

Clinical Center Policies and Procedures

Introduction

The Clinical Center is a multi-departmental, multi-disciplinary facility that has as its mission training, research, and service, the same mission it had when opening its doors in 1958. The Clinical Center is one of the legacies of SIUC President Delyte Morris. Our primary purpose is to provide the training students need to become outstanding professionals. We are part of a research university with strong graduate programs. Our clients are better served as a result of our excellent training activities and to the degree we encourage and conduct important research. The Clinical Center serves University students and staff as well as individuals from local area communities. The Clinical Center provides three areas devoted to training and one devoted to service. Speech-Language, Psychological Services, and Social Work areas train graduate level clinicians working toward their masters and/or doctoral degree. It is the policy of the Clinical Center to provide equal educational and training opportunities for all qualified students, and clinical services to all persons without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, marital or family status.



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This policy and procedural manual pertains to the Clinical Center Training and Research Program only. In the Clinical Center Training and Research Program, referred to throughout this manual as the Clinical Center, numerous student clinicians provide many hours of client contact each year. The purpose of this manual is to make our clinicians and faculty aware of the Clinical Center policies and procedures and to answer some common questions for the Clinical Center training and research program. Please discuss areas that you are unclear about (both procedurally and clinically) with your departmental supervisor or Clinical Center staff.

General Policies and Procedures

Mission Statement of the Clinical Center Training and Research Program

The mission of the Clinical Center Training and Research Program is threefold. First it must provide the support and facilities for the professional training of clinicians in several graduate programs as part of their clinical training. This entails maintaining facilities and record keeping capacity to facilitate the training of graduate clinicians in the areas of clinical psychology, educational psychology, speech therapies, and social work. This includes assuring that all appropriate professional and legal standards are met. Secondly, the Clinical Center Training and Research Program support research. Thirdly, the Clinical Center Training and Research Program provide community services.

Clinical Center Staff

Director:	Holly Cormier, PhD
Administrative Aide:	Thomas Aken
Receptionist:	Elise Wheaton
Materials Librarian:	Thomas Aken
Accountant:	Thomas Aken
Coordinator of Speech & Language Services:	Diane Muzio, MS, CCC-SLP
Counseling Specialist:	Amber Drake: MS, LCPC
Counseling Specialist:	
Graduate Assistants:	Kristen Boog, MA
	Meghan Littles, MA
	Zsafia Imre, BS

Phone: 618-453-2361

Fax: 618-453-6130

Professional Standards

All clinicians are required to adhere to the professional standards set forth by their prospective profession (i.e., ASHA, NASW, CACREP, APA). The standards provided by each of these professions are very similar. Violations that the Clinical Center views as egregious are those that have clear potential to harm our clients, the profession, the Clinical Center, or the University. Examples include: any inappropriate relationship between a therapist and client, repeatedly missing appointments, being intoxicated or “under the influence of alcohol/other drugs” while seeing a client, demonstrating disregard for confidentiality of client material, failure to complete required paperwork in a timely manner, demonstrating disrespect for Clinical Center clients. Please refer to your professional standards and guidelines for more detail.

Respectfulness for Clients and Each Other

All Clinical Center staff, clinicians, and supervisors will treat our clients with respect. This will entail close adherence to policies and procedures that prevent confidentiality breaches, common courtesy, and general politeness. This will be the Clinical Center policy even with disrespectful clients. There is a line between a client being disrespectful and abusive. In the latter case we will consider discontinuing service to the client.

There is an expectation that Clinical Center staff, clinicians, and supervisors will treat each other with respect. This will include displaying common courtesy and general politeness to each other. In cases where there is concern that this is not occurring, steps will be taken to remediate the situation.

A special case of displaying disrespect occurs with media such as Facebook, blogs, and multiple e-mails. In today’s world one person can denigrate and abuse another through mass media. This is often seen as bullying and experienced by the person being criticized as cruel and highly distressful. We consider this highly unprofessional and an ethical issue for someone in a helping profession.

Legal, Professional, and Ethical Issues

Requirements to Participate in Clinical Center Activities

To participate in **any** Clinical Center activity that involves client service on any level (e.g., participating in practicum discussions of client issues), all students **MUST** meet the following requirements:

- Be enrolled in an appropriate graduate practicum class that provides departmentally approved supervision
- Have completed Health Insurance Portability and Accountability Act (HIPAA) training and we have evidence that you passed the test
- Successfully completed and been cleared by the required background check
- Have read this manual and signed all the required forms attesting to your agreement to follow the policies and procedures, confidentiality requirements, and mandated reporting rules
- Attend policies and procedures training conducted by the Clinical Center
- Be in good standing in your respective department and in the Clinical Center

Health Insurance Portability and Accountability Act (HIPAA)

All persons with privileges in the Clinical Center are required to complete mandatory online training on the Health Insurance Portability and Accountability Act (HIPAA). Clinicians are required to complete HIPAA training prior to the beginning of any client-related activities in the Clinical Center. HIPAA training is available online at the web address <https://online.siu.edu>.

Required Background Checks

All persons with privileges in the Clinical Center must successfully complete a criminal background check. The required background check involves being finger printed and is done by the Illinois State Police and Federal Bureau of Investigation. Students will not be allowed to train/participate in Clinical Center activities involving clients until a criminal background check is completed and they either have no negative events reported or they have been approved according to the procedures outlined below. See Thomas Aken in Wham 141D for instructions.

Purpose of the background checks: The background check has two basic purposes; the first is to protect Clinical Center clients and the second is to alert student clinicians to potential problems in obtaining employment in the future. Both of these purposes can be aided by criminal background checks but neither can be assured. That is because a background check has only limited utility in predicting if a client will be harmed by a clinician (the first purpose) and we are unable to assure anyone that an agency will ignore an illegal behavior even if we consider that it does not present a significant threat to our clients (the second purpose).

The following guidelines address how we will treat any illegal behavior found in a background check. Guidelines: We will utilize a case-by-case approach to best achieve our goals. Listed below are some of the factors that the Clinical Center administration may take into account when deciding the degree and type of clinician-client contact to allow. Each factor refers to clinicians or potential clinicians, not clients:

- Whether the criminal charge resulted in a conviction may be important.
- Felony charges/convictions are more serious than misdemeanor charges/convictions.
- The longer the time since the offense was committed with no new charges in the interim, the less significant the threat to both purposes.
- The more charges/convictions found, the more serious the threat to both purposes.
- Violations where there is suggestive evidence of pressure / coercion to commit the offense but where the pressure/ coercion no longer exists may be important to consider.
- Clear evidence of successful rehabilitation may be considered.
- Four conditions are deemed to potentially put clients at risk and to be particularly serious threats to the student's future employment (at least for the discipline trained in the Clinical Center). These conditions will lead to a student being refused Clinical Center privileges:
 - Convictions of sexual assault or other sex-related charges or being placed on a sex offender registry.
 - Convictions of felony assault and/or assault related charges that are recent and indicative of a pattern.
 - Charges/convictions of multiple serious crimes.
 - Multiple and/or relatively recent drug related felony charges.
 - However, single misconduct or drug related charges that appear relatively common in youth but not indicative of later functioning would generally be considered a low

threat to both purposes. This person would generally be allowed to train in the Clinical Center.

Criminal Background Check Failures

The procedures that follow are typical general procedures that may occur when a potential clinician does not pass a background check:

- The student is advised that he/she did not pass the criminal background check. At that point the student may either acknowledge or deny that the report is accurate. If the student denies the report is accurate, he/she will be advised of the steps outlined in the background check to take if he/she wishes to change the report. If the student acknowledges that the report is correct then we will follow the subsequent steps outlined below. Students will not be allowed to work with Clinical Center clients until and unless they pass the criminal background check and/or undergo a review as outlined below and the conclusion of that review is to allow the person to continue their training in the Clinical Center.
- The Director of the student's academic program will be notified of the situation and decide what recommendations the program would support. Similarly, the Clinical Center Director and Clinical Center Coordinators will meet to make a recommendation.
- At this point the Director of the student's academic program (or his or her representative) and the Clinical Center Director will meet to make a decision. This decision will be conveyed to the student by the student's academic program Director.
- The student will have the opportunity to meet with both groups to discuss the decision. Students may appeal any decision by using the established appeal processes described in the SIUC catalog.
- At any point in this process, the Clinical Center or other faculty associated with the situation may contact our legal counsel to assure that we are acting in accordance with the pertinent laws.

Confidentiality Policies and Procedures

All client information is confidential. To release information we must have a signed release from the client or from a parent or guardian in the case of a child unless the release is mandated or allowed by law. The signed release must state the specific type of the information that we are permitted to release. For example, a form may be signed that states we can release assessment information but no other information such as the treatment plan.

Exceptions to Confidentiality

There are exceptions to the general rule that we must have signed client permission to release information. The law seems relatively clear about some of the exceptions. We are mandated reporters of child and elder abuse. In those cases where we learn of abuse, we must report it. Another clear example of when we are allowed to release confidential information is in a case where we deem a client to be dangerous to self or others (e.g., Tarasoff duty that requires we warn someone if we know that they are in danger). In all of the above examples, there are procedures that we follow to make the reports/referrals. All students should consult with their supervisors about when and how to handle these situations. All steps, consultations, and considerations must be clearly and specifically documented in the client's permanent file. When one of these reports is made, a copy of this report is also given to the clinic director.

There are other situations in which we may release information without client consent. For example, we may release information to collect unpaid fees or in cases of worker compensation or if a client sues the

clinician or the Clinical Center. Coroners may request information about a client at the death of that client. Other times the court may mandate release of client information.

However, these situations will not be decided by individual clinicians but by the clinic administration. The administration will work closely with our attorneys to make sure we do not violate laws as well as professional ethics and standards.

Safeguarding confidentiality

There are a series of procedures and practices that we follow to best ensure confidentiality of client information. Following is a list of the most critical ones:

- Clinicians are required to keep confidential all client information. This means that clinicians cannot discuss client information with friends, family, other clinicians/students, etc. They must share information regarding clients with their supervisor and may share information with other group supervisees/members of the same practicum (who are under the same confidentiality requirements) and other Clinical Center staff for supervisory and other case management purposes only. The discussion of client information with supervisors, etc., is to take place only in professional settings such as supervisor offices and Clinical Center rooms. Restaurants, apartments, hallways, etc., are not appropriate settings. Avoid discussing your client or client information in the Clinical Center hallways or public areas such as room 103, materials library, or reception area. These places allow for other students, staff, and clients to overhear confidential information. Similarly, do not use a cell phone in a public area since the conversations of others including clients may be inadvertently picked up. Also, if you need to call your supervisor about a client, use a land based phone (not a cell phone) if at all possible. ***Never use e-mail to communicate about a client and include any identifying information.***
- Written materials with client identifying information and webcam recordings of client sessions will be kept in the Clinical Center (in the case of webcam recordings, stored on the designated server). This includes client testing materials i.e. scores recorded in a testing booklet. There are times when student clinicians will need to take these materials to a meeting with their supervisor. **The materials, are to be de-identified, and taken directly from the Clinical Center to the meeting office and returned immediately thereafter to the Clinical Center. That means that the materials are not to be carried with the student clinician to other classes, the library, home, or in a car and returned later.** Only testing scores and raw data qualify for this exception. Some material may be left in the custody of the supervisor for reviewing. When the supervisor has completed their review, the material is to be returned to the student clinician (by hand) to be returned directly to the Clinical Center or the supervisor may return the material. **Supervisors are responsible for the safety of the confidential material in their possession and are required to lock up the material in the office as well as the office door when they are not present.** Sometimes it will be helpful to eliminate any client names or other identifying information on the material until they are permanently kept in the Clinical Center. All clinical notes will be written in Titanium, an electronic record keeping software. Each therapy room is equipped with a computer. Titanium is on each of these computers. This system eliminates any need for students to print out notes to give to supervisors. Supervisors will have access to all clinical cases and notes assigned to their supervisees when they login to Titanium.

- **All** client related reports including evaluation/assessments, letters, and progress notes are to be written in the Clinical Center. Computers are available for all students for the purpose of word processing. In the event that a clinician is using a testing protocol that has client scores and/or data on it, that information must be kept the student's locked mailbox in the materials library. Whenever you have finished writing your notes in Titanium, it is critical that you logout. If you fail to do this, the program remains open, and client files are accessible to anyone who uses that computer.
- **Failure to follow these policies and procedures will result in the immediate withdrawal of Clinical Center privileges.**

Mandated Reporting for Child/Elder Abuse

If you have reason to suspect child or elder abuse, first discuss this with your supervisor. If your supervisor is not available or you deem this an emergency, please talk with the Clinical Center Director or Counseling Specialist staff. Essentially, a child abuse report must be made if a child is being abused/neglected by a person in a caretaker role. (Other forms of child abuse may need to be reported to police departments). Elder abuse reports must be made if individuals over the age of 60 are being abused and unable to take action themselves.

The telephone hotline numbers to make reports are:

Child Abuse Hotline - 800-252-2873

Elder Abuse Hotline - 800-252-8966

After making a report, you need to complete an incident report and put it in the Clinical Center director's box. Also, there is a follow-up form entitled *Written Confirmation of Suspected Child Abuse/Neglect Report* that is to be completed and mailed to the Illinois Department of Children and Family Services. Make sure that you describe what you learned from your client as clearly and accurately as possible in a progress note that is **immediately** put in the permanent file. Moreover, put the names and times of all the people that you talked to about the issue, what was said, and what follow-up steps were taken in a progress note in the permanent record. Place copies of all forms, letters, etc., that you completed or sent in the permanent record. In short, our records on the report need to be very complete.

If You Become Aware of a Legal, Professional, or Ethical Problem

If you become aware of another clinician engaging in possible unethical/unprofessional behavior, the first step is to discuss it with your supervisor. You and your supervisor may choose to inform the director of the Clinical Center. Because we are a training clinic, those in a supervisory position to the student clinician are responsible for the student's training and should be informed as well. Typically, these matters are dealt with informally through education. However, in the case of highly inappropriate and egregious unethical behavior, the Clinical Center will not allow the student clinician to train here.

Liability Insurance

Students enrolled in a class that requires participation in Clinical Center activities are covered by SIU liability and malpractice insurance. Specifically, quoting from the *Guidelines for University Risk Management and Self-Insurance Program* (July 1, 2005), "In consideration of the provisions and stipulations herein or add hereto, the Program does insure the following: enrolled students acting within the scope of an approved, unpaid clinical program for which academic credit or the equivalent may be awarded. (Clinical programs include, but are not limited to the following: externships, internships,

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preceptorships, practica, pre-student teaching, student teaching and medical student activities. Coverage will be extended only to claims arising from acts or omissions by the Insured acting within the scope of the Insured's responsibilities to Southern Illinois University.)" Go to www.riskmanagement.siu.edu on the SIU webpage and select General Professional Liability Program for more information. **Please note that you must be enrolled in a SIU class in which your participation in Clinical Center activities is part of the class work (e.g., practicum) and acting within the scope of your responsibility to SIUC.**

Legal Forms for CDS and/or Psychological Services

Consent to Record

A consent form to record and observe the therapy sessions must be signed. Student clinicians cannot provide treatment services unless the client agrees to this requirement that is considered necessary to adequate supervision. The consent form will be signed electronically prior to when you meet with the client. This form should be signed with each new clinician assigned to a client and put in Titanium file.

Release of Information

Ask the front desk for a release of information form. Give the form to the client/guardian to fill out (ask the receptionist to give them a copy of the example form so they fill it out correctly). If they are filling it out in the agency then Thomas Aken or Elise Wheaton can check for accuracy. All release of information forms should be discussed with your supervisor before turning in for filing. If the supervisor does not agree with the release you need to talk it over with your client/guardian and do not turn in for filing. If the supervisor agrees with the release it should be given to **Thomas Aken**. Thomas Aken then adds the info onto the card in Titanium and puts it in to be scanned into the Titanium file. Do not put into scan file or send out information on your own without first consulting with Thomas Aken.

General Administrative Procedures

Keys, Mailboxes and Badge

On the Clinical Center resource page you will pull off the form called "Clinical Center Request for Information" form. Fill it out and give to the receptionist. From this form your badge and mailbox will be processed. If you forget your badge, you must check out a temporary badge in the materials library. A suggestion to avoid this is to store your badge in your mailbox. If you lose your badge there will be a \$5.00 charge for a replacement and you will need to request the new badge from Thomas Aken. The form on page 20 should be filled out and given to the receptionist. They will process the form. Your key will be put in your mailbox within 24 hours. If you lose your key there will be a \$5.00 charge for a replacement and you will need to see Thomas Aken so a new key can be issued.

Referrals

Most referrals for services in the Clinical Center must be processed through the main office at 618-453-2361 to make sure that all the necessary information is obtained. Intake information may only be collected from the client and/or legal guardian.

Registration of Clients

All clients will be registered by the receptionist. A client card will be created for a client in Titanium. All clients seen in the agency must be registered. The Clinical Center is not allowed to give psychological services to any Medicare participant.

Why a Client Would not be Registered

This most often occurs when a previously closed client calls their previous therapist and asks to be seen again. The therapist then arranges a meeting with the client. This process may (and has) bypassed our receptionist and staff. The therapist must request the case be reopened by speaking with the director. The director will re-activate the client in Titanium, and make an assignment. If the therapist wants to resume therapy with the returning client, the approval of their supervisor must be obtained and the Director informed. The Director, in turn, will inform the receptionist of the reopening.

Another way this may occur is when a client is receiving one service but is referred for another. For example, a speech therapy client or family therapy client may be referred for psychological testing by their current speech or family therapist.

The Encounter Form

The Encounter form is a form similar to the time of scheduling and billing form that many of you see at a doctor's office. Encounter forms will be generated for you and are to be picked up at the receptionist's desk before you meet with the client. After you see your client, complete the encounter form as follows:

- Fill in the upper left hand corner by checking your supervisor.
- Complete the box indicating the time of the next appointment.
- Check the CPT code that matches the service that you provided (see section on CPT codes).
- Check a diagnostic category. Please note that you may select "Diagnosis deferred" (799.9) or other (provide code) since you may need time to determine the correct diagnosis. **Select only one code even if your client meets criteria for more than one diagnosis.**
- Each of these areas on the encounter form *must* be completed.
- The encounter forms are to be returned to the receptionist following each session. Do not hold onto these forms or put them in your mailboxes.

Phone Calls

A wireless phone can be picked up in the materials library (Room 151), and taken to an empty room to make a call. Local calls require dialing a "9" first; campus calls require only the last five digits of the number. Making long distance calls is a three-step process: first, take the phone to an available room, then dial "8" plus your five digit access code (available from your supervisor or Thomas Aken). You can then dial the phone number as usual including the area code (you do not have to dial "1" first). It is advisable to make all calls from the Clinical Center or university and not your personal phone. The reason for this is to protect you from inadvertently giving your phone number to your client.

Phone Messages

There is a purple message folder located in the top drawer behind the receptionist's desk into which phone messages are placed (they are folded and stapled, so that your name, but not the client's, will be visible). You will be contacted and notified that there is a message for you at the Clinical Center. If you have not picked up your message on the date the message was taken, it will be put in your mailbox. **Once you have read the message, shred it. Do not just throw it away.**

Where Do I Get What I Need

The materials library (Room 151) contains general supplies such as letterhead that you may take as you need them. Other materials are also located here for you to check out as needed i.e. books, manuals, testing materials. Some items such as tests must be returned the same day they are checked out. This allows the Clinical Center to identify any missing materials in a timely way. Commercially produced materials that are lost, not returned, or significantly damaged will be charged at the replacement price. Tests and other expensive equipment are not to be taken from the premises of the Clinical Center unless for Clinical Center purposes. If tests or parts of tests are lost or damaged, you will be expected to pay all replacement costs.

Clinical Center materials, equipment, and tests are for Clinical Center use only. They cannot be used for personal research purposes or to do testing in other settings or agencies.

Working Space and Computers

ABSOLUTELY NO EATING OR DRINKING IN THE THERAPY/OBSERVATION ROOMS! All computers in the Clinical Center will have access to Titanium, the program in which all notes will be written and stored. Each computer will also allow students to access session recordings that they have saved to the server. You may choose to watch your sessions for your own training goals. Headphones/earphones should be used when watching your sessions. Your supervisors will have access to session recordings as well. Sessions should not be kept longer than two weeks. After two weeks, students should delete sessions (and communicate their intent to their supervisor). Sessions need to be regularly deleted due to limited storage space on the server.

Use of Clinical Center Rooms

The primary policy regarding use of the Clinical Center rooms is to remember that we are a professional training facility. Rooms are checked out at the receptionist's desk by completing a room request form and having the receptionist reserve the room. There is a slot on the receptionist desk in which you can place your room request slips. Please fill them out and place them there. The reception will book a room for the day and time that you indicate on the slip. The receptionist will reserve that room for you in Titanium with a placeholder that has your name on it. You can view this when you login to Titanium and scroll across to the rooms. **ALWAYS RELEASE** a room that you will not be using that day. We have emergencies and your freed room may be very helpful. If we notice a pattern of having a room reserved but not being used (that is, 2 non-uses in a row and no notification), we will automatically cancel your reservation. This can be prevented simply by releasing the room on the days of a cancellation or no-show. Of course, once you are no longer seeing a client in the room, cancel the room permanently. Also, if a reserved room is not in use per your schedule it will be automatically released.

Most sessions are 50 minutes in length (evaluations and assessment are scheduled for longer blocks of time). It is critical that students begin the wrap up work of a session at around 45 minutes, so that when the session reaches the 50 minute mark, both clinician and client are ready to end the session and vacate the room. Keeping this schedule will allow for the clinician to label and transfer their video session to the server and logout out of Titanium. It also allows for the incoming clinician who has booked the room to have 5 minutes to set up for their session. If you run late, it is likely that the incoming clinician will respectfully knock on the door. There are times that a client is in a crisis and the clinician must continue the session. However, this should rarely occur, and if it is continuous, it suggests the therapist needs supervision to help resolve the problem. Furthermore, **there may be a special negative effect for CDS**

students when a room is not vacated on time and they are unable to find a viewable room. These clinicians must be viewed by their supervisor for most sessions to accumulate their hours requirement to complete their work...not to mention a supervisor may have wasted his/her time. In short, please be aware that **if you are late in releasing your client, others may be significantly impacted.**

Always leave a room neat and orderly. **Do not take furniture from one room to another.** Instead we have extra chairs in room 142 that you may use and then return to 142 once your session is over. If you find furniture missing in your room, report that immediately to the receptionist or another staff. Please report any damage that you see in the rooms and tell the receptionist right away if rooms are messy.

The Materials Library

The materials library is in room 151. This is where you can check out almost all of the materials that you need including tests, books, manuals, and toys. Some materials must be returned on the same day, while others may be checked out overnight. Think of the materials library as a library. That is, speak only as loudly as you must to communicate with the other person, avoid unnecessary chatting, do not use phones or play music, and do not eat in the room. Do not use round table as a work area. This table is for purposes of collecting items needed for sessions.

Sometimes, clinicians need a protocol to be copied. You may request that copies be made for your use with a client. To do so, you must ask the materials librarian to make the copies. To ensure that you have the copies when you need them, it is advised that you submit your request a day in advance. The materials library has a file folder by the copy machine, labeled materials for copy. You will need to fill out a slip, indicating pages to be copied, number of copies, date needed by, etc. This slip should be placed in the file folder with the material for copying. Once copied, those materials will be placed in your mailbox in the materials library. **Needless to say, copying is limited only to materials necessary for service provision at the Clinical Center (not for classes or personal use).**

Recording Sessions

We have 12 therapy rooms. Three of these rooms can be used for work with children. Each room, via the computer and webcam has the ability to record sessions. In addition to the 12 therapy rooms, we have six live observation rooms that can be used by your supervisors to observe your work. Your supervisor will educate you on that requirement and help you identify which therapy rooms you should use so that observation is an option.

Handling Emergencies and Crises

Every day we deal with people in emotional turmoil. Sometimes, that turmoil turns to thoughts of inflicting physical harm to themselves or others. At other times, our clients' thought processes are too disordered to properly care for themselves. These circumstances require us to intervene in a more direct way. Those interventions may range from making a safety plan with an individual that s/he will do no harm to themselves or others without contacting you (or until your next session). If the client is unable to engage in creating and agreeing to follow such a plan, you may want to discuss hospitalization (a full discussion of reasons for hospitalization is beyond the scope of this manual, but should definitely be discussed with your supervisor) or other appropriate supportive environments. If you find yourself in such a situation, seek assistance right away. Holly Cormier or Amber Drake will be available to help you deal immediately with any crisis. (Obviously, your supervisor will need to be involved as soon as possible). If needed, they will help guide you through the hospitalization process. **Make sure that you**

describe what your client did/stated as clearly as possible in a progress note. Moreover, put the names and times of all the people that you talked to about the issue, what was said, and what follow-up steps were taken in a progress note and place it in the permanent record as soon as possible. When an emergency like this occurs, our records need to be as complete and accurate as possible.

Another kind of crisis involves violence. Let us be clear. Our services are a privilege, not a right. You are not obligated to be verbally or physically threatened. Provide for the safety of yourself and others. We will certainly use the services of the SIUC police when appropriate (dial 911 to reach them).

We may have a medical emergency such as a serious fall or seizure. First, stay calm and do what you can to prevent any additional harm; for example, attempt to prevent a client having a seizure from falling and do not move someone who has fallen. Get the attention of someone to help and call 911 right away. If the client has a family member in the waiting area, inform them immediately. Talk to the client in a calm and reassuring way telling them that you have more help on the way and asking them possibly important questions such as are they hurt, where, and obtaining relevant information from them about what might be occurring. We have several staff trained in CPR whom the receptionist can call if needed.

For fire alarms or bomb threats (because Wham is a classroom building), we follow a predetermined plan. If informed of either one, you need to walk with your clients out of the building **immediately**. Our policy for either a fire alarm or a bomb threat is to tell children there is a fire drill. We exit through the outside door closest to the Room 151 (the materials library) and meet at the large rock between the Wham and Rehn buildings. Center staff will help direct you. It is important to meet at the designated spot so we can account for everyone and determine if anyone is inside and may need help.

In weather emergencies, Center staff will inform you and you should accompany your client to the end of the hall by the materials library (room 151) and down the inner stairs to the bottom area.

In the case of an earthquake, seek protection for yourself and the client immediately. For example, move away from windows, avoid moving furniture or objects, exit the building if possible, or stand in a doorway. If the earthquake is serious (clearly does damage), then immediately go outside if possible after it subsides or stay in a safe place if leaving is risky.

Dress Code

Discuss the dress code with your supervisor. We expect that you look professional.

When Your CC Training Is Finished

Upon completion of your clinical program training in the CC, you are required to return all CC materials, keys, badges, lanyards, etc. You will be charged a fee for items not returned.

Keys and Badges = \$5.00

Tests or Materials = replacement cost

Fax Machine Procedure

If you have a letter for something that needs faxing on behalf of a client, please place the material to be faxed in an envelope (available in the materials library), along with the signed release of information in the file folder in the materials library by the copy machine. It is labeled "materials to be faxed". Materials will be faxed by support staff.

Reserving a Therapy Room Procedure

All reservations/releasing of therapy rooms should be done with the receptionist in Wham 141. A request for facilities form must be filled out indicating the day/s and the hour/s needed and the room/s number you are requesting/releasing. It is important that the person requesting/releasing the room/s fill the appropriate form out and not the receptionist.

Billing Procedure

All client billing questions should be referred to Tom Aken. His number is 453-2361. All people that would like to apply for reduced fees should request a financial information form from the receptionist.

On the Job Injuries

All university employees injured during the course of employment are covered by Illinois Workers' Compensation and Occupational Disease laws. Employees with employment-related injuries must notify Thomas Aken, (453-6136) in room 141D, as soon as possible but no later than 45 days after the injury occurs and must also notify the Illinois Early Intervention Program for Workers' Compensation (800-773-3221). It is the employee's responsibility to seek information, available from the Workers' Compensation Coordinator at Human Resources, and apply for appropriate workers' compensation benefits.

Injured employees may seek medical attention from physicians or health facilities of their choice although HMO enrolls should use their primary care physicians to assure coverage in the event the condition is not covered by workers' compensation.

Should the injury result in an absence that extends 3 days beyond the day the incident occurs, the injured employee may be eligible for the total temporary disability benefits (TTD) of the workers' compensation statutes. For time not payable under TTD, accumulated sick leave time may be used. An injury report and any medical charges related to the injury must be submitted to the workers' compensation coordinator at Human Resources.

Child Supervision Policies and Procedures

Over the years an informal set of ways to deal with child supervision in the Clinical Center has evolved. These procedures have been incorporated into a written policy and set of procedures.

Unattended Children in the Waiting Room

Parents or guardians are responsible at all times for providing the supervision of their child/children in the waiting room. None of the Clinical Center staff will be available to supervise children as they will be doing their assigned duties. Thus, when children are left in the waiting area and are in need of adult supervision, the parents are responsible for the care of the child. There are instances where young children are dropped off and enter the Center on their own or the parent/guardian leaves once they are in the waiting area. The clinician must tell the parent/guardian that they must remain with their child/children if the children need supervision.

Late Picking Up Child

Another instance that occurs is that parents/guardians leave the Center while their child receives treatment and are late returning to pick up the child. Again, the Center staff and the clinician are not responsible for supervising the child. The Center's staff has other job duties to perform and clinicians have other appointments and obligations here and elsewhere. In this case the clinician is to tell the parent/guardian that they must be waiting for their child when the session is over or we cannot serve the child.

Late Picking Up Child and Clinical Center Closes

Related to this is a parent/guardian who is not only late to pick up the child but comes after the Center is closed. Obviously, we cannot leave the child here alone and, thus, **a staff member is required to wait after normal working hours until the parent/guardian returns**. In this case the clinician will tell the parent/guardian that they must be waiting for their child when the session is over or we will not be able to serve the child.

When a parent is late picking up a child, we may call them on the telephone or attempt to reach the emergency contact person. If we are unable to reach the parent or emergency person and we have waited for a substantial time (we doubt the parents are coming), we will call the campus police.

Non-Parent/Guardian Shows Up to Pick Up Child

A different but very important concern is when someone other than the parent/guardian shows up to pick up a child. If a parent/guardian is not able to pick up a child and designates someone else, they must sign a form (*Permission for Non-parent to Pick Up Child*) giving the name of the person. Furthermore, we need to be able to identify the designated person picking up the child either by seeing them beforehand or by looking at their driver's license or other acceptable I.D.

It is up to you and your supervisor when to deny service to a child because the parent repeatedly violates this policy. There may be many circumstances to consider and you and your supervisor are in the best position to make the decision.

Student Agreement

I have read the *Clinical Center Policies and Procedures for Student Clinicians* and understand the contents including general Clinical Center policies, the need to complete paper work (i.e., Encounter Forms, progress notes and transfer/closing summaries) in a timely manner, and how to manage client crises. I have read the section entitled “Confidentiality Policies and Procedures” and agree to follow these policies and procedures. Further, I agree to abide by the current ethical and practice standards of the professional society for my discipline (e.g., ASHA, APA, CACREP, and NASW). I recognize that failure to follow these rules, procedures, and ethical/professional standards is grounds for being denied access to participation in Clinical Center training and activities. I also understand that I, and my supervisor, must sign this agreement and return it to the Coordinator of Psychological Services, Dr. Cormier, before I can begin utilizing the Clinical Center facility.

Clinician Signature

Date

Supervisor Signature

Date

Print Clinician Name

***Turn into Thomas Aken Room 141D**

Acknowledgement of Mandated Reporter Status - Elder Abuse

“Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**” I affirm that I have read this statement and am aware I am required to report any suspicion of elder abuse to the Department on Aging.

Clinician Signature

Date

Print Clinician Name

Acknowledgment of Mandated Reporter Status - Child Abuse

I, _____, understand that while I have privileges as a

Name of Clinician

Clinician at the SIUC Clinical Center, I am a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5.4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24 hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Clinician Signature

Date

Print Clinician Name

***Turn into Thomas Aken Room 141D**

SAFETY PLAN (Not to be filled out, but signed below)

(Read and Sign the Bottom to Assure You Understand the Safety Plan)

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____
4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
- Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
- Urgent Care Services Address _____
- Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

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Signature of Clinician

Date

Print Clinician's Name

***Turn into Thomas Aken Room 141D**

SIUC Clinical Center Policies and Procedures
Updated 12/19

Clinical Center Request for Information

Name: _____

Dawg Tag #: _____

Address: _____

*Phone: _____

SIU E-mail Address: _____

Department _____

Supervisor: _____

*** Please make sure that you leave a number where you can be reached. You may leave more than one if you need to.**

***Please turn this into the receptionist at the Clinical Center Room 141**