Administrative Guidelines for Psychology Training
Clinics (Revised 02/12/08)

Purpose
These guidelines are intended to provide clinic directors, directors of psychology training programs (clinical, counseling, school or combined programs), departmental chairs, and other interested parties with recommendations for the appropriate, effective and ethical administration of psychology training clinics. The guidelines have been created by the membership of the Association of Directors of Psychology Training Clinics (ADPTC) and as such represent the combined experience of scores of psychologists who have served in the clinic director’s role. The membership of the ADPTC encompasses a full range of training models in the United States and Canada, from clinical-scientist to scientist-practitioner to scholar-practitioner, and diverse doctoral training programs in clinical, counseling, school psychology and combined applied programs. These guidelines are intended to be broadly applicable to all professional psychology doctoral practicum training clinics; however, ADPTC recognizes the importance of tailoring these guidelines to each individual clinic and training program.

Introduction
Beginning with the first university-based psychology clinic in America, developed by Lightner Witmer at the University of Pennsylvania in 1896, psychology training clinics have pursued a tripartite mission involving training, research, and service delivery. Individual clinics differ, however, in the relative emphasis placed on each of these activities and in the ways in which they are actualized. Psychology training clinics are applied settings designed to provide graduate students the best possible training in professional psychology. Historically, clinics have been the focal point of many interests, each with different and at times competing demands and priorities. This trend has continued and interests have further diversified, reflecting the growing complexity of our discipline. Current interests include the university’s broad policies and educational goals; goals and standards of deans, administrators, department chairs and directors of training; the goals, needs and interests of faculty, trainees, and accrediting bodies such as the American Psychological Association (APA) Commission on Accreditation (CoA); and the needs of the client populations served. The challenge for clinic directors is to negotiate and reconcile these competing interests while sustaining the core standards, values and purposes of the training clinic. Further, ADPTC has promoted a Competencies Document (ADPTC, 2007) that training programs and clinics may use to guide their selection and description of the domains of professional competence among its trainees relevant to the program’s emphasis and orientation.

The following Guidelines have been formulated to assist directors in their roles, recognizing that effective leadership is supported and strengthened by an explicit statement of essential components for the professional operation of training clinics.
Use of the term guidelines in this document is similar in intent to policy statements on guidelines used in publications sanctioned by the APA.

The term “guidelines” refers to pronouncements, statements, or declarations that suggest or recommend specific professional behavior, endeavor, or conduct. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help assure a high level of professional practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every situation. They should not be construed as definitive. [APA, 2000, p. 1440]

1.0 The Clinic Mission

1.1 Clinics develop clear mission statements consistent with their individual priorities and goals with regard to training, service delivery, and research.

1.2 Clinic directors include their clinic’s mission statement in the clinic’s policy and procedure manual.

2.0 The Director's Role

2.1 Clinic directors are responsible for the professional operation of the clinic, including adherence to ethical and legal standards of professional conduct and client care. The key feature of the clinic director’s role is her/his responsibility to guarantee high standards of clinical training, practice, and research application.

2.11 Clinic directors have authority requisite to assuring high standards of clinical training, practice, and research.

2.12 Clinic directors have appropriate authority over the work of staff, trainees, supervisors, and strategic planning, in consultation with and assisted by the appropriate university bodies and the training program with which the clinic is associated. These relationships may vary depending on the administrative setting of the clinic.

2.2 Given the number of stakeholders in the clinic and the sometimes divergent interests that directors must reconcile, it is essential that the director have a clear understanding of the lines of authority and decision-making within his/her own department or administrative home.

2.21 The director’s scope of authority and responsibilities are clearly elaborated in a job description.

2.22 Directors receive regular performance evaluations from those to whom they report.
2.23 If the director is on a tenure track faculty line, the unique demands of the role of the director are taken into account in performance evaluations.

3.0 Supervision

3.1 The primary function of a psychology clinic is to train graduate students to be practitioners and applied scientists according to the model of their training programs.

3.11 Insofar as clinical supervisors carry the central and critical responsibility for immediate oversight of practicum training and client welfare, they adhere to appropriate professional, ethical and legal standards.

3.12 Clinic directors and supervisors are familiar with professional guidelines developed for clinical practice and use them as appropriate to their settings along with applicable state/federal laws and regulations (e.g., the Association for Counselor Education and Supervision, 1993; the Association of State and Provincial Psychology Boards, 2002).

3.2 Under the leadership of the director, the clinic develops policies to ensure that the clinic provides high quality supervision.

3.21 Clinic policies regarding supervision are developed and reviewed regularly with the active participation of clinic supervisors, trainees and other stakeholders. Best practices for supervision policies include the following features:

3.211 Supervisors are licensed and qualified to practice in the areas of practicum work that they conduct and supervise in the clinic.

3.212 Supervisors and student trainees understand and adhere to APA’s Ethical Principles and Code of Conduct (APA Ethics Code; APA, 2002), other APA ethical and professional guidelines, and state and federal laws pertaining to supervision and clinical practice.

3.213 Policies are in place to ensure that supervisors are (a) competent to provide supervision in the activities they are expected to supervise and (b) qualified to provide supervision based upon education, training, and experience.

3.214 In addition to written clinic policies and procedures, supervisors provide trainees with written descriptions of practicum learning objectives and roles and expectations of supervisors and trainees.

3.215 Supervisors ensure that the clinic’s policies are followed and that case assignment, type of treatment, and the amount and type of supervision trainees receive are appropriate for that student’s developmental level of competence.
Clinics have a written policy regarding documentation of supervision.

Clinics have written policies regarding how trainees are evaluated over the course of their training.

The criteria by which trainees will be evaluated are provided to trainees at the beginning of the practicum experience.

Written feedback is provided to trainees at specified regular time intervals.

Trainee evaluations are integrated and reviewed by the supervising faculty and director of training to assure that acquired practicum experiences and performance are in concert with her/his academic objectives and are part of the ongoing review of progress toward her/his degree.

Supervisor performance is evaluated on a regular basis and includes feedback from trainees and peer/director input.

Clinic directors have access to supervisor evaluations in order to effectively monitor the quality of supervision being conducted at the clinic.

Clinics have written policies regarding how this information is collected and utilized to promote quality improvement in the supervision process and to safeguard the interests of the trainees who are involved in the evaluation process.

Evaluations of supervisors are considered as part of a faculty members’ annual evaluation.

4.0 Developing Competencies in Students/Trainees

Students have appropriate training and experience before taking on service delivery roles in the clinic. Because training is a developmental process, training experiences are sequenced to match the level of the student’s preparation.

Clinics implement an individual practicum training plan to guide the clinical training experience for each student. These plans are created, documented and implemented by the clinic director, program director of training, and the clinic supervisory faculty.

Training plans are created with the trainee at the start of practicum training, reviewed during training, and discussed at the conclusion of training to assess progress and identify areas in need of further training.
4.31 Training plans may be used both as an evaluation tool of student progress and for guidance to the clinic director in assigning cases and supervision appropriate to the goals identified for the student.

4.32 Written documentation of the student’s progress is maintained and considered in their overall evaluation of competence. [Detailed administrative guidelines for practicum training plans have been developed by the Council of Chairs of Training Councils (CCTC; 2007).]

5.0 Clients Receiving Professional Services

5.1 Training clinics provide a range of professional psychological services to clients who are in need of these services. Although services are usually provided by graduate students in training, clinic supervisors are responsible for assuring that clients receive quality care meeting the accepted standards of practice.

5.2 Clinical decisions regarding assessment and treatment services provided to clients consider both the training mission and client needs.

5.3 When clients participate in activities at the clinic that are not primarily based upon client need as assessed by the trainee and supervisor (e.g., for research or educational purposes), these activities are voluntary.

5.31 All activities not primarily based upon client need are subject to separate consent procedures, and reviewed/approved by the institutional IRB where appropriate.

5.32 To minimize the risk of client exploitation, activities not primarily driven by client need are clearly separated from those essential to clinical care.

5.33 Clients are not pressured to participate in activities unrelated to their clinical care and are assured that non-participation will have no negative effect upon their clinical care.

6.0 Operational Guidelines

6.1 Infrastructure and Support

6.11 The clinic facility and resources are adequate for professional practice, training, and applied research.

6.111 Clinics have confidential treatment rooms, adequate waiting areas, and the furniture and décor appropriate for professional practice, with attention given to privacy and security.

6.112 Observational and audio/video recording capability is available for supervision.
6.113 Work space, computers, and secure storage space are provided for clinical documentation within the clinic, as well as space storage of client files and testing materials.

6.12 The clinic director is granted sufficient administrative time to assure proper oversight of the clinic.

6.13 Clinics are staffed with adequate professional and clerical support.

6.14 Clinics ensure professional liability protection is in place for faculty, supervisors and trainees.

6.15 Support for clinic operations and facilities by the academic institution is sufficient to enable the implementation of the training mission of the clinic and the clinic’s ability to serve the training needs of student affiliates from the academic program.

6.2 Policies and Procedures

6.21 Clinics have a policy and procedure manual that is updated regularly and made available to both trainees and clinical supervisors in order to ensure compliance with its guidelines. The manual will reflect the mission and structure of a particular clinic and, as appropriate, its associated training program.

6.3 Staff Training and Confidentiality

6.31 Individuals staffing the clinic, whether they are office staff, graduate assistants, or supervisors, learn and understand the ethical guidelines and clinic policies and procedures relevant to their roles in the clinic. Particular attention should be paid to staff activities that involve direct client contact or access to confidential client information.

6.4 Clinical Operations

6.41 Clinic operational policies assure professional client care as well as high standards of clinical training and supervision.

6.42 Clinics operate over twelve months to provide continuity of client care, to insure the viability of the clinic’s role in the community, and to provide on-going training for trainees.

6.43 Clinics have clear policies on community advertisements, screenings and the admission of new clients.

6.44 Guidelines for client admission/intake (developed by the clinic director together with faculty) reflect faculty expertise and the training needs of trainees. Clinic trainees and supervisors respond promptly to clients requesting services.
6.5 Billing and Financial Issues

6.51 Where clinics provide fee-for-service, appropriate billing and collection mechanisms are in place.

6.52 Written information regarding the fee structure is available to clients, supervisors, and trainees.

6.6 Informed Consent

6.61 Clinics develop appropriate informed consent procedures (or notification as appropriate) and require that all clients be provided informed consent/notification to receive evaluation and/or treatment services at the clinic. The informed consent includes information regarding any limits to confidentiality and the clinic’s fees and billing policies. Clients are provided the name of the supervising psychologist.

6.62 The informed consent includes information regarding any persons who may have access to records without the client’s written consent (e.g., court orders, auditors such as CoA site visitors).

6.63 Additional specific guidelines (e.g., providing copies of privacy policies), are adhered to in those clinics that are HIPAA compliant.

6.7 Crisis Care and Emergency Policies

6.71 The clinic policy manual provides detailed instructions for trainees in the case of client emergencies, and there is a clear system for trainees to access a supervisor whenever necessary.

6.72 Clients are provided with copies of the clinic’s policies regarding emergency and off-hours coverage, as well as emergency referral resources in the community.

6.8 Integration of Ethics and Cultural Competence Training

6.81 Clinics provide a supportive learning environment that fosters increased awareness and sensitivity to ethical and cultural issues, promotes personal development for all staff, and provides appropriate professional training experiences.

6.82 Supervisors assure that multi-cultural and diversity needs of clients (see APA, 2003) are integrated into clinical services.

6.9 Collaborative and Evidence-based Treatment
6.91 Clinics provide clients with adequate information regarding all services provided, including assessment methods and therapeutic strategies to be employed.

6.92 When conducting therapy, trainees work collaboratively with clients to conduct an initial assessment, formulate a treatment plan, enumerate treatment goals, and conduct on-going evaluation of the treatment provided.

6.93 Clinic services include evidence-based services to clients (see APA, 2005) and instruct trainees in best practice models of care.

6.94 Trainees and supervisors follow-up with clients who might miss appointments or drop out of services until the case is appropriately closed or referred to another professional.

6.10 Documentation and Record-Keeping

6.101 Client contact and services are appropriately documented. Clinic policy and procedures specify clinic documentation and record keeping requirements.

6.102 Documentation reflects the clinician’s status as a trainee.

6.103 Clinic policies regarding the use of email and faxes are thoroughly described.

6.104 Evaluation and termination reports are completed in a timely manner.

6.105 Clinics develop procedures for monitoring adherence to record-keeping policies.

6.106 Clinics develop and implement policies to insure the confidentiality and security of client records.

6.107 Clinics respond promptly to requests from other professionals external to the clinic for reports on the cases they evaluate or treat.

6.108 There are clear policies regarding how the clinic responds to subpoenas and court orders and clinic directors have access to legal consultation.

7.0 Financial Accountability and Service Expectations

7.1 Mechanisms are in place (e.g., annual report, advisory board meetings) for the clinic director to summarize and report on clinic financial, training, research, and service activities.

7.2 Training clinics are sufficiently supported financially by the university department(s)/program(s) they serve to provide high quality training and service.
7.3 Supervisors and faculty are involved in determining appropriate expectations for caseloads given the primary training mission.

7.4 Clinic directors and faculty give careful consideration to the administrative uses and benefits of computerized records and databases of clinic activity. When used, computerized records necessitate compliance with electronic security standards.

8.0 Problem Resolution and Due Process

8.1 Clinics offering practicum training provide for informal problem resolution when disputes between trainees and supervisors and/or other clinic staff arise. Clinics and the associated training program have policies related to trainee problems and ethical violations that address due process rights.

8.2 Insufficient progress toward developing foundational competencies or violation of clinic policy (e.g., repeated late clinical documentation) warrants a trainee remediation plan. Major ethical violations are sufficient cause for immediate removal from the practicum.

8.3 The clinic director is involved in any decisions regarding trainee difficulties including the viability of the student continuing in the practicum site.

References

Association for Counselor Education and Supervision (1993). Ethical guidelines for counseling supervisors. (http://www.acesonline.net/ethicalguidelines.htm)


