



Indiana Wesleyan University Graduate Counseling Clinic Manual

Updated 2012

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Indiana Wesleyan University Clinic Manual

The Indiana Wesleyan University's Graduate counseling program's on-site practicum takes place in the Indianapolis and Marion Graduate Counseling Clinics (GCC). The Graduate Counseling program provides this handbook to all students. Practicum and internship students are **responsible for all the information contained herein. This handbook provides a comprehensive** description of the activities, policies, and procedures of the Graduate Counseling Clinic. It contains guidelines and expectations which help make the practicum and internship a positive experience for all students. Students in the Graduate Counseling program may copy all forms included in this manual on the department copier, and it is the student's responsibility to use the appropriate forms required in the clinic, at internship sites, and in coursework.

When students begin practicum, they begin their professional counseling career, and the habits they form in the clinic will follow them throughout their careers. Thus, it is imperative for students to develop good habits during practicum. Students will gain a wide variety of experiences working with a diverse client base with a myriad of presenting problems. Practicum students should expect to work with individuals, families, and children so as to have a comprehensive practicum experience, regardless of their professional identity.

Counseling Facility Procedures

Throughout the practicum experience students will be expected to know and use the various terms associated with the GCC. The following provides an overview of important terms that will be used throughout the clinic and the clinic manual:

Definition of Clinic Terms

1. **Appointment Log/Blue Book:** Blue 3 ring binder used to reserve clinic counseling rooms. Appointment Log/Blue Book is located at the GCC Secretary's desk or in the counselor work room.
2. **Clinic:** Refers to the Graduate Counseling Clinic (GCC)
3. **Client:** Any person seen by the GCC for counseling services.
4. **Clinic Coordinator:** Responsible for overall administration of the Clinic and Clinical component.
5. **Counseling Session:** Any counseling conducted after the "intake interview."
6. **Counselor or Student Counselor or Student Intern:** Any counselor-in-training conducting intakes and/or Counseling sessions. Usually used in a more restricted sense to mean the "Counselor of Record."
7. **Clinic Intern and Practicum Procedure Site (CIPPS):** Graduate Counseling Clinic Procedures cite containing information on clinic procedures and announcements. Site can be accessed through Blackboard and should be checked regularly by practicum and intern students.
8. **Client Software:** (v4.0MD) Software program used to view your sessions in supervision (class and individual).

9. **Faculty Supervisor or Practicum Instructor:** Conducts practicum class and provides supervision. The supervisor is ultimately responsible for client and counselor welfare.
10. **File Folder (Counselors and Supervisors):** Each counselor and supervisor has a file folder in the client file drawer. The folder is used for case materials (e.g., progress notes) and confidential communication with others and about clients.
11. **File room:** Secured room where files are kept when not being serviced.
12. **Intake Interview:** The first interview conducted with a client where background information is gathered. Is different than a "counseling session," and is frequently called an "intake."
13. **Intake Report:** A report generated about a client by the counselor who conducted the intake.
14. **Observation Room:** Secured area behind the one-way mirrors in the counseling rooms from which client sessions are observed.
15. **Reception Area:** (The secretary's work space) Staffed by counselors and clinic assistant during evening hours to greet and check-in clients and to answer the phone.
16. **TECH Room:** Secured location of electronic recording and remote observation equipment.
17. **Test Cabinet:** File cabinet which contains testing materials. Cabinet is to remain Secured.
18. **Direct Hour time record:** 50 Minutes = 1 hour

1 hour 15 Minutes = 1 ½ hours

1 hour 30 Minutes = 2 hours

Counselor Room Assignments

During the on-site practicum experience, rooms are available on a first come, first served basis. However, Practicum students have priority on all rooms over any intern practicing in the clinic. Rooms must be scheduled in advance following clinic policy.

The rooms cannot be personalized in any way and must be kept professional looking at all times by the student counselors. Each counselor is responsible for leaving the room in proper order at the end of each session. Clean up toys, arrange furniture, erase white boards, close blinds, and turn off lights upon exiting the rooms at the end of counseling sessions.

Rooms are not to be reserved for more than one hour sessions and are not to be used for class study or preparation. Exceptions to one hour policy would be the Initial session which is 1.5 hours long. All other sessions must adhere to standard practice guidelines of 50 minute sessions. Supervisor may approve a longer session when therapeutically appropriate.

Electronic Recording Policy

Each counseling session is electronically recorded. In the Informed Consent Form, clients give their written permission for the electronic recording of counseling sessions.

In order to protect client confidentiality, all viewing or listening to electronic recordings of client sessions must be done in the Graduate Counseling Clinic. The tech room must be secured and viewing computers must be turned off after viewing and when programs are not being used for viewing. You cannot randomly view sessions in the clinic you must have the permission of the student counselor whose client you are viewing.

No client session materials or copies of any nature or format including files and file material are to be taken out of the clinic under any circumstances. Taking anything of a confidential matter out of the clinic requires special permission from the GCC Clinical coordinator or an Indiana Wesleyan Graduate Counseling faculty member.

The TECH Room

Counseling sessions are observed, supervised, and recorded. The TECH Room houses the control panel which directs the observation and electronic recording functions of the Graduate Counseling Clinic. In order to protect client confidentiality, access to this room is limited during Graduate Counseling Clinic hours to only GCC staff (i.e., practicum Counselors, Faculty Supervisors the GCC Coordinator, and the GCC Secretary), unless authorized by Faculty Supervisors or the Clinic Coordinator. All Graduate Counseling Clinic staff will be trained in the operations of the Tech Room. The training materials are located in the Tech Room. The materials and equipment cannot, however, be removed from the Tech Room without approval by the Clinical Coordinator or core faculty. The door to the tech room should remain locked at all times.

Clinic Work Orders

If at any time during your use of the clinic something needs repaired, replaced, or attended to, please make sure to submit a Clinic Work Order Form. Work order forms can be found in the counseling work room as well as on CIPPS. Work orders should include the location of the problem, a description of the problem. Additionally, the name of the person submitting the work order should be included in case follow up is needed. All Work Orders should be submitted to the GCC Coordinator, the GCC Secretary or the GCC clinical assistant.

Clinic Forms & Paperwork

All counselors seeing clients in the clinic are expected to use only the forms found on the Clinic Intern and Practicum Procedure Site (CIPPS). Forms found on this site have been approved by the Clinic Coordinator and reflect the current clinic paperwork expectations. Failure to use the proper and approved forms may result in a delay in one's clinical experience. All clinic paperwork should be completed using a black pen and should reflect a high level of

professionalism. Counselors are responsible for making sure that all paperwork is complete and in order.

All paperwork containing client information is confidential and may not leave the Graduate Counseling Clinic. Client Charts should be kept neat and orderly at all times with all documents being secured in the chart. Client Charts should be up to date and organized as detailed by the Client Chart Audit sheet. Client reports and records are professional documents; thus it is important for all client reports to be legible and written in a professional manner.

Prior to Seeing Clients

Before counselors begin seeing clients, they need to:

1. Clear their schedules, so they are available during the weekly assigned practicum times. They must also be available for individual supervision, according to the instructor's supervision procedures.
2. Carefully *read and learn* the GCC Practicum Manual, along with supporting material (i.e., Tech Room procedures and GCC Practicum Forms.
3. Attend the Graduate Counseling Clinic orientation session at the time and place announced by the Clinic Coordinator. Any post-masters or degree completion intern seeing clients in the clinic must have attended an orientation session, even if their practicum hours were completed elsewhere.
4. Secure and pay for Malpractice insurance.
5. Give a Copy of one's Malpractice Insurance to the clinic office and practicum supervisor before seeing or contacting clients in any manner.
6. All practicum counselors are supervised in the Graduate Counseling Clinic, typically by the practicum instructor and supervisor. (Additional supervision information is detailed later in this manual).
7. The content of the GCC Practicum Manual is program policy. However, instructors may add additional practicum requirements, including forms which are not documented/included in the companion GCC Practicum Forms section. Nonetheless, the Appendices in the GCC Practicum Manual do contain the various forms that are in use for (a) practicum student evaluation, (b) faculty supervision evaluation, and (c) practicum student self-evaluation.
8. All interns seeing clients must complete an internship contract, signed by the Clinic Coordinator

Any student (Practicum Student, Intern student, etc.) seeing a client in the clinic must have a signed contract on file along with a current Malpractice Insurance Policy. It is the responsibility of each student to make sure these forms are submitted by the given deadline and that the forms remain current. Failure to submit forms in a timely manner may result in the inability to see clients in the clinic.

Counseling Process Procedures

Initial Session Procedures

Scheduling Initial Interviews

Potential clients contact the Graduate Counseling Clinic by phone or in person. The client is then referred to Clinic Coordinator or his designee for pre-screening. If the client appears appropriate for the Graduate Counseling Clinic, The Clinic Coordinator or his designee will assign the client to a counselor; the counselor will schedule the client for an Initial interview in the Appointment Log/Blue Book.

A copy of the Intake Referral Form will be placed in the Counselor's file folder in the file room. The Faculty Supervisor or the Clinic Coordinator after the initial interview will meet with the counselor to determine the client's disposition in the clinic.

COUNSELOR RESPONSIBILITIES:

1. Check your file folder, e-mail and voice mailbox daily or whenever possible for messages and intake information. You must attempt to make contact within 24 hours of being notified you have a new client. If you will not be in the clinic within the 24 hour, call new assigned clients from home do not wait until you come in to the clinic again to make the initial phone call.
2. When you receive an **Initial Contact Form**, check the name of the client. If you know the client from another context, promptly return the form with an explanatory note to the Clinic Coordinator or designee, who will re-assign the client to another counselor.

Calling clients:

During the Graduate Counseling Clinic office hours, counselors may use the centers phones to place client-related calls. If the phone call is not local, the Counselor should use the long distance code provided by the Graduate Counseling Clinic Coordinator or Secretary. If someone other than the client answers the phone and the client is not there, simply say you will call back later.

Remember that counselors must respect the confidentiality of a client. An acceptable response would be to say "I am Laura Wright and I am calling from Indiana Wesleyan University. Would you have John Doe return my call." Or inquire as to when would be a good time to call the client back. Try not to leave messages on a client's answering machine unless a client indicates you can do so. If you're unsure, it's best not to leave more personal information; just leave your name and phone number. Do not identify yourself as a counselor, as working in the clinic, or in any fashion to compromise client confidentiality.

Once a session time and date has been set, record the appointment in the Appointment Log/Blue Book.

Preparing for the Initial Session

COUNSELOR RESPONSIBILITIES:

1. Prior to the initial session, obtain a blank brown file folder from the workroom and be sure it contains all the required Clinic practicum forms.
2. Be available at least ten minutes prior to every appointment time and verify the counseling room in which you are scheduled. Make sure your session can be recorded and observed.
3. Check the electronic recording equipment. Also, check the room for cleanliness and order.
4. During The Initial interview, the client will be instructed to arrive early for the session to complete paperwork. Upon arrival, the client will receive a clipboard with a Consent to Receive Counseling, an Audio-Visual Consent Form, Client Information Form, and a research packet (optional). The client will complete these forms in the waiting area, prior to the counselor beginning the initial interview.

Beginning the Initial Session

COUNSELOR RESPONSIBILITIES:

1. Collect the forms from client and review them briefly. Place these forms, and any other notes or forms you may need to conduct the intake, in a brown file folder. Greet the client in the waiting room, and escort the client to your counseling room.
2. Early in the session, go over all the forms. Briefly explain the confidentiality, consent to treat and the consent to video forms, reiterating that the GCC is a training facility, that sessions are electronically recorded, and that sessions are observed by supervisors and counseling trainees. Also reiterate the importance of confidentiality and its limitations. (The client has received this information previously; so he or she may seem to dismiss your presentation. Nonetheless, it is important for you to share this information with the client yourself.)
3. Check to be sure the client has read (is able to read) the form, and ask if he/she has any questions. Answer questions, and then ask him/her to sign the form, which you will then sign as a witness. Services cannot be rendered to anyone who refuses to be recorded or observed (i.e., refuses to sign the form). **A legal parent/guardian must sign for clients under age 18.** Read the note at the bottom of the form about parental custody. **This responsibility is an ethical obligation; please be clear and thorough.**
4. Review the **Consent to Receive Counseling Form**. This form represents a contract between the counselor and the client, with the client committing to attending counseling sessions (and calling if he/she needs to cancel). Please be clear, and give this information adequate attention, because it is intended to help establish boundaries, expectations, and the therapeutic contract. Explain the counseling sessions “no fee” policy and the use of any assessment tools (if needed). Again, be sure the client has read the form, answer any questions the client may have, and then both you and the client should sign the form.

5. Thoroughly review the **Client Information Form** and ask the client to clarify any questions you have about his or her answers.
6. The primary goal of the initial session is to gather information, but you are also beginning to establish a working relationship and therapeutic contract with the client. You may want to explain the function of this initial session and how its style may differ from ongoing counseling sessions. (Remember, that this might be the first time the client has been in counseling, so he or she may be looking to you for direction.) Be sure to gather information on all areas which are covered on the initial report form. See following sections for a description of these areas.
7. Explain that the information gained in the initial session will be used to make a further assessment of whether the GCC can meet the needs of the client.
8. If the client is currently in counseling elsewhere or has had previous counseling, ask him or her to sign a **Consent for Release of Information** form (you will find this form in the Forms Bin in the counselor workroom). If the client refuses to sign the form, you and the GCC may not be able to render services. You should consult the Clinical Coordinator or Faculty Supervisor. If the client is currently being seen by another counselor, they will need to sign a release form. You (the GCC counselor) should contact the other counselor to coordinate treatment plans for the client. When contacting the other counselor be sure to discuss the following questions: (a) the reason for the referral, (b) current counseling issues, and (c) an ongoing communication plan between counselors. **Consult your Faculty Supervisor about the client being seen by more than one counselor at a time.**
9. Go through **research packet** with the client and explain that as a training facility, the clinic is able to offer free services partly because of the research conducted through the clinic. Clients are expected to participate in research studies at the GCC. Follow instructions from research assistants regarding research. In general, clients are responsible for filling out all white sheets of the research packets, and counselors complete the forms printed on colored paper. Give one copy of the research consent form to the client, and file the remaining paperwork in the appropriate folder in the file room.

Concluding the Initial Session

If the client will be continuing counseling with you in the Clinic, at the end of the initial session, you should schedule the client for a second session.

COUNSELOR RESPONSIBILITIES:

1. Walk the client out to the front desk, and schedule a follow-up appointment, on the hour, in the Appointment Log/Blue Book, by drawing a line through the time block you are scheduling. Write the client's initials in the top part and your first name in the bottom.
2. Give the client a reminder card (reminder cards are located by the Appointment Log in a card holder on the counter of the counselor workroom).

3. Discuss with your supervisor any specific questions or concerns that you have from your initial session and follow the applicable clinic manual procedures

Immediately following the Initial session.

COUNSELOR RESPONSIBILITIES:

1. On the **Client Tracking Form**, inside of the front cover of the brown client folder, fill in the identifying information. Indicate the intake date, appointment time, time spent (rounded to the nearest quarter hour), and activity data.
2. Review and discuss the case with your supervisor or Clinic Coordinator ASAP no later than one week of conducting an initial session. They will make the decision about the appropriateness of the client for our clinic. If the client is approved to be seen, proceed with counseling in the next session. If the potential client is deemed not appropriate for our clinic notify the client in the next session and make a referral to services more beneficial for this client. See referral list or discuss with Clinic Coordinator.
3. In most cases, counselors will continue with the clients they saw for initial session intake. In the event that a client is reassigned to another GCC counselor, the initial session counselor and the new counselor of record may both be present at the second session to explain the procedure and to facilitate the transition.

CLIENT INFORMATION IS NOT TO LEAVE THE CLINIC AREA. DO NOT WORK ON REPORTS OUTSIDE THE CLINIC.

Remember that your reports are considered professional documents and, therefore, must be written in a professional manner. (See *Helpful Hints* below).

Helpful Hints for Professional Writing

Your client reports and records are professional documents. Another agency may request the client's records; thus it is important for your reports to be written in a professional manner. The following hints are provided to help you with writing client reports and documentation:

- In the clinic please follow SOAP note format
- Use only black ink in the client chart.
- Draw a single line through any chart material you wish to change; then initial and date the change.
- Never use liquid paper (e.g., white out) to make changes. To make a correction, draw a single line through the mistake, write in the correction and initial and date the change.
- Write in a succinct style; all reports should be only two pages, yet still be comprehensive.
- Reports should be written in terms such that the patient or any non-professional person could read and understand the report. Avoid jargon.
- The observations reported should be observations and not speculations or demonstrations of the examiner's "insight," clairvoyance, or erudition.
- Be very clear about the source of information: (a) directly from the client, (b) your observation or inference, (c) other documents (e.g., a referral form, previous records). Use "he or she said/stated," "client reported," or "client stated" to indicate the information comes from the client. You may also want to consider quoting client statements, when appropriate, to increase accuracy of description. Your instructor may

have a preference for how you indicate client-based information (e.g., there are a variety of ways for stating that everything is from the client's report).

- Avoid use of an individual's first name, and instead refer to a person as the "client" (e.g., the client arrived on time for his appointment). Refer to other individuals by relationship rather than name (e.g., parent, brother, roommate).
- Avoid using your name, and instead use "counselor" (e.g., The counselor reviewed the intake forms with the client). Although not consistent with APA 5th, this style will provide greater clarity in the records, especially if there should be a subsequent reader.
- Phrase statements in past tense when appropriate.

Refer to your supervisor(s) for other suggestions regarding professional manner of presentation and case documentation. Be sure to give your supervisor sufficient time to review and suggest revisions.

Referring Clients for Evaluation

Occasionally the clients you see will present with concerns which warrant further evaluation. Recurrent depression, for example, may warrant a psychiatric evaluation. If your client requires further evaluation, that decision will be made by you, the client, and your supervisor and/or the GCC Coordinator. Because you are the client's counselor of record, you will be responsible for corresponding with and coordinating treatment plans with the evaluating psychiatrist, with supervisory support. If this scenario becomes necessary, it will be your responsibility to:

1. Arrange for the client to complete a Consent for Release of Information Form which gives you permission to correspond with individuals outside the GCC regarding the client.
2. Talk or write a letter to the evaluating psychiatrist or doctor stating client-originated information which supports the need for further evaluation. Be sure your supervisor or the Clinic Coordinator reads the letter before it is sent. Be certain a signed copy of the letter is in the client's file.
3. Obtain two signed Consent for Release of Information forms. Place one original in the client file. The second, with the client's signature, will accompany any materials sent to other agencies or individuals. That is, the client signs two forms; one is kept; one is sent.
4. Materials sent to Indiana Wesleyan Graduate Counseling Clinic for evaluation must come directly to our location so use the correct address in all mailings. This material must NOT be sent via campus mail, as confidentiality cannot be assured. Also, the material cannot be faxed because the GCC does not have a secured fax terminal.

Middle Phase – Counseling Procedures

After every counseling session

COUNSELOR RESPONSIBILITIES:

1. Record the client's next counseling appointment in the Appointment Log/Blue Book and provide a reminder slip.

2. Record the following information on the **Client Tracking Form** which is located inside the brown client folder:
 - Session number
 - Date
 - Time of appointment
 - Time spent, using formula given in definitions rounded to the nearest quarter hour
 - Activity, using the abbreviations provided
 - Tests administered, using abbreviations
3. Counselors must complete a **SOAP Note after** each session and **before** leaving the GCC. All information on a SOAP Note is part of the client's file and is the GCC's property. Writing and comments should be concise and professional, focusing on the client behaviors and the treatment plan. SOAP Notes should be neat and orderly, and follow legal documentation standards. Unless your supervisor specifies differently, (a) the SOAP note may be hand written, legibly please, or typed on the computer, but no copy of this note can be stored on the computer and (b) your supervisor may require you to have this note signed by them. Counselors sign the copy which is placed in the client file.

From time to time, you may find follow-up paperwork as part of the research studies being conducted through the clinic. Have clients fill out the paperwork in a timely manner, and be sure to return the completed forms to the research assistant in the appropriate folder.

Procedures for No-Shows, Repeated Cancellations, Tardiness

1. Counselors are responsible for setting and maintaining boundaries with clients.
2. In the event of a client's first no-show for an appointment other than the intake, call the client that day/evening to confirm the accuracy of the appointment date and hour. Seek to re-schedule if the client wishes. Discuss this event (i.e., missed appointment) early in your next session with the client. Be aware that client no shows, lateness, and missing appointments may have multiple meanings, some of which can be related to the counseling.
3. After the third no show, do not call. Instead, send a letter to the client. Use the form letter format provided. Consult with the Clinic Secretary or Clinic Graduate Assistant regarding printing the letter on GCC stationary (letterhead). You may want to indicate at the end of the letter that if you have not heard from the client by a certain date (a good rule of thumb is to allow 1-2 weeks to respond), you will assume the client no longer wishes to continue counseling at this time. **Ideally the letter should be sent within 48 hours (or 2 business days) of the no-show.** Wait for the client to contact you. If the client wishes to continue, discuss the matter of no-shows immediately in the next session. Assume the "no show" is not random behavior and be prepared to see such behavior as metaphorical in regard to something else in the client's life, including (but not necessarily) your relationship. If there is no response to your follow-up letter after two weeks, regard the case as closed, and begin termination procedures.
4. After two or more cancellations, followed by successful re-scheduling, discuss this behavior with the client. This behavior is a treatment issue requiring counselor boundary exploration or

responsibility discussion. The counselor is responsible for addressing this behavior pattern and setting and maintaining boundaries and expectations.

5. Consistent tardiness is also non-random behavior which must be acknowledged and discussed. Although tardiness may not be consciously intentional, it is significant. Do not dismiss tardiness, even if you feel neither inconvenienced nor resentful. An attendance and punctuality “contract” or other intervention may be in order. Seek and use advice from your supervisor.

Policies on Assessment Materials

As a part of your practicum experience, you may be asked to do assessments with your clients. You **MUST prepare your clients in advance for taking assessments** (see below).

Who May Use the Assessment Materials?

Only faculty and practicum students may use the assessment files. Additionally, only the GCC Secretary, the Clinic Coordinator or Faculty Supervisor may distribute assessment files. To obtain assessments, please follow the procedures detailed below.

Policy on Purchasing/Using Assessment Instruments

The following steps must be followed by all faculty and students using assessment instruments.

1. After consulting with your supervisor about using as assessment tool, inform your client **at least a week** in advance that you want him or her to complete one or more instruments at a scheduled appointment time. With the client, discuss the nature of the test and its purpose in the treatment. Generally, it is best not to use the regularly scheduled counseling session for assessments. Instead, arrange for the client to complete a test before or after the scheduled session time. Be sure you are available to get the client started.
2. Ask the GCC Secretary, Director, or Faculty Supervisor to determine the availability of the instruments you wish to use. **Only these individuals may remove assessment materials from the file cabinet.** It is the counselor's responsibility to be sure the assessments are available ahead of time and to reserve them with the Secretary. **Note, the Secretary, Clinical Coordinator, or Faculty supervisor will inform you of procedures if the assessment is computer-based.**
3. Put any instruments which need to be scored elsewhere in an envelope and give it to the Secretary to be mailed. Please be aware and inform your client that instruments sent out for scoring often take one to two weeks to be scored and returned. All other instruments need to be scored by the counselor.

Any manuals, templates or other scoring materials you need in order to score and interpret the assessments must be checked out by the Center Secretary, the Clinical Coordinator, or Faculty Supervisor, and may be used only in the GCC (unless other arrangements have been approved).

Termination Of Counseling-Counseling Procedures

Termination Of Counseling

Termination of counseling may occur as a result of the following situations:

- a. The client has no-showed or canceled more than twice and failed to reschedule or respond to the counselor's letter within a two week time period.
- b. The client and counselor talk together and decide to end counseling. This situation may occur after the intake and before any counseling sessions have taken place or at any time after the first session.
- c. The client has been referred for services to another agency/person.
- d. The semester is ending and the counselor will be leaving the GCC.

Once a client is assigned to a counselor (of record), it is that counselor's responsibility to manage the case and complete the file, including termination and inclusion of the client on the counselor's practicum summary report. This procedure holds true even if no counseling sessions took place.

Termination Procedures

1. If a client was seen for only the initial interview and either wishes to terminate or does not return, complete a **Termination/Transition Form** and indicate the specific circumstances on it (e.g., the client did not continue after the intake). Put copy in the client's file.
2. If a client was seen for an initial and at least one actual counseling session during the semester and he or she wishes to terminate, complete: a **Termination/Transition Form** and have it signed by the appropriate parties. The Termination is not considered complete until signed and dated by both the counselor and Clinical Coordinator, or Supervisor and placed in the client folder. Examples are provided in the Forms and Examples manual, though your supervisor may have a preferred form. If you do not have documentation of termination from a face-to-face session with the client (e.g., the client was scheduled but did not return), you do need to send a Termination Letter.
3. Make sure the **Client tracking** sheet, on the left hand side of the brown file folder, is complete. The number of **sessions** should correspond in number and date to listings on the client tracking sheet. Any telephone contacts to or about the client should be recorded both on the log or information sheet until file is formed. If a letter was sent, it should be noted on the log; and a copy should be in the file. Be sure you have drawn a line through any blank spaces on the Client Tracking Log sheet.
4. Arrange materials in the client folder according to the order on the **Client Chart Audit**.
5. Put the File Checklist in the front of the client's file. All other paperwork should follow, in the order on the checklist (reverse chronological order).
6. Whenever possible, have clients complete a Client Satisfaction Survey. This should be done prior to termination. You may leave the client alone to complete the survey, and have them return the form to the graduate counseling office, graduate assistant, or department secretary.

Guidelines For Practicum Termination

1. All intake reports and termination reports must be signed and dated by both the counselor and his or her faculty supervisor. For each counselor, all paperwork must be completed by the date the Clinic Coordinator scheduled for the end of semester file review. The counselor of record is responsible for securing the Clinic Coordinator's or their supervisor's signature on the intake and termination reports. All practicum paperwork must be satisfactorily completed in order and on time to receive a grade for the course.
2. **All tests that must be sent away for scoring must be administered sufficiently early to allow for mailing, interpretation, and feedback to the client.** Counselors are responsible for debriefing (i.e., providing feedback to) clients on all administered assessments.
3. Clients need to be psychologically prepared for termination *one or more weeks* prior to the end of the semester. *Speak with your supervisor about preparing clients for termination; typically a one-week preparation is not sufficient.* The counselor should explain that the GCC is closed over breaks. If the client will be continuing, he or she will be contacted around the beginning of the next semester. Clients seen in the fall will be put on a call list and contacted during the first week of spring semester classes. Clients seen during the spring semester may continue to be seen during the summer term with a slight break between the semesters. Clients seen in the summer may continue in the fall but need to be informed that the GCC is closed during the month of August. Therefore, other referrals should be considered.
4. Put the client's number and any special instructions about contacting the client on the **Termination/Transfer Form**. Counselors are responsible for completing a **Termination/Transfer Form** for all assigned clients. Original should be placed in the client's file.
5. The **Client Chart Audit** is essential for insuring that client files are complete.
6. At a designated time, usually during finals week, all counselors will schedule a "file review and check out time" with the Clinic Coordinator /Practicum Supervisor . The purpose of this meeting is to double check that all paperwork is completed and the files are in order.
7. The counselor may find it helpful to begin parts of the termination /Transfers paperwork prior to terminating with the client, especially if there are several forms due.
8. Counselors are required to track their practicum hours in the excel spreadsheet provided at the beginning of practicum. This spreadsheet is consistent with the APPIC internship application's format for reporting hours. **Each semester, all counselors MUST report their total assessment/intervention, supervision, and support hours to the Clinic Secretary/Clinic Coordinator. This requirement includes all program-sanctioned hours, including the Graduate Counseling Clinic and off-site placement.**

Counseling Session Observations

Recognizing the potential benefits of observation to both observers and counselors being observed, the practice of responsible and respectful observation is important. The following policies will be employed in the observation of all counseling sessions in the Graduate Counseling Clinics.

Definitions and Authorization to Observe

- Anyone who watches or listens to all or part of a counseling session as it proceeds is an observer.
- Any faculty member or student in the Graduate Counseling program, with the consent of a Faculty, Supervisor, or the Clinic Coordinator, is authorized to observe a counseling session.
- All observers must sign the clinic record book when using the Tech Room or Observation Room

Clinic Viewing Procedures

The Graduate School clinics are used for the training of our graduate students. They are available both for class observations, for practicum/ internship and for general supervision. Often professors as part of class wish to you have their students observe other students or to have the chance in a clinical setting to practice the skills they our learning in class. We certainly want to encourage all of the aforementioned practices. Our Clinics are busy functioning and serving community clients as well so we must all follow procedures that will ensure the confidentially and the smooth operation of the clinic for clients and student counselors alike. We request that you follow the outlined procedures that follow.

Class use of the clinic for a practice assignment:

If you wish to have your classes observe or practice skills in the clinic please notify the Clinical Coordinator by e-mail of your intent and the assignment the students will be required to accomplish. Please keep in mind that practicum and interns students our seeing clients in the clinic as well and all access to the clinic rooms for practice is subject to the rooms being open and available (practicum and intern students have priority). The best times available to practice and record such an assignment would be before 5 pm when the clinic is under the least demand.

Procedure for Practice Sessions:

- Professor notifies Clinical Coordinator about assignment and its details.
- Students secure permission from the Clinical Coordinator via e-mail to observe in the clinic and for what class.
- Students secure a time and room in the clinic and book that room for the practice assignment working around previously scheduled times. Please schedule on the hour only.
- Students are asked to conduct themselves in the clinic in a professional manner making sure to be quiet and respectful of other sessions going on.
- Record your session and remember to turn off recording equipment when finished. They should keep track of time, room and date they used the clinic so they can retrieve their session for class.

- The viewing or showing of any other sessions would require permission of the Clinical Coordinator.

Procedure for viewing student counselors in Clinic live or recorded sessions:

- Professor notifies Clinical Coordinator that students will be viewing live or recordings of current practicing students.
- Students secure permission from the Clinical Coordinator via e-mail to observe in the clinic and for what class. Permission only needed once for the semester and class.
- Student’s contact current practicing Student Counselors that they wish to observe a live session. The student counselor has choice over which session that they want you to view.
- Student needs to secure the Viewing form and contact The Student Counselor they wish to view, fill out the form and secure proper signatures. **When finished place the form in the Clinic Coordinators Box.**

Reminders:

If you will be completing a live view via the Tech Control Room in the Clinic the student needs to secure the key from the office or Clinic receptionist on duty. Enter Tech Control room the screens are marked with room numbers turn on screen for your view session only, turn off screen when finished. Do not view multiple sessions or screens. Do not view rooms marked as No View these are private paying Clients and viewing these sessions without The Counselors’ permission is prohibited (this would be violation of confidentiality).

Anything you see or hear in these viewings is protected by confidentiality you can only discuss with the Student Counselor, Professor or the Clinic Coordinator in an appropriate setting.

If you are viewing the family room or play room from the live room as a class with your professor please be quiet and wait a few minutes after the session has ended to leave as a courtesy to our Clients.

Guidelines for Observation

1. Several observers may be present at any given time for any counseling session; however, priority for seating is given to Supervisors and students who may need observations for class.

2. During observation, observers are strongly encouraged to take notes, including questions, process comments, and other relevant observations. References to specific client and/or counselor behaviors are considered helpful.

3. Observers are encouraged to provide written feedback to the observed counselor. Refer to your supervisor for further instruction.

- Feedback is provided as handwritten notes on a completed Feedback Form. An example is included in the Forms and Examples Manual.
- Deliver written feedback as soon as possible after the session.
- On the written feedback, identify yourself as the observer so the counselor can ask for clarification if needed.

- Do not include the client's name or other identifying information. Instead, on the feedback form, indicate the time and date of the session.
- Hand all written feedback to the counselor directly or place the written feedback in the counselor's file folder in the file room.

4. Observers may also provide verbal feedback to the counselor, clarify written feedback, or provide additional information. The counselor is responsible for seeking out such feedback, and the observer is responsible for being available to the counselor.

5. All observers are expected to protect client confidentiality, **always**, as outlined in the current ethical guidelines. Any individual not willing to follow the procedures outlined in this policy statement should discuss his or her concerns with the Clinic Coordinator.

Making the Most of Observation

Observing refers to watching a counseling session live or via electronic recording. Only authorized persons may observe counseling sessions. If appropriately conducted, observation can be as difficult and as enlightening/educational as counseling itself. Further, the skills gained in observing and giving feedback are extremely valuable in the practice of counseling.

Tips on Observing

Observation may be completed in many ways. For example, you may:

1. Take handwritten notes.
 - a. Focus on content. Divide the page in half lengthwise. Keep running notes on what the counselor says on one side and what the client says on the other side. In the margins, record your comments regarding themes you see, questions you have, avenues you would like to see explored.
 - b. Focus on process comments. Pay attention to the interaction between the counselor and client. Note client reactions to counselor responses and vice versa. Watch non-verbal behavior of both. Notice the quality and timing of silences. Pay attention to your own reactions and feelings while observing.
 - c. Some combination of both or some other system.
2. Use the feedback forms provided.
3. Follow a particular client, noticing changes over time, or a particular counselor, noticing differences across clients.
4. Be self-aware while in the observation deck. Your voice volume and/or proximity to the mirror/glass could be distracting in sessions.

Tips for Giving Feedback and Taking Notes

1. Be clear and concrete. Provide specific examples; to do so, you must take good notes.
2. Do not overload the counselor. Focus your comments on the most important feedback.
3. Be descriptive rather than evaluative. More information is provided if you say "When you asked the client why she broke up with her boyfriend, she turned red in the face and stammered. . ." than if you say "That was a bad question."

Emergency Procedures

The following procedures should be enacted if:

- A Counselor and Supervisor become concerned about a client's immediate well-being or perceive any sense of urgency regarding treatment
- The client indicates knowledge of a danger to him or herself and/or others
- A client expresses a desire for hospitalization
- There is information or evidence to suggest child or elder abuse

In such cases, the appropriate authorities need to be notified as soon as possible. **The Faculty Supervisor and Clinic Coordinator must be notified before any action involving contacting an outside agency is taken.** The Counselor and Supervisor should immediately consult with the Faculty Supervisor or Clinic Coordinator. Indicate to the client that you wish to consult with your supervisor, and leave the room. Describe the reasons for concern as completely and as succinctly as possible to the supervisors.

If ongoing consultation is occurring, check on your client and inform him or her that you have sought consultation and familiarize the client with the names of those involved. Refer to a faculty member or the Clinic Coordinator as "Dr. _____", *as appropriate to the person's credentials.*

1. After consultation if hospitalization is called for and the client is compliant, follow these procedures **when immediate hospitalization may be necessary. The following will occur:** Refer the client to Local Hospital Emergency Room or Cornerstone (Marion).
2. Consult with the client and explain the reasons for hospitalization. The counselor will provide as much of this information to the client as possible; the Supervisor or Clinic Coordinator may be present (e.g., in the counseling session, observing through the one-way mirror) and may be present additional information as needed.
3. If the client agrees to hospitalization, ask him or her to sign a consent form which states agreement with the referral. Also ask the client to sign Consent for Release of Information form. If the client signs the release form, the Counselor under the Supervisor or Clinic Coordinator's direction will call the Local Hospital Emergency Room to inform the psychiatric nurse/social worker that the client is being referred there.
4. The Faculty Supervisor or Clinical Coordinator will then call Campus Police, unless the client is accompanied by another responsible adult, and ask for transportation to the hospital.
5. When Campus Police or police arrive, it is appropriate to show them evidence that the referral is voluntary.
6. Forward copies of client records as soon as they are complete, **IF the client signed a Consent for Release of Information form.**

If the client needs to be hospitalized but refuses a voluntary referral, the following will occur:

1. The Clinic Coordinator or a Faculty Supervisor will be advised.
2. Other appropriate persons will be notified according to the situation and its demands.
3. The client will be informed that it will not be possible for counseling to continue at the GCC.

4. If the client is deemed a danger to the self or others, then the Counselor with a Faculty Supervisor or Clinic Coordinator's permission will contact the IWU Campus Police so that the client may be transported to the hospital. Or in Indy the appropriate authorities (police or fire dept).

If the client **does not need hospitalization, but a referral to a community physician or other agency is appropriate**, the following will occur:

1. The client will be consulted and reasons for the referral will be explained by the most appropriate person.
2. If the client agrees to the referral, the client will be given the contact information for the physician or agency so that the client can make an appointment. If the client would rather his or her physician make a referral to a psychiatrist or if the client already has a psychiatrist, this is also appropriate.
3. The client will be informed that the GCC continuing the case will depend on consultation with the physician or agency staff member and his or her recommendation.
4. The client will be asked to sign a Consent for Release of Information form.
5. Copies of client records should be forwarded as soon as they are complete, if the client signed a consent to release the information, in a manner that is consistent with HIPAA compliance.

If, in the opinion of the Faculty Supervisor or Clinic Coordinator the client does not need to be hospitalized but should be referred to a psychiatrist and the client refuses to do so, the client will be informed that it will not be possible for counseling to continue at the GCC. Other options for services will be provided to the client.

Important Notes

- If a police escort to the hospital is needed for a voluntary hospitalization, the Graduate Counseling Center Staff member is well advised to brief the client on this information and assure him or her that the police escort does not make the referral any less voluntary. The client has the right to change his or her mind at any time.
- Counselors or supervisors are never to put themselves in any physical danger in working with a client. The procedures listed above assume that no staff member is endangered by following them. **Counselors will not drive clients to the hospital or other referral agency.**
- In the event that your Faculty Supervisor and the Clinic Coordinator cannot be reached, call another counseling psychology core faculty member.
- **Graduate Counseling students should not make referrals without first consulting with the Faculty Supervisor and/or the Clinic Coordinator.*****

Procedures with Suicidal Clients

When a client reports suicidal ideation or intent in a session, a clinician's prudence is paramount in handling the situation. Therefore, the use of appropriate assessment, documentation, and supervisory consultation is important in order to ensure the safety of the clients at the Graduate Counseling Center. When meeting with clients, it is important that suicidal ideation/intent is assessed every session.

Protocol for Suicidal Clients

If a client expresses suicidal ideation or intent, or through an assessment in session, the client presents information which places him or her at an increased suicidal risk, precautions must be taken in order to ensure the client's safety and well-being.

1. Notify the a Faculty Supervisor and/or Clinic Coordinator of the client's ideation, intent, or increased suicide risk (if appropriate, client may be referred)
2. Complete a no harm contract form.
3. Have the Faculty Supervisor and/or Clinic Coordinator sign both forms ASAP.
4. Make copies of signed forms (give original to client and place copy in client's file)
5. Provide clear and thorough documentation of the session, including forms which were signed and implemented as a form of treatment

Ethical and Professional Practice

Counselors must remember that they are expected to act and present themselves in a professional and ethical manner to clients, fellow counselors, clinic staff, and supervisors. Counselors and faculty are expected to adhere to relevant Codes of Ethics. Specifically, practicum and internship counselors are expected to adhere to the most recent ethical codes specified by the American Counseling Association. Counseling students are also expected to adhere to any of their specialty ethical guidelines (ie; AAMFT, IAAP, ASCA) Copies of the latest ethical code and the practice guidelines are available on file in the Center. Counselors are expected to read and use the code and guidelines as part of their counseling training and practice.

Guidelines for Ethical Practice

These guidelines address four areas in which ethical dilemmas occasionally arise: records, written consent, oral communication, and supervision. These guidelines include procedural directions and policy statements specific to the IWU Graduate Counseling Clinic, hereafter referred to as the "GCC," and are representative of ethical practice as defined by the American Counseling Association. You must also adhere to the Guidelines of your Specialty.

Records

All records containing client information are confidential and may not leave the Graduate Counseling Clinic.

These records include the student counselor planning sheets, intake form, personal data inventory, summary/termination report, termination report, schedule form, assessment instruments, log of activities, letters of consultation, and any other materials completed by or about the client.

1. All written information pertaining to a client must be maintained in the client file. Notes or other materials which are no longer pertinent to the client file should be shredded in the GCC.
2. All reports, intake information, intake and termination reports, and other correspondence regarding clients will be placed in the respective file folder.

3. Client file folders and their contents remain in the file drawer, except when being used by a counselor or supervisor. Written material must be in the personal possession of an appropriate staff member at all times and must not be left unattended. Files are not to be kept in your student or personal folders under any circumstances.

Written Consent

Those persons who request service from the GCC generally do so voluntarily. Even so, circumstances warrant the client's written consent.

Consent to Receive Counseling Form. This form records the client's agreement with GCC policy relative to electronic recording, observation, written records, consultation, and the like. It also addresses confidentiality and its limits. It must be signed at the very beginning of the intake interview or a counselor cannot proceed. If a potential client disagrees with any statement or wishes to restrict permission in any way, no services may be provided.

Consent to Release Information Form. Written information from a client's file can be released to others when requested in writing by the client. Written information available for release ordinarily includes the Intake, Summary/Termination reports and any test reports/profiles. A request for information from someone other than the client can be honored if authorized by the client. Except as may be required by law, written information about a client is never released without the client's written permission.

When a client reports or it is otherwise learned that the client is, or probably is, receiving service from another mental health agency or private practitioner, several questions must be answered, all of which require that the client immediately provide written authorization to confer with the other agency or person (See **Request for Information Form**). Two principles are to be observed in circumstances of this kind:

1. The GCC will not customarily accept as clients those who are receiving mental health service from another source.
2. Concurrent service can be provided when there is agreement among all parties concerned. When either a different agency or practitioner or GCC staff believes that concurrent service is inappropriate, it will be necessary for the client to elect a single source of assistance and then terminate contact with the other(s). When all parties agree concurrent service is justified, care must be exercised in assuring that counseling activities from the two sources are different yet compatible (vs. duplicate or conflicting).

Oral Communication

The primary objective of the GCC is the training of counselors, a process which requires extensive observation and consultation. There is need for constant vigilance among all GCC staff with regard to oral communication because of the constant, multiple sources of threat to confidentiality and the personal welfare of clientele and staff alike. The following guidelines are to be observed:

1. Conversation about a client occurs only:
 - a. When there is a clear purpose, such as service or training,
 - b. Between those directly involved.
 - c. In a location where there is no danger of being overheard.

2. The identity of clients, their family members, and associates shall be protected insofar as possible. For example, in case conferences and supervision sessions, generic terms (e.g., "a local manufacturing firm" vs. "Caterpillar") and titles (e.g., "client's sister" vs. "Jane") are to be used.

Supervision

Extensive counselor supervision is provided in the GCC. Counselor supervision may include, but is not limited to: direct observation, case conferences, staff consultation, off-premises consultation with other professionals, evaluations, and review of electronic recordings. The Graduate Counseling Program and the GCC expect professionals serving as supervisors to perform several functions, such as:

- promoting client welfare
- ensuring counselor compliance with legal and ethical standards
- serving as teacher and consultant to counselors
- monitoring and evaluating counselor performance
- facilitating counselor self-reflection and self-knowledge as both relate to counseling clients

Effective counseling and supervision require thorough, thoughtful conversation about topics and themes specific to client, counselor, and supervisor, including attitudes, perceptions, emotions, expectations, behaviors, and assumptions. In preserving the personal rights of counselors and supervisors, the following guidelines are to be observed:

1. Immediately upon being assigned, supervisor and counselor pairs should specify the structural characteristics of their association, including time, location, and frequency of meetings.
2. Expectations, goals, and any special circumstances are to be described and understood by both parties. The supervisor may provide instructions relative to unscheduled sessions, how and where to be located, restrictions, and the like.
3. Supervisors may assist in counselor discussions and evaluation of thoughts and feelings, provided this activity occurs within the context of the counselor's professional performance. Supervisors do not provide personal counseling for those they supervise. A counselor's personal issues are to be addressed in relation to the counselor's work with particular clients or to patterns of behavior having relevance for professional performance. When personal issues appear to be intruding into the students' work, without resolve, a referral for personal counseling is appropriate.
4. All Graduate Counseling staff, faculty and counselors, must be familiar with the Emergency Procedures contained in this document.

Professional Liability

Students engaged in providing service to the client must carry professional liability insurance, privately through a professional organization. You may not practice Counseling or see Clients in the GCC at any level without a current insurance certificate on file in the GCC. Violations of this

policy will be dealt with accordingly and may jeopardize your standing in the Graduate Counseling Program.

Logs & Hours Documentation

Counselors are required to track their clinical hours which include direct, indirect, and supervision hours, through the excel spreadsheet provided through CIPPS(Logs). Counselors are responsible for downloading and saving the spreadsheet to their computer and keeping the document updated. This spreadsheet is consistent with the APPIC internship application's format for reporting hours. **Each semester, all counselors MUST report their total assessment/intervention, supervision, and support hours to the Clinic Secretary/Clinic Coordinator. This requirement includes all program-sanctioned hours, including the Graduate Counseling Clinic and off-site placement.**

Practicum and Internship Direct/Indirect/Supervision Hours Guidelines

All clinical hours tracked and documented must be accrued under contract. During the school semester, clinical hours must be accrued under one's internship or practicum contract and that contract must be on file in the graduate counseling office. If a counselor continues to see clients at a site between semesters an Extension Contract must be on file for hours to be accrued. Only clinical hours documented during one's contracted period count towards Practicum and Internship requirements. Any hours accrued without a contract on file will not be counted towards Practicum or Internship.

DIRECT CONTACT HOURS

Direct Contact: Provide counseling/psychotherapy/consultation/guidance

Individual: See INDIVIDUAL clients for face-to-face counseling/therapy

Couple/Family: See COUPLES or FAMILIES for face-to-face counseling/therapy

Group: See GROUPS for counseling/psychotherapy

Direct Hour time record (Individual & Couple/Family):

50 Minutes = 1 hour

1 hour 15 Minutes = 1 ½ hours

1 hour 30 Minutes = 2 hours

Group hours are calculated by the literal hour and are not rounded. (1 hour 15 minutes =1 hour 15 minutes).

SUPERVISION HOURS

Supervision Hours for Practicum: Receive weekly one hour individual clinical supervision from site supervisor face to face one on one that is a discussion of your cases on that site.

Group Supervision: An average of at least one and one half hours of *group* with university supervisor and meet the requirements of that class.

INDIRECT / MISCELLANEOUS HOURS

Preparing for Client Contact (e.g., brief telephone contacts, getting materials ready, writing letters, completing referral forms, impromptu discussions with on-site personnel or supervisors)

Writing Clinical Summaries (e.g., charting, keep logs/progress notes, intake assessments, treatment plans)

Meetings: Attend staff meetings, clinical team meetings, orientation meetings

Peer Observation: Observe live or taped counseling sessions

Personal Observation: view video tapes of one's own counseling sessions

Research: Do outside research and/or reading related directly to client issues you are currently seeing. Attend outside Workshops/Lectures/Conferences with permission of university supervisor and related / to client issues

What if a client does not show?

If a student is present for a contact hour and the scheduled client does not show, the student may receive credit for MISCELLANEOUS HOURS by engaging in some of the activities listed above. If the hour lost prevents the student from obtaining the minimum required DIRECT hours then the student must schedule another DIRECT CONTACT session to replace the direct contact hour lost.

Carry Over Hours

- 1.) Students cannot carry over any hours (direct or indirect) from Practicum (CNS-550) to Internship (CNS 551, 552, 554)
- 2.) In Internship, students can carry over both direct and indirect hours. There is no limit on the number of direct hours students can carry over from Internship (CNS-551) to the next semester Internship (CNS-552).
- 3.) Students can only carry over as many indirect hours as they have direct hours. For example, if one has 32 direct hours to carry over from 551 they can carry over 32 indirect hours as well. Students cannot carry over indirect hours they have not earned and they cannot carry over more indirect hours then the number of direct hours they have accrued.
- 4.) Hours gathered in between semesters that are covered under an Extension Contract should be documented under the most recent Internship Logs. If the student exceeds the number of hours needed to fulfill the most recent Internship, those exceeding hours can be carried over to the next internship (CNS 552 or CNS 554) when the new semester

starts. To carry over hours, the hours must have been logged while under the extension contract.

Tracking Documentation: Policy for Numbering Outside Files

In order to keep all your files consistent and also to protect them as confidential please make sure you use the following numbering system:

1. When logging IWU Clinic Clients please use the file number on your logs and all correspondence like e-mails etc.
2. When logging off Campus Clients (those on internship sites) if the Agency has provided a client number use that number on your logs.
3. If the Agency has not provided a client number please use following numbering system:

Assign a number sequence as follows Date year, Counselor's initials and a number

For example (010BT001) next number would be (010BT002) and so on.

4. For Groups or Assessments please place the appropriate letter in front of the number you made up (G=Groups A=Assessments, etc). For example, (A011BT002) or (G011BT002). If no Initial appears at the beginning it will be consider a counseling session.

The following policy will serve to keep all logs free of client names and confidentially is not compromised. Logs serve as legal documents for licensure and are therefore subject to review by outside sources.