GUIDELINES FOR
PSYCHOLOGY TRAINING CLINICS

A Collaboration of the
Australasian Association of Psychology Training Clinics
and the
Association of Psychology Training Clinics

10 June 2021
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The International Declaration of Core Competences in Professional Psychology\(^1\) (The Declaration, p.7), defines professional psychology as a discipline practised by “psychologists [who] offer professional services to clients, focusing on the practical application of psychology.” The Declaration identifies “a set of internationally recognized and endorsed competences that can serve as the foundation for a coherent global professional identity and possibly an international recognition system for equating professional preparation systems, program accreditation, professional credentialing, and regulation of professional competence and conduct” (p.1).

Throughout the world a variety of training models are utilised to enable trainees to develop the necessary core competences for safe, effective, legal, and ethical practice, and to extend these into areas of specialisation within the discipline. One such model incorporates supervised professional practice training in psychology training clinics (Clinics) within institutions of higher education. Such Clinics provide services to the public delivered by trainees under the supervision of qualified and experienced professional psychologists. Clinics provide a foundation in professional and clinical practice and are designed for training purposes, grounded in best practice, and offer models of service delivery that ensure protection of the public during practitioner training.

**Development of the Guidelines**

With the release of the Declaration in 2016, the importance of operating Clinics in line with the core competences for professional practice became evident. A collaboration was formed between the Australasian Association of Psychology Training Clinics (AAPTC), based in Australia, and the Association of Psychology Training Clinics (APTC), based in the United States of America, to utilise the expertise of their members to develop guidelines for this purpose. A draft document was prepared by a committee which was comprised of members from both organisations and co-chaired by executive committee members from each. (See Appendices A & B for description of organisations and joint committee members.)

These organisations are primarily representative of Western-dominant English-speaking cultures. Broader consultation was sought internationally via personal and organisational contacts, and feedback was incorporated into the document. The Guidelines largely remain founded in Western-dominant English-speaking paradigms, and ongoing feedback to assist in extending their relevance and applicability across countries and cultures is welcome.

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\(^1\) International Declaration on Core Competences in Professional Psychology. [https://www.iupsys.net/dotAsset/1fd6486e-b3d5-4185-97d0-71f512c42c8f.pdf](https://www.iupsys.net/dotAsset/1fd6486e-b3d5-4185-97d0-71f512c42c8f.pdf)
Purpose of the Guidelines

These guidelines are intended to aid in the development of core, professional, effective, legal and ethical management of professional psychology training clinics within higher education institutions. They are intended to facilitate the continued systematic development of those commencing training in professional psychology and to help ensure a safe level of professional practice by developing psychologists. They are founded on the premise that effective leadership and service provision is supported and strengthened by an explicit statement of essential principles and practices that guide the operation of Clinics.

The guidelines are not standards; however, they may provide a useful framework for the development of standards to inform education and training within training Clinics, and to support accreditation or certification of Clinic-based training. They are intended to serve as a flexible template for educational institutions in the development of Clinics that provide training, service, and research opportunities for professional psychologists in training. They establish core operational mechanisms for developed Clinics, and to act as aspirational guidance for developing Clinics.

The overriding principle of the guidelines is for Clinics to comply with the legal, ethical, and professional standards of the profession within the jurisdiction in which a Clinic operates. These include country/state/local laws, and applicable requirements laid out by regulatory authorities and professional organisations. Where there are multiple authorities, Clinics give the highest priority to the most rigorous standard. Where there is no relevant authority, guiding principles can be derived in accordance with internationally accepted standards and values (e.g. the Universal Declaration of Ethical Principles for Psychologists2, the Universal Declaration of Human Rights3), and with reference to requirements of the jurisdictions in which such requirements may be developed.

These guidelines stem from training and education principles of Western-dominant English-speaking cultures and may require adaptation or reinterpretation to ensure their cultural relevance and appropriate application for the communities and stakeholders they serve. These guidelines are not intended to impose requirements that limit diversity and relevance across cultures, nor should they be used to penalize Clinics working within their own cultural framework.

Culturally attuned training and services are consistent with the principles of effective, evidence-based, and ethical approaches to training, research and practice. Culturally appropriate consideration and adoption of the guidelines are intended to be made in a manner that is consonant with the culture of clients/patients being served.

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These guidelines are not intended to be statutes. They are intended to evolve with the profession and are intended as living guidelines to be applied flexibly.

Description

Clinics are clinical settings within higher educational institutions that are designed to provide trainees enrolled in postgraduate/graduate professional psychology programs with the foundational competences of applied professional practice in psychology. Clinics provide a supportive and developmentally sequenced learning environment that complies with and fosters awareness of and sensitivity to legal and ethical issues, individual diversity and cultural issues, and evidence-based best practice paradigms.

Clinics prepare trainees to undertake further training and development. Clinics practise safely and effectively in their chosen area of psychology practice, and promote professional development for all staff to support this objective.

Clinics draw from a range of theoretical perspectives informed by contemporary research and practice. Based on an evidence-based practice model, and under the supervision of qualified and experienced clinical staff or faculty, beginning practitioners are trained to apply best practice and evidence-based models of psychology to a professional standard from a foundation taught within the academic components of their program.

Clinics have an important and unique role in facilitating theoretical integration and a safe and smooth transition between coursework to application in the clinical setting. This occurs through regular, systematic, and intensive ongoing oversight, review and supervision to ensure the acquisition of professional, ethical, legal, and clinical knowledge, skills and competences.

Consistent with its purpose, training is an important priority, however, the commitment to effective training should always occur with an uncompromising commitment to client/patient care. Clinics also provide an important service to the community. Clinics provide high quality professional care based on accepted standards of best practice tailored to client/patient needs.

Psychology is a discipline founded on research that is critical for the ongoing development of professional psychology. Clinics have the potential to provide opportunities for research into applied professional psychology. Research opportunities are supported without over-extending resources for training and service.

High standards of client/patient care must be ensured in any research conducted in Clinics. Precautions must be taken to minimise the risk of client/patient exploitation by clearly separating activities required for clinical care from other purposes (e.g. for education or research purposes). Research must be conducted in compliance with ethical and professional standards and requirements and include rigorous informed consent procedures. Research conducted in Clinics must be approved by the institution’s review or ethics board.

Foundational Provisions

The foundational provisions described here are essential ingredients for the ethical and effective operation of Clinics in an educational institutional context. Fulfilling these provisions will provide clarity, stability, and a sense of security to the people who offer and receive
education, training, research, and psychological services in Clinics. Implementation of the foundational provisions will help both developing Clinics and existing Clinics build an organizational structure and systems of operation that promote high quality education, training, research, and service and guard against harm to clients and Clinic personnel.

The following components are recommended as essential:

- Develop an *external organisational chart* that places the Clinic within the context of the educational institution and serves to document external relationships. The chart is updated as necessary and reviewed annually.
- Develop an *internal organisational chart* for the staffs of the Clinic and training program and trainees to ensure accountability. Staff titles, specific areas of expertise, and general responsibilities are clearly documented, updated as necessary, and reviewed annually.
- Undertake an annual inventory and review of all contracts and agreements, such as those with academic departments, agencies, schools, mental health related organisations and contractual Clinic staff, in accordance with the policies of the educational institution.
- Provide *professional indemnity insurance* for all clinical staff, including the clinic director, supervisors, and trainees. Require researchers utilising the Clinic and/or its clients/patients to show evidence of insurance and ethics compliance.
- Develop policies to ensure continuity of client/patient care. It is ideal for Clinics to *operate throughout the year* to ensure the viability of the Clinic’s role in the community and to provide on-going training for trainees.
- Provide access to adequate *emergency resources*, including access to clinical supervisors, medical personnel, security and/or other emergency services, for Clinic staff and trainees during the times that services are being delivered to clients/patients of the Clinic.
- Ensure the size of *key spaces* in the Clinic (e.g. waiting room, therapy rooms, offices, meeting space) meet the needs of the Clinic and are designed to be compatible with cultural norms for interpersonal interaction. It is helpful to clients/patients, clinic personnel, and especially emergency personnel, if areas designated as Clinic space are accessible, clearly marked and easily identified. Use signage strategically to ensure relevant icons or languages familiar to the clients/patients are utilised and meet the requirements of the jurisdiction for accessibility by clients/patients with disabilities.
- Adhere to all relevant requirements regarding accessibility and the provision of individual accommodations as necessitated by law or the professional standard of care.
- Develop an *information technology* (IT) plan in coordination with available IT resources. Adhere to ethical and legal requirements and include training, compliance, data confidentiality, recovery, and maintenance into the plan. Ensure that video
recording or live observation of sessions for training purposes follow relevant legal requirements for creating, storing, sharing, and deleting client/patient information.

- Develop processes, policies and procedures to ensure client/patient safety and privacy, including protecting the confidentiality of all material produced (e.g. communication by email, phone, and video as well as client/patient records) wherever the delivery of ePsychology (also known as telehealth or telepsychology) is provided via an electronic format (e.g. videoconference or telephone) or is part or all of service delivery within the Clinic practicum/placement. Delivery platforms require a high level of security. Strong default encryption, authentication, and authorisation settings specific to the location and jurisdiction are essential. Ensure ePsychology services comply with all relevant legal, professional, and ethical requirements governing the service.

- Develop clear policies on community advertisements. Include information regarding the Clinic and its services and operations, as well as links to other appropriate services on the Clinic website. Identify the areas of expertise in assessment and treatment that are offered and indicate which supervisors are providing the oversight for those services. Plan for regular review and updating of website information.

- If the Clinic operates on a fee for service basis, provide a clearly stated documented policy regarding billing that is consistent with ethics guidelines and ensures transparency for fully informed consent for provision of services to clients/patients.

- Develop a clearly written and readily accessible Clinic Policy and Procedures (P&P) Manual that delineates the roles and responsibilities of staff, trainees, and outside supports, and gives explicit direction and processes for the operation of the Clinic. A P&P Manual is essential for the protection of clients/patients/staff/trainees and the educational institution as it comprehensively identifies authorities, roles, and responsibilities of each person involved in the operation of the Clinic providing transparency and accountability.

- Foster a culture of accountability and evaluation that encompasses client/patient assessment, progress and outcomes, the performance of the clinic director, supervisors, and administrative staff, trainee progress and development, and the practicum/placement itself.

- To demonstrate an explicit commitment to providing a fair, supportive, and professional environment for all clients/patients, trainees, supervisors, staff, and researchers, develop grievance policies and procedures that are in alignment with those of the educational institution and training program. Document and disseminate specific formal pathways for clients/patients, trainees, supervisors, clinic staff, and researchers to take when they have a complaint. Manage grievances professionally and sensitively for all parties.

- Professional psychology is founded on scientific research. Clinics provide support for applied research initiatives where it is possible to do so without compromising the Clinic’s commitment to high standards of client/patient care and training requirements. Comply with all relevant legal, professional, and ethical requirements governing research where Clinic clients/patients are involved.
Commit to consult and work collaboratively with the community to provide clients/patients with inclusive and accessible services that offer culturally informed or indigenously developed evidence-based approaches.

**Roles, authorities, and responsibilities**

Roles, authorities, and responsibilities are likely to vary across institutions, which are themselves situated in a nearly infinite number of different cultures and contexts. The structures described here are drawn from Western models of higher education, which tend to be hierarchical and defined by each institution’s history and present-day assets and constraints. Hence, it is recommended that consideration is given as to how well these roles, authorities, and responsibilities fit with the parameters and possibilities that exist within individual institutions. This section may serve as a basic plan for Clinics seeking to build a reliable and functional organisational structure.

Written delineation of the roles, authorities, and responsibilities of each component of training and of individuals in key positions ensures clarity, appropriate management and accountability for client/patient care and trainee development. Roles are likely to vary according to the structure of the training program and are likely to include personnel within the educational institution, training program and Clinic.

**Education Institution:**

**Role:**

The education institution guarantees the development, operation and professional standards of the Clinic to ensure legal, ethical and professional practices provide safe and effective services to the public and produce trainees whose performance meets the standard required for the profession within the jurisdiction in which it operates and with consideration of international standards.

**Responsibilities:**

The education institution is responsible for:

i. The provision of support and resources for the Clinic to operate safely and effectively within legal, ethical and professional frameworks.

ii. The employment of adequately trained, experienced, and fit for purpose clinical and administrative staff.

iii. Ensuring that all staff working in the Clinic have and maintain the requisite knowledge of:

   a. Management of medical, physical, and psychological emergencies in a professional manner.

   b. Multicultural and diversity needs of clients/patients/trainees.

   c. Specific training to provide safe and effective ePsychology services if offered.
iv. The ongoing professional development for all Clinic staff, with the clinic director and supervisors being provided access to annual clinical professional development to ensure knowledge and skills continue to develop and remain relevant and current.

v. The management of staff performance to ensure adherence to the legal, ethical and professional requirements of the Clinic.

vi. The method of evaluation of Clinic staff performance and trainee progress and final evaluation is developed in consultation and alignment with the training program and educational institution procedures. Procedures for these evaluations are objective, informed by the literature, and utilise reliable and valid methods and instruments where available. Where a staff member’s performance does not meet the required standard, the procedures for management of staff of the educational institution are followed.

Training Program:

Role:

The training program provides trainees with the academic, legal, ethical, professional and research learning base for professional psychology practice. This learning enables trainees to acquire the level of competency to deliver collaborative evidence-based services to the public safely, legally, and ethically in the Clinic and in external practica/placements until the trainees meet the standards required to graduate from formal training.

Responsibilities:

The training program is responsible for

i. The development, evaluation and, where necessary, remediation of trainee knowledge in legal, ethical clinical and professional practice and in research.

ii. The adequate preparation of trainees for the delivery of services to the public in the Clinic, particularly for ensuring their competency in:

   a. Supervised service delivery with best practice models of care that are legal, ethical, and culturally attuned or developed as an indigenous evidence-based approach.

   b. Management of medical, physical and psychological emergencies in a professional manner.

   c. Cultural competence training.

   d. The multicultural and diversity needs of clients/patients.

   e. Additional specific training to provide safe and effective ePsychology services where these are to be delivered.

Shared Training Program and Clinic Responsibilities:

While many responsibilities can be clearly delineated, some key areas of responsibility can be shared to ensure maximum integration, consistency, and continuity of both academic and applied clinical training. It is recommended that those within training program and the Clinic
work collaboratively and supportively to produce well-rounded and competent trainees and to ensure safe and effective service provision in the Clinic.

This involves monitoring and evaluation of both client/patient progress and outcomes and trainee competences to enhance efficacy and reduce harm. It is further recommended that methods for evaluation of client/patient services, informed by the literature, are routinely applied throughout the assessment process, during treatment and at completion of service. These include clinical progression and evaluation of the Clinic experience for the client/patient. Follow-up of client/patient progress and well-being post-service termination is undertaken where indicated.

To protect the rights and welfare of all parties (including clients/patients, trainees, clinic personnel and the institution), it is recommended that policies and procedures governing the identification of unsatisfactory attainment of competence thresholds by trainees and the remediation of these gaps be guided by:

i. The development of and adherence to clear, written competence standards that are benchmarked for the trainee’s developmental stage.

ii. Clear policies, procedures, and tools for the assessment of trainee performance against standards for progression in training and to determine their fitness to practice.

iii. Ongoing evaluation, with formal standardised assessment tools, at least at the midpoint and endpoint of each training rotation.

iv. The development of individualised pedagogically informed remediation plans for trainees not meeting the required standards, with explicit conditions where these are not met. The plan requires clearly defined milestones for competence attainment, placement failure and course termination, should the specified requirements not be met.

v. The processes and procedures for remediation and termination of trainees are clearly documented and adhered to when performance does not meet the required standards.

vi. Procedures for the termination of trainees when major breaches of ethical or legal standards occur, or when remediation is not successful.

vii. Promotion of a research mindset that respects evidence and the scientific method.

These policies require careful consideration of due process and outline opportunities for remediation where warranted.
Clinic Personnel:

Clinic Director:

Role:
The clinic director provides responsible leadership and oversight of all Clinic operations to ensure the safety, legality, ethical and professional operation of the Clinic, and to provide an environment in which trainees are enabled to meet the standards required.

Training:
The clinic director has attained the qualifications and experience requisite to the level of responsibility involved in operating a Clinic safely and effectively, and hold registration/licensure for practice within the relevant jurisdiction. Ideally, where there is no regulatory jurisdiction with the authority to licence or register psychologists, registration/licensure is maintained within an equivalent regulated jurisdiction to provide added protections for the public and the education institution.

Responsibilities:
The clinic director is responsible for:

i. The development of a mission statement and strategic plan to provide a clear direction for the Clinic.

ii. Interprofessional, interdisciplinary and intradisciplinary consultation and collaboration to enhance the development and operation of the Clinic to ensure that client/patient care and training outcomes meet best standards of practice.

iii. The professional operation of the Clinic, including adherence to ethical and legal requirements, and respect for diversity and equity within the clinic environment, for professional conduct and client/patient care.

iv. The operation of the Clinic at all levels with respect for diversity, equity and inclusion, and that all personnel working within the Clinic demonstrate cultural competence.

v. The standard of clinical training and practice within the Clinic.

vi. The development and enforcement of written policies and procedures to:
   a. Guide professional, ethical, and legal practice within the Clinic.
   b. Ensure client/patient care is protected during clinical training and research.
   c. Provide appropriate safeguards for the safety, privacy, and security of all client/patient material, including where technologies are employed, such as in billing, file storage, and for supervisory purposes.
   d. Provide contingencies to guard against the risk of compromised care.
   e. Outline workflow for management of clients/patients through the Clinic.

vii. Employ quality assurance mechanisms, such as client/patient case file audits, to ensure legal, ethical, and professional compliance with the required standards.
viii. Assure that research conducted with Clinic clients/patients adheres to the legal and ethical standards of the jurisdiction within which they are conducted.

ix. Undertake regular evaluation of:
   a. Client/patient outcomes.
   b. Performance of administrative staff and supervisors.
   c. Supervision.
   d. The Clinic facilities and operation.
   e. Trainees’ experience of the practicum/placement.

x. Development of a Clinic Administration Manual to assist in the guidance of administrative staff and administrative procedures for all Clinic personnel.

xi. Ensuring that their own knowledge and skills remain current and relevant to the work undertaken.

Authority:

The clinic director is given the authority and support required to discharge their responsibilities, including appropriate authority over the work of all Clinic staff, supervisors, and trainees. These authorities are developed and exercised in consultation with and assisted by the educational institution and clearly elaborated in the clinic director’s job/role description.

The clinic director supports research activity involving Clinic clients/patients and Clinic space. The role of the clinic director is to ensure that client/patient and training needs take proper priority over those of research as necessary and to assist researchers in managing the inherent practicalities of empirical investigation within the Clinic. All research must be conducted in an ethical manner and commence after all necessary approvals have been acquired.

Workload:

If the clinic director has academic or other duties, the demands of the role of the clinic director need to be properly considered. A method to equate the work of the clinic director to other types of work within the educational institution is devised to ensure a fair and equitable workload.

Evaluation:

The clinic director ensures and facilitates the regular systematic evaluation of their own competence and performance by those to whom they report and supervise, e.g. colleagues and trainees.

Supervision

The purpose of supervision is:

- To protect the public by ensuring standards are met for safe and competent client/patient care.
To facilitate the trainee’s acquisition and enhancement of all aspects of competence (including knowledge, skills, relationship, and attitude-values) in a holistic and integrated manner.

To assess trainee competence in a fair, objective, and rigorous manner.

**Supervisors:**

**Role:**

Supervisors oversee, guide and evaluate the work of trainees to ensure safe, legal, ethical, professional and effective evidence-based assessment and treatment is provided for clients/patients.

**Training:**

Supervisors hold relevant qualifications in the area of practice for which the trainees are being prepared, and have the experience requisite to the level of responsibility involved. Supervisors need to demonstrate the range of relevant practitioner and supervisory competences required by the jurisdiction in which they work.

**Responsibilities:** Supervisors are responsible for ensuring:

i. Their own legal, ethical, and professional practice performance and that of the trainees whom they supervise.

ii. Multicultural, cross-cultural, and linguistic competences directly related to client/patient care are integrated into clinical services in accordance with the cultural guidelines of their region or country.

iii. Provision of reliable, sufficient, and competent supervision of trainees that accounts for and is adapted to the developmental level of trainees.

iv. The safety of the clients/patients of the trainees they supervise, and the efficacy of the services provided.

v. They, and the trainees they supervise, adhere to the policies and procedures of the Clinic.

vi. When online technologies are used, supervisors are responsible for the compliance with established safeguards to ensure that client/patient privacy and confidentiality are not jeopardised.

vii. Incorporation of regular direct observation of trainees’ assessment and intervention sessions, either by technology or by presence in the room.

viii. Support and coaching of trainees during the learning process.

ix. Fair and rigorous evaluation of trainees. Supervisors need to be cognisant of their gate-keeping role for the profession and the public, and ensure that trainees who fall short of competence or evidence impairment are referred for appropriate remedial or other action to the training program, educational institution and/or the regulatory authority.
x. Timely and appropriate supervision for trainees when their own supervisor is unavailable.

xi. Consultation with other supervisors, staff, or others with relevant specialist or case-appropriate expertise.

xii. Their own knowledge and skills remain current and relevant to the work undertaken.

**Workload:**

If the supervisor has academic or other duties, the demands of the role of the supervisor need to be carefully considered. A method to equate the work of the supervisor to other types of work within the educational institution is devised to ensure a fair and equitable workload.

**Evaluation:**

Supervisor competence and performance is regularly and systematically evaluated by the clinic director, colleagues, and trainees.

**Administrative/Clerical Staff:**

Sufficient and adequately trained administrative staff that may include reception, office staff, or graduate assistants are crucial to the efficient and effective operation of the Clinic and to the training team within the Clinic.

**Role:**

Administrative staff support the clinic director in the fiscal and service delivery management of the Clinic and support, assist, and train trainees in these areas within the Clinic. Duties may include reception and management of client/patient appointments, billing, administrative documentation, management of Clinic resources and guidance of trainees as they develop competency in the management of service delivery and related activities.

**Training:**

Individuals staffing the Clinic have the relevant competences to fill the role required, particularly knowledge of policies regarding activities that involve direct client/patient contact or access to confidential client/patient information.

**Responsibilities:**

i. The administration of the Clinic must meet all legal, ethical and professional obligations.

ii. The development of a Clinic Administration Manual, in conjunction with the clinic director, to assist in the guidance of administrative staff and administrative procedures for all Clinic personnel.

iii. Understanding and adherence to the ethical guidelines and Clinic policies and procedures relevant to their roles in the Clinic.

iv. Being fully informed of and adhering to rules of client/patient and trainee confidentiality.
v. The implementation of Clinic policies, procedures, and guidelines relevant to the administration of the Clinic.

vi. Working with clients/patients and trainees in a responsive, warm and effective manner.

**Workload:**

If the administrative staff have other duties within the educational institution, the demands of the role of the Clinic need to be carefully considered. A method to equate the work of the administrative/clerical staff to other types of work within the educational institution is devised to ensure a fair and equitable workload.

**Trainees:**

**Role:**

The trainee delivers supervised professional psychology services while continuing to learn and develop competences for professional practice.

**Training:**

The trainee is required to meet standards for legal, ethical, professional, safe and effective service delivery to the public under supervision.

**Responsibilities:**

Trainees are responsible for:

i. Understanding and adhering to the ethical and legal requirements of the educational institution within which they are enrolled and of the regulatory authorities of the profession for the jurisdiction in which they practise.

ii. Adhering to the policies, procedures, and guidelines of the Clinic, and of the educational institution.

iii. Continuing to develop their professional practice knowledge, skills and competences at an expected rate while working within the Clinic.

iv. Working collaboratively with clients/patients using culturally informed or indigenously developed evidence-based approaches.

v. Demonstrating an appropriate level of professionalism in all dealings with clients/patients, including the timely completion of case documentation and reports.

vi. Being mindful of the limitations of their competences, and to seek education, consultation, and supervision as required.

vii. Demonstrating an openness to the supervisor’s guidance and adherence to directives in accordance with the legal and ethical requirements under which the trainee practises. Trainees who find themselves in conflict with their Supervisors follow their training program’s policies related to conflict resolution or grievances.
Evaluation:
Trainees need to be evaluated on the full scope of their professional performance, including but not limited to, suitability for professional practice, clinical and professional competences, collegiality, and capacity to utilise supervision.

Policies and Procedures

Documentation is a key component of the Clinic as a fully functioning organisation. A regularly updated working P&P Manual is developed by the clinic director and made available to all relevant personnel (e.g. trainees and supervisors, Clinic staff, interpreters/translator, peer counsellors, peer support specialists or volunteers etc.) to ensure compliance with requirements. The manual reflects the mission and structure of the Clinic and its associated training program. A manual ensures that continuity is maintained from one year to the next as personnel, especially trainees, join and depart from their roles in the Clinic. The document also provides a stable reference point for the equitable administration of policies and procedures in the Clinic that affect clients/patients and Clinic personnel.

Operational procedures need to be explicited in relation to all critical areas such as: services provided, billing, intake policies and procedures, Clinic workflow, service pathways, ethical issues (including informed consent, confidentiality, multiple relationships, etc.), risk assessment and management (including management of serious issues such as child protection, interpersonal violence, criminality and substance abuse), communication with clients/patients, record keeping and disposal, and supervision guidelines and policies. IT utilisation procedures also need to be clearly documented. Important elements include guidelines for client/patient admission and intake, and screening and related processes that are consistent with the supervisors’ competences, the developmental learning needs of trainees and the ethical obligations to prospective patients.

Informed consent:

Development of comprehensive written informed consent procedures that meet the requirements of the jurisdiction and all authorities under which the Clinic operates are essential. These are likely to cover such areas as:

a) Fee structures and billing policies.

b) Information regarding the services provided, including assessment methods, and therapeutic strategies to be employed.

c) Consent to assessment, treatment, monitoring, and evaluation as appropriate.

d) Limits to confidentiality according to the legal regulations under which the Clinic operates.

e) Client/patient files/records storage, and the timing of their disposal.

f) The conditions under which access to client/patient files/records is provided.

g) Access to records with/without the client’s/patient’s written consent, in accordance with the legal jurisdiction within which the Clinic operates.
h) Additional specific guidelines (e.g. copies of privacy policies), that are consistent with national and regional mental health laws.

i) The name and contact information of the supervising psychologist.

j) Voluntary consent for de-identified data usage for research purposes where relevant.

k) Where e-Psychology is provided, Clinics are expected to develop and document specific procedures and policies, including professional and ethical guidelines and codes for the delivery of e-services. These need to be adhered to in conjunction with established procedures and policies of the Clinic.

Records and record keeping:

Clinics must maintain strict and secure client/patient recordkeeping. Ensuring the confidentiality and security of records is required by the authorities under which the Clinic operates.

Safeguards of the client/patient file/records need to be scaled according to Clinic staff involvement in the care of the client/patient (i.e. trainees and supervisors vs the front desk receptionist), and clearly delineated in the policies and procedures manual. Access to client/patient clinical or case notes is limited to those involved in clinical care, or in training to provide clinical care, under supervision. Processes for the legal and ethical disposal of records are developed and documented. The date of disposal of each client/patient file/case notes/record are recorded and retained.

Emergency management:

Policies and procedures need to be developed to provide for emergency and after-hours coverage, as well as emergency referral resources within the community. Emergency management policies and procedures need to be provided in a format that allows for ready access to information and resources as required. The manual should specifically instruct staff, supervisors and trainees how to respond and manage critical incidents and emergencies (e.g. managing violence or self-harm, the use of duress alarms, evacuation procedures, security and police involvement).

Policies need to ensure follow-up of all clients/patients that miss appointments or drop out of services. Follow-up is to be conducted by the trainee (or supervisor if the trainee is unavailable) until the case is appropriately closed or referred to another professional. Follow-up of those discharged after a positive outcome is recommended where resources allow.
Appendix A

Description of AAPTC & APTC

The Australian Association of Psychology Training Clinics (AAPTC) was established in 2004. It is an independent organisation made up of Directors of psychology training clinics within educational institutions across Australia, New Zealand, Asia, and the Pacific. It is a collaborative project that was developed to assist in maintaining standards in professional psychology training, sharing knowledge and resources, and forging links with clinics throughout the region. This allows best practice benchmarking and development of psychology training clinics, and support for its member clinic directors to benefit training via psychology training clinics. Members are typically managers and directors of clinics associated with post graduate training programs in professional psychology at accredited educational institutions. The position of psychology clinic directors is a unique one in that it requires a wealth of knowledge and experiences across a wide range of areas of psychology training process and often combines academic, clinical, managerial and research expertise.

Since its commencement, AAPTC has grown to 108 members from 44 different clinics across the states and territories of Australia, and New Zealand (4), Hong Kong (2) and Singapore (1). AAPTC meets annually and utilizes an active listserv to support members.

The Association of Psychology Training Clinics (APTC) was first formed in 1978/1979, held its first formal conference in 1999, and has met annually since. APTC represents nearly 200 psychology training clinics which provide practicum/pre-internship training to clinical, counselling, and school psychology doctoral students. APTC clinics are located primarily in the United States and Canada, with at least one clinic located in Guatemala. All participating clinics are university-based facilities that provide behavioural/mental health services to the community. In these clinics, licensed faculty and doctoral level psychologists supervise services provided by graduate students. APTC conducts an annual meeting, maintains an active listserv where training and clinic management issues are discussed, publishes an e-newsletter, and provides an organizational website (www.aptc.org) with many resources for training clinic directors.

The Mission of APTC is to: (a) promote high standards of professional psychology training and practice in psychology training clinics; (b) facilitate exchange of information and resources among psychology training clinics that provide pre-doctoral practicum training in professional psychology; and (c) interface with related professional groups and organizations to further the goals of APTC, including influencing the establishment of standards and guidelines on service delivery and training of future psychologists. Our expanded global mission is to extend our membership to include international training clinics from around the world.
Appendix B

International Committee of The Australasian Association of Psychology Training Clinics
and The Association of Psychology Training Clinics
Guidelines Development Committee Members

Thank you to the following individuals for contributing to the development of these guidelines:

Alice Shires, Ph.D., University of Technology, Sydney, Chair, Australasian Association of Psychology Training Clinics (AAPTC), AUS, Alice.Shires@uts.edu.au

Chun-Chung Choi, Ph.D., University of California Irvine (UCI) Counseling Center, USA, chunchuc@uci.edu

Craig Gonsalvez, Ph.D., Western Sydney University, AUS, c.gonsalvez@westernsydney.edu.au

Heidi Zetzer, Ph.D. (Co-Chair), University of California, Santa Barbara, USA, Past President, Association of Psychology Training Clinics, hzetzer@ucsb.edu

Judy Hyde, Ph.D., OAM (Co-Chair), Retired, University of Sydney; Founding Chair, Australasian Association of Psychology Training Clinics (AAPTC); Founding President, Australian Clinical Psychological Association (ACPA); AUS, judy.hyde@outlook.com

Karen Fondacaro, Ph.D., University of Vermont, USA, karen.fondacaro@uvm.edu

Lettie Flores, Ph.D., University of Tennessee, Knoxville, USA, President, Association of Psychology Training Clinics, lflores3@utk.edu

Mary Sean O'Halloran, Ph.D., Professor Emerita, University of Northern Colorado, USA, sean.ohalloran@unco.edu

Michael Wolff, Ph.D., Penn State University, USA, mxw102@psu.edu

Nancy Liu, Ph.D., University of California, Berkeley, USA, nancy.liu@berkeley.edu