

Fraser River Counselling

**Counsellor Manual
&
Practicum Information
2015-16**

Revised August 2015



**Faculty of Graduate Studies
MA Counselling Psychology**

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FRC Centre Policies & Guidelines

In order to increase the efficiency and professionalism of FRC, the following guidelines have been established. Students' participation in enforcing these guidelines will help to make counselling experiences more productive.

The Clinical Team

The Clinical Team reports to the MACP Program Committee and is comprised of CPSY faculty members. For the academic year 2015-16, the members are:

Dr. Marvin McDonald – Clinical Coordinator
Dr. Rick Bradshaw – Clinical Coordinator
Dr. Janelle Kwee – Clinical Coordinator
Dr. Bart Begalka – Director of FRC

The team generally meets on a weekly basis to oversee the following concerns:

- General oversight of the practicum teams, including supervisors, student progress, student concerns, facilities, intakes, and client concerns (critical incidents)
- Student progress throughout practicum and internship placements
- Communication and networking with internship sites and potential internship sites
- Internship seminar concerns
- Supervision of practicum supervisors

Lines of communication:

- Student concerns should first be brought to their clinical supervisor.
- Clinical supervisor concerns should be brought to Bart Begalka.
- Bart Begalka will either deal directly with the concern and then report to the Clinical Team, or will bring the concern to the Clinical Team for action.

Clinical Hour Requirements

Required hours to complete CPSY 591 & 592 (Practicum):

- 30 direct client hours
- 10 group hours
- 60 indirect hours

Required hours to complete CPSY 691 & 692 (Internship):

- 200 direct client hours
- 40 group hours
- 360 indirect hours

Any group hours beyond the required total of 50 (10 + 40) can be credited toward direct client hours, not to exceed 49% of the total required client hours. In other words, a minimum of 143 hours (51% of the total 280 hours- 40 for practicum & 240 for internship) must be in individual, couples, or family counselling (or the equivalent in educational settings). Although assessment hours are counted as direct client hours, they are not counted toward this 143 hours requirement. Therefore, a maximum of 87

group and/or assessment hours can be applied to the requirement for direct client hours. [280 x 49% = 137. 137 – 50 group hours = 87 hours]

At the completion of 120 client hours (group and/or direct client hours) the student is required to submit their log of hours to the Director of Fraser River Counselling who will submit a passing grade for CPSY 691. The student will then continue their clinical training during CPSY 692 until all required hours have been completed.

Fraser River Counselling Centre Usage and Priority

Fraser River Counselling (FRC) exists as a clinical training facility for graduate students in the MA Counselling Psychology program at Trinity Western University. The Centre may be used by the following groups and for the following purposes, in order of priority and with the specified limitations:

1) FRC Practicum teams

The entire centre will be off-limits to other users during practicum times (except with special permission from the FRC Director & Clinical Coordinators).

2) CPSY Classes

Faculty requiring class space may book the FRC Centre or individual rooms at FRC.

3) FRC Interns

- a. Interns are responsible to reserve counselling rooms for their sessions at FRC.
- b. A faculty/staff member or supervisor must be present when an intern is engaged in clinical activities.

4) CPSY Students

- a. Students required to do videotaped sessions (e.g., Advanced Skills, Testing & Assessments) may book rooms at FRC during regular office hours or under special arrangements with staff/faculty.

5) Other student or faculty use

- a. Students or faculty who do not fit in the aforementioned groups may book space in the FRC Centre (e.g., for thesis interviews, research, etc.) upon approval from the FRC Director.

NOTE: Any other clinical activities (e.g. faculty counselling, alumni counselling) must be approved by the CPSY Dept. prior to booking the FRC Centre.

FRC Safety Policy for Students

For safety and liability purposes, no student may use the FRC Centre for clinical purposes (e.g., counselling, testing, etc.) without a staff/faculty member or supervisor on the premises.

Insurance & Criminal Records Check

The professional activities of practicum students through Fraser River Counselling are covered under the University's insurance policy which is designed to protect TWU staff, faculty, volunteers and students "while performing any duty or taking part in any activity which is considered part of regular or extraordinary studies or recreational activities connected with TWU." This includes counselling, testing

& assessment, and out-of-province/country internships (providing there is appropriate supervision). Many professional associations encourage graduate students to obtain personal insurance policies in addition to institutional coverage. Student liability coverage is often available through various professional organizations (e.g., ACA, CCPA, etc.). See the Program Manual for details on how to contact these organizations.

Each student is required to obtain a Criminal Record check. This is done via the internet. Approximately two months before the beginning of the school year the Director of FRC will send each student an email with the web address where they can request a Criminal Record check and the identifying code with which to activate the process. If a student has a recent (i.e. within past 12 months) criminal record check in their possession, it can be submitted rather than requesting a new check. **Criminal record checks must be received by the Director of FRC *prior to the start of CPSY 591 (Practicum I)*.**

Practicum Placement

The FRC Director will send notifications to new and continuing students concerning potential site placements soon after they are accepted into the program. Students may request specific sites for their practicum placements; however, placements are made at the discretion of the Director and generally occur on a *first-come, first-served* basis. Student assignments to practicum teams will take preferences into account, in conjunction with program priorities and available resources. Program priorities include issues such as supervisor-student fit, previous counselling experience, language barriers, and disability access.

Student concerns regarding placement should be directed to the FRC Director no later than August 15. Decisions will be made on a case-by-case basis, in consultation with the Clinical Co-ordinators and the Director of Fraser River Counselling.

In cases when students request adjustments to their practicum placements, the following principles and procedures will guide decisions:

1. Students in practicum training should be able to work with any supervisor.
2. Recognizing and working with style differences is part of the supervision and team building process.
3. Differences in levels of counselling experience are to be expected. Students with considerable counselling experience are still required to make use of practicum supervision.
4. The only accepted rationales for changes in practicum placements are: a) changes in times/dates of practicum team meetings after notifications were made; or b) extenuating circumstances of students (considered on a case-by-case basis).

The following principles and procedures will guide decisions surrounding student placement when supervisors have concerns about a student's capacity to function effectively at a practicum site:

1. Supervisors can consult with the FRC Director at any time about such concerns.
2. It is preferred that students and supervisors work through their issues within the context of initial placement sites.
3. Students should not see clients until ready to do so, in the judgement of the supervisor.
4. Supervisors will evaluate whether students are ready to continue practicum training by the end of the first term, using the Practicum Interim Progress Report (also used whenever a deficiency or concern is noted by supervisors throughout either of the two semesters).
5. Students need to be given opportunities to improve prior to final decisions being made concerning termination of practica or changes in placements.
6. Decisions concerning changes in placements must be made by the Clinical Team (FRC Director and Clinical Co-ordinators) after consultation with the practicum supervisor involved.
7. When termination of the student is being considered, the Clinical Team and the Program Director must be consulted and a clear rationale formulated and documented.
8. In the event of ethical violations, supervisors may not allow students to see clients until a review has been completed by the Clinical Team. Concerns should be documented in consultation with Clinical Team and the ethical violation should be clearly identified.
9. In consultation with the Clinical Team and the student, the supervisor shall recommend a course of remediation for the student being considered for termination. Remediation may include extra coursework, skills training, and/or retaking part or all of the practicum.

10. In the case of severe ethical violations that may lead to termination from practicum placements, the Program Director must also review the case. Student appeals follow the regular appeals process outlined in the Program Manual.

If a student does not pass a Practicum course, the supervisor and the Clinical Team will develop a learning contract, in consultation with the Program Director, to guide supervision and the student's work when re-enrolling in Practicum. The learning contract will be signed by the student, the supervisor of the failed Practicum, a Clinical Co-ordinator, the Program Director, and any new supervisor. Students may take the Practicum course a maximum of two times.

***Useful Tips For Making the Most of Your Practicum Experience**

1. Don't be afraid to take on different types of issues and client populations as many internship sites will require you to work with diverse issues. Take advantage of learning while you have direct supervision of your skills.
2. Instill good documentation habits from the beginning. Internship sites will expect you to be professional in this area. Keep files organized.
3. Don't be afraid to experiment a bit with techniques and interventions. Many internship sites have a set protocol on how you will interact with clients (i.e. cap on sessions, emphasis on behavioural treatment plans, etc). Now is the time to try out different approaches and find what works well for you as a counsellor.
4. Take advantage of your supervisor. Although you may end up having a different style or approach in your own counselling, now is a wonderful time to learn from someone else's experience. You won't likely have access to this type of mentoring opportunity during your internship – so use it now. Don't hesitate to ask questions or seek advice. If your supervisor is willing, observing them interacting with clients is an extremely beneficial learning opportunity.
5. Take advantage of any workshops that come your way. Students are often offered discount prices for these and they are wonderful learning opportunities.
6. Watch each other when you are not with a client yourself. Take notes, give feedback. Peer mentoring is another experience you may not be able to take advantage of after your practicum....use it now.
7. While in class, note how issues, methods, treatments, etc. discussed relate to your clients. Be mindful of how to translate practically what you are learning to your work with your clients.

**** These helpful tips are compliments of Denise Faccini, former FRC Intake Worker.***

Faculty, Staff & Student Responsibilities

Responsibilities of the FRC Director

1. Monitoring adherence to FRC policies and procedures.
2. Maintaining students' clinical files (collecting and filing student evaluations and record of client contact hours) in concert with program administrator colleagues.
3. Supervising administrative requirements of the Intake Worker and Practicum Teams.
4. Visiting practicum sites each semester, and reviewing the FRC manual with supervisors and students.
5. Negotiating and documenting site agreements.
6. Advertising the FRC Centre & responding to public inquiries about FRC.
7. Maintain consultation, liaison, and reporting activities with campus security, insurance officer, etc..

Responsibilities of the Clinical Co-ordinators

1. Providing clinical supervision for the Intake Worker and Practicum Teams.
2. Providing consultation and professional development for Practicum Team Supervisors.
3. Developing & monitoring adherence to clinical & administrative policies & procedures for FRC.
4. Reviewing all reports of critical incidents with the FRC Director and relevant Supervisor(s).
5. Reporting monitoring and supervision outcomes to the program director and the program committee.

Responsibilities of Practicum Supervisors

1. Organizing team schedules each week. This includes: allocating rooms, assigning intakes, documenting cancellations and continuing appointments, assigning observers, conducting team meetings, etc.
2. Arranging an average of ½ hour per week of individual supervision for each student each of the two semesters (including direct observation and feedback, case conferencing, etc.) and a minimum average of ¾ hour per week of group supervision for each semester (totalling 1 hour of individual and 1.5 hours of group supervision over the two semesters of the entire practicum experience).
3. Monitoring files, tapes, use of audio-visual equipment, etc. (delegated as appropriate); signing/initialling progress notes, co-signing intake reports, closing summaries and other forms as required.
4. Providing instruction regarding clinical interventions, case conceptualisation, professional ethics, case management and documentation.
5. Monitoring adherence to FRC policies and procedures, including critical incident protocols.
6. Maintaining communication with the FRC Intake Worker, FRC Director, and Counselling Co-ordinators.
7. Discussing learning needs with each student at the start of each practicum term.
8. Meeting with each student at the end of each term to discuss counsellor evaluations and provide feedback.
9. Filling out Practicum Interim Progress Forms for each student at the end of term 1 (signed by both student & supervisor).
10. Any concerns about student progress or personal characteristics should be communicated to a member of the Clinical Team *at the earliest possible time* (i.e., not just at the end of practicum).

Practicum Student Counsellor

1. All student counsellors are responsible for reading and understanding the FRC Counsellor Manual and the Ethical Guidelines of the Canadian Counselling & Psychotherapy Association. Students must abide by these guidelines at all times. If there are any concerns regarding ethical violations, they must consult with their Supervisor and/or Clinical Co-ordinators. In the event of serious ethical violations, consequences may include: (a) a failing grade, with possible immediate dismissal from Practicum; (b) repetition of Practicum; or (c) dismissal from Practicum and/or the MACP Program. In addition, ethical violations may result in professional and/or legal charges. *It is the student's responsibility to be familiar with ethical codes.*
2. All student counsellors are responsible for maintaining confidentiality of client records, including information pertaining to clients of their team members. Discussion of FRC clients must be kept within each team. In most cases, signed Release of Information forms will be required to share client information with members of other teams, including other supervisors. In cases when members of different teams are seeing different household members, confidentiality issues should be explicitly discussed with clients and noted in progress notes.

Students should be sensitive to confidentiality principles when considering use of client information in classes or other public settings (such as Facebook). For current clients, the individuals should be consulted prior to sharing any identifying information in outside settings. In consultation with supervisors, any substantial clinical information should be disguised by the use of pseudonyms, changed details, and omission of details. The same principles apply when students share information regarding FRC clients with members of another team.

3. All clients must give their informed consent to participate in counselling through FRC. If possible, FRC encourages counsellors to inform clients of alternative therapeutic approaches and resources, in addition to informing clients about the student counsellor's recommended approach.
4. All student counsellors are responsible for becoming familiar with legal issues shaping the practice of counselling in British Columbia (e.g., M. Uhlmann & D. Turner, *A Legal Handbook for the Helping Professional*) and using the resources of community services (e.g., the "Redbook" located at <http://redbookonline.bc211.ca>).
5. Each practicum site is a professional counselling facility. Student counsellors are expected to reflect that image in both their dress and personal and professional behaviour.
6. The following guidelines should be followed when using all practicum facilities:
 - a. Doors to the observation rooms need to be closed at all times.
 - b. Students should clean up after themselves, ensuring that no client materials (i.e., artwork, progress notes, or videotapes) are left in any rooms.
 - c. Students may be expected to assume the role of "team receptionist" and assist in managing the clinic.
 - d. All audio and video equipment should be set up and operational before clients arrive. Please report any malfunction of equipment to the Practicum Supervisor and the Director of FRC.
 - e. Students should discuss their cases with identifiers only at their practicum sites.
7. Concerns of student therapists regarding their Supervisors or fellow students should follow this procedure:
 - a. Students should bring their concerns to their Practicum Supervisor.
 - b. If not satisfied, students can notify any member of the Clinical Team.

- c. If still not satisfied, students can raise issues with the MACP Program Director in writing.
 - d. When there are sufficient grounds for appeal, the Director may appoint a review committee. The Practicum Supervisor will not sit on this review committee.
 - e. If a student remains unsatisfied with the decision of the review committee, he or she may appeal to the Dean of Graduate Studies, and finally to the Academic Provost.
8. Concerns of Supervisors regarding behaviour/performance of student therapists will follow steps (b through e) of #7 above. Concerns about fellow students should follow all of the above steps.
 9. Student counsellors should never see clients without observation. *All sessions should be observed through co-therapy, video monitoring, videotape review or audiotape review.*
 10. Student counsellors are required to observe other practicum students during the semester. The purpose of this observation is two-fold. First, student observers have opportunities to apply their theories and skills to a variety of cases. Second, because FRC is for training, the observer is available for consultation during times of difficulty. It is important to note that peer observation does not replace supervisor observation and serious difficulties should be immediately reported to supervisors.
 11. When encountering dangerous clients (including intoxicated, “stoned”, physically violent, or verbally aggressive individuals), student counsellors should immediately contact their supervisors. Under these circumstances and in consultation with their supervisors, students will not be required to continue counselling sessions.
 12. Students are responsible to check their practicum team’s voicemail for messages each week.
 13. Student counsellors will record their clinical hours in their own “Counsellor’s Journals” (e.g., “Oct. 10th - 1 hour counselling 15 yr old girl; 1.5 hours group supervision”). This information can be transferred to the Practicum Summary form at the end of each semester. Any identifying information regarding the client should be omitted.
 14. Students are also responsible for the following:
 - a. Reviewing the course syllabus for academic expectations and objectives.
 - b. Keeping a log of contact hours and submitting the Practicum Summary forms to supervisors for signature at the end of each term.
 - c. Reporting to supervisors any personal life stresses that may impact counselling performance.
 - d. Scheduling meetings with supervisors each term for evaluation. Supervisors will complete Practicum Interim Progress Forms, discuss them with students and each form will be signed by the student and his/her respective supervisor. This form will be handed in to the FRC Director at the end of the first term. At the end of the final term, students will fill out Practicum Evaluation Forms, discuss them with their supervisors, and supervisors will make any adjustments and write comments. Again, each form will be signed by the student and his/her respective supervisor.

Responsibilities of the Intake Worker

1. Responding to all voicemail messages or directing calls for FRC, including general inquiries, team specific inquiries and other calls.
2. Maintaining a telephone log of all FRC contacts.
3. Scheduling between 6-10 hours per week of office hours for direct calls and administration.
4. Making referrals as necessary.

5. Completing the Telephone Intake form and assigning intakes to appropriate practicum teams, delivering copies of new client intakes to Practicum Supervisors for assignment to student counsellors.
6. Informing clients of the video-tape/observation component of FRC counselling, in light of student training and supervision.
7. Maintaining regular contact with each Practicum Supervisor regarding spaces available for new clients. If there is a waitlist for a particular site, the Intake Worker will provide enough intakes to the team for each student counsellor to have 2-3 clients/intakes to choose from, and keep on their personal "wait lists". Any other new intakes will be maintained on a waitlist by the Intake Worker until a supervisor or member of a practicum team notifies the Intake Worker more clients are needed.
8. Providing new clients with directions to get to the site.
9. Auditing archived clinical files.
10. Provide support for the clinical team and/or supervisors if critical incidents arise.

Clinical Activities

Protocol in Dealing With Intakes

1. Clients need and deserve to hear from FRC in a timely manner. Once members of your team have an intake, they need to deal with it in one of three ways within a two-week period:
 - a) A member of your team decides they want to start seeing the client right away. That person should call the client and set up an appointment time.
 - b) No one is available to begin seeing the client now, but the team would like to take him/her on in the future. A team member needs to call the client and let him/her know approximately when they will be contacted again to set up an appointment (i.e., in a few weeks, in a month, etc). Set up a system for who will call the client (i.e., Rotate monthly with one person in charge of all these calls, decide who will take the client in future and call, etc.) within your team.
 - c) Your team does not want to take this client now or in the future. Return the file to the Intake Worker. He/she will contact the client and refer them on.

Please remember to do one of these things within the **two-week period from when you first receive the file**. The client has been told he/she will hear from FRC within two weeks and deserves to know the status of his/her future counselling.

2. Review your limits to confidentiality in the first session. The Intake Worker may have gone over this with the client, but it is essential they fully understand.
3. Prepare clients ahead of time for breaks (i.e. Christmas).
4. Don't be afraid to contact the Intake Worker with any questions you have regarding an intake form. The Intake Worker will likely remember the demeanour and attitude of the client (seeing this is within a two-week period) and can address any concerns you may have. It is better to investigate than unnecessarily dismiss a client file as unsuitable.
5. If you receive a message for another team, or the Intake Worker, please just pass it on to the appropriate party. The automatic phone system will explain how to do this.
6. Have a plan in place (individually and as a team) for what to do if a client's issues turn more serious than you expect (i.e. clients become suicidal, show signs of psychosis, etc). The Intake Worker will have done her/his best to screen potential clients, but sometimes more high-risk issues are hidden or denied during the intake process. Hopefully you will not need to use this plan, but you will be thankful for it if you ever do need it.

Scheduling Client Appointments

1. Initial intakes are conducted by the FRC Intake worker and either referred to the appropriate team or to another agency. Initial and continuing appointments are scheduled by student counsellors in consultation with their supervisors.
2. Client Assignment: Supervisors determine numbers of clients who can be served in given weeks. Supervisors will assure that each student has opportunities for observation of team peers, counselling preparation, and paperwork.

3. **Counselling Load:** As a general rule, the first few weeks of practicum are spent building the team and practicing intake and crisis procedures. To begin, students will each see one client per week to allow for intensive supervision of case preparation, debriefing, and progress notes. Thereafter, as students are ready to take on additional clients, supervisors may assign each student a second client per week until Christmas break. In the New Year, as students are able to handle the additional load effectively, supervisors may assign up to a maximum of three clients per week. Variations from these general principles will be dealt with on a case-by-case basis.
4. **Wait Lists:** The intake worker will give each team enough intakes for student counsellors to have 3 clients each on their waitlists. Any more will be returned to the intake worker to manage until students or supervisors request more clients. Students are required to manage their personal waitlists (i.e., clients on each waitlist should receive a phone call every two weeks to update them re: waitlist status and to verify that they are still requesting services). Clients may also request referrals to other agencies at any time.

FRC Counselling Centre sites

Fraser River Counselling Centre operates out of three sites:

Langley - Main campus of TWU, 7600 Glover Road
Langley- Nicomekl Elementary School, 20050 53rd Ave (located on bus routes C61 and C63)
Sweeney Neighborhood Centre – Abbotsford Senior Secondary School, 33355 Bevan Ave

Cost

There is a \$20 charge for counselling services per visit. In case of hardship this fee can be waived. Income generated from these fees go directly back into enhancing the services offered to our clients, such as increased intake and referral service and improved observation technology.

Availability

Counselling services at all of FRC locations are available from late September to late July of the next year, generally on Mondays and Wednesdays.

How to Contact Us

To enquire about our services or to be put on the waitlist, please contact the FRC intake line by phone at (604) 513-2113.

Clinical Record Keeping and Case Management

- a. Write progress notes before leaving the Practicum site each week.
 - b. All progress notes need to be given to the on-site Supervisor to be read and signed.
 - c. Make appointments with returning clients, confirming times with the team supervisor.
 - d. Respond to client messages relayed by the supervisor. Follow up with clients regarding no-shows, cancellations, etc.
 - e. Students will inform themselves of local referral sources.
- Progress Notes

Immediately following each session student counsellors should complete Progress Notes. These should be signed by students and their supervisors and filed. **Progress note entries are made for each session, even if clients do not attend.** Notations of cancellations or no-shows should be made for the file including what was done (e.g., “client was called”, “client called -will return next week”).

Check on your client's safety when dealing with cancellations, and report the status (e.g., "client reported doing well, denies being suicidal.").

- Record Storage

ALL information about clients must be kept in their files and stored in file cabinets. There shall be a minimum "triple-lock" system in effect. (Locked front door, locked office door, locked file cabinet.) The client files will be stored in a locked filing cabinet for a minimum of 7 years. After such time, they will be destroyed by shredding. Files for clients who attended only one session may be destroyed after 5 years. Files for child clients will be kept 7 years after the child reaches the age of majority. Phone logs and intakes/contact information from no-shows will be stored in a locked cabinet for 12 months and then destroyed by shredding.

All documentation related to clients is confidential and must remain on-site at all times. This includes written records, video recordings, and audio recordings. A Video Removal Agreement form must be signed and filed *before* removing recordings from the site. In such cases, counsellors are responsible for ensuring the confidentiality of *all* materials removed from the site.

- File Management

1. Files should be identified as LAST NAME, FIRST NAME.
2. If any person(s) is/are seen individually, as a couple, or as a family, a file must be created for each individual, couple, or family.
3. When person(s) are seen in more than one counselling modality (e.g., individual & family), separate files must be created for each modality. Of course, individual cases may involve minor exceptions. For instance, in play therapy, a single-session consultation with the parent does not require a separate file, since there is no attempt to counsel the parent on a consistent basis. In such cases, the supervisor should be consulted.

Each file should contain the following documentation in the order presented:

Left Hand Side

- Telephone Intake form
- Informed Consent form
- Release forms (as needed)

Right Hand Side

- Closing or Transfer Summary
- Progress notes
- Intake Interview Form
- Assessment reports (as needed)

- Evaluation & Termination

At the counsellor's discretion, the client may be given an Evaluation of Counselling form and a self-addressed, stamped envelope at the last counselling session to return to FRC if so desired. Following the final counselling session for each client, the student counsellor should complete Progress Notes and the Closing/Transfer Summary Form.

It is inappropriate and unethical for student counsellors to agree or suggest that they will continue to see clients after the Practicum semester, unless specifically approved by the FRC Director and Clinical Co-ordinators. It is helpful for student counsellors to view their work with clients as ending at the end of the semester and plan their counselling accordingly.

Practicum Documentation

Students are required to submit the following documentation to the FRC Director (while retaining a copy of each for their own records):

- a. A *Practicum Interim Progress Report* filled out by the supervisor, discussed with and signed by both the supervisor and student at the end of the first term.
- b. A *Practicum Performance Evaluation Form* filled out by the student, modified if necessary by the supervisor, discussed and signed by both at the end of the second term.
- c. The *Supervision Function Questionnaire (SFQ)* at the end of each term.
- d. A *Practicum Summary Form* documenting direct and indirect hours for each term.

All documentation must be filled out **in black/blue ink**. Hours should not be counted in increments lower than 0.5 (e.g. 1.25 hours should be counted as 1 hour; 4.75 hours should be counted as 5 hours). **Students are responsible to total their final direct hours and indirect hours for each term, and to make sure the form is signed by themselves and their supervisor prior to handing it in to the FRC Director.**

These forms are available from the CPSY website under *Student Resources* at www.twu.ca/cpsy

Legal & FOIPPA Requests

Client Access to Records

Clients are entitled to copies of their records if requested. Counsellors may, at their discretion and in consultation with their supervisor, make copies of progress notes, letters to clients, or other relevant documentation for the client's therapeutic use. Photocopying costs should typically be kept to a minimum or recovered from clients (25 cents per page).

In keeping with the Freedom of Information and Protection of Privacy Act (FIPPA), http://www.qp.gov.bc.ca/statreg/stat/F/96165_01.htm, the following guidelines should be used when processing a formal request for information by parents, guardians, or clients.

1. Clients should be informed about how to complete a Freedom of Information request. They must make their request in writing for access to their records. It is recommended that the request be made via the Request for Access to Records form. They should be notified that they will be charged a handling fee of \$10 per request plus 25 cents per photocopied page. They should also be informed that the practicum team supervisor and clinical co-ordinators will review all requests for information. Requests will be processed within 30 days of receiving the formal request.
2. Either a court ordered subpoena or attestation of power of attorney must accompany requests from anyone other than the client. Parents or guardians of children under twelve can make requests on behalf of their children.

3. The supervisor will make photocopies of the records the client has requested. The practicum supervisor will assist the counsellor to edit third party information from the client's photocopied records with a black felt marker.
4. The request form and all other documentation (e.g., custody agreement) should be sealed in an envelope and submitted to the clinical director.
5. The clinical co-ordinators will review the request and documents to ensure conformity to FRC policy and FIPPA guidelines. They will sign and date the FOI request form. They will then photocopy the records to return to the supervisor in a sealed envelope to distribute to the client via the counsellor. It is important that the original edited documents not be given to the client. Instead, the original documents should be placed in the client's file, along with the signed FOI request form.
6. Clients making the request for information should not be given the requested documents until payment has been received for the \$10 fee and photocopy charges.
7. Clients may also make a request to correct any personal information contained in FRC records.
8. The supervisor submits fees and any reimbursement requests to the Director of FRC.

Access to Clinical Records by Third Parties

A. Requests by lawyers

Normally lawyers' requests are accompanied by a release of information form signed by the client. Without this signed release, acknowledgement that the person was a FRC client is not appropriate. If the request cannot be completed within two working days, receipt of the request should be acknowledged and logged. Following receipt of a request, the client should be contacted by the FRC director (for closed files) and by the counsellor or supervisor for current clients. (a) Verbal confirmation of the written permission for release of records should be obtained. (b) Remind the client of the contents of his or her file and third party limitations to the information that will be released. Clients then have three options: (a) full release of their file contents not including third party information, (b) selective release of the file contents, or (c) withdrawal of permission to release information. In the latter instance, a written withdrawal is requested of the client. This client contact should be logged and filed with the release request.

B. Subpoena for client records

1. The university lawyer should be contacted by the program director through the APO office, and should be provided with a copy of the subpoena.
2. The client should be contacted by the FRC director, in consultation with the program director and supervisor as appropriate, to inform the client of the court order, explain the implications of the subpoena, and to request that the client release the information subpoenaed.

PROCEDURE

- The lawyer should be notified that they will be charged a handling fee of \$50 per request, plus \$10 per hour for every hour over three hours, plus 25 cents per photocopied page. Requests will be processed within 30 days of receiving the formal request.
- For current cases, the practicum supervisor will make photocopies of the records the lawyer has requested. In compliance with FOIPPA standards, the supervisor, in consultation with the FRC director, will edit any third party information from the client's photocopied records with a black felt marker. For closed cases, the FRC director will assume these duties.
- All records released will be accompanied by a cover letter explaining that the counselling was provided as part of a training program in counselling psychology and that third party information, if any, was excluded by virtue of FOIPPA regulations. Moreover, any dangers or risks to the client resulting from disclosure of counselling information will be addressed to the court. In such an instance, the letter will request that these records be "closed" to public access. A copy of the cover letter will be forwarded to the client as appropriate.
- The records will be accompanied by an invoice for processing fees.
- When payment is rendered, both cheque and invoice will be photocopied and any client name(s) will be blacked out on the copy of the invoices. The original cheque & blacked-out invoice copy will be sent to Accounting with a note stating that (a) the client name has been blacked out to protect confidentiality, and that (b) the originals are available for inspection in the FRC files.

Emergency Procedures

Should an emergency arise while you are counselling at the practicum site, the site supervisor must be immediately notified and a **Critical Incident Report form must be filled out** and submitted to the Clinical Coordinators and the FRC Director (with a copy in the client's file) **within 24 hours**.

FRC PROTOCOL FOR CLIENT CRISES AND PANIC ALARM ACTIVATION

If a client begins to become agitated (e.g. voice raised in a threatening tone), the FRC counsellor should first attempt to calm the client using active listening (NOT PLACATING). If the client continues to talk in a raised tone, the supervisor should call TWU security and have the guard wait in the lobby as "back-up" until the session ends. The supervisor may want to interrupt the session, or the counsellor may tell the client they need to consult with their supervisor.

If a client escalates to the point of becoming violent, physically threatening, or "out of control," the counsellor should proceed to activate the emergency alarm by pressing the panic button switch (locations vary by room – supervisors are responsible for ensuring students are familiar with the various locations) and leave the room and building immediately (either via the front or back door, whichever is closest). The panic button is "silent" and directly notifies the Langley RCMP who will respond to the call.

Upon notification that the alarm has been activated, any other persons in the facility must immediately leave the building (along with their clients if they are in session), as one would do for a fire alarm/drill. No one will re-enter the building until the supervisor or security guard/police gives the go-ahead.

If a client has a history of violence or anger management issues, the counsellor must ensure that the seating arrangement facilitates easy access to the door for the counsellor. Female counsellors with male clients should also follow this protocol – client furthest from door, counsellor closest to door.

SUICIDE ASSESSMENT

Reminder: Make sure to repeat limits of confidentiality discussion with client.

To assess the lethality of a person's suicidal risk, ask the following questions:

1. Have you ever tried to kill yourself? (i.e., cut yourself, jumped out of car, taken too many pills, etc.)
2. Has anyone else in your family ever tried to commit suicide? If "yes," ask for details.
3. Have you been thinking about killing yourself? If "yes," ask for details.
4. Have you made a plan?
5. If the answer to #3 is "yes", ask about details. Ask about availability to weapons or pills, about availability of a location, current living arrangements, support systems, etc.

- **If the answer to questions 1 or 3 are "yes" and the answer to question 4 is "no", there is a moderate risk of suicide.**

1. Practicum students should consult with their supervisor before the client leaves.
2. Documentation of suicide assessment in progress notes is required.

- **If the answer to question 4 is “yes,” then there is a *high risk of suicide*.**
 1. Ask that the person make a verbal no-suicide contract with you.
 2. Before the client leaves, the counsellor should consult with their supervisor or another faculty member.
 3. The counsellor should arrange to make a contact with the client before the next counselling session. Make sure to check that support systems are in place.
 4. DOCUMENT THE STEPS YOU TOOK IN YOUR PROGRESS NOTES!

- **If the answer to question 4 reflects high lethality and immediate intent, then you have an *emergency*.**
 1. INFORM YOUR SUPERVISOR OR ANOTHER FACULTY MEMBER IMMEDIATELY!!
 2. Don't let the client leave the premises. If they leave, then call the police @911; make sure you have all the pertinent information handy for the phone call. Immediately afterwards, campus security must be called to inform them of the emergency (ext. 2099).
 3. In consultation with the supervisor, the counsellor may accompany the client to the local hospital emergency room.
 4. In consultation with the supervisor, the counsellor may contact a family member or other support person to come and follow through with appropriate procedures.
 5. In consultation with the supervisor, the police may be called to escort the client to the local hospital emergency. In any such instance, campus security must be immediately informed so that they may escort police to the correct location on campus.
 6. Within 24 hours, a **Critical Incident Report Form** should be completed by the counsellor and the supervisor, placed in the file and copied to the Clinical Co-ordinators and FRC Director.

Child & Adolescent Suicide Protocol

- At FRC, any moderate or severe level of suicide risk will be reported to custodial parent(s) or guardian(s).
- If for any reason, a custodial parent or guardian cannot or will not take appropriate action (e.g., consult physician or go to emergency, etc.), then this becomes a child protection concern and it must be reported.
- Any child or adolescent with either a moderate or severe level of suicide risk must be picked up from a counselling session by an adult designated by a custodial parent or guardian.

Telephone Protocol

- If a prospective or current client expresses suicidal intent, then consult with your Supervisor or a Clinical Co-ordinator. If the caller expresses a high degree of risk, then she or he should be referred to the local hospital emergency room. If they need support to get to the hospital, and they do not have anyone immediately available, the police should be notified (911). All such cases need to be documented thoroughly, including names and telephone numbers of those who were contacted.

POTENTIAL DANGER TO OTHERS

Reminder: Make sure to repeat limits of confidentiality discussion with client.

- To assess intent and lethality, ask:
 1. Do you have a plan?
 2. How are you planning to attack the other person?
 3. Who is the intended victim?

- If lethality risk is high and the victim is specifically identified:
 1. In consultation with the supervisor, the counsellor or supervisor must contact the local police (911) and determine who is to contact the intended victim.
 2. Submit a *Critical Incident Report* to the Clinical Co-ordination Team within 24 hours and place a copy in the client's clinical file.

- If lethality risk is high and the victim is not identified:
 1. In consultation with the supervisor, develop a safety plan.
 2. The counsellor or supervisor may contact the local police (911).
 3. Document actions taken in your Progress Notes.

- If lethality risk is low (e.g., "I'm going to slap her around" or "I'm going to go and beat that *#! guy up") and the victim is specifically identified:
 1. In consultation with the supervisor, develop a safety plan.
 2. The counsellor or supervisor must contact the local police (911).
 3. Document actions taken in your Progress Notes.

- If the client claims to be in danger or knows of someone else in immediate danger, the counsellor should take reasonable steps to assess the seriousness of the threat (in consultation with the supervisor) and to help the client in reporting the danger to the police as necessary.

TWU CAMPUS SECURITY/SUICIDE PROTOCOL

Contact police first & then notify TWU Security (ext. 2099) so they can direct police to the correct location.

REPORTING SUSPECTED CHILD ABUSE

Child, Family & Community Services Act

A. Duty to Report

1. A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to child protection services at the Ministry of Children &

Family Development (MCFD). Monday – Friday, 8:30 am – 4:30 pm call the Child Protection office in the child’s community. In Langley this is 604-514-2711. If you are unable to locate the number for other communities, the Langley office will supply the appropriate number. After hours, call the regional office at 604-660-8180.

2. The duty to report overrides a claim of confidentiality by anyone except for privilege arising from a solicitor-client relationship.
3. No legal action can be taken against a person making a report unless he or she makes it maliciously or without reasonable grounds for his/her belief.
4. A person who fails to report commits an offense under the Act.

B. When to Report

When does the Child, Family, and Community Services Act apply? The act applies when a child *under 19* years of age is in need of protection, that is, in any of these circumstances (s. 13 of the Act):

1. if the child has been, or is likely to be, physically harmed by the child's parent;
2. if the child has been, or is likely to be, sexually abused or exploited by the child's parent;
3. if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person, including other children, and if the child's parent is unwilling or unable to protect the child;
4. if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;
5. if the child is emotionally harmed by the parent's conduct;
6. if the child is deprived of necessary health care;
7. if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment;
8. if the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care;
9. if the child is or has been absent from home in circumstances that endanger the child's safety or well-being;
10. if the child's parent is dead and adequate provision has not been made for the child's care;
11. if the child has been abandoned and adequate provision has not been made for the child's care;
12. if the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.
13. if the child is under 12 years old and has committed a serious crime.
14. if the child is engaged in physical or sexual abuse of another child, with the following exceptions
 - normal sexual play or exploration between children of similar ages;

- minor altercations or aggression between children; and
- any other activity that is in the bounds of normal childhood behaviour.

C. Protocol for Reporting a Disclosure or Possible Disclosure

1. Report the disclosure to your supervisor
2. Determine the residential location of the child.
3. Contact the MCFD office located in the child's area of residence. Consult the blue section of the white pages of the local phone book or 604-660-8180 after business hours.
4. Ask for the intake social worker.
5. Have the child's name, birth date, address, and phone number available to give to the intake social worker.
6. Discuss specifics of the report with the intake social worker.
7. Record the name of the intake social worker, date, time and details of the report on the Critical Incident Report form, copy the form for the client file, and submit the form to the supervisor and FRC Director within 24 hours.

D. What to report

You need not have details or proof prior to calling. But you will be asked for as much information about the concern as you can provide. This will include;

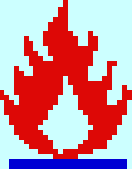
- Your name and phone number (although you may call anonymously if you prefer)
- relationship to child
- any immediate concerns about the child's safety;
- the location of the child;
- the child's age;
- information on the situation including all physical and behavioural indicators observed;
- information about the family, parents and alleged offenders;
- the nature of the child's disabilities, if any;
- the name of a key support person;
- other child(ren) who may be affected;
- information about other persons or agencies closely involved with the child and/or family;
- any other relevant information concerning the child and/or family such as language and culture.

Note: The Ministry has particular procedures for aboriginal children. If the child making the disclosure is aboriginal be sure to mention this to the intake worker.



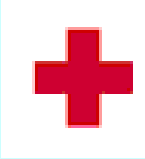
Police

9- 911



Fire

9- 911



Ambulance

9- 911

(Send someone to meet emergency vehicle at University entrance)

ON CAMPUS

FIRST AID
 First Aid Attendant – 24 Hours _____ 2099
 TWU Medical Clinic (Mon-Fri 9am-4:30pm) _____ 9-604-513-2024

COMMUNITY LIFE Emergency On Call Assistance
 Mon-Fri 4:30pm – 8:30am / Sat-Sun 24Hours _____ 9-604-307-4857

SECURITY (24 Hours) Fire Alarms & Lock Outs
 Emergency Cell. _____ 9-604-513-2099

MAINTENANCE EMERGENCY
 Mon-Fri 8:30am - 4:30 p.m. _____ 3515
 _____ 24 Hours 9-604-307-5376

OFF CAMPUS (dial 9 first)

Langley Memorial Hospital 22051 Fraser Hwy _____ 604-534-4121
 Poison Control Centre – Non-Emergency _____ 604-682-5050 or 604-682-2344
 Crisis Centre (for persons in emotional crisis) _____ 604-951-8855
 Sexual Assault Centre/Rape Crisis Centre _____ 604-255-6344

Glover Medical Clinic (Non-Emergency)
 Mon-Fri 8am-9pm / Sat-Sun 9am-5pm (#101-5796 Glover Rd) _____ 604-530-3233

Grove Medical Clinic (Non-Emergency)
 Mon-Fri 9am-9pm / Sat/Sun 9am-5pm (#401-21183 88th Ave) _____ 604-882-1250

Valley Centre Medical Clinic (Non-Emergency)
 Mon-Fri 9am–8pm / Sat 9am-7pm / Sun 10am–6pm (#109-20151 Fraser Hwy) 604-534-9284

Clinical Forms Index

The following forms can be found on the CPSY website under “Student Resources”:

FORMS COMMON TO PRACTICUM AND INTERNSHIP

- Clinical Training Records Form
- Supervision Functions Questionnaire
- Group Experience Form
- Exit Interview (Self-Assessment for Professional Development)
- Student Clinical Contract
- Critical Incident Form

FORMS FOR PRACTICUM

- Practicum Summary Log
- Practicum Interim Progress Report
- Practicum Performance Evaluation

FORMS FOR INTERNSHIP

- Internship Requirements Checklist
- Internship Agreement
- Professional Background for On-Site Clinical Supervisors
- Internship Summary Log
- Intern Interim Progress Report
- Internship Performance Evaluation
- Internship Site: Ratings on Important Factors