Behavioral Health

Trainee Manual

Training Year

2024-2025

Table of Contents

Program Staff Contact Information 3
Site Contact Information 5
Program Participation Expectations 7

Optional Program Elements **9**
Evaluating Your Training Experience with New Innovations 12

Evaluation Requirements **12**
Additional Training Program Information 13
Policies 15
Appendix A: Therapy Protocol 20

Clinical Resources and Expectations for Treatment **22**
Appendix B: Note Considerations 23

To Do List for Writing a Note: **23**

Sample Note Writing Workflow: **24**

Sample Progress Note Documentation **27**
Appendix C: Permission to Electronically Record a Therapy Session 34
Appendix D: Guide to Recording sessions 36

First Time Setup **36**

Recording the Session **37**

How Trainees Can Assign their Completed Note to Their Supervisor: **39**

For Trainee: If Changes Needed – How to Access a Re-Assigned Note: **41**
Appendix E: Presentation Guidelines 42

Tips on Delivering a Dynamic Presentation **43**
Appendix F: Informed Consent for Psychological Assessment 44

Program Staff Contact Information

Post-Doctoral Residency Program & GPE Student Training Program	Title	Contact Information
Tim Kearney	Chief Behavioral Health Officer	kearneTR@chc1.com
Chelsea McIntosh	Training Director – Post-Doctoral Residency Program & GPE Grant	mcintoc@chc1.com
Monique St. Paul	Program Specialist - GPE Grant & Post-Doctoral Residency Program	stpaulm@chc1.com
Psychology Internship Program		
Alexandra Munro	Clinical Director	munroa@chc1.com
Amanda Poling-Tierney	Psychology Internship Program Director	polinga@chc1.com

Program Staff	Site
Abisai Garcia	Norwalk/Stamford 5th St.
Alicia LaRose	Hartford
Brenda Beauchamp	Meriden
Catarina Lally	Waterbury/Bristol
Chelsea McIntosh	Norwalk
Cheryl Reiner	Danbury
Demetrios Kostas	New Britain
Iván López	Meriden
Jennifer Bumpus	Meriden
Joshua Cruz	Waterbury
Kate Patterson	Middletown/Clinton
Michael Cubria	Norwalk/Stamford 5th St.
Monique St. Paul	Middletown
Noreen Stewart	Hartford
Sita Nadathur	Middletown
Tim Kearney	Middletown

Behavioral Health Practicum Students	**Site**	**Supervisor**
Alexa Snarski	Hartford	Noreen Stewart
Angela Paraska	Norwalk	Michael Cubria
Ashley Celis	Middletown	Josh Cruz
Carl Haefner	Meriden	Iván López
Gabrielle “Brie” Gershoni	Meriden	Brenda Beauchamp
Giovasky “Gio” Caquias Arce	Waterbury	Catarina Lally
Melissa “Missy” Sturtz	Middletown	Kate Patterson
Mohammed “Hamza” Vohra	Meriden	Jennifer Bumpus
Yu Ying “Jenny” Li	Middletown	Chelsea McIntosh
Kristina Rose Jacobs	Hartford	Alicia LaRose
Colleen Burke	New Britain	Demetrios Kostas
Amanda Paixao-Casais	Danbury	Cheryl Reiner
Haley Anne Larson	Meriden	Chelsea McIntosh

Psychology Post-Doctoral Resident	**Site**	**Supervisors 1**	**Supervisor 2**
Willner Segui Cortés	Meriden/Shelter Now	Brenda Beauchamp	Sita Nadathur

Site Contact Information

Visit here for additional site information

Bristol 395 North Main Street Bristol, CT 06010 (860-585-5000) On Site BH Director = Catarina Lally Ops Manager = Andrea Dobrozensky On Site Medical Director = Jennifer Sers Nurse Manager = Sarahi Almonte	**Middletown** 675 Main Street Middletown, CT 06457 (860-347-6971) On Site BH Director = Kate Patterson Ops Manager = Becky Labranche On Site Medical Director = Matt Huddletson Nurse Manager = Xinyi Jiang
Clinton 114 East Main Street Clinton, CT 06413 (860-664-0787) On Site BH Director = Kate Patterson Ops Manager = Becky LaBranche On Site Medical Director = Elizabeth Dmowski Nurse Manager = Carla Ocampo	**New Britain** 85 Lafayette Street New Britain, CT 06051 (860-224-3642) On Site BH Director = Rachel Tirnady Ops Manager = Joyce Washington-Cruz On Site Medical Director = Veena Channamsetty Nurse Manager = Andrea McGraw
Danbury 8 Delay Street Danbury, CT 06810 (203-797-8330) On Site BH Director = Dariush Fathi Ops Manager = Carissa Catalano On Site Medical Director = Larissa Camano Selca Nurse Manager = Lucy Golding	**New London** 1 Shaws Cove New London, CT 06320 (860-447-8304) On Site BH Director = Sarah Hunt Ops Manager = Pam Allen On Site Medical Director = Mariana Salas-Vega Nurse Manager = Carla Ocampo
Enfield 5 North Main Street Enfield, CT 06082 (860-253-9024) On Site BH Director = Rachel Tirnady Interim Ops Manager = Manjari Mishra On Site Medical Director = Marat Gitman Nurse Manager = Xinyi Jiang	**Norwalk** 49 Day Street Norwalk, CT 06854 (203-854-9292) On Site BH Director = Michael Cubria Interim Ops Manager = Jassenia Palma On Site Medical Director = Justin Fletcher Nurse Manager = Lucy Golding

Groton 481 Gold Star Hwy, Suite #100 Groton, CT 06340 (860-446-8858) On Site BH Director = Sarah Hunt Ops Manager = Pamela Allen On Site Medical Director = Mariana Salas-Vega Nurse Manager = Carla Ocampo	**Old Saybrook** 263 Main Street, #202 Old Saybrook, CT 06475 (860-388-4433) On Site BH Director = N/A Ops Manager = Becky LaBranche Nurse Manager: N/A
Hartford 76 New Britain Avenue Hartford, CT 06106 (860-547-0970) On Site BH Director = Alexandra Munro Interim Ops Manager = Manjari Mishra On Site Medical Director = Ho-Choong Chang Nurse Manager = Susan Bissonnette BH PSA: Lesly Otero	**Stamford** 22 5th Street Stamford, CT 06905 (203-323-8160) 141 Franklin Street Stamford, CT 06901 (203-969-0802) On Site BH Director = Michael Cubria Interim Ops Manager = Jassenia Palma On Site Medical Director = Garrett Matlick Nurse Manager = Joanne Ford
Meriden 134 State Street Meriden, CT 06450 (203-237-2229) 165 Miller Street Meriden, CT 06450 (203-639-3500) On Site BH Director = Brenda Beauchamp Ops Manager = Andrea Dobrozensky On Site Medical Director = Dipak Patel Nurse Manager = Deandra Whalen	**Stamford** **Child Guidance Center** 103 W Broad St Stamford, (203-324-6127) Clinical Director = Alexandra Munro Internship Director = Amanda Poling-Tierney Ops Manager = Luljeta Basholli
Waterbury 51 North Elm Street Waterbury, CT 06702 (203-574-4000) On Site BH Director = Catarina Lally Ops Manager = Carissa Catalano On Site Medical Director = Melissa Amicone Nurse Manager = Maria Minei	

Program Participation Expectations

Development of Group Curriculum and Implementation

By October 2, trainees will work with the group facilitator to choose a group of interest to co-facilitate. Trainees also have the opportunity to build and run their own group of their choice. Review the current groups by visiting: https://www.chc1.com/what-we-do/our-services/behavioral-health/groups/#below

Trainees will initially be blocked for 60 minutes for a group and once they have four or more clients attending regularly (at least 4 weeks) their schedule can be blocked for 90 minutes to give time for note writing and group case management.

Didactic Participation

A month ahead of time, the program specialist will send you a list of didactic topics for the next month. We ask trainees send the program specialist the name of at least one patient to discuss related to the topic.

Didactics or grand rounds that are hosted by other agency departments may require you to register for them on the Weitzman Education Platform.

Multicultural Case Conference

Trainees will attend a monthly one hour meeting to discuss issues related to identity, bias, and clinical factors affecting treatment or supervisory dynamics. Trainees are encouraged to present a case they seek guidance on, want to process, or feel there is notable countertransference regarding these multicultural topics. The trainee may ask the group questions to focus feedback.

Observation

Trainees are required to have their clinical work observed at least once per evaluation period. These can be live observations, or in-person clients can have their sessions recorded. It is highly recommended that during a client's initial visit, trainees explain observation is to receive feedback from their supervisor or in-group supervision. Trainees should review the consent to record form with the client and have them sign it if they consent at that time. Maintaining a list of consenting clients will expedite scheduling observations for evaluation periods. It is recommended trainees

complete an observation by early November, early March for all trainees; and July for residents only. If a client consents to record sessions, trainees will need to retain the signed consent for recording form and keep that form in the client's documents.

Reflective Journaling

Trainees are required to submit journals, and can use it to reflect on any aspect of their experience either in or out of CHC relevant to their training and development. Once a month, there will be a mandatory prompt regarding provider resilience as part of an ongoing project throughout the year for students. If a trainee cannot identify a topic they can request topic ideas from the training director or from their supervisor. Trainees are asked to not provide identifiable information for clients or staff on their journals. Trainees are encouraged to share thoughts on all aspects of the training experience, however, trainees should not feel they need to wait until journals to process or ask questions about a particular topic. Journals are reviewed by the program director, group supervision provider, program specialist, and Chief Behavioral Health Officer, who may reach out to a trainee with a response if they have one. To avoid losing work, we recommend trainees type the journal entry outside of New Innovations and paste into the platform.

Supervision (Individual and Group)

Trainees will meet with their individual supervisor(s) at least weekly and participate in a weekly group supervision with their entire cohort. This time will be utilized for a number of topics, including but not limited to: case discussions, transference and countertransference, the identities of both trainees and their patients as well as group process. Content discussed in individual and group supervision can be requested to remain confidential. Items discussed in both group and individual supervision will remain confidential, unless the supervisor determines that there is something that would be beneficial to address in individual supervision from group supervision, or to be discussed with other supervisors in the monthly supervisory meeting. For group supervision, the facilitator will make you aware that they will be discussing the area with your individual supervisor for follow up in individual supervision.

Supervisors of trainees meet monthly to discuss dynamics in supervision, focusing on improving approaches to supervising the trainees and dynamics that arise. There may be times where information discussed and requested as confidential is deemed by the supervisor to be important and

needed to be processed with the training director or in the supervisors' meeting. In this case, supervisors are expected to explain the rationale as to why the relevant information cannot be kept confidential, the extent of the information needed to be shared, and with whom the information will be shared.

Trainee Presentations

All trainees will present on a clinical topic of their choosing to present to their fellow trainees, the training director, chief behavioral health officer, and supervisors. Content must include clinical applications, and address aspects of diversity, and limitations (including its applicability to the populations served in the training setting).

Optional Program Elements

Mentorship

Trainees will be asked at the beginning of the year the areas they would like to receive professional mentorship, including and not limited to aspects of identity and professional goals. A mentor will be assigned to each trainee based on these areas of interest. A mentorship is an informal relationship with a colleague who holds no evaluative capacity over the trainee and can provide support and guidance with goals and other areas within and out of the context of the CHCI environment. If a trainee's first language is Spanish and the trainee was not assigned a Spanish speaking supervisor and would like to consult with a Spanish speaking supervisor to discuss a case, they are encouraged to contact the training director to facilitate this connection.

Multicultural Committee

Trainees can apply to take part in CHCI's multicultural committee. This committee meets monthly and consists of program alumni, program staff, and trainees, and focuses on ways of continuing to develop and improve training, recruitment and retention to address aspects of multiculturalism and diversity. To apply, you can send an email to the program specialist with a statement of interest in joining the committee, including personal and professional experience that makes you a good fit for being a part of the committee.

Project ECHO™ (Extension for Community Healthcare Outcomes)

ECHO provides specialty support for primary care and behavioral health providers seeking to gain expertise in the management of certain complex illnesses and conditions. Read additional information on ECHO topics, here.

1) Trainees can choose one ECHO to attend. They are welcome to try an ECHO and switch to another one as needed.**Trainees are encouraged to give one case presentation in ECHO during the training year.**

ECHO Offerings:

These are the ECHO sessions that are open to behavioral health trainees, though there are other offerings in the Weitzman Education Platform.

Advanced Primary Care ECHO
1st and 3rd Thursdays; 3-4pm ET
Available November 7, 2024
Providing Adult Psychiatry and SUD Modules in the 2024-2025 Curriculum Year

Complex Integrated Pediatrics ECHO
2nd and 4th Wednesdays; 12-1pm ET
Returns October 9, 2024
Covering topics most of-need for pediatric and adolescent patients today including infectious and chronic diseases (e.g., RSV, COVID-19, diabetes, asthma), behavioral health, and substance use disorders.
Access: Register at https://education.weitzmaninstitute.org/content/weitzman-echo-complex-integrated-pediatrics-2024-2025

Weitzman ECHO Key Populations
Every Friday; 1-2 PM ET, except for the fifth Friday in month
These session provides access to a multidisciplinary team of experts who provide guidance to help address questions on HIV prevention, screening, and management, viral hepatitis screening and treatment, substance use disorder management, LGB and Transgender health including gender-affirming therapy, and STI screening and treatment among other topics.

Weitzman ECHO Medication Assisted Treatment (MAT)

4th Tuesday; 12:30-2 PM ET

These sessions provide the front-line primary care provider and team with the support and expert advice that they need to gain confidence in their management of opioid dependence with buprenorphine.

Psychological Assessment

Testing materials are located at the Hartford and Middletown locations. If a trainee is interested in pursuing psychological assessment they can contact the training director for a testing referral and access to materials. The trainee will be assigned a testing supervisor. They will be expected to coordinate directly with this supervisor to meet: 1) Initially to make a plan for testing 2) After the psychosocial evaluation is completed 3) After initial round of testing and 4) After initial report draft is completed. Trainees are expected to complete a first draft of their report within two weeks of final testing completion. The aim is to provide the final report and feedback session to clients in approximately a month after testing is completed. Trainees are expected to place a calendar invite to themselves and their testing supervisor for the first draft of the report and the feedback session. Trainees are only permitted to take one psychological assessment case at a time. Testing is not billable. A visit note is expected to be completed for each encounter and is cosigned by the testing supervisor. Testing reports are edited jointly by the testing supervisory team.

The psychological assessment consent is located in the appendix of this document and also on the psychology page in behavioral health, under resources.

Testing scope :

The following are considered within scope assessment questions.. We have assessment materials for both adults and children.

1) **Diagnostic Clarification:** clients who are carrying multiple diagnoses or do not feel their diagnosis is fitting their clinical concerns, to assist their therapist in diagnosis and treatment planning.

2) **Neurocognitive screen:** This is a brief screen for clients who may be endorsing memory concerns to determine the need for referral out to the community for more in depth neuropsychological assessment or treatment by neurology.

3) **ADHD:** This referral is for clients who may endorse concerns that they may have ADHD and may have confounding diagnoses.

Evaluating Your Training Experience with New Innovations

Consistent evaluation and monitoring is an essential component to maintaining and improving the quality and rigor of the program. Aside from valuing a conversational culture of openness to ongoing feedback and programmatic improvement, CHCI Training Programs utilize a software platform called New Innovations for evaluation activities such as competency and didactic evaluations, journals, and supervision forms.

Getting Started with New Innovations

1. Go to https://www.new-innov.com/Login/Login.aspx
2. Institution: chci
3. Username: First letter of your first name + last name; Password: Same as your username. You will be prompted to change your password.

Evaluation Requirements

Reflective Journals
Didactic Evaluations
Competency Benchmark
Evaluation of Supervisor
Supervision Form ***Master's level students use Quickbase via this link:** **https://chc1.quickbase.com/db/bq82d8bgt?a=nwr**

Additional evaluation and due dates are in your program-specific packets.

Didactic Evaluations – Submit an evaluation immediately after the didactic ends to provide feedback on content and delivery. Completed evaluations are sent to the presenter, Training Director and the Chief Behavioral Health Officer a week and one day after the didactic; we want to send comprehensive feedback from as many attendees as possible. Particularly for repeat presenters, this is helpful feedback to make adjustments to future presentations. Trainee feedback is a critical component of continuous programmatic monitoring and improvement.

Competency Benchmark – This evaluation provides an opportunity for trainee supervisors to assess trainee current level of skill in key program competency areas that are deemed essential to master as a well-developed and competent provider in this setting at the training level.

Evaluation of Supervisor – Quality clinical supervision is founded on positive supervisor–supervisee relationships that promote client welfare and the professional development of the supervisee. This evaluation provides an opportunity for trainees to give feedback about their experience with their clinical supervisors.

Supervision Form – An individual clinical supervision form is required by state and accreditation organizations for all unlicensed providers (trainees). Trainees are required to complete a form for every supervision session. It is recommended to complete them toward the end of each supervision session. The supervisor will sign off on the form. All successfully completed supervision forms are sent directly to specific personnel to archive for auditing purposes by DCF, JCO, and DPH. Trainees should complete a supervision form even if they did not meet with their supervisor; noting the reason in the form (ex. PTO, holiday, etc). If supervision is a make-up session, trainees can contact the Program Specialist to add an additional form for that week.

Additional Training Program Information

Agency Cultures

Each trainee will work at a clinical site. Throughout the year, trainees will experience similarities and differences in the culture and operations at each site and between departments. Trainees are welcome to bring up concerns related to site operations in supervision, but trainees are also encouraged to discuss site-specific operational issues directly with their On Site Behavioral Health

Director, including and not limited to: schedule changes, site expectations, workflows around referrals, and coordinating with psychiatry and other departments.

Commitment to Diversity and Multiculturalism

Our trainees, supervisors and clients represent many different identities (including and not limited to the areas of age, disability, race, color, sex, gender identity, religion, ethnicity, social class, sexual orientation, indigenous background, national origin, and veteran status). In discussing cases and communicating with colleagues, we encourage trainees to use supervision and consultation to discuss how aspects of their identities may be interacting with others' identities. Everyone holds blind spots, biases and growth areas; we recognize discussing these may cause feelings of vulnerability. It is the program's responsibility to create a safe atmosphere to process these areas. If a trainee experiences concerns with how an aspect of their or others identities are addressed, they are encouraged to discuss this with their supervisor, the training director, or the Justice, Equity, Diversity and Inclusion (JEDI) Officer. We value creating an environment of learning and growth where trainees are welcome to respectfully share their opinions and contribute to the process.

CHC's **Commitment Statement to Diversity** is the following:

Community Health Center, Inc. is committed to advancing its values of justice, equity, diversity, and inclusion (JEDI) across the organization. We acknowledge, embrace and value the diversity and individual uniqueness of our patients, students, employees and external partners. CHC strives to foster a culture of equity and inclusion in broad and specific terms.

Our commitment to justice, equity, diversity and inclusion presents itself in our quality health care delivered to our patients, our passion for inclusive excellence for our employees, the learning environment we foster for our students, and the attention paid to our equitable and inclusive policies and practices across the organization.

Crisis Management

As stated in the Connecticut statutes, licensed psychologists are able to complete an emergency evaluation certificate for a person who appears to be of danger to themselves or others, or is gravely disabled. This certificate authorizes the transport of this person to the hospital for a medical

examination which will be conducted within 24 hours. The person cannot be held at the hospital for more than 72 hours unless they are then committed by the examining physician.

If a trainee believes that a client is psychiatrically impaired and in need of an emergency evaluation, they must contact their supervisor immediately. The supervisor will help make the determination and identify the process for evaluation documentation. If the trainee's supervisor is unavailable, they must reach out to the Onsite Behavioral Health Director, another supervisor, or licensed staff member at their site, and they will assist the trainee. Trainees are also required to contact their supervisors immediately if they feel they may need to make a Department of Children and Families (DCF) report.

Storing of PHI

All patient health information that is not saved in the client's electronic health record must be stored in the trainee's clinician specific folder: Path is X drive; behavioral health; clinician folders; **{your user name}**. If a trainee cannot access this folder, they should reach out to their supervisor for assistance.

Policies

DCF Reporting Policy

Mandated Reporting Information:

CHC maintains four policies on clinician responsibilities on reporting abuse, which are located on Sharepoint:

- **Recognition and Reporting of Abuse**
- **Recognition, Assessing and Intervention in Suspected Domestic Violence**
- **Recognition, Assessing and Intervention in Suspected Child Abuse**
- **Recognition, Assessing and Intervention in Suspected Elder Abuse**

Trainees are required to consult with their supervisor(s) prior to making any reports related to the suspected abuse of a child or older adult. When a report of suspected abuse of a child is made, trainees are required to send a telephone encounter (TE) to the Chief Behavioral Health Officer with

the drop down option *136-DCF Report* as numbers related to reports made are needed to be tracked. No specific information in this TE is necessary other than that the report was made.

Discriminatory Behaviors Policy

Experiencing Discriminatory Behaviors from Clients or Staff

To thrive in the training year, trainees need to feel safe and supported where they work. Though the hope is that discriminatory behavior will not occur, trainees may experience this and the aim is that trainees are aware that they have options in addressing this behavior. Should this occur, they are encouraged to seek consultation (either in live time or after the incident depending on the nature of the behavior and situation) from their supervisor(s). They may be advised to submit an incident report and/or a bias incident response report. Please also reference CHC's **Whistleblower Policy, Harassment Policy, Transgender and Gender Non-Conforming Employment Policy** located on the Sharepoint page, for additional information.

Recording Client Sessions for Training Purposes

Policy Statement

CHC is committed to ensuring that students working toward behavioral health degrees and licensure and providing clinical services at CHC as students in training ("Trainees") have a meaningful clinical experience at CHC with ample opportunity for feedback while protecting client confidentiality.

Purpose

Training in the field of behavioral health necessarily includes Supervisor or Faculty periodic observation of a Trainee's clinical sessions to assess skills and provide feedback. To that end, CHC will permit recordings of client sessions and the use of transcripts from those sessions as limited in the below procedure.

Due to the importance of protecting client confidentiality, there will be no exceptions to this policy. CHC will ensure that its Affiliation Agreements with Educational Institutions make clear that this CHC policy solely and exclusively governs the recording of client sessions by Trainees providing clinical services under supervision at CHC.

The procedure for recording for internal use at CHC for post-doctoral Trainees and for external use with Faculty at Educational Institutions are different and are detailed below.

Definitions:

Client – an individual receiving behavioral health services at CHC.

Educational Institution – any undergraduate or graduate college or university with which CHC has an established contractual relationship for CHC's provision of supervised clinical experiences for such institution's qualified students.

Faculty - specific faculty personnel from the Educational Institution who will coordinate the assignment, placement, and coordination of Trainees assigned to CHC and who have been assessed and approved by CHC as meeting basic criteria. Such Faculty are considered CHC "workforce members" for HIPAA compliance purposes.

Supervisor – an assigned CHC clinician who shall be responsible for planning and implementing individual Trainee assignments, and for evaluating Trainee performance in accordance with criteria developed by the Educational Institution. In the Agreement with Educational Institutions, the Supervisor is also called the "Preceptor."

Trainee – any student or post-graduate individual working toward a behavioral health degree or licensure who provides clinical services at CHC as students in training under supervision for purposes of meeting degree or licensure requirement.

Procedures:

1. Written Client Consent. Client sessions may only be recorded when the client or the client's guardian has provided written consent to the recording for training purposes.
    a. This written consent must be provided on CHC's designated form entitled Permission to Electronically Record a Therapy Session (see Appendix C).
    b. The written consent must be maintained in the client's record. Prior to recording, the Trainee and/or Supervisor must confirm that such consent has been obtained.
    c. The Client can revoke consent at any time by notifying the Trainee or Supervisor. Such notice shall immediately be documented in a Telephone Encounter and the

Supervisor shall notify a CHC training director and immediately ensure the permanent deletion of any recordings.

2. Recording Guidelines. Trainees are required to follow the recording procedure, noted in Appendix B, when recording client sessions.
    a. Sessions must be saved ONLY in the designated folder on the X drive for secure storage.
    b. The recordings must be permanently deleted upon review by the Trainee's Supervisor or after use in a supervision meeting with the Supervisor.
    c. On a quarterly basis, a CHC training director must review the recording folders to ensure that audio or video no longer needed for supervision have been permanently deleted.
    d. Supervisors are responsible for communicating with the training director if there is any need to maintain a recording for a specified and limited period of time beyond the end of the quarter.
    e. No one may make copies of recordings or save recordings in any location other than the designated folder on the X drive for any reason or under any circumstances.
3. Who May View the Recording.
    a. Supervisors and Trainees may review recorded sessions located in the designated location on CHC's IT System for training and evaluation purposes during the Trainee's training period.
    b. Trainees may allow Faculty to review recorded sessions located in the designated location on CHC's IT systems for training and evaluation purposes during the Trainee's training period if doing so is a requirement for course work.
    c. Under no circumstances may Trainee permit other students or faculty that have not been approved by CHC to review recorded sessions. If Trainee's course requires the Trainee to share session interactions with Trainee's class, Trainee may create a de-identified written transcript of the session on CHC's IT system. Trainee may then either read it or act out the session using the de-identified transcript for classmates.
    d. All CHC IT security rules apply including but not limited to ensuring that recordings are viewed in a private space and in a manner that is not accessible to others.

4. Agreement with Educational Institutions. CHC will ensure that its Affiliation Agreement with Educational Institutions clearly states that CHC's policies regarding the recording of sessions and protection of Client data govern regardless of course requirements.

Appendix A: Therapy Protocol

Paperwork

The basic paperwork that is required for all intakes includes:

- Rights and Responsibilities- includes HIPPA acknowledgement
- Care Plan signature page
- Releases of Information (schools, prior treaters, medical providers, etc)
- Recovery in Action (RIA) form
- Psychiatric Advanced Directive Information
- All forms are found here: https://chcsppr.chcntct.local/BH/Forms/Forms/AllItems.aspx

In terms of required paperwork for intakes with children and adolescents, additional forms are required. The Middlesex County sites are part of the Child Guidance Clinic, and thus have additional forms that are required per our DCF funding.

- Ohio Scales (worker, parent, and youth if over 12)
- PSDCRS intake and information data

All telephone contact (including outreach for scheduling when client does not attend their appointment) outside of visits will be documented in telephone encounters (TEs). In healthcare the rule applies: **If it is not documented, then it did not happen.** Careful documentation enhances patient care, team collaboration, and protects you.

Procedures

As therapists, we are responsible for our clients' therapy as well as most case management details. We do things like connect them with Access to Care if they need help with insurance issues or obtaining insurance, or provide phone numbers for transportation assistance, how to get an emergency cell phone, etc. We also make referrals to higher levels of care (PHP, inpatient, dual

diagnosis programs, etc.). Your supervisor will be able to help you learn these systems of care and how to directly contact them.

Clients will bring us disability forms or other types of paperwork to complete, and this can be handled in a few ways. Many therapists are moving toward completing this paperwork during a session. Please reach out to your supervisor any time you have questions about paperwork, forms, case management, etc., as this is often a new learning experience for most trainees. Also, all paperwork completed for patients must be cosigned by a supervisor.

WHOs consist of same day consults for medical or dental providers when they have a patient in need of urgent care, a patient who needs to make a connection with BH services, or if the patient is identified on the dashboard as having a greater potential for needing mental health treatment. Instead of taking a reactionary approach and introducing BH services only when a patient is in crisis, we are proactively introducing ourselves to a greater number of patients as part of the care team. Depending on the site, clinicians have either several 30 minute WHO slots or 4 hours of WHO blocks, at which time they are the assigned clinician to introduce BH services to our patients identified by using the dashboard data or responding to a provider's request for a WHO. Once the WHO is completed, the clinician provides feedback to the provider requesting the WHO, either verbally or by sending at TE. You should always be prepared to offer a psychological perspective on a client issue when approached by a medical or dental provider to help!

Children are generally not seen without parent's permission. **Please reference the CHC minor policy for additional information** located on the Sharepoint page, for additional information. At the clinic based programs, since children are brought in by parents this is seldom an issue. At school based programs, children who self-refer or are in crisis may be seen briefly to assess safety or to describe the program and how to enroll. Parents will then need to sign up for the program if they wish to have services and sign the Rights and Responsibilities and care plan forms. If you are covering for a leave at a school based clinic, these forms must be signed again by the family prior to starting treatment. At times, parents will drop children off at the clinic sites for their sessions or encourage children to attend sessions alone. The state licensing requirements state that children are not to be dropped off for treatment, and that a responsible adult must remain on site in case of emergency. If this becomes an issue, you should discuss it with your clinical supervisor.

Clinical Resources and Expectations for Treatment

Introducing Self to Clients

Trainees are required to inform clients that they are in training, and are under supervision, and provide their supervisor's name. They are additionally expected to inform clients that they are in a one year placement and process this with clients throughout the year.

Hello, I'm_____ a (practicum student in training or postdoctoral resident) working under the supervision of Dr.(s) _____.

At CHC, we tend to use first names when addressing each other, with a few exceptions. How to introduce yourself to patients is a personal choice, though most provider who completed a doctoral or medical program tend to first introduce with "Dr. First Name, Last Name," which gives the patient a of a choice in how to address their clinician.

Case Maintenance

Trainees are expected maintain an ongoing client list with basic demographic information, treatment plan start date, and care plan review due date. Trainees will discharge patients that end or discontinue treatment after not being in treatment for ninety days.

Appendix B: Note Considerations

To Do List for Writing a Note:

For Intakes:

1) Review rights and responsibilities form, have client sign (either remotely or in person).
2) Confirm telehealth consent form is completed.
3) Have client complete any ROIs for coordination of care or obtaining records.
4) At end of visit have client sign care plan form after completing care plan with the client.
5) In creating goals:
    a. The client needs a problem for each diagnosis.
    b. Goals can be deferred but have to be documented.
    c. Goals are in the client's own words.
    d. For children you need a goal related to the family.
    e. Objectives must be measurable, using Mirah or other measurements we are using
6) Then review steps for writing a note:

Steps for writing a note:

1) Confirm you have all templates needed:
    a. Intake or progress note template (can pull through last note if progress note)
    b. Telehealth consent template if remote.
2) Login to Mirah and review data for client. Add to the note if Mirah was completed, copy and paste the Mirah summary.
3) Update chief complaints, assessment and body of note, complete all prompts.
4) **Make sure the provider on the note is listed as your supervisor (can change in ECW or in centricity).**
5) Confirm telehealth consent is filled out and is appropriately video or phone and matches billing code needed.
6) Update care plan review as needed.
7) If client has active suicidality, they need a care plan goal related to addressing the suicidality.
8) Complete Recovery in Action plan as relevant

9) Make sure billing code is in there with billing modifier as needed for remote visits, depending on type of visit
10) Review note for accuracy, spelling and grammar prior to locking
11) Assign to supervisor for review.

Sample Note Writing Workflow:

Before Meeting with the Patient:

Step 1: Review the chart, read any recent visits that might be relevant to review (i.e. psychiatry, medical)

Step 2: Review the MIRAH survey – was it completed? If yes, review relevant data. If no, encourage patients to do them.

Step 3: Review the most recent therapy note (if applicable). There is an option to merge in the most recent note, or use anew note template.

Step 4: Adjust the date and start time for the note.

While Meeting with the Patient

1) Take notes into the ECW template.
2) Review and discuss the MIRAH survey and anything that stands out, if applicable.
3) Do great therapy ☺
4) **SCHEDULE THE NEXT SESSION IN CENTRICITY BEFORE ENDING THE SESSION**

After Session

Edit, type through, and finalize the note. Make sure it would make sense if anyone else read it, and that they could glean what happened in session. The goal is to document what happened accurately, to keep a record of what transpired, and capture the therapeutic elements of the session. Imagine if an auditor or colleague reviewed the note – would it be useful to them?

Before locking the note:

- Review your note to make sure it is accurate.
- Make sure your note is written in a way that ties in with the patient's care plan goals, objectives, etc.
- Other details: Include any details around technology issues that may have happened, if other people were present (i.e. a supervisor, patient friend, parent.)
- Ensure the correct date, start and stop times are indicated, as well as the correct billing code and modifiers.
- If indicated, send a TE or note to anyone who may need one (i.e. did they run out of medication? Send a TE to psychiatry provider.)
- Remember to add your supervisor as the responsible party in Centricity (if not, it will default to the PCP and only the PCP will be able to unlock the note)

Common note errors:

- Informal language
    - Typos, grammatical errors
    - Using incorrect patient pronouns
- Forgetting to add supervisor as the responsible party in Centricity
- Incorrect billing codes
- Match the billing code to the telehealth consent form

<u>Case formulation samples:</u>

Client is a x year old (client noted identifiers) who attended their BH intake. Then provide a summary of symptoms and why you are diagnosing what you are diagnosing. Then provide brief highlights of significant information from the intake (eg substance/legal history, history of bh treatment, history of suicidal/homicidal ideation). Then, document what your plan is for treatment, or if the intake was not completed, the reason it was not completed and that you will gather remaining information in a follow up visit.

Optional formatting that some staff use:

Pt is a 25 year old Jamaican American male, who was seen for a behavioral health intake for self-reported symptoms of depression. During the intake assessment, pt was appropriately groomed and alert. He was cooperative, engaged, and appeared adequately forthcoming. He exhibited wavering eye contact, but there was no disturbance in his speech or thought content. He presented with euthymic mood and congruent affect. The Behavioral Health policies and procedures were explained, and pt indicated his understanding and provided written consent for treatment at CHC.

Care Plan Reviews:

Initial: Client is appropriate for this level of care.

60/90: Discuss consistency in attendance, progress in treatment, what you have been working on, and goals during this next treatment period.

Sample Progress Note Documentation

Sample Progress Note #1

Client report Pt provided updates since his last session, and processed at length his thoughts and feelings to issues with his mother, specifically feeling like she does not validate him or understand his issues. This clinician and pt explored specific examples throughout his life when he felt invalidated or neglected by her, and discussed ways in which he has attempted to communicate his feelings to her. This clinician and pt also explored how his interpersonal style, personality dynamics, and communication style impact the ways in which others respond to him. Additionally, this clinician and pt attempted to discuss alternative ways he can talk with/communicate with others.

Intervention Notes Elicited updates since his last session. Processed current thoughts and feelings. Provided validation and support. Reiterated boundaries of the therapeutic relationship, and discussed how such boundaries can be maintained in sessions. Attempted to engage in perspective taking. Explored issues with his mother. Discussed examples of invalidation and misunderstanding throughout his life. Reflected on the impact of his personality dynamics, interpersonal style, and communication style. Discussed alternative ways to communicate with others.

Sample Progress Note #2

Client report Pt provided updates since her last session, and processed her thoughts and feelings related to continued experiences in her romantic relationship. This clinician and pt explored pt's surprising reactions to such experiences, and connected such reactions to internalized embarrassment and shame. Additionally, this clinician and pt reflected on pt's desire to have a positive romantic relationship given her previous relationship histories, and explored whether this desire is impacting her ability to perceive behaviors/situations accurately or if it is impacting/clouding her judgment.

Intervention Notes Elicited updates since pt's last session. Provided validation and support. Processed thoughts and feelings. Engaged in perspective taking. Explored continued worries/concerns about new romantic relationship and discussed additional "red flags"/concerning experiences. Explored pt's surprising reactions to such experiences. Reflected on pt's internalized

shame and embarrassment. Explored pt's desire to have a positive romantic relationship and discussed how such desire may be clouding her judgment. Assessed for risk/safety.

Sample Progress Note #3

Client report Pt provided updates since her last session, and processed her thoughts and feelings related to recent legal proceedings. Pt shared ways in which the custody battle continues to cause frustration and resentment. This clinician and pt explored pt's conflicting feelings (i.e., wanting the legal issues to be over while also wanting the stipulations to be fair and appropriate), and discussed ways in which she continues to advocate for consistency and structure for her daughter. Additionally, this clinician and pt discussed ways in which she can continue to work on moving forward (i.e., taking the nursing boards, finding a job, focusing on daughter's needs, etc.).

Intervention Notes Elicited updates from pt since last session. Provided validation and support. Normalized thoughts and feelings. Processed continued issues related to divorce process and child custody issues. Engaged in perspective taking. Explored ways in which she manages her conflicting feelings while also advocating for structure and consistency for her daughter. Explored ways in which she continues to work on moving forward for herself and her daughter.

Sample Progress Note #4

Client report Pt provided updates since his last session, and shared his completed homework (working on a self-compassion writing exercise). This clinician and pt explored pt's difficulty with engaging in such an exercise and connected such difficulty to pt's overall difficulties with taking other people's perspectives. This clinician and pt reflected on pt's difficulty with cognitive flexibility and explored ways in which pt can practice such a skill. Additionally, pt shared that he has been more open with his education counselor, and this clinician and pt processed pt's thoughts and feelings about it while also discussing on the impact it may have on their overall relationship as well as the difficulty pt has with being vulnerable with other men.

Intervention Notes Elicited updates from last session. Processed current thoughts and feelings. Provided support and encouragement. Continued to discuss black and white thinking patterns and their impact on seeking alternative and helpful solutions to issues. Engaged in perspective-taking. Engaged in identifying cognitive distortions and negative thinking in the moment as well as engaged in thought re-framing in the moment. CBT skills provided. Explored completed homework

and discussed difficulty with doing so. Connected such difficulty to overall difficulties with taking others' perspectives. Explored ways in which pt can practice cognitive flexibility. Explored pt's decision to be more open with his education counselor. Reflected on pt's difficulty with being vulnerable with other men while also reflecting on the impact that doing so can have on his relationships.

Group Progress Note Example:

1. (BH Group Visit) Client name: Patient Name Was seen by Provider/Student Name on Date: 00/00/2020

2. Group Name:Adult Depression Group

3. Depression Symptoms

History of Present Illness

Assessment:

Orientation Oriented to time, place, person.

Mood Euthymic.

Affect Appropriate.

Speech Normal.

Thought Process Intact.

Judgement Minimal impairment.

Insight Minimal impairment.

Suicidal Concern Pt denied current SI, plan, and intent.

Homicidal Concern Pt denied current HI, plan, and intent.

Medication Compliance Yes.

Domestic Violence No.

Pain Assessed: *0*

Patient Education Yes.

Progress towards treatment goals

Progress *Mild*

Reported Psychiatric Hospitalization(s)

Hospitalization(s) *None reported*

Social Elements Impacting Diagnosis

Problems related to the social environment, Problems with primary support group

Expected Date of Discharge:

Duration *04/2020*

Intervention:

Client report Pt engaged in check-in exercise with group facilitator and peer, and shared updates on how she handled conflict with another member within her recovery group. She expressed feeling proud that she was able to appropriately confront this member, and pt processed her thoughts and feelings about the situation within the group. She was receptive to support and feedback from other group members, and also provided support to the other group members. Pt engaged in a discussion about control and acceptance, and how accepting that she doesn't have control over everything has helped her with her depression as well as her recovery.

Intervention Notes The group consisted of four members today. Engaged in check-in exercise to elicit updates since last group session. Provided support, encouragement, and validation. Discussed/identified cognitive distortions. Discussed concept of radical acceptance and how such acceptance impacts choices in life. Explored connection between acceptance and control, and how this impacts their depression.

Client Response Pt was cooperative and engaged.

Plan:

Follow up with Pt in next visit.

If discharge session, is client being given referral? N/A, not discharge session.

If d/c, is client given info for crisis intervention? N/A, not discharge session.

Dashboard None.

Care Planning:

Care Plan

Modality of Treatment *Individual, Group, Psychiatry/Medication Monitoring*

Frequency of Treatment *Weekly, Every two weeks, Monthly*

Expected Duration of Treatment *04/2020*

Amount of Visit Duration *30 and 45 minute sessions, 45, 60, and 90 minute group sessions, 20 and 30 minute medication monitoring sessions*

Review Schedule:

Last Review *04/22/2019*

Next Review *07/22/2019*

WHO Note – Referral Out Example:

History of Present Illness

Assessment:

Orientation Oriented to time, place, person.

Mood Depressed.

Affect Flat.

Speech Normal.

Thought Process Intact.

Judgement Minimal impairment.

Insight Minimal impairment.

Suicidal Concern Pt denied current SI, plan, and intent.

Homicidal Concern Pt denied current HI, plan, and intent.

Medication Compliance N/A.

Domestic Violence No.

Pain Assessed

: *0*

Social Elements Impacting Diagnosis

Problems related to the social environment

Child Abuse-Sexual Unknown.

Child Abuse -Physical Unknown.

WHO :

Type of WHO:

Reactive WHO: *Referred in by Medical*

Reason Seen: During a medical appt, pt and pt's guardian expressed a desire to get connected with psychiatric medication management. Pt also expressed a history of depression, suicidality, and self-harming behaviors.

Intervention: Assessed for mental health concerns. Assessed for risk/safety given her recent report of SI and self-harm, and identified crisis intervention strategies with both pt and pt's guardian (911 and 211). Provided validation and support. Discussed BH services at CHC, and explored expectations of pt and pt's guardian. Discussed policies and procedures related to engaging in both individual therapy and medication management. Discussed with pt and pt's guardian alternative options for psychiatric medication management (i.e., outpatient psychiatric medication prescriber, St. Vincent's IOP) given pt and pt's guardian's desire to continue behavioral health treatment with

her current outpatient therapist.

Client Response: Pt was cooperative and engaged.

Strengths Family support.

Barriers to treatment None reported.

Current BH services BH client at another agency (ROI obtained).

Disposition:

WHO Recommendations/Care Plan

: *Currently receiving BH care elsewhere (specify where): Dr. Penny Mathews, outpatient therapist*

: *Refer to higher level of care (specify where): St. Vincent's IOP*

Case Formulation:

:Firstname Lastname is a 16 year old female who was seen for a reactive WHO due to a history of depression, suicidality, and self-harming behaviors. Additionally, pt and pt's guardian expressed desire to get connected with psychiatric medication management. Pt reported that she has been seeing the same outpatient therapist, Dr. Firstname Lastname, since she was in the third grade and does not have a desire to change therapists/transfer individual therapy to CHC. This clinician discussed CHC's policies and procedures related to the need to be engaged in individual therapy at CHC in order to be seen for psychiatric medication management. Pt and pt's guardian verbalized understanding, and this clinician discussed with pt and pt's guardian alternative options for such services (i.e., St. Vincent's IOP, outpatient psychiatry through Husky). Pt's guardian was provided with the phone number for the intake clinician at St. Vincent's IOP as well as information regarding how to find psychiatric medication prescribers through pt's insurance. Additionally, an ROI for pt's current therapist was obtained, and this clinician discussed with pt's current therapist the plan/information discussed with pt and pt's guardian. This clinician assessed for current risk/safety, and pt denied current SI, plan, and intent as well as past and current HI, plan, and intent. Pt also denied thoughts/desires to self-harm and reported that her last self-harming experience was "a day or so ago." She denied past and current AH/VH. This clinician discussed with pt and pt's guardian the recommendation for a higher level of care at this time given pt's urgent needs, specifically medication related, and pt's guardian agreed to reach out to St. Vincent's to inquire/discuss further with pt's outpatient therapist. No further BH appts were scheduled at this time, but pt and pt's guardian were encouraged to engage in BH treatment at CHC should their needs and desires change.

Appendix C: Permission to Electronically Record a Therapy Session

One of the foundations of successful behavioral health treatment is the confidentiality that exists between clinicians and patients. The Community Health Center, Inc. (CHC) takes this very seriously. Except as required by law (e.g. instances of suspicion of child or elder abuse, or a client presenting a danger to themselves or others), what happens in a therapy session is not revealed to anyone without permission of the patient(s) or, in the case of children, their parent or guardian. There are times, however, when an audio or video recording of a session is useful for educational reasons. This document outlines the reasons for making a recording and requests written permission to do so.

Patients may refuse to allow recording of their or their child's clinical work, or after a recording, patients may revoke permission for the recording. This revocation can be done at any time. This decision will not affect a patient's treatment at CHC in any way.

Electronic recording for internal training use at CHC.

CHC occasionally records sessions solely for purposes of training students or post-graduate individuals working toward a behavioral health degree or licensure and who provide clinical services at CHC as students in training under supervision ("Trainees"). Trainees receiving training at CHC may require recorded sessions to be viewed by their CHC supervisor or with the student's faculty member at the college or university where the student studies for training purposes. That faculty member is a licensed clinician and has been approved by CHC to review recordings. Recordings are stored securely on CHC's network and are not part of the health record. All recordings will be permanently deleted after the recordings are no longer needed for training (typically, no more than several weeks) and in accordance with CHC policies.

The statement of consent for electronic recording is found on the reverse side of this sheet.

Permission to electronically record a therapy session

I, _____ (DOB _____), give permission to audio/video (specify which) record my therapy session or that of my minor child _____ (DOB_____) on (date) _____ with (Therapist)_____ to be electronically recorded for training use only.

I can revoke permission to use any electronic recordings made at any time by notifying my or my minor's clinician. If I do so, the recordings will not be used/shown again after receipt of this written request and all copies will immediately be destroyed. I understand that the recording is for training purposes only, will not be part of the health record and I will not have access to the recording. A copy of this consent form will be kept on file.

I have had the opportunity to ask any questions and have them answered.

_____ _____

Patient printed name/signature (12 and older) Date

_____ _____

Parent/guardian printed name / signature (for minor child) Date

_____

Relationship to child

_____ _____

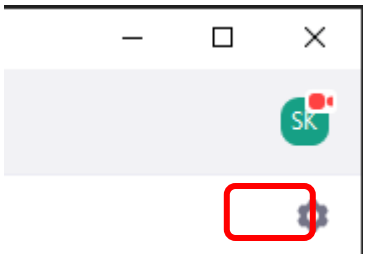
Therapist printed name/signature Date

Appendix D: Guide to Recording sessions

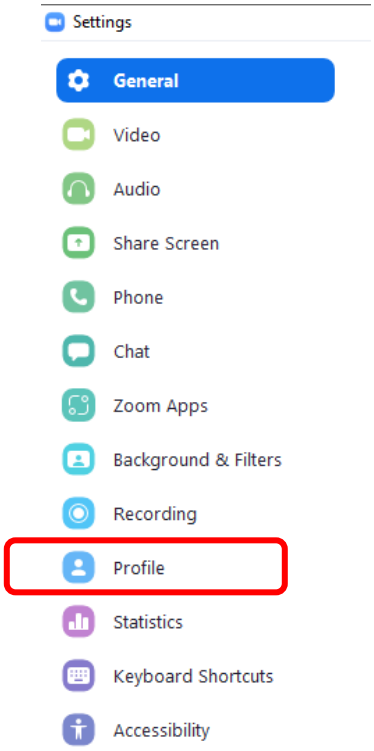
First Time Setup

If you are using a different computer than normal you must do this step again

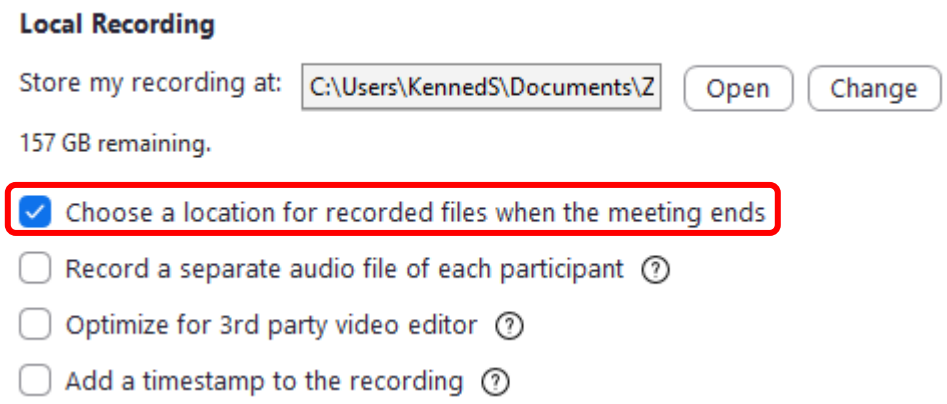
- Open Zoom
- Log in with any account
- Click on the Settings Icon



- Go to Recording



- Check the box “Choose a location for recorded files when the meeting ends”

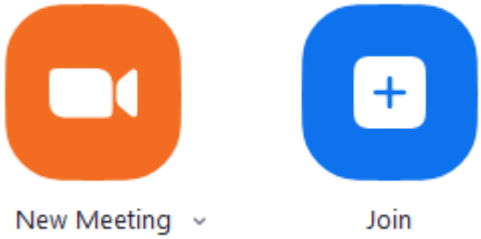


Recording the Session

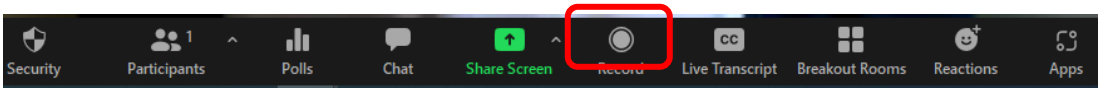
Open Zoom

Plug in the USB table top microphone if session is in person.

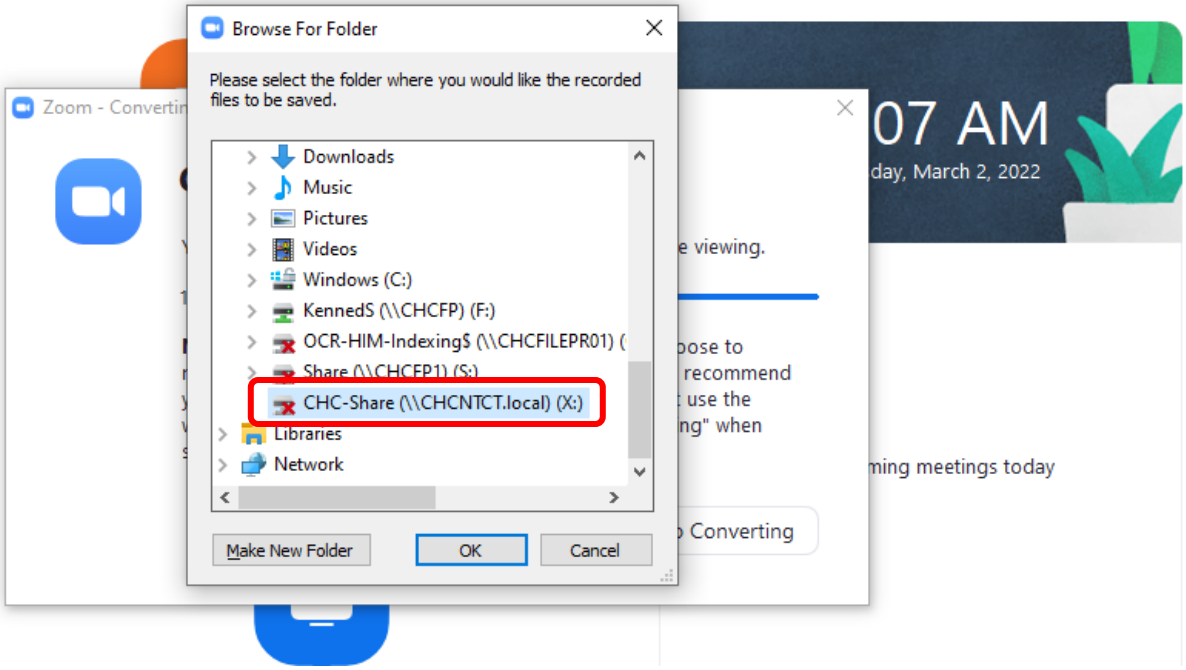
- Start a new meeting



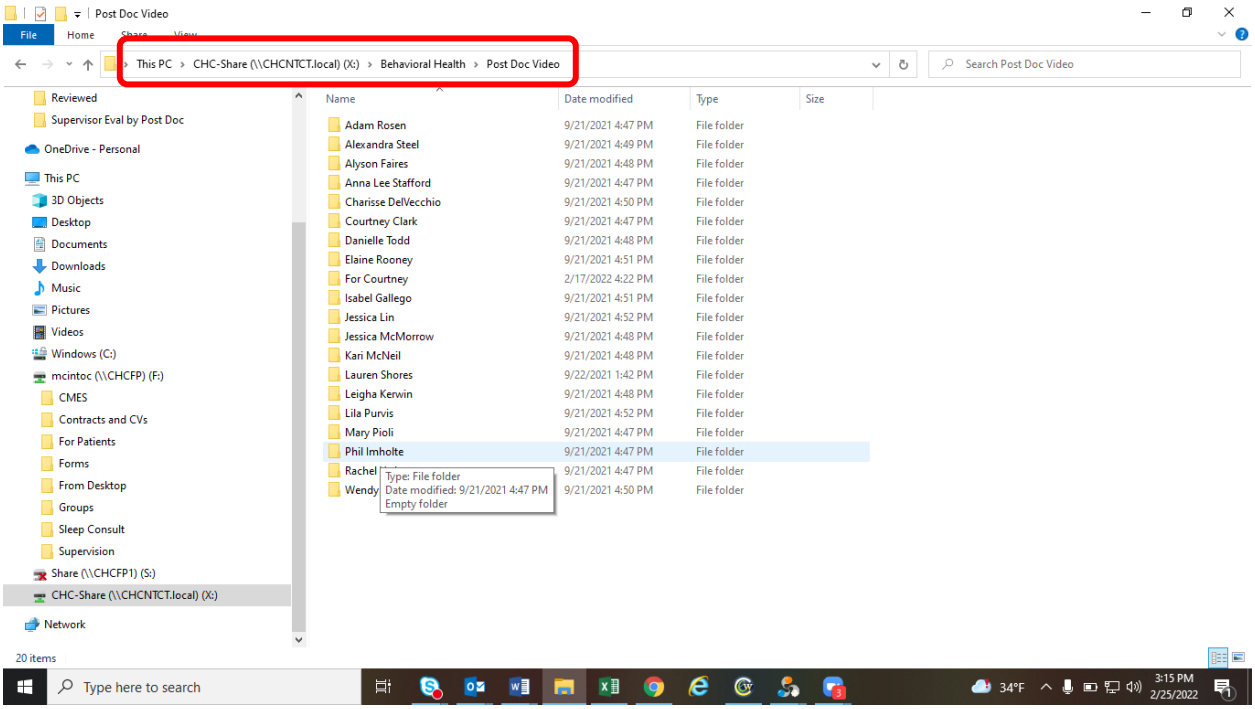
- Select Record



- When meeting ends Select X drive folder to save to



- X drive folder location is Critical, folders are located at X:\Behavioral Health\Trainee

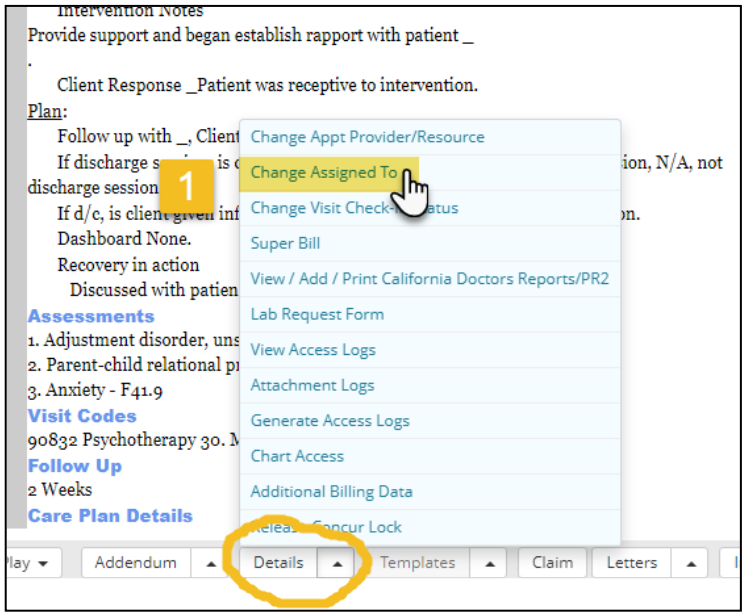


Recordings\Your Name

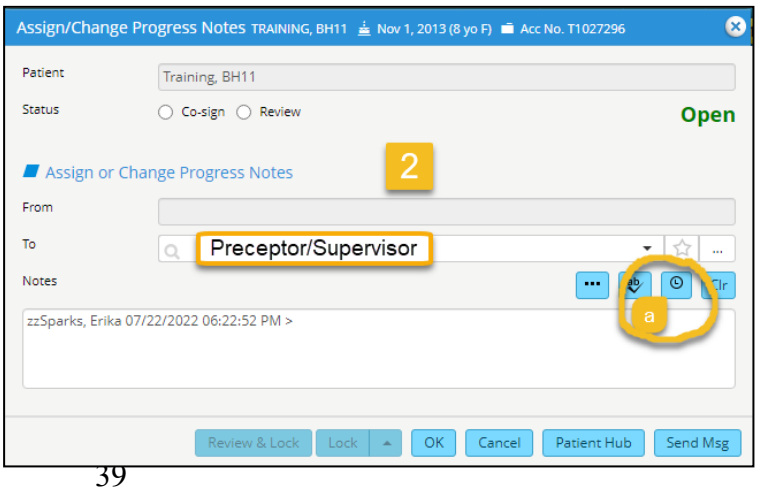
How Trainees Can Assign their Completed Note to Their Supervisor:

When the BH progress note is completed and locked, the trainee can assign their note to their supervisor.

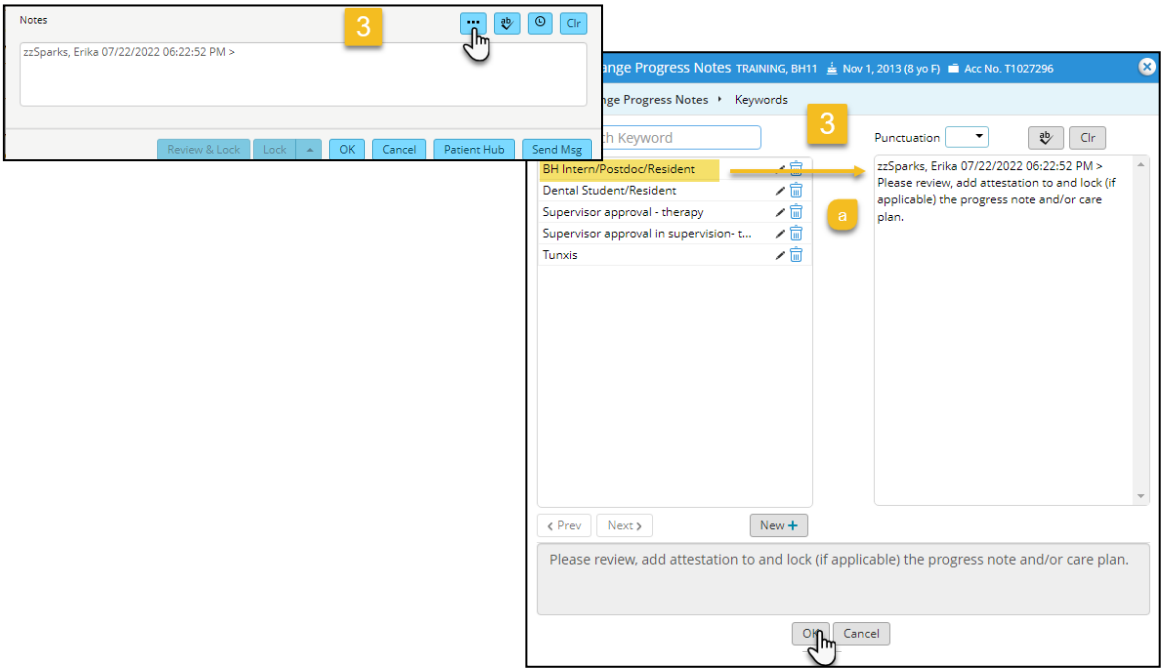
1. To assign the note, click the **Details** drop-down arrow, then select the **Change Assigned To** option to open the window:



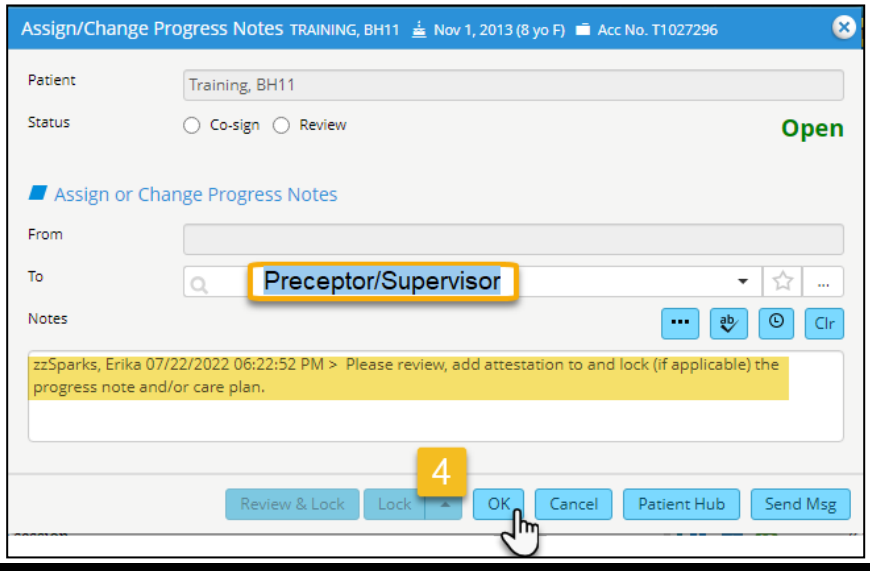
2. In the **Assign/Change Progress Notes** window, use the **To** drop-down arrow to select your supervisor.
    a. Next click the **Time Stamp** icon.



3. Next, click the **Browse** button to open the **Keywords** window.
    a. Select **BH Intern/Postdoc/Resident** to add the statement "**Please review, add attestation to and lock (if applicable) to the progress note and/or care plan.**" Then click the **OK** button.



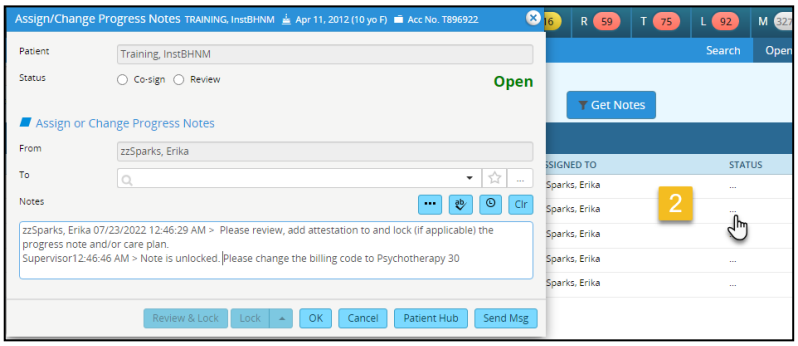
4. Returning to the **Assign/Change Progress Notes** window, click the **OK** button to close. This will transfer the note to the Supervisor.



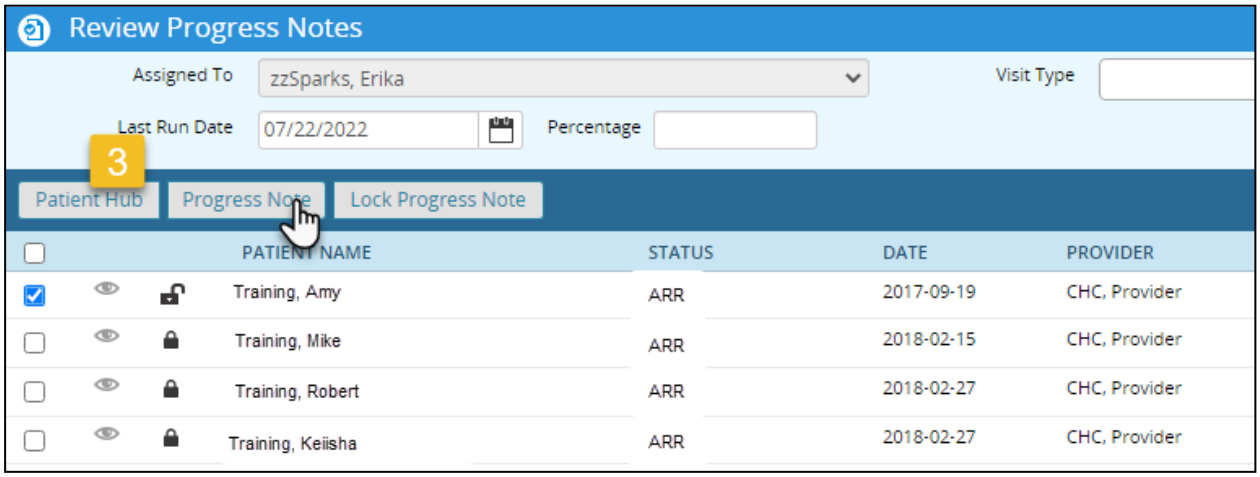
For Trainee: If Changes Needed – How to Access a Re-Assigned Note:

1. To access the assigned note, click directly on the letter **S** of the jelly bean, then select **Review Progress Notes** – (see the **Supervisor** section, pages 7 and 8, to access the assigned note).

2. In the **Status** column, click the ellipses (**...**) to access the **Assign/Change Progress Note** window. Read the Supervisor's revision notes, then click the **OK** button.



3. If changes required, access the **Progress Note** from the **Review Assigned Notes** window, ensure that the note is still selected, then click the **Progress Note** button to open the note.



Appendix E: Presentation Guidelines

Basics

- Allow time for questions
- Prepare to present to a hybrid audience as there will likely be remote participants
- Include presentation objectives, highlighting diversity considerations
- Activities (case studies, simulations, short assessments, etc.) are encouraged
- Apply material to working clinically with CHC's treatment population
- Include presentation objectives, highlighting diversity considerations
- Recommendations should note applicable/inapplicable clinical populations or scenarios, and aspects of diversity that may impact treatment
    - Apply the topic to both telehealth and in-person care practices
    - Use inclusive language for patient populations and use correct pronouns for all in attendance
- Join a few minutes early to ensure mic, share screen, share audio (for videos) is working
- Cite written and visual references
- Sessions are recorded and posted with any material on an internal site for education purposes

Resources

- Versatile powerpoint templates - Canva.
- Images(most are free): Unsplash, pixabay, pexels, Gender Spectrum, Disabled and Here Collection, nappy, tonl, createherstock, blackillustrations, plus size
- Additional resources: https://betterallies.com/photos/
- Interactive polling: slido
- Videos: YouTube

Deadlines

- A week before your session: Send the program specialist your slides, poll questions, supplemental material or questions for the trainees.

Contact

Monique St. Paul, Program Specialist at stpaulm@chc1.com

Tips on Delivering a Dynamic Presentation

Build rapport

- Introduce yourself
- Share why you're speaking on the topic
- Allow trainees to introduce themselves

Structure

- Include some didactic, discussion, and practice
- Engage audience with questions, ask for opinions or shared experience
- Allow time for questions and reflection

Visuals

Powerpoint – not required. If created, use it as a tool that complements the conversation

- Choose appropriate style, colors(see coolors.co, and fonts
- Use high resolution, professional, images, videos, charts, graphs, etc.
- Refrain from using clip art
- Reduce the text on a slide

Video conference resources

- Collaborate with the whiteboard
- Encourage participation with polls, chat, links to relevant material

Appendix F: Informed Consent for Psychological Assessment

Last updated: 10/10/2023

This Informed Consent for Psychological Assessment has important information in it. Please read it carefully, and let me know if you have any questions. When you sign this form, it will create an agreement between us.

What is Psychological Assessment?

Psychological assessment is the gathering of information to evaluate a person's behavior, abilities, and other characteristics, particularly for the purposes of making a diagnosis or treatment recommendations. The assessment process can include interviews, review of records, and, at times, testing. Assessment at Community Health Center Inc. ("CHC") is not considered neuropsychological assessment. It is conducted to assist in clarifying diagnoses or to screen for certain conditions. For more in-depth psychological assessment, you may be referred to an external evaluator.

Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures, and you have the right to discontinue testing. If you discontinue testing, a full psychological report will not be available. If you complete the testing, you will receive an assessment report that includes our interpretation of the test results and recommendations.

The assessment process generally involves an informational interview followed by the administration of one or more psychological tests. If previous testing has been completed, you will be required to provide a copy of all testing reports available to proceed with the evaluation. Testing sessions may take place through a secure video conferencing or may need to be completed in person. Although it is sometimes possible to complete the testing procedure in one sitting, it is common for people to be asked to return for another session to finish the assessment battery. Once testing is completed, the CHC clinician will analyze the data and write a report. You will then have the opportunity to meet with your clinician to discuss the results and receive a copy of the report. Should you require additional copies to provide to other agencies or schools, please make a request

to our medical records department. Because we are a training clinic, our general turnaround time for completed reports is about four to six weeks.

The type of feedback you/your child will receive may include a comprehensive written report that provides findings for each measure, an integrative summary, and recommendations for treatment and/or other interventions.

The testing will be completed by a doctoral psychology trainee, supervised by a licensed psychologist. All communication regarding the assessment will be directly with the trainee implementing the assessment unless it is necessary to contact the supervisor.

Benefits, Limitations and Risks of Assessment

Benefits:
Psychological assessment can help you and/or your therapist, or other parties receive additional information or clarification about your diagnoses or treatment.

Risks/Limitations:
Certain assessment tools have not been researched with different populations. Your assessor will describe any limitations to the testing provided in the report. The evaluation that will be completed is not comprehensive in nature and may not assess all areas of functioning that are relevant to a particular presenting concern. Further, you may find the results upsetting or disagree with the results. We encourage you to communicate these thoughts and feelings with your clinician. You have the right to obtain a second opinion and we will cooperate fully in that process. Additionally, testing will require sustained attention across several hours, which may present some discomfort. Please speak with your evaluator directly if you are experiencing discomfort or require a break.

Fees
You will not be billed for these sessions.

Records

Session visits will be documented. At the conclusion of the assessment sessions, you will be provided with a copy of a written report. Raw data will not be provided. Should you need additional copies of the report in the future, a copy of the report will be retained on file in the documents section in your or your child's chart and can be requested by contacting CHCI.

INFORMED CONSENT

You understand that the information obtained in this evaluation is confidential and it will not be released to any person or organization without your written permission unless required by law as explained below. You may request that the information be sent to a third by completing a release of information form, which you can obtain in CHCI office locations and online. Finally, you understand that the psychological assessment will be maintained as part of your patient record with CHC.

You understand that if your clinician determines that additional or alternative testing may be necessary, your CHC provider will describe the reasons for this testing and will provide you with any referrals. You understand that you have the right to discontinue the evaluation process at any time. However, you understand that your clinician may be unable to provide feedback on the test results if testing is terminated.

By your signature below, you acknowledge that you consent to a psychological evaluation, that you have been informed of the policies regarding evaluations CHC and have read the full consent form. You fully understand your rights and obligations as a client and you freely agree to this assessment.

_____ _____

Patient/Guardian Name and Signature Date

_____

Doctoral Psychology Trainee Name and Signature Date

_____ _____

Supervisor, Licensed Psychologist Name and Signature Date