how this clinical topic can be applied to clinical practice.**

4) **Facilitate a brief learning activity to demonstrate application of the topic or to enhance the audience's understanding and retention.**

Appendix Q
Notice of Privacy Practices

Counselor Education Community Clinic
NOTICE OF HEALTH INFORMATION PRACTICES
Effective Date*: *January 4, 2011
Dates Amended*: *September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE. **This notice describes the health information practices of the UAB Community Counseling Clinic. All entities, sites and locations of the UAB Community Counseling Clinic follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes described in this notice.**

OUR PLEDGE REGARDING MEDICAL INFORMATION.
We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the UAB Community Counseling Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the UAB Community Counseling Clinic, whether made by clinic staff or your individually assigned counselor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Notify you in the case of a breach of your identifiable medical information; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.
The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment and Treatment Alternatives**. We may use health information about you to provide you with clinical treatment or services. We may disclose health information about

you to doctors, nurses, technicians, medical residents or students, or other UAB Health System personnel or people outside our facility who are involved in taking care of you. For example, your information may be disclosed during individual and/or group supervision or during consultations with other professionals in order to maximize treatment quality. We also may disclose health information about you to other professionals who may be involved in your clinical treatment, such as your internist or psychiatrist. We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Quality Improvement Purposes**. We may use and disclose health information about you for routine operations of the UAB Community Counseling Clinic. These uses and disclosures are necessary to run the UAB community Counseling Clinic and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many UAB Community Counseling Clinic clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the health information we have with health information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific clients are.

- **Business Associates.** There are some services provided in UAB Community Counseling Clinic through contracts with business associates. Examples include a copy service we use when making copies of your health record, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

- **Individuals Involved in Your Care**. We may release health information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Appointment Reminders and Health-Related Benefits and Services** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

- **Research**. Under certain circumstances, we may use and disclose health information about you to researchers when their clinical research study has been approved by UAB's or the facility's Institutional Review Board. While most clinical research studies require specific patient consent, there are some instances where patient authorization is not required. For example, a research project may involve comparing the health and recovery of all patients

who received one type of treatment to those who received another, for the same condition. This would be done through a retrospective record review with no patient contact. The Institutional Review Board reviews the research proposal to make certain that the proposal has established protocols to protect the privacy of your health information.

- **Fundraising Activities**. We may use health information about you to contact you in an effort to raise money for the UAB Community Counseling Clinic. We may disclose health information to a foundation related to the UAB Community Counseling Clinic so that the foundation may contact you in raising money for UAB Health System. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the UAB Community Counseling Clinic. If you do not want us to contact you for fundraising efforts, you must notify the Entity Privacy Coordinator in writing.

- **Certain Marketing Activities.** UAB Health System may use health information about you to forward promotional gifts of nominal value, to communicate with you about services offered by UAB Community Counseling Clinic, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives.

- **As Required By Law**. We will disclose health information about you when required to do so by federal, state or local law.

- **Public Health Activities**. We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public. We may disclose medical information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose medical information to an employer if the employer requires the healthcare services to determine whether you suffered a work-related injury.

- **Victims of Abuse, Neglect or Domestic Violence.** We are required to report child, elder, and domestic abuse or neglect to the State of Alabama.

- **Health Oversight Activities**. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes**. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell

you about the request or to obtain an order protecting the information requested. We may disclose medical information for judicial or administrative proceedings, as required by law.

- **Law Enforcement**. We may release health information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.

- **To Avert a Serious Threat to Health or Safety**. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **Military and Veterans**. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **National Security and Intelligence Activities**. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others**. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Workers' Compensation**. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Other uses and disclosures.** We will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use of disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.
Although all records concerning your care obtained at UAB Community Counseling Clinic are the property of UAB Community Counseling Clinic, you have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy**. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes billing records but does not include psychotherapy notes.
  To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to the Entity Privacy Coordinator. If you request a copy

(paper or electronic) of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.
We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another UAB faculty member in the Counselor Education Department chosen by the UAB Community Counseling Clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend**. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the entity.
  To request an amendment, your request must be made in writing on the required form and submitted to the Entity Privacy Coordinator. In addition, you must provide a reason that supports your request.
  We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the entity;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

- **Right to an Accounting of Disclosures**. You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing on the required form to the Entity Privacy Coordinator. Your request must state a time period which may not be longer than six years and cannot include dates before January 4, 2011. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions**. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend
  We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

  To request restrictions, you must make your request in writing on the required form to the Entity Privacy Coordinator. In your request, you must tell us (1) what information you want

to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request That Health Information Pertaining to Services Paid Out of Pocket Not Be Sent to Insurance.**
  In some instances, you may choose to pay for a healthcare item or service out of pocket, rather than submit a claim to your insurance company. You have the right to request that we not submit your health information to a health plan or your insurance company, if you, or someone on your behalf, pay for the treatment or service out of pocket in full. To request this restriction, you must make your request in writing on the required form to the Entity Privacy Coordinator prior to the treatment or service. In your request, you must tell us (1) what information you want to restrict (2) and to what health plan the restriction applies.

- **Right to Request Confidential Communications**. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
  To request confidential communications, you must make your request in writing on the required form to the Entity Privacy Coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization.

- **Right to a Paper Copy of This Notice**. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
  You may obtain a copy of this notice at our website, http://www.uab.edu/education/counselingclinic/.To obtain a paper copy of this notice, contact the Entity Privacy Coordinator.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the UAB Community Counseling Clinic facilities. The notice will contain on the first page the effective date. In addition, each time you visit the UAB Community Counseling Clinic to receive services, we will make available a copy of the current notice in effect.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Entity Privacy Coordinator. If you believe your privacy rights have been violated, you may file a complaint with the UAB Community Counseling Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the UAB Community Counseling Clinic, contact the Entity Privacy Coordinator. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

NOTICE EFFECTIVE DATE: The effective date of the notice is January 4, 2011, and amended on September 23, 2013.

Entity Privacy Coordinator:

UAB Community Counseling Clinic
Privacy Coordinator
EB 207
1530 3rd Ave. South
Birmingham, AL 35294-1250
205-996-2414

Appendix R
Evidence Based Assessment Guidelines

The following instruments should be used to help students derive an evidence-based diagnosis. Please consult with your clinical supervisor after scoring each instrument for assistance with interpretation.

Depression

1. The MINI Neuropsychiatric Interview
2. Beck's Depression Inventory II
3. The Seasonal Pattern Affective Questionnaire (SPAQ-SAD)
4. Longitudinal Interval Follow-Up Evaluation (LIFE)

Joiner, T. E., Jr., Walker, R. L., Pettit, J. W., Perez, M., & Cukrowicz, K. C. (2005). Evidence-based assessment of depression in adults. *Psychological Assessment, 17*(3), 267-277. doi:http://dx.doi.org/10.1037/1040-3590.17.3.267

Anxiety

Clinical Domains: Diagnostic features, anxiety cues, avoidance behaviors, compulsions and overprotective behaviors, physical symptoms and responses, skills deficits, distress and functional impairment, development and course of the problem, treatment history, family factors, medical and health issues, associated problems and comorbidity, and degree of insight

1. Structured Clinical Interview for DSM-IV (SCID-IV)
2. Anxiety Disorders Interview Schedule for DSM-IV (ADIS-IV)
3. Diaries to record situation fear, avoidance, and safety behaviors
4. Anxiety Sensitivity Index-3
5. Agoraphobic Cognitions Questionnaire
6. Sheehan Disability Scale
7. Beck's Depression Inventory

Antony, M. M., & Rowa, K. (2005). Evidence-based assessment of anxiety disorders in adults. *Psychological Assessment, 17*(3), 256-266. doi:http://dx.doi.org/10.1037/1040-3590.17.3.256

Personality Disorders

1. NEO-PI–R (Costa & McCrae, 1992)
2. Structured Interview for the Five-Factor Model (Trull et al., 1998),

Widiger, T. A., & Samuel, D. B. (2005). Evidence-based assessment of personality disorders. *Psychological Assessment, 17*(3), 278-287. doi:http://dx.doi.org/10.1037/1040-3590.17.3.278