ADELPHI UNIVERSITY

The Gordon F. Derner
Institute of Advanced Psychological Studies

ADELPHI UNIVERSITY

THE GORDON F. DERNER INSTITUTE

OF

ADVANCED PSYCHOLOGICAL STUDIES

CENTER FOR PSYCHOLOGICAL SERVICES

MANUAL OF POLICIES AND PROCEDURES

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OVERVIEW

This manual is intended as a guide for conducting clinical activities and should not be used as a substitute for assessing each unique clinical situation you may encounter. Deviations from outlined procedure may be necessitated by an individual patient's particular needs. Consulting with your clinical supervisor and/or the Center Director is recommended whenever you have questions about the suitability of outlined procedures and about changes you may deem necessary.

The *CENTER FOR PSYCHOLOGICAL SERVICES* is an integral part of the *DERNER INSTITUTE OF ADVANCED PSYCHOLOGICAL STUDIES* and serves as a primarily practicum training facility for doctoral candidates in clinical psychology. The Center's staff and Institute faculty provide professional oversight at supervisory and clinical levels for the benefit of Adelphi University students, faculty, and their families, and for individuals from the surrounding communities.

The Center also maintains a liaison with community agencies including schools, hospitals, mental health clinics, drug rehabilitation centers, and paraprofessionally-staffed crisis intervention units. The Center functions in collaboration with the Student Counseling Center, the Office of Student Life, and the Health Service.

Consulting services are provided by the Center to other departments within the University.

Psychotherapy is aimed at providing confidential assistance with personal, educational, familial, and social problems. This is accomplished through individual, couple, and group therapy. Treatment ranges from short-term therapy, (5 – 10 sessions), to an upper limit which is determined by the therapist in collaboration with his/her supervisor.

Diagnostic psychological testing for learning disabilities, attention problems, and emotional difficulties is also available.

OVERVIEW – continued

Confidential records are maintained for each patient served by the Center in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Please review The Privacy Policies and Procedures Office Document for a complete description of the Center's compliance procedures.

The professional staff of the Center consists of a director, clinical supervisors, and doctoral candidates in clinical psychology. The doctoral candidates provide direct clinical services including intakes, diagnostic testing, and therapy. The candidates have a dual function at the Center: not only are they functioning as students, receiving clinical training and meeting program requirements, but also they are serving as Center staff and, hence, act to further the ideals and goals of the Center and of The Institute.

CRISIS INTERVENTION PROCEDURES

In circumstances involving extreme emotional disturbance of an **ADELPHI STUDENT**, the Center director should be contacted to consult on the case. If the director is unavailable, a Center faculty member, a member of the Derner clinical faculty, or a Center Graduate Assistant should see the student, preferably in that order.

1. **When the patient poses an immediate risk and is in need of immediate intervention.** If a patient needs immediate care for a suicidal, homicidal, or other acute psychotic state Campus Safety should be called for assistance. A visit to a hospital emergency room will be arranged through Campus Safety.

2. **When the patient does not pose an immediate risk, but needs prompt intervention.** If a patient poses treatment needs beyond the scope of what the Center provides (for example, a psychiatric consultation and/or medication monitoring), the patient should be escorted to the Student Counseling Center, University Center, room 310. If the Counseling Center is closed, the student should be brought to the Health Service, Waldo Hall.

The procedures for assisting a **COMMUNITY** patient in crisis who poses and immediate risk are:

1. **When the patient poses an immediate risk and is in need of immediate intervention,** we attempt to arrange for the patient to be accompanied by a responsible family member or friend to a hospital emergency room for an evaluation. If a patient cannot or will not cooperate with this procedure, Campus Safety may need to be called. **Close consultation with the director is essential in this instance.**

2. **When the patient does not pose an immediate risk, but needs prompt intervention.** If a patient poses treatment needs beyond the scope of what the Center provides (for example, a psychiatric consultation and/or medication monitoring), the patient should be provided with appropriate referral information, including the Nassau County Crisis Hotline (516-679-1111) and directions to Nassau County Medical Center. It is preferable for a friend or family member to be present to assist the patient.

Following the crisis interview, a Crisis Intervention Report should be completed.

INTAKE PROCEDURES

Doctoral students receive comprehensive instruction on conducting intake interviews in The First Year Seminar, The Initial Interview. Some key issues are summarized here.

The intake interview is a semi-structured interview designed to screen applicants to Psychological Services. The screening can result in a recommendation to accept or reject a patient from Psychological Services, and, if an applicant is accepted, a recommendation for specific services we provide. In addition, for those patients whom we accept at the Center, we educate them as to how the Center works and what they can expect in testing and therapy.

In deciding whether to accept an applicant, the doctoral student will consider the nature of the Center. The Center is staffed by graduate students, and there is no psychiatrist on the premises. Consequently, we usually do not accept as patients those with a long history of psychiatric hospitalization, those who are at risk to attempt suicide or homicide, or those who are actively psychotic. Also, we may reject for diagnosis and treatment anyone who is involved in litigation and who might want to subpoena either clinicians or records as part of an adversarial court procedure. All these applicants will usually be referred elsewhere and therefore should be carefully screened during intake.

Before doing an intake, the intake worker must familiarize him/herself with emergency procedures, must know of the other resources available, and must know the length of the waiting period between intake and assignment of testing and/or therapy.

Though an intake can be completed in one meeting, there are times when an extended intake (i.e., two or more meetings) is recommended. Sometimes all the relevant information is not gathered in the one session and often the intake worker is not sure what to recommend to the patient after one meeting. Under these circumstances, the worker should schedule another meeting with the patient. It should be noted that everyone applying to the Center for Psychological Services is required to have an intake interview.

Prior to your Intake, pick up an Intake Packet which contains the following: “Dear New Patient”, HIPAA Notice of Privacy Practices, Patient Request for Confidential Communications, Intake Summary Sheet for Adults, BSI, Research Study and Permission for audio/video Recordings. Intakes should be supervised within a week of the actual intake interview. The intake worker has several specific responsibilities:

1. Orient the prospective patient to Center policies and procedures. These include providing information on HIPAA and other applicable mental health laws, and other issues described in a cover letter distributed to all patients at intake.

INTAKE PROCEDURES…..continued

2. Request information from other sources. If the intake worker deems it desirable or necessary to request information from another therapist, agency, or institution, it is the responsibility of the intake worker to ask the patient or patient's parent to sign an Authorization* to enable us to send for that information.

3. Follow the patient through disposition. If further intervention or referral is recommended, the intake worker remains in contact with the patient is tested and feedback is provided. If therapy is recommended, the intake worker should see that the patient has received an assignment to therapy. If the patient has procedural questions or problems along the way, the intake worker is the person to respond to them. If a patient will be referred, the intake worker will consult with the Director concerning suitable providers and procedures.

ADULT INTAKE

There are as many different styles of interviewing as there are interviewers. You may decide to conduct a relatively open-ended or relatively structured interview. You may begin with the less or the more loosely structured questions depending on your style and the patient's responsiveness to your questions. Your inquiry is not limited to the questions on the Intake Summary Sheet, and writing an Intake Narrative will entail gathering a wide array of personal information during the course of the intake.

Procedures for completing all information in the intake packet are presented in detail in the course, The Initial Interview.

Before concluding the intake interview, the intake worker may schedule another interview if necessary, or convey a preliminary recommendation (i.e., therapy, testing, etc.) to the patient. If in doubt about future recommendations, inform the patient that you will contact him/her at a later date, and that the patient may call you in the interim if important issues arise. It may be better to give no conclusive information at first, than to mistakenly offer a recommendation that you or someone else must than correct or modify.

After the completion of the interview, the intake worker completes the Intake Summary Sheet and gives it to the Center administrative assistant. Both supervision and completion of the Intake Narrative should occur within **one week** of the intake interview.

The Intake Narrative should always include DSM V diagnoses), elaboration and explanation of medical and psychiatric symptoms, past and present, descriptions of family members and family relationships and personal history. It should also include biological, social and psychodynamic formulations, and therapeutic considerations including recommendations, treatment goals, and prognosis. The narrative guide is extensive, and you will probably gather information in many but not all categories, depending on their relevance to your patient's life history and presenting problems.

INTAKE PROCEDURES…….continued

CHILD INTAKE

For intake purposes, a child is defined as anyone 16 and under or under 18 and accompanied by an adult. When a child is the designated patient, his/her parents or guardians are the primary sources of information about the child. The intake meeting should be scheduled for one to two hours. A follow-up meeting can be scheduled if necessary. It is often helpful to interview parents first to obtain background information, and then to see the child alone. One exception to this procedure involves adolescents who may react negatively to being excluded from discussions during the intake. While meeting with the child, the intake worker gives the Developmental History to the parents to complete. The child may be seen in the playroom or a treatment room, and an attempt is made to gather as much information as possible about the presenting problem and family situation. The parents should be shown a copy of the School Information form, and asked whether and to whom this may be sent at the child's school. A signed Report Request form should be sent along with the School Information Form to the designated school authority. The intake interviewer should be familiar with the Intake Narrative Outline in order to conduct as comprehensive an interview as possible with the child and parents.

After the completion of the interview, the intake worker will complete the Intake Summary and give it to the Center administrative assistant. The Intake Narrative should be turned in to the Center one week after supervision. The intake worker assumes the same responsibilities for the child as for the adult, following the client through to disposition.

COUPLE INTAKE

When a couple calls the Center requesting for couples therapy, they usually will be scheduled together for an intake. The intake worker may wish to schedule a two-hour meeting when seeing the couple for the first time. The intake worker does an Adult Intake on one member of the couple asking the questions from the Intake Summary Sheet for Adults. The intake worker summarizes the intake and makes his/her recommendations to the couple after consulting with a supervisor. Information on each is kept in one file, under the name of the individual identified as the patient.

DIAGNOSTIC PROCEDURES

1. When you are ready to begin testing, you should inform the Director. You should notify the **Director each time you are ready to accept a new testing case.**

2. When you are assigned a testing case that is already in psychotherapy, there will be available at the Center a completed Intake. If no intake has been done, then a new folder is opened when you accept the testing case. Then, you are responsible for conducting both the intake and testing. You may elect either to write an Intake Narrative or to incorporate family and other background information into the testing report itself.

3. Once you have been assigned a testing case, and have accepted responsibility for working with that person, you have the following duties:

    a. Contact the individual **directly**, by telephone or letter, in order to arrange a testing appointment. In the case of children, contact the parents or legal guardian.

    b. Consider contacting the referrer and find out **what diagnostic questions** are to be answered by the testing. It is usually easier to answer a specific diagnostic question, (e.g., Is this person learning disabled?, Is there a danger of suicide?, etc.), than to do an unfocused evaluation.

    c. If the report is to be sent to an outside individual or agency, have the patient fill out an Authorization, which will enable us to send the report when it is completed.

    d. Arrange for Feedback. It is the responsibility of the tester to see that some form of feedback is arranged. If the patient is in therapy, it is the option of the therapist to give feedback instead of the tester. The tester should consult with the therapist to decide who will give the feedback. An exception to this procedure concerns first year students doing testing in their labs. First year students do not give feedback, and should consult with the therapist to supply relevant information. If the patient is here for testing only, the lab Graduate Assistant may give feedback.

4. Adult patients or parents of minors who are patients are permitted access to their diagnostic testing reports. There are unusual circumstances where we may deny access to records but you should be alert to the possibility that patients usually request copies of their reports in addition to the verbal feedback sessions we provide routinely. Reports may also be sent to qualified professionals who may review such records as part of a professional relationship with the patient.

   You are urged to discuss the sensitive issue of releasing testing reports to patients with your diagnostic supervisor, since professional ethical issues may become acutely focused in these cases. In general, there are many contingencies that are not anticipated in this manual, and you should bring to the Center director or Institute supervisors any questions which may arise regarding diagnostic assessment. **ALL DIAGNOSTIC REPORTS MUST BE REVIEWED BY THE DIRECTOR BEFORE BEING RELEASED TO PATIENTS OR TO THIRD PARTIES.**

THERAPY PROCEDURES

The essence of therapy is trust and confidentiality. Use and disclosure of Protected Health Information is governed by HIPAA. Please consult the HIPAA Office Document and the Director for guidelines.

1. Initiating Treatment

a. If testing has been completed prior to the onset of therapy, the therapist should make sure that diagnostic feedback has been given to the patient by the tester. If this has not been done, or if the therapist wishes to give feedback, this should be arranged with the tester.

b. All therapists should initiate direct telephone contact for the purposes of arranging appointments.

2. The Course of Treatment

a. The therapist must maintain adequate file notes. The Center is in compliance with APA guidelines for record keeping. See www.apa.practicecentral.org.

b. The therapist should maintain Weekly Progress Notes for each patient. The Weekly Progress Notes form has three purposes:
   1) It serves as a running log of contacts with each patient during the month;
   2) It will be entered into the patient's folder as part of the record of services;
   3) It will be used to gather Center statistics.

c. **In the case of child treatment, the therapist should make sure that the parents (or primary caretakers) are seen adjunctively at least once a month.** This will allow for more open communication between the therapist and parents regarding the treatment process, as well as providing a forum through which crises and parent-child relationships can be addressed. When seeing teenagers, the decision whether or not to see the parents will be made on a case-by-case basis. So long as the child is the designated patient, only one file is kept for the family. If a parent wants or is urged to begin therapy him/herself, then he/she must have a separate intake and file.

d. In collaboration with his/her supervisor, and the Center Director, the therapist may adjust the patient's fee upward or downward as financial changes warrant.

e. Periodic administration of the Brief Symptom Inventory (BSI) and a report of all active patients and session dates are required of all therapists. Reminders are sent two weeks prior to administration dates for the BSI.

THERAPY PROCEDURES…….continued

3. Terminating Treatment

a. At the end of treatment, a Termination Summary is due within **two weeks** of the final supervision session. This report should contain information regarding initial assessment and treatment plan, the course of treatment, a summary of the results of treatment, and a final disposition. This report must be countersigned by the therapist's supervisor.

b. During the termination phase with a patient who has a history of traumatic loss or separation, or for any patient we may encourage to continue treatment in long-term therapy, options for referral to an outside agency which can provide lengthy uninterrupted treatment should be explored. Alternately if it is recommended that such a patient continue at Psychological Services, the therapist should facilitate continuity of service by introducing the patient to a third or fourth year therapist who will be able to work with him/her. This is coordinated by the Center Director.

c. Often a patient may show readiness for referral to the Adelphi Postgraduate Center for continuing long-term treatment. Consult the Center Director for guidelines in making this referral.

CENTER FEE POLICY

There are two different fee policies at the Center, one for Adelphi students, faculty and staff and another for individuals applying from the surrounding community.

1. Adelphi students, faculty and staff are seen free of charge. Their respective family members will pay a fee for services.

2 For patients from the surrounding communities and for relatives of University faculty and staff, the fees are **$50.00** for intake and therapy sessions, and **$950.00** for psychological testing. Therapy patients who are being tested at the therapist's request are not billed for testing. We are able to offer fee reductions to individuals who can not afford our standard fees. A Fee Reduction Schedule is available to guide you. The "Dear New Patient" letter in the Intake Packet contains information concerning a patient's need to submit documentation of income when requesting a fee reduction. You should bring income and unusual expense documentation to the Director's attention in order to have reduced fees approved.

3 **FEES ARE PAYABLE IN CHECKS OR MONEY ORDERS, MADE OUT TO *ADELPHI UNIVERSITY*.**

3. Many patients will present insurance forms for you to fill out when they receive their first bill. For purposes of insurance forms, note that the provider is the Center for Psychological Services, and not any individual therapist. Very few insurance companies will recognize the Center as the provider and agree to process patients' claims. When a patient asks if the Center accepts insurance, you should advise him/her that the individual patient is responsible for payment and the Center does not accept payments from insurance companies. Patients should be advised to ask their insurance companies if they would reimburse them for fees for our services. You may inform the patient that most will deny claims, arguing that doctoral candidates (i.e., non-licensed professionals) are not credentialed providers of psychological services.

4. When more than one family member is in treatment at the Center, the fee for the second patient may be lowered by as much as 50% if financial considerations warrant it. This should also be approved by the Director.

5. The intake interviewer may bill and collect the intake fee. In the event the intake interviewer does not collect the fee, the therapist should do so. Once collected, it is to be submitted to the Center Administrative Assistant.

CENTER FEE POLICY…….continued

6. Frequency of payment of fees for therapy (e.g., per session, per month, etc) is flexible, and arrangements should be discussed first in supervision, and then with the patient. Billheads are available in the Clinic office. We recommend monthly billing, unless circumstances warrant other arrangements. The therapist is responsible for the billing and collection of the therapy fee from the patient. Fees are submitted to the Center Administrative Assistant as collected.

7. The policy concerning payment of fees for canceled appointments should be established at the outset of treatment, within the supervisory process.

8. The student who is assigned to do the testing is responsible for the billing and collection of the fee. Once collected, the fee is to be submitted to the Center Administrative Assistant.

9. The Center will provide the original and mail one additional copy of a diagnostic report free of charge. Thereafter, a $10.00 fee is charged for each report sent at the patient's request.

ADMINISTRATIVE PROCEDURES AND PROFESSIONAL RESPONSIBILITIES

Psychotherapy Case Load
Students carry caseloads of between two and four patients. Patients may be seen more than once per week when indicated.

Record Keeping
Maintaining accurate and timely records is a legal and a professional responsibility. The Center will have a file monitor who shall audit patient files every two months during the academic year, and inform the Center Administrative Assistant and the Director of any lapses in record keeping.

Progress Notes record attended sessions, missed sessions, communications in between scheduled sessions, and all other significant events in treatment. Progress notes are dated and signed by the therapist on the day in which events transpired. They are recorded chronologically and continuously, leaving no spaces between entries. A typical progress note for a patient presenting no risk of harm to self or others will read:

> *Date of session.*
> *Patient attended scheduled 45' session. S/he discussed tensions with family members and spouse. We addressed efforts to manage tensions and explored possible sources of anxiety including real life responsibilities (financial pressures, child care) and underlying fears (loss of primacy in relationship with spouse).*
>
> *Jane Doe, Therapist, MA*

When a risk of harm to self or others is present, students will record extensively detailed notes using the following outline (SOAP):

> ***S**ubjective complaints: e.g., feelings of hopelessness and helplessness, despair*
> ***O**bjective findings: e.g., appearing unkempt, lateness for sessions, presence or absence of suicidal ideation with or without intent and plan*
> ***A**ssessment: e.g., patient appears moderately to severely depressed without elevated suicidal risk presently. He is in need of additional intervention to address depressed mood.*
> ***P**lan: e.g., Patient will consult with Dr. Smith (psychopharmacologist) today and return to clinic tomorrow for continued evaluation of depression and risk of suicide*.

Process Notes which are verbatim accounts of sessions, typically written immediately after the end of a session, primarily for education and training. Students may wish to bring Process notes to supervision each week, unless another training method (e.g., audio or video recording) is used. Process notes do not reside in patient files and are typically destroyed after supervision.

Personal notes are informal notes that therapists may keep for a variety of reasons including remembering countertransference reactions, hypotheses about clinical phenomena, etc. They are not part of the record of treatment and are not kept in patient files.

Supervision and transporting confidential information

Transporting confidential information from the Clinic should be avoided whenever possible. However, at times the demands of supervision and/or clinical practice do require information to be removed temporarily from the clinic. When this is the case, students need to be mindful of the potential risks of accidental disclosure of confidential information and take necessary steps to prevent this from happening.

When confidential information needs to be transported, all attempts should be made to follow the guidelines below:
(a) take only copies and not original information from patient files (e.g., photocopies of test results),
(b) minimize identifying information on documents taken from the Clinic (e.g., names covered before making photocopies - using false names or ID numbers instead, temporarily removing identifying idiosyncratic history, etc.).

To minimize the risk of accidental breaches of confidentiality:
(a) Put the papers in a closable, labeled envelope with your name and the clinic phone number on it,
(b) Do not collect the papers until you are ready to leave (decreasing the number of places you are taking the papers),
(c) Go directly to where you are taking the papers (e.g., supervisors office or own home) avoiding other places (e.g., grocery store, coffee shop, etc.) when at all possible,
(d) Do not leave papers unattended while in transport (e.g., If you cannot avoid stopping some place take the papers with you),
(e) If at all possible return the papers the same day.

Protecting confidentiality when you are keeping information off site over night or are working on confidential information off site requires being aware of how others may accidentally or purposefully access that information (in either electronic or paper form). To protect confidentiality in these circumstances:
(a) Store confidential papers in locked filing cabinets or locked desk drawer,
(b) Keep confidential papers off site for the minimal amount of time possible,
(c) Do not work on patient-related tasks in public or shared spaces where confidential papers or computer screens can be easily viewed by others (e.g., university computer labs, bus, etc.),
(d) Never save confidential patient-related electronic information on public computers,
(e) When saving confidential patient-related electronic information on your own computer (laptop or home PC) or electronic devices (e.g., flashdrives, MP3 players, etc.) make sure that all files are encrypted and password protected; make sure they do not include any identifying information about clients (e.g., actual names of individuals or any other information that could be used to identify the client, their family members, or associates).

Faculty Supervisor Responsibilities
Supervision is conducted weekly. Supervisory responsibilities continue during holidays and other periods when the University is not in session. If your supervisor will be unavailable to you, please contact the Director to arrange coverage.

Supervisors keep notes documenting the supervisory sessions and information about the trainee. Supervisory notes may contain de-identified information about patients, but they are primarily a record of training activities. Student progress is summarized at the end of each semester with the use of an evaluation form to be included in student portfolios, which comprise a cumulative record of their training experiences.

Psychotherapy supervisors model ethical/professional behavior at all times. Supervisors countersign Intake Narratives, Intake Summary Sheets, Diagnostic Testing Reports and Termination Summaries.

RESEARCH AT THE CENTER FOR PSYCHOLOGICAL SERVICES

An essential part of learning the art of psychotherapy is understanding the factors responsible for its complexity. To this end, the Center for Psychological Services, as a training arm of The Derner Institute encourages both student and faculty participation in applied research. The Center is responsive to a wide range of clinically based research interests. Supports for doing research are provided in the form of the active Database maintained by the Center, laboratory space, archival data, research participants, and the active involvement of students and staff. Those interested in initiating pre-dissertation research, dissertations, or other research endeavors should contact the Director of Research Training for further information.