



**SCHOOL OF EDUCATION, HEALTH  
PROFESSIONS, AND HUMAN  
DEVELOPMENT**

**UNIVERSITY OF  
HOUSTON - VICTORIA**

**UHV Counseling Training Clinic Manual  
Counselor Education Supplement  
School of Education, Health Professions, and Human Development  
The University of Houston-Victoria  
Katy Campus**

Welcome to the UHV Counseling Training Clinic 2016-2017 Counselor Education Manual. This is a supplemental policy and procedural document for internship counselors working in the UHV Counseling Training Clinic. If you are reviewing this document, it means you have already reviewed the general UHV Counselor Education Handbook. If you have not, return to the UHV Training Blackboard page and start with the Handbook you were provided upon acceptance into the program.. This manual is located on Blackboard under the Manual folder, Counselor Education Handbook.

**TABLE OF CONTENTS**

- Titles and Definitions
- Clinic Training & Orientation
- Referral Sources
- Clearances
- Assignment of Clients
- Scheduling Appointments
- Weather policy
- Appointment Procedures
- UHV Counseling Training Clinic Crisis Policy
- Communication with Clients
- Forms & Messages
- Documenting Hours

**Clinic Technology Orientation**

- Session Review Lab
- Logging-In: College of Education, TherapyNotes
- TherapyNotes
  - Electronic client files
  - Electronic notes: progress, ancillary, final, intake
  - Electronic signatures

## Clinic Titles and Definitions

**Clinic Coordinator:** The Clinic Coordinator is responsible for general oversight of the UHV Counseling Training Clinic, the supervisors, and the counselors. The Coordinator is responsible for reviewing the referrals and screening them for appropriateness to the clinic. The Coordinator then assigns them to the counselors as appropriate. The Coordinator is responsible for Clinic audits, the Clinic semester schedules, and for all paperwork associated with the Clinic including counselor files. The Clinic Coordinator also provides supervision for the counselors as appropriate. The Coordinator provides the Clinic Orientation every semester to the counselors and supervisors. The Coordinator is responsible for overall maintenance of the Clinic, including the physical spaces of the clinic, the information on the website, the information provided on Blackboard, and all of the associated forms and manuals.

**Clinic Supervisor:** The Clinic Supervisor is responsible for their scheduled day/evening supervision of the clinic. That includes assisting with client needs before, during, or after appointments, and assisting counselors with any crises which may arise while the supervisor is on duty. The Clinic Supervisors will provide supervision for counselors through the Internship classes. The Clinic Supervisor may take referral calls when on duty, but will leave full referrals and screening to the Clinic Coordinator.

**Counselor:** The term "Counselor" is used to recognize the student counselors that are working in the UHV Counseling Training Clinic. The Counselor is responsible for providing counseling services including: Intakes, paperwork, scheduling, and termination.

**Client:** The term "Client" will be used to recognize any patron of the clinic that is seeking services. This could be a current UHV student or a non-student that has requested a referral for services.

## Clinic Training & Orientation

At the start of each semester, a UHV Counseling Training Clinic Training and Orientation will take place typically in the first week in internship courses for students. Attending this training is mandatory and required in order to see clients. Students will be responsible for the knowledge and procedures covered in this manual. If for any reason you are unable to attend a training class, you must arrange to meet with a UHV Counseling Training Clinic Supervisor to understand all clinic procedures and policies. Booster training sessions will also be provided mid-way through the semester.

### In order to see clients, all counselors must:

- 1 Review and understand the UHV Counseling Training Clinic Manual completely
- 2 Attend a training orientation provided by Clinic Supervisors
- 3 Pass UHV Counseling Training Clinic Orientation Quiz
- 4 Provide UHV Counseling Training Clinic Supervisors with availability for referrals.

### Important Dates for Spring 2017 Semester:

- January 17: First day of Spring Semester, Clinic Supervisors Working
- January 17: First day to receive referrals and new clients
- January 23: Clinic is open for Spring 2016 Semester
- March 20: Last week for new client referrals
- April 17: Last week clinic is open for Spring 2016 Semester.
- Final notes due on Friday, April 28th at 5pm.

# Requirements for Counselors

## 1 Professional Responsibilities:

A. Maintain a professional image. As counselors, behavior, attire and attitude reflect upon the department, university and the counseling profession in general. Consequently, it is important to maintain a professional image for the community, clients, peers and professors. There are several things to do to enhance the image projected, including, but not limited to:

- a. Dressing appropriately and professionally when seeing clients;
- b. NEVER discussing cases outside of class;
- c. Not socializing in the client waiting area(s) or outside the office in the walkway;
- d. Maintaining the professional appearance of the practicum/internship site by keeping the rooms neat and clean. This includes returning chairs to rooms immediately after sessions and emptying trash containers as needed;
- e. Ensuring that play therapy toys are returned to their appropriate storage places, in a clean and orderly condition. Any broken toys should be left for the clinic director to repair or replace (Remember: toys are the children's words, and as such should be treated with care);
- f. Ensure that sand tray miniatures and sand trays are returned to their appropriate places. Also, watch to be sure clients do not take miniatures out of the room.

B) Know and practice within the current ACA Code of Ethics and Texas Administrative Code §681. (Obtain a copy & have them available for class) This includes, but is not limited to:

a. Maintaining and advocating confidentiality. The privacy of the counseling relationship and material shared therein belong to the client. Cases should not be discussed with anyone other than the supervisors and other internship students. Other than the legal exceptions to confidentiality, the client is the only one who can direct you to release information. Clients may also request access to their own records (e.g., session recording(s), file). Any request by a client for access to her/his records should be discussed first with your supervisor. A guided access, (i.e., the clinician's interpretations of the information in the records) may be planned. Check with your supervisor before releasing records. Even in the case of a court order, you need to get the opinion of your supervisor.

b. Never reveal that your client is being seen in the counseling practicum/internship clinic, unless you have written permission from the client. Even with written permission, you can only disclose information agreed upon by you and the client, and only to individuals listed on the consent to release form. At times, you may experience pressure to reveal information from a parent, lawyer, or fellow mental health professional. If this occurs, inform your professor. Also, client files are not to leave the practicum/internship site. Files must remain double locked (in a locked file cabinet behind a locked door) at all times in the practicum/internship site.

**2 Liability Insurance:** All students enrolled in COUN 6303 or COUN 6348 must obtain and carry professional liability insurance designed to cover students being trained as counselors and working in approved settings. The liability insurance policy should cover students for completing counseling activities identified by the Texas State Board of Examiners of Professional Counselors and/or the Texas Education Agency/State Board of Educator Certification as relevant to counselors' roles and duties. Liability Insurance policy limits must be a minimum of \$1,000,000.00 per incident and \$5,000,000.00 aggregate. Certificate of coverage must be provided to the practicum/internship instructor prior to students working with clients and accruing hours toward practicum/internship. A copy also needs to be given to the Clinic Coordinator for placement in the Counselor's file.

## 3 Reporting Abuse of Children, Elderly, or Disabled Persons:

a) If, during the course of counseling, you suspect that a child, elderly or disabled person is being abused, remind the client of your legal obligation to report. Obtain as much information as you can, including the name, address, birth date (or age) of the person being abused, form & types of injuries, date and time abuse occurred, and the name, address, and telephone number of the alleged perpetrator, if possible. Inform your professor and site supervisor as soon as possible.

b) It is preferable that you and your client report the abuse together. If, however, you are not physically present with the client, and, consequently, cannot be sure that the client has or will report the abuse, you must report it. You are required by law to make the report within 48 hours after learning of the possible abuse. Dept. of Protective & Regulatory Services, 1-800-252-5400, [http://www.dfps.state.tx.us/Contact\\_Us/report\\_abuse.asp](http://www.dfps.state.tx.us/Contact_Us/report_abuse.asp)

#### **4 Assessing and Responding to Suicide:**

a) If, during the course of counseling, a client states or suggests suicidal ideation, a Suicide Assessment and Recommendation Form must be completed so that appropriate action can be taken for the safety of both the client and the counselor. Should the counselor become suspect that a client may be suicidal; the counselor must immediately shift direction in counseling. This is true regardless of theory. The counselor must direct in order to fulfill the counselor's ethical obligation to preserve the client's well-being (Beneficence).

b) Should a counselor consider a client to be at moderate to high risk for committing/attempting suicide, the student is to notify the site supervisor and call appropriate authorities immediately after completing the assessment interview. Inform your professor and site supervisor as soon as possible.

## **Referral Sources**

**Community Clients:** The UHV Counseling Training Clinic is currently collaborating with the community and schools to provide referrals.

**Volunteer Client:** Volunteer clients are undergraduate students enrolled at UHV who have agreed to volunteer as a client either to learn about the counseling process or to seek counseling for a genuine concern or problem. Volunteering as a client is an optional assignment for students. Once volunteer clients are referred to counseling services, they will be regarded with the same confidentiality and ethical code as any client. Dual relationships will be monitored and minimized for volunteer clients wherever possible.

- 1 Once a student has agreed to participate as a client, the student will be expected to enter and be treated by the UHV Counseling Training Clinic like any other client. The intake procedures for all clients can be found in this manual.
- 2 If a volunteer client is evaluated and considered to be a high-risk client, the internship counselor must inform the Clinic Supervisor, who will work with the Coordinator for a more appropriate referral.
- 3 If a volunteer client is deemed suitable for the UHV Counseling Training Clinic, then counseling will proceed as usual. The only difference is that the volunteer client must complete an intake session and four additional counseling sessions to receive credit for the experience (total of 5 counseling sessions). No information about the volunteer client will be provided to the course instructor. All other information will remain confidential, unless the student requests a release of information to the instructor. Dual relationships will be monitored and minimized for volunteer clients whenever possible.

## Assignment of Clients

Clients are assigned to practicum and internship counselors by the Clinic Coordinator according to counselor availability. Counselor availability sheets can be downloaded by visiting the UHV Counseling Training Clinic Blackboard Page, under Counselor Education. It is the counselor's responsibility to keep their availability up to date to avoid scheduling issues.

Counselors are responsible for maintaining and keeping current their case-load up to date. By using TherapyNotes, counselors can monitor and view their case-load and inform the Clinic Coordinator if they need a new referral. If a client terminates early, internship counselors are responsible for letting the Clinic Supervisors know they are ready for a new referral.

### Referral Process for New and Returning Clients

- 1 Once a client is assigned, internship counselors will receive an e-mail from the Clinic Coordinator informing them that they have received a new client and a scheduled intake appointment time. This initial appointment will be added to the TherapyNotes schedule by the Clinic Coordinator.
- 2 At this point, the client has NOT been contacted about their intake appointment. Counselors are responsible for collecting their clients contact information and reaching out to inform them of their appointment time. Please do this as soon as possible to limit late cancellations and no-shows.
- 3 Client information cannot be distributed via email, so all referral and contact information must be kept locked within the UHV Counseling Training Clinic. This information will also be scanned and added to TherapyNotes prior to the intake appointment.
- 4 Once counselors have contacted their clients about their intake appointment times, they will be able to access and view their client's electronic file in TherapyNotes. Once your contact email is sent and appointment is in the TherapyNotes scheduler, it is the internship counselor's responsibility to change or reschedule the appointments if needed. If you need to reschedule the appointment for any reason, please coordinate with your client and with reception to make changes in the TherapyNotes Schedule.
- 5 Internship counselors will give their availability for counseling sessions early in the semester to the Clinic Coordinator, and appointments will be made in accordance to this availability. It is not the responsibility of the Clinic Coordinator to facilitate rescheduling appointments once this initial appointment is made.

## Scheduling Appointments

The Clinic Coordinator is responsible for making referrals and scheduling all first appointments for clients. However, the scheduling of subsequent sessions is the responsibility of the counselor. **If appointments are not in TherapyNotes, that room and time is not guaranteed to you.**

The Clinic Coordinator does not automatically schedule recurring appointments. Typically, it is easiest to schedule appointments by scheduling the next appointment with your client at the end of the current appointment by viewing your schedule in TherapyNotes. Rooms are available on a first-come, first-serve basis. If all rooms are booked, you must look for another time. After scheduling your appointments, it is your responsibility to check your schedule in TherapyNotes to ensure all your appointments are entered and scheduled correctly.

All client contact is facilitated via e-mail. Please use your UHV e-mail address to communicate with clients. E-mails should never be clinical in nature, and should only be used for scheduling and other administrative needs.

### **Cancelled Appointments and no-shows**

Counselors who receive e-mails from their clients regarding cancellations or rescheduling must contact the Clinic Coordinator in room 3-44, or by calling 281-396-3716. This will ensure that rooms will be cleared and rescheduled for the desired counseling time. Be sure to inform your client that if they need to cancel/reschedule, that they do so by contacting you. An ancillary note for any cancellation/no-show must be written and signed by your supervisor in TherapyNotes. Clients are informed that there is a 24-hour courtesy cancellation policy. If clients do not show up for two consecutive weeks **without contact**, files for clients will need to be closed and a termination letter will need to be sent by counselors.

### **Recurring no-show and termination**

If a client misses or no-shows a single appointment, it is recommended that internship counselors contact the client immediately to see if they'd like to reschedule. If a client misses or no-shows **two consecutive appointments without any contact** with the internship counselor, a formal e-mail will be sent to the client to inquire about their intentions for continuing with counseling. Please refer to your supervisors to craft this e-mail. Samples of these e-mails can be found by visiting the UHV Counseling Training Clinic Blackboard page. A response should be requested within one week. If still no response is received, then a termination can be assumed and the internship counselor can request a new client. If the client decides to re-engage at a later date, the Clinic Coordinator will facilitate this referral. If the original internship counselor is available, then this will be facilitated. However, the internship counselor is not obliged to continue with the client if their case-load is full.

### **UHV Counseling Training Clinic Weather Policy**

When the President of UHV closes the University due to weather the UHV Counseling Training Clinic is closed; otherwise, we are open.

In the rare event that the Clinic closes due to weather if the university remains open an email will be sent to all supervisors and counselors in the Clinic. If there are appointments in the schedule, it is then the responsibility of the counselor to contact their client and reschedule.

## **Appointment Procedures**

Without exception, all session appointments are recorded. If a client does not agree to video recording sessions, end the session immediately and inform the Clinic Supervisor on duty. The internship counselor should arrive 10 minutes prior to the scheduled appointment time. The Clinic Coordinator will ensure that the room is available for your appointment time. When the room is available, please do not rearrange furniture- it has been placed to optimize the recording of your session. Please wait in the assigned waiting area for your appointment time if the counseling room is not available.

### **First Appointment**

Clients are encouraged to arrive 15 minutes early to ensure they have a full 50-minute session with internship counselors. Once this paperwork has been completed you will upload it into TherapyNotes immediately following the session.

For your first appointment, please be sure your client has signed all the necessary forms, and has taken their copy of the crisis policy.

All clients that enter the UHV Counseling Training Clinic for the first time must have an intake appointment prior to beginning counseling. Samples of the necessary intake forms found in TherapyNotes are located at the end of this manual for you to review ahead of time.

1) Prior to meeting the client, review the Intake Form. Complete what you can on the form before seeing the client. If there is missing information, try to collect it during the initial session. (Pay particular attention to whether the client reported suicidal ideation, as this may necessitate the use of the No Harm Contract.)

2) Introduce yourself to your client(s). If your client/s is an adult or family, give the client/s two Health Insurance Portability and Accountability Act (HIPAA) forms (one for your record and one for their record), as well as one copy of your Professional Disclosure Statement. Inform the client that he/she does not have to sign any form until their questions are answered and they feel comfortable doing so. DO NOT simply summarize the forms. Informed consent requires that the client be given ample opportunity, without pressure, to fully read and understand any form before signing.

Sample statement: *"Hi, my name is \_\_\_\_\_. I'm going to be your counselor. Before we can get started, I need for you to read over this information carefully and sign it. If you don't understand any of the information, or if you feel uncomfortable signing these forms for any reason, please let me know and we can discuss any questions or concerns you have once we get to the counseling room."*

3) Once your client(s) has completed the forms, escort them to the counseling room. Begin each initial session by addressing confidentiality, and ensure that the client(s) fully understands the purpose, limits and ramifications of confidentiality. This must be done regardless of the age of the client. Therefore, be sure to select appropriate vocabulary and/or language. Explain that you are a student in a professional counseling program. Because of this, make it clear that you will be receiving supervision from your professor and, potentially, classmates. Explain that the sessions may be viewed by other students, as well as why and how the sessions will be recorded in broad detail. Next, obtain their signature (if not already signed) and place one copy of the form in the file and give the second copy to the client.

4) Depending on the student's preferences, theoretical orientation, and/or the requirements of a particular professor, the first session is also an opportunity to gain background information on the client in a structured manner.

### **End of Appointments**

Each appointment is 50 minutes long and starts at the top of the hour, so all appointments with both clients and supervisors will end at :50 minutes. If your session exceeds :50 minutes, the Clinic Supervisor on duty will lightly knock on your door to remind you to finish. Once your appointment is complete, you will write your progress notes. Information on accessing videos and writing notes will be covered in this manual.

### **Termination Appointments**

When your final appointment ends, a Final Report note is written in addition to your final progress note. Final Reports are a data sheet that is electronically attached to your final

progress note. Final reports summarize goals of counseling, sessions attended, and overall counseling experience in case the client re-engages with counseling at UHV Counseling Training Clinic or elsewhere in the future. Once you have terminated with your client, **all progress notes, ancillary notes, intake and final report notes must be signed by the counselor and the supervisor(s) for the file to be considered terminated.** Once these are completed and signed, inform the Clinic Coordinator that you have terminated and would like a new client if one is available. Mid-semester and final semester checks will be conducted by the Clinic Coordinator to ensure files are complete.

Termination begins 2-3 sessions before the final session. During that time, help the client determine whether further counseling is desired and/or warranted. Inform the client that another internship class will be held during the following semester, and that they can see a counselor then if they prefer (NOTE: students can only accrue/log hours within the scope of the course). As appropriate, provide the client with a list of community referrals, along with emergency phone numbers. Also, complete a Termination Case Note after the final session. When closed, the file should be current and complete, with all signed and relevant forms in reverse chronological order.

## **UHV Counseling Training Clinic Crisis Policy**

In the event of a crisis while the clinic is open, counselors must adhere to the following steps:

1. In case of homicidal or suicidal ideation, or other clinically serious situations, internship counselors must assess whether clients have definite thoughts to hurt themselves or others. Counselors are required to call the Supervisor on duty to help conduct a suicide/homicide risk assessment. Review this procedure with the client, referencing the informed consent and reiterating that counselor is in training and will need to call the Clinic Supervisor for additional support to help keep them safe.
2. Counselors must pass the UHV Counseling Training Clinic Quiz with a score of 100%, prior to meeting with clients. This quiz includes many questions regarding the crisis policy. Please read thoroughly.

**If after the assessment the counselor remains uncertain about intent, the counselor MUST ask for assistance from a Clinic Supervisor.** Inform the client that you believe you will need assistance to best support them and then use the phone in the clinic room call the Supervisor on duty.

### **In the event of an active Suicidal Ideation (SI) and / or Homicidal Ideation (HI):**

- I. Clinician conducting assessment will call the Clinical Supervisor on duty.
- II. The counselor will then leave the room and
  - a. Inform Security of crisis situation and location:  
**Between 9:30am-6:30pm: Security desk by elevator – Katy campus**
- III. While waiting on Security; the Clinical Supervisor will conduct SI/HI risk assessment and response:
  - a. No-Harm Contract and Safety Plan
  - b. Recommendation for Emergency Psychiatric Evaluation
- IV. Security will immediately respond to the appropriate UHV Counseling Training Clinic room.

- V. Upon Security arrival, Supervisor will explain to the student the reason for Security's arrival and the required action to call Crisis Intervention Team (CIT) Unit.
  - a. Harris County Sheriff's Office – (713) 221-6000
- VI. Security will monitor the student while the Supervisor calls CIT Unit.
  - a. Security will only restrain student upon active attempts of harm to self or others.
- VII. Clinician and Security will stay with student until CIT unit arrives.

## CLINIC SUPERVISOR - SUICIDE ASSESSMENT EVALUATION:

### Following SAMHSA's SAFE-T model

[http://www.integration.samhsa.gov/images/res/SAFE\\_T.pdf](http://www.integration.samhsa.gov/images/res/SAFE_T.pdf)

- Once a Clinic Supervisor is reached, they will knock on your door and ask you to step outside. At this time, the internship counselor will be asked to briefly describe the situation and the risk assessment you conducted.
- At this time, the Clinic Supervisor will enter and conduct a crisis evaluation in collaboration with the counselor.
- After the session has concluded, the counselor and Clinic Supervisor will discuss the situation and document the details in a crisis note. The counselor should be in contact with their Supervisor as soon as possible.

### SUICIDE INQUIRY

"I'm going to ask a list of questions to best support your safety at this time"

- Ideation: frequency, intensity, duration—in last 48 hours, past month, and worst ever
  - The clinic supervisor will say to the client, "I know your counselor already asked you a few of these questions, however, I need to follow up to make sure we can help keep you safe. "
  - How often are you having these thoughts of suicide (or harming others)? How long do they last? How strong are they? What are these thoughts telling you?
  - Do you have a plan? Have you been planning to end your life (or harm others)? If so, how would you do it? Where would you do it?
  - Do you have the means (e.g., drugs, gun, rope, etc.) that you would use? Where is it right now?
  - What is the worst they have ever been?
  - What do you do when you have suicidal thoughts?
  - What did you do when they were the strongest ever?
  - Did any event (stressor) precipitate the suicidal thoughts?
- Plan: timing, location, lethality, availability, preparatory acts
  - Do you have a plan or have you been planning to end your life? If so, how would you do it? Where would you do it?
  - Do you have the means (e.g., drugs, gun, rope, etc.) that you would use? Where is it right now?
  - Do you have a timeline in mind for ending your life? Is there something (an event) that would trigger the plan?
  - What holds you back from completing this plan?
- Behaviors: past attempts, aborted attempts vs. non-suicidal self-injurious actions
  - Have you ever attempted suicide in the past?

- o If yes... How long ago was your last suicide attempt? What was similar and then different than now?
- Intent: extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious. Explore ambivalence: reasons to die vs. reasons to live.
  - o What have you done to begin to carry out the plan? For instance, have you rehearsed what you would do (e.g., held the pills or gun, tied the rope)?
  - o Have you made other preparations (e.g., updated life insurance, made arrangements for pets)?
  - o What would it accomplish if you were to end your life?
  - o Do you feel as if you're a burden to others?
  - o How likely do you think you are to carry out your plan? On a scale of 1-5, 5 being you are going to carry out this plan and 1 being you have no intent of following through with this plan?
  - o How confident are you that this plan would actually end your life?
  - o What stops you from killing yourself?
  - o What makes you feel better (e.g., contact with family, use of substances)?
  - o What makes you feel worse (e.g., being alone, thinking about a situation)?

**“I lose touch with reality” ASSESSMENT EVALUATION:**

If your client seems to have significant issues with losing touch with reality:

- Tell me more about this.... (e.g. frequency, intensity, duration)
- How often do you lose touch with reality?
- What does this look like in your day-to-day life?
- Right now, in the moment, how in touch do you feel with reality?
- Would you mind if I asked you a few questions right now about your awareness at this present moment?
  - What month is it?
  - What year is it?
  - Where are we right now?
  - What did you have for breakfast today?
  - Who is the current president?
  - How would you describe the situation we are in today?
- How might others know you are feeling this way?
- What are signs you are losing touch with reality?
- What triggers your losing touch with reality?
- How does this impact your sleeping? Eating? Working? Social life? Work? School?
- How in control do you feel of your thoughts? (1-5, 5 being no control, 1 being total control)
- When were your thoughts the worst it has ever been?
- At what point do you think the thoughts could end up with you hurting yourself or others?
- Do things seem unnatural or unreal to you? How so?
- Would you say you have experienced any of the follow:
  - See, hear, taste, smell, or feel things that are not present

**1. RISK FACTORS: ask the following specific questions**

- Suicidal Behavior: history of prior suicide attempts and/or self-harming vs. suicide.
- Current/past psychiatric disorders: alcohol/substance abuse, recent onset of illness increase risk

- Key symptoms: impulsivity, hopelessness, helplessness, worthlessness, anxiety, insomnia (i.e. did they sleep the night prior?), hallucinations
- Family history: of suicide, attempts, trauma and abuse
- Precipitants/stressors/Interpersonal: triggering events, loss of relationship, financial or health status—real or anticipated loss
- Change in treatment: discharge from psychiatric hospital, provider or treatment or medication change
- Access to method (firearms if that is the means)

## 2. PROTECTIVE FACTORS

- Internal: ability to cope with stress, religious or spiritual beliefs, hope or positive thoughts, hobbies they enjoy
- External: responsibility to children or beloved pets, social supports
  - Who do you talk to when you are having a problem? How likely are you to reach out to them now for support? Who else can you talk to right now?
  - What are some strategies that have helped you in prior times of crisis or conflict?
  - What are your reasons for living versus your reasons for dying?
  - What keeps you alive right now?

## 4. RISK LEVEL/INTERVENTION

- Supervisor will determine if client is low to high risk:
  - Low risk: Create a safety plan (see sheet below). Provide numbers, safety plan sheet and plan for follow up.
  - Low to middle risk: Create a safety plan (see sheet below) and provide numbers, sheet and plan for follow up.
  - Middle risk: Create a safety plan (see sheet below).
  - High risk: Inform the client that you have found them to be at high risk for hurting themselves or others and that we need to get them additional support. They can go voluntarily to the ER for an initial evaluation. We will need to find transportation by calling a friend or family member of the client's choosing. If the client's unwilling to go voluntarily, we may need to call an ambulance or the police. We will need to prepare the client that they will be handcuffed by police for safety purposes in route to the hospital, but that they are not being criminally charged because they are unwilling to seek treatment. The client should also know they will no longer have a choice of where to go for treatment.
  - Create a FOLLOW UP plan for when the client returns back home, hospital, or psych unit (see sheet below).

## HIGH RISK CRISIS RESPONSE PROTOCOL

### 5. SAFETY PLANNING

- Bring in blank sheet of paper with resource numbers at the bottom to co-create a safety plan with them, identifying triggers, supports, and resources. This is not a signed contract.
- Use the Patient Safety Plan that emphasizes the following:
  - Identifying warning signs
  - Identifying internal coping strategies.
  - Identifying people and settings that provide distraction.

- o Identifying people whom the client can ask for help and listing contact information.
- o Identifying professional agencies they can contact during a crisis and listing contact information.

## 6. DOCUMENT

- Risk level and rationale
- Direct quotes from client
- Assessment we did
- Treatment plan to address/reduce current risk
- Follow-up plan.

## Communication with Clients

In an age of unprecedented access to information on the Internet, counselors should be particularly aware of their presence on the Internet. Clients can access an abundance of information about their counselors with fairly common and basic search tools. Please take the time to monitor your Internet presence, paying particularly close attention to social media websites such as Twitter, Instagram, Facebook, etc. You should consult with your individual supervisors about how to address unsolicited communication invitations from clients if it does occur.

You can also minimize unprofessional and inappropriate client contact by not engaging in therapeutic e-mail exchanges, and not giving personal phone numbers to clients. Counselors may also use the Clinic phones. Voice mail is permitted and confidential on these phones.

If you do use a personal cell phone number to contact a client for scheduling purposes, the caller ID should be blocked (\*67, then number). Similarly, when calling clients on a cell phone, be aware they may answer in a situation in which they are not comfortable speaking with you.

You should ask:

- 1 If you have reached them at an appropriate time to discuss anything
- 2 What their preferred method of contact is, and whether that medium is confidential or not.
- 3 If phone is the preferred method of contact, discuss with your client whether the phone line is shared or not, how they would prefer you to refer to yourself, and whether leaving a message is appropriate.

When using e-mail to contact clients, please use the following Confidentiality Notice at the bottom of your e-mail:

CONFIDENTIALITY NOTICE: Email is not a confidential form of communication as it could potentially be accessed by unauthorized persons without your permission. This communication is for the sole use of the intended recipient and may contain confidential or privileged information. Any unauthorized review, disclosure, distribution, or other use of this email is prohibited. If you received this email in error, please notify the sender and destroy all copies of the original message.

## Contact with Former Clients

Once a counselor completes internship, he/she should have no further contact with clients they may have seen during their internship experience. Occasionally clients will contact counselors

directly via email or by some other method. Former internship counselors are asked to inform their former clients to contact the UHV Counseling Training Clinic directly (281-396-3716) to set up an appointment through the Clinic Coordinator with a counselor currently enrolled in internship.

### **Inappropriate Communication with Clients**

If a counselor is found to have inappropriate communication with a client either before, during, or after their internship experience, the Clinic Coordinator will work with the student to create a remediation plan. The student counselor can expect the remediation plan to:

1. Detail the specific deficiency areas and concrete steps for correcting or improving the student's competency in those areas;
2. Have a timeline in which the student is expected to demonstrate that the remediation attempt has been successful, including intermediary benchmarks for feedback along the way to completing the plan;
3. Include a list of the student's rights and responsibilities;
4. Indicate clearly what constitutes successful remediation of student's deficiency areas;
5. Indicate clearly what the consequences of failing to complete the remediation plan in the agreed upon timeline are, up to and including dismissal from the program.
6. Include advisement or a requirement to participate in confidential, professional counseling services provided by the university.

### **Clients Requesting to View/Provide Proof of Records**

If a client asks to see his/her record, the counselor should first consult with his/her Internship Supervisor. If the faculty member determines that disclosure is appropriate the following contents may be shared with the client: log sheet, signed consent form, client confidential information, final report, and results from any tests administered. If a former client contacts a internship counselor to provide proof of services, please direct former clients to contacting the Clinic Coordinator at 281-396-3716. The Clinic Coordinator will work with former clients to obtain any legally necessary forms to parties' inquiry.

## **Forms and Messages**

All internship counselors and students working in the clinic will be added to the UHV Counseling Training Clinic Blackboard site. Please make sure you enable receiving e-mails from Blackboard so that you get this important messages and updates from Clinic Staff.

Different forms are used in the clinic, and various memos are sent out during the course of a semester. It is important that the counselors become familiar with these because many fulfill requirements of both Internship and UHV Counseling Training Clinic policies. In keeping with agency regulations, all forms and notes should be completed in TherapyNotes and signed off by a licensed practitioner.

## **Documenting hours**

All internship counselors are responsible for documenting and keeping track of the clinical hours required for their internship experience. Individual supervisors should sign off on these hours before they are officially logged as a part of your program requirements. TherapyNotes keeps an active record of clients seen/appointments made. Instructions on how to access these reports can be found on the TherapyNotes website. This will be useful for tracking your direct hours. All indirect hours will be logged by you in the best way you see fit.

## Clinic Technology Orientation

There are two main components to the UHV Counseling Training Clinic's technology procedures. TherapyNotes and the UHV Counseling Training Clinic Blackboard page. TherapyNotes is an electronic medical records system. Understanding the operations of these systems is integral to your experience in the UHV Counseling Training Clinic. This manual will provide a broad overview of the technological procedures associated with TherapyNotes, however use of these systems varies depending on your position and purpose within the clinic. Please review the information below.

### TherapyNotes Login

- Open TherapyNotes on a computer.
- When prompted, sign in as follows:
  - When prompted, change your password.
  - Write down all your passwords in a secure place.

## TherapyNotes

Each user in the clinic will utilize TherapyNotes differently. Internship counselors use TherapyNotes to view their appointments, write all progress notes, maintain their client's files, and obtain signatures from supervisors. Supervisors use TherapyNotes to review and sign off on all progress notes written by internship counselors.

### TherapyNotes first time user tips

TherapyNotes users have three separate views of the scheduler. On the main screen, there is a to do list, and an upcoming agenda. Across the top are the tabs "To-Do", "Scheduling", "Patients", "Staff", "Billing", and "Payers". You will not need to access "Billing" or "Payers" in the internship experience here at the UHV Counseling Training Clinic.

### TherapyNotes clinic schedule

All of the TherapyNotes schedules are synced, so when an appointment is made for a internship counselor, it is reflected on everyone's schedule who is involved with the appointment (counselor, clinic coordinator, and faculty supervisor)

Please refer to the following TherapyNotes guides for these role-specific procedures. (Hint: opening links in new tabs creates more room for viewing)

Click [here](#) to follow a link to an overview on TherapyNotes.

For an overview on scheduling, click [here](#).

### Writing Progress Notes

Progress notes must be completed and signed by all parties in a timely manner. We ask all counselors to complete notes within 24 hours of their session and then forward immediately to their supervisor.

### Clinic Audits

The Clinic Coordinator will audit notes once a month, three times a semester and email outstanding tasks to all parties involved. For internship students, you will receive an initial email from the clinic supervisors and your supervisor will be included in the email. We will follow up the next week and if your note is not complete, we will contact your internship instructor as well.