

Psychology Practicum and Supervision Program Manual

Updated April 2023



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# Introduction

Whether you are considering or have accepted a placement at Sarah Carr Psychological Services (CarrPsych), this manual is for you. It is intended to outline expectations and requirements for practicum students at CarrPsych, as well as to answer some frequently asked questions.

Training at CarrPsych focuses on evidence-based and theoretically grounded clinical psychology practice. Our approach to supervision and training is competency-based, experiential, supportive and relational. We want students to finish their practicum with a solid foundation in the Core Competencies (see Training Goals).

This is an exciting time in your career development. We hope your time here will be enriching and rewarding.

# About the Practice

CarrPsych is a private psychology practice in Charlottetown, PE. We are a growing team of registered psychologists, counsellors and clinical social workers who aim to provide evidence-based, effective clinical care for our clients. Our clinicians are passionate, engaged, growth-oriented, non-judgmental, and professional. All clinical service providers at the practice are licensed to provide psychological or psychotherapy services in Prince Edward Island or are supervised by a licensed provider.

#### Office Locations

| **Head Office**  CarrPsych  53 Grafton Street  Charlottetown, PE  C1A 1K8  **Secondary site**  Aspire Physio | Wellness  14 Kinlock Road  Suite 10 - Kinlock Crossing  Stratford, PEI C1B 1R1 | [CarrPsychological@gmail.com](mailto:CarrPsychological@gmail.com)  CarrPsych.com  (p) 902-367-4722  (f) 902-267-4724  [Info@aspirephysio.ca](mailto:Info@aspirephysio.ca)  aspirephysio.ca  (p) 902.628.1991  (f) 902.628.6242 |
| --- | --- |

#### Hours

Reception hours are Monday to Friday, 8am-4pm. Work hours vary; we can accommodate both daytime and evening/weekend practicums, subject to office availability.

The office is closed on storm days. Clients may be seen online on days the office is closed.

#### Parking

Staff and students are responsible for their own transportation and parking. Those wishing to purchase a parking pass for one of the nearby parkades should contact the Charlottetown Area Development Corporation close to the beginning of their practicum ([http://cadcpei.com/parking/](http://cadcpei.com/parking/pownal-parkade/)). The closest parkade is the Pownal Parkade. Street parking (both free and metered) is available in the surrounding areas.

#### Email

Students are asked to create a gmail address which will be used for all bookings and communications. Students are reminded that the address should be professional and difficult to misread. Good examples: [yourname][year]@gmail.com; [yourname]student@gmail.com; [yourname]counselling@gmail.com; [lastname][firstname]@gmail.com; CBT[yourname]@gmail.com; [yourname]CarrPsych@gmail.com; or any other appropriate/creative name. Please be aware that you cannot use restricted titles (e.g. psychologist, counselling therapist) or unearned or unrelated credentials (e.g. M.A.) in your email address.

After creating a username, please share your calendar with [CarrPsychological@gmail.com](mailto:CarrPsychological@gmail.com).

#### Accreditation

The Psychology Practicum Program at CarrPsych is not accredited. Applicants are encouraged to speak with their Director of Clinical Training regarding the acceptability of our practicum program for their specific program requirements.

#### Remuneration

Practicum students and supervisees are deemed to be in clinical training and are not employees or independent contractors at the practice. They are not paid a stipend, fee, or salary.

#### Our Treatment Approach

* Evidence-based, best-practices approach to assessment and treatment
* Biopsychosocial and trauma-informed care
* Cognitive behavioural therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Dialectical Behaviour Therapy Skills Training (DBT), Mindfulness- and Somatic-based therapies, and Acceptance and Commitment Therapy (ACT)
* Sensitivity to issues of diversity; LGBTTIQ positive space
* Collaboration with teams, outside professionals, and families
* In-person and video counselling and assessment

#### Services

#### Adult Services

We offer evidence-based individual and group treatment to address issues related to depression, anxiety, ADHD, posttraumatic stress and trauma-related disorders, somatic disorders, chronic pain and illness, personality disorders, and high conflict personalities. We also offer counselling and relational psychotherapy to address issues related to relationships, self-esteem, and identity. Services for adults include psychotherapy and return-to-work planning, as well as psychological and psychoeducational assessments.

#### Child & Teen Services

Psychologists and therapists at our practice help children aged 10 and over, teens, and parents learn to cope adaptively with a range of issues, including anxiety and depression, coping with parental separation and divorce, ADHD, behavioural difficulties, relationship difficulties, self-esteem issues, identity issues, and traumatic stress disorders. Services for children and teens include psychotherapy and parental consultation. Psychological assessments are available for those aged 16 and up.

#### Our Commitment to Creating a Diversity-Positive Space

Our office is a place where human rights and diversity are respected. We understand that each client is unique and presents with complex identities in terms of ancestry, family status, dis/abilities, socioeconomic status, sex, gender identity and expression, and sexual orientation.

# Training Goals

The primary aim of the practicum program is to ensure the student’s development of Core Competencies (as outlined by the Canadian Psychological Association, the Prince Edward Island Psychologist Registration Board and the Canadian Counselling and Psychotherapy Association) so that they are prepared to begin practicing at the Master’s or Doctoral level. The goals for the program are as follows:

#### Develop Evidence-Based Intervention and Consultation Skills

Competency goals:

* Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences.
* Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation.
* Displays clinical skills.
* Implements evidence-based interventions.
* Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures.
* Demonstrates knowledge of the consultant’s role and its unique features as distinguished from other professional roles (such as therapist, supervisor, and teacher).
* Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions.
* Identifies literature and knowledge about the process of informing consultees of assessment findings.
* Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings.

How this will be achieved:

* Students will be exposed to a wide range of client populations and presenting problems.
* Students will receive didactic training and supervision with regard to a range of modalities including evidence-based and client-centred modalities.
* Students will prepare treatment progress notes for clinical purposes and for non-clinical (i.e., insurers, lawyers, WCB) readers.
* Students will administer, score, and clinically-employ measures of treatment response and therapeutic alliance.
* Students will have exposure to communicating with family doctors, insurance adjusters, and other clinical professionals.
* Students will participate as members of an Interdisciplinary Program (IDP) team consisting of counsellors/psychologists, occupational therapists, and physiotherapists.
* Students will have the opportunity to provide feedback on a consultation to clients, family members, treatment providers, or community members.

#### Develop Skills in Assessment, Diagnostic Formulation, and Communication of a Diagnosis

*Note: on PEI, only psychologists and doctors (including psychiatrists) can diagnose. Competencies related to diagnosis are intended for psychologist-track students only. Counsellors and Clinical Social Workers will assess within their individual scope of practice, including the administration and interpretation of Level B assessments, outcome measures, and screening tools.*

Competency goals:

* Selects assessment measures with attention to issues of reliability and validity.
* Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances.
* Selects appropriate assessment measures to answer diagnostic questions.
* Applies concepts of normal/abnormal behaviour to case formulation and diagnosis in the context of stages of human development and diversity.
* Utilizes systematic approaches to gathering data to inform clinical decision-making.
* Writes adequate assessment reports and progress notes and communicates assessment findings verbally to clients.

How this will be achieved:

* Students will receive didactic training and supervision in the selection, administration, and interpretation of primary measures used in the field of clinical psychology and/or counselling psychology.
* Students will prepare a minimum of one comprehensive written psychological assessment report including: understanding of the referral questions, background history, behavioural observations, results of structured diagnostic interviewing (psychologist-track students only), results of validity testing, psychometric test clinical findings, diagnostic conclusions (psychologist-track only), case formulation, and treatment recommendations. This is often completed as part of the student’s master’s program.

#### Develop Knowledge of Ethics, Legal Standards, and Policy

Competency goals:

* Demonstrates intermediate-level knowledge and understanding of their registering body’s Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations.
* Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision-making to a dilemma.
* Integrates own moral principles/ethical values in professional conduct.

How this will be achieved:

* Students will participate in regular training seminars and discussions in supervision with regard to the application of the CPA Code of Ethics, the PEI Standards of Professional Conduct, and legislation relevant to the practice of psychology and/or therapy in Prince Edward Island.
* Through seminars, supervision, and exposure to a group psychology practice, the student will be exposed to knowledge about issues central to the field of psychology and will be supported in the provision of evidence-based practice.

#### Develop Reflective Practice/Self-Assessment/Self-Care

Competency goals:

* Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action.
* Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and seeks means to enhance knowledge/skills.
* Monitors issues related to self-care with supervisor; understands the central role of self-care in effective practice.
* Effectively participates in supervision.

How this will be achieved:

* Students will participate in clinical training seminars and discussions in supervision about issues pertaining to self-care, work-life balance, and prevention/management of burnout.
* The practice has policies in place to provide support to clinicians and students who are experiencing burnout or strain associated with their clinical work.

#### Develop Professional Identity as a Mental Health Clinician

Competency goals:

* Adherence to professional values infuses work as a clinician in training; recognizes situations that challenge adherence to professional values.
* Communication and physical conduct (including attire) are professionally appropriate across different settings.
* Accepts responsibility for their own actions.
* Acts to understand and safeguard the welfare of others.
* Displays emerging professional identity as a psychologist or counsellor; uses resources (e.g., supervision, literature) for professional development.

How this will be achieved:

* Through clinical training seminars, supervision, and exposure to a group psychology practice, the student will be supported in developing advanced interpersonal skills and their professional identity as a psychology practitioner.

#### Develop Advanced Relationship Skills

Competency goals:

* Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines.
* Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively.
* Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates a clear understanding and use of professional language.

How this will be achieved:

* Students will advance their relational skills through participation in teams, constructive discussion regarding therapeutic relationships and supervisory relationships, participation in group seminars, and exposure to a range of clients and presenting problems.

#### Develop Diversity Skills and Sensitivity

Competency goals:

* Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation.
* Applies knowledge of others as cultural beings in assessment, treatment, and consultation.
* Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others.
* Applies knowledge, sensitivity, and understanding regarding individual and cultural issues to work effectively with diverse others in assessment, treatment, and consultation.

How this will be achieved:

* Through clinical training seminars, assigned readings and discussion in supervision, students will learn to monitor and attend to issues of identity and diversity.

#### Develop Education & Supervision Skills & Knowledge

Competency goals:

* Demonstrates knowledge of, purpose for, and roles in supervision.
* Identifies and tracks progress in achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices.
* Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals.
* Provides helpful supervisory input in peer and group supervision.
* Demonstrates awareness of theories of learning and how they impact teaching.
* Demonstrates knowledge of the application of teaching methods.

How this will be achieved:

* Through clinical training seminars, assigned readings, and participation in and discussion during clinical supervision, students will develop an understanding of basic models and methods of supervision.
* Students will provide a minimum of one clinical training seminar during the clinical training seminar.

# Structure of the Program



#### Time Frame

Practicums at CarrPsych are tailored to the requirements of each student’s academic program. Typically, a practicum placement is at least 300 hours requiring a minimum of 120 direct client hours. Supervision is provided at 1 hour of supervision for every 10 direct client hours. **Students are responsible for knowing their practicum requirements and ensuring they are met.**

Counselling (e.g. MACP) students wishing to register on PEI should know that registration with CCTPEI requires 750 total hours, including 450 direct client hours. Students wishing to complete these hours during their practicum by taking on more hours than required by their practicum program may be able to do so upon request, subject to office space availability.

Students completing a 300-hour practicum are typically at the practice three days a week (Monday to Friday) from 8:30-3:30; this is somewhat flexible and there may be the opportunity to adapt the hours according to the student’s needs. However, students **must attend group supervision** **and clinical training seminars (CTS)**. Evening and weekend hours are not available.

An **example of a typical practicum week** is as follows:

* 10.0-16.0 hours individual therapy
* 1.5 hours assessment and/or report writing (treatment updates, diagnostic interviewing, testing, report writing, and/or feedback)
* 1.0 hours individual supervision
* 0.0-1.0 hours observing sessions or being observed\*
* 1.0 hours group supervision (every second **Wednesday afternoon from 2:00pm - 3:15pm**)
* 1.0 hours prep / admin (note taking, prepping materials, admin)
* 1.0 hours learning / training (readings and learning assigned by supervisors or as needed)
* 1.0 - 2.0 clinical training seminar (ongoing staff training on a variety of topics) (every second **Wednesday afternoon from 2:00pm - ~3:15pm**)
* 1.5 - 3.0 hours group therapy

**\*Students must book at least one session for observation per semester. Yorkville students must book three sessions in total. Observation sessions must be booked as soon as possible.**

#### Evaluation

**Formal evaluation typically occurs 2 times over the course of the practicum** – once at the mid-term to adapt the learning plan, and once at the conclusion of the practicum. Students are evaluated using their individual degree/program criteria, but will also be provided feedback on the Core Competencies outlined above. In order for formal evaluation to take place, the supervisor must have had a chance to observe the student.

**Informal evaluation** occurs at all stages of the practicum. Students can expect to receive regular feedback regarding their progress.

When a student is not meeting the expectations of the practicum and/or their university’s expectations, this will be addressed in supervision and a formal plan to address areas of weakness will be created. ***The intention of the practicum is that students pass, so such plans are meant to support students toward success.***

#### Supervision

Group supervision is a time for the team to discuss ethical issues and complex cases. Time is limited in group supervision, so staff and students are asked to limit the number of cases discussed to one or two. Students are encouraged to provide their feedback on the cases discussed during group supervision.

Individual supervision provides an opportunity for students to discuss any issues not covered during group supervision. These often have to do with personal reflections and awareness that the student is developing. Student case notes will also be reviewed during individual supervision. Students should come prepared with any questions or difficulties, although it is not usually difficult to fill supervision time. Individual supervision is normally provided once a week for the first half of the practicum and bi-weekly or a half-hour a week in the second half of the practicum. However, individual supervision is also provided on an as-needed basis and may be requested at any time.

Students are assigned a primary supervisor as well as a secondary supervisor who will supervise in the event of the other’s absence. The student’s primary supervisor should be their main point of contact. However, CarrPsych is a collaborative practice- all team members expect to answer questions as needed.

Students are responsible for ensuring their supervisor has all required materials including forms. Supervisors are **not** responsible for ensuring deadlines are met. Students should be in communication with their supervisor regarding all important paperwork and deadlines.

Students will also have the opportunity to receive ongoing supervision by asking questions to staff and peers. All questions are welcome! Do not sit on a difficulty or ethical dilemma too long. If you cannot connect with your supervisor, discuss it with another clinician!

#### Live and Recorded Observation

Although it may seem intimidating at first, live and recorded observation and supervision are important to developing skills as a therapist. Several times per semester, students will book one live supervision session with their supervisor or record one session for their supervisor to review. Students are responsible for choosing an appropriate client, obtaining consent, and booking the session. This should be done in advance with the help of the office administrator, or during individual supervision. Feedback provided will focus on both students’ strengths and areas for development.

Students will also be invited to observe sessions and should do so when possible. Observation sessions with their supervisor can be booked during individual supervision or by asking June at the front desk. Students may also approach other clinicians to observe sessions with them. **Students are highly encouraged to book at least two live observation sessions per semester asap.**

#### Clinical Training Seminars

Clinical training seminars are provided weekly and cover a broad range of topics. They are presented by team members or through videos. Presentations typically run 30 minutes to an hour and are followed by discussion or skills practice. Examples of past seminars include: training on various assessment tools (e.g. SCL-90-R, OQ 45.2, GAD-7, PHQ-9), a presentation on intergenerational trauma, working with suicidal clients, ethical issues in the use of technology in therapy, and training in specific therapy techniques.

Students are expected to present at least one clinical training seminar to the team during their practicum. This can be on any topic related to counselling and/or psychology and/or healthcare ethics that they wish. It can be on a topic they are very familiar with or it can be a topic they wish to learn more about. It can be skills-based or educational.

Students should set a date for their seminar shortly after beginning their practicum, but the topic can be decided closer to the date. Students are also welcome to present more than one seminar; the clinical training seminars tend to generate lots of discussions and staff really enjoy attending and presenting.

# Supervisors and Staff

### Sarah Carr, M.Ed., R.Psych, Psychologist

### Sarah Carr is a registered Clinical Psychologist. She has been working with individuals of all ages since 2007. After earning a Master’s degree in Counselling Psychology from the University of Alberta, she obtained extensive postgraduate experience in psychological assessment and the treatment of trauma and trauma-related disorders, personality and behaviour disorders, chronic pain and illness, and executive function disorders at the Youth Assessment Centre in Red Deer, Alberta and as part of the Alberta Health Services’ Severe Psychiatric Outpatient Team. Her current practice focuses on the assessment of individuals with various trauma-related disorders, executive function disorders and chronic pain, as well as supervising students and new therapists.

Licensing Body: Prince Edward Island Psychologist Registration Board (#068)

Areas of Practice: Clinical Psychology, Counselling Psychology, Assessment Psychology

Populations: all ages

Contact: scpsychological@gmail.com

### Jessica MacLeod, M.A., R.Psych, Psychologist

Jessica MacLeod is a Registered Psychologist working predominantly with youth and adults. Jessica completed her Master's degree in Counselling Psychology at Yorkville University. She further pursued her education, completing further training and supervision during a residency program with the Calgary Counselling Centre. Jessica completed her registration as a psychologist in Alberta prior to moving back home to pursue registration as a psychologist in PEI. Jessica works with individuals experiencing a wide variety of concerns, with a special interest in working with clients who have experienced trauma and those experiencing posttraumatic stress disorder.

Licensing Body: Prince Edward Island Psychologist Registration Board (#087)

Areas of Practice: Counselling Psychology

Populations: youth and adults

Contact: jessicamacleodpsychology[@gmail.com](mailto:scpsychological@gmail.com)

### June Hunter-Vautour, Office Manager

### June is the face of the clinic. She is the friendly voice who answers the phone and the smiling face who greets everyone who enters through the front door. She is responsible for all things administrative including booking appointments, taking payments, and ordering supplies. She is also in charge of room scheduling and cancelling clients when staff and students are ill. She is a great source for referral information and is happy to answer any administrative questions students might have.

Contact: [CarrPsychological@gmail.com](mailto:CarrPsychological@gmail.com)

# Procedures

#### Client Selection

Clients are assigned based on clinician availability and, in many cases, clinical interests. Students can expect to see a variety of clients with a variety of issues. Students may inform their supervisor of any limitations they may have regarding their ability to practice with certain populations (e.g. sex offenders).

Students will not be assigned clients from the following groups:

* Clients who pose an acute danger to themselves, others or the community
* Clients who are actively decompensating or psychotic
* Clients who may not meet the conditions above, but nevertheless may be in need of psychiatric hospitalization or a day treatment program or other comprehensive services not provided by the clinic
* Clients for whom active and significant substance use (i.e., use of alcohol or substances on a daily basis with episodes of delirium and/or blackouts) is the primary clinical problem
* Clients actively involved in litigation that may result in a student therapist needing to testify in a legal proceeding

Clients falling under any of the above categories are referred to senior clinicians or other facilities where they can be better served given their specific needs. **If and when these conditions arise or are brought to light during the course of treatment, the trainee is required to inform their supervisor immediately.**

#### Intake and Screening

Prospective clients who present to the clinic for services usually are referred by the following sources: community health agencies (e.g. family doctor), Workers' Compensation Boards, insurance companies, lawyers, Veterans Affairs Canada, or self-referral. All clients are informed that the therapists working in the clinic may be students who are supervised by licensed psychologists or counsellors. Clients are also informed of the fee structure of the clinic. Additionally, clients are asked about the type of services they are seeking and whether they are experiencing a psychological emergency (e.g., suicidal or homicidal ideation, active psychosis). If a prospective client is experiencing an emergency or crisis, the client is assisted to go to their closest emergency room.

Psychological screening is part of the intake evaluation process. All clients must complete an intake form which includes any risk factors. Client intake forms will be available to review on Cliniko before their first session. Any concerns should be brought to their supervisor before meeting the client. A plan will be developed depending on the circumstance.

The intake form includes the DSM-5 screener. In general, scores of 2 (mild) and above indicate areas for further inquiry. The exceptions are questions related to suicide ideation (q 11), psychosis (q 12 &13), and substance abuse (q 21, 22 & 23) which should be investigated if scores are 1 (slight) or above.

#### Testing/Assessment

Testing and assessment are an important part of our evidence-based practice. Students need to direct their clients to complete measures before and after each session. Testing may be completed on any device (phone, computer, tablet) and we have tablets available in the waiting room for this purpose. These test results should integrate into the client’s Cliniko account. If they do not integrate, please ask June or our clinician assistant to move their results to their Cliniko account manually.

The Outcome Rating Scale (ORS) and Session Rating Scale (SRS) can be found on carrpsych.com/clients. The links may also be emailed to clients (they do not change). Other assessments you may wish to use are available at carrpsych.com/tests. A cheat sheet for interpreting results is available at carrpsych.com/testresults.

\*\*Clients often need reminding to complete these measures. It is the clinician’s responsibility to ensure they are completed!\*\*

#### First Session

1. Greet client and ask them to fill out any intake measures needed. Trauma clients and those referred by WCB for PTSD should also complete the PCL-5. You may also decide to use other measurement tools depending on the client’s presenting issue
2. Review confidentiality and treatment agreement, including student treatment agreement
3. Review cancellation policy
4. Gather relevant information from the client. Build rapport. Use intake form and measures (DSM-5 Crosscutting Measure) to ensure important points are addressed
5. Inform client of maximum duration of treatment (based on length of student’s practicum). Create goals for therapy within time frame of practicum
6. At the end of the session, make recommendations regarding time between sessions. Often, sessions are weekly in the beginning and length between sessions is increased over time
7. Remind the client to complete the Session Rating Scale (SRS) **OR** complete SRS with the client at the end of session and review feedback at that time
8. Rebook client for future appointments
9. Inform client they can pay at front desk
10. Take a deep breath
11. Write case note/run to washroom/review notes for next client

#### Following Sessions

1. Greet client and remind them to fill out assigned measures, if they have not done so
2. Review today’s ORS and previous SRS with client (if not reviewed previously)
3. Book next appointment
4. Remind clients to complete SRS and pay at the front desk

# Student Responsibilities

#### Administrative

Students are responsible for learning to use the Cliniko practice management program. Support is available for scanning and uploading documents into a client’s file.

Students are responsible for *shredding* all confidential and proprietary documents.

Students are responsible for rebooking clients after an initial appointment. Cancellations/changes can still be made through the front desk.

Students are responsible for documenting all of their hours, including those hours to be recorded for Canadian Certified Counsellor (CCC) registration and Counselling Therapist (CT) registration.

#### Cleaning

June keeps the office clean, but needs everyone’s help. Students and staff are asked to help out by keeping their own offices clean. This includes changing garbage when full, dusting or vacuuming if needed, and other general cleaning and tidying. We take an afternoon every six months to do an office “deep clean.” It is not mandatory to participate, but we usually have a good time.

*Food should not be left in office garbage cans. Please dispose of food waste in the kitchen.*

Students are asked to wash their own dishes.

We have a small staff fridge for use. Please remove any old or unwanted items.

Rooms should be left as they are found. Students are asked *not* to rearrange their office or redecorate without permission.

# Other Information



#### Time off and Illness

Time off can be booked at the student’s discretion. It should be booked as soon as possible so as to minimize disruptions to clients’ treatments.

Students are encouraged to take sick leave if they are ill. *Absence due to illness should be reported to the office administrator as soon as possible so arrangements can be made.* If the student feels well enough to work from home, clients can be seen via telesession. Supervision may also be attended via telesession.

Students should be mindful that multiple absences will affect the number of hours they complete and the overall quality of their practicum. **Students must be aware that it may not be feasible to complete their practicum on time or at all if they do not attend on their assigned days.**

#### Animals and Allergies

Students should know that **there will be animals on-site** during their practicum. Many of our staff and clients have animals (typically dogs) who come to the clinic. Brewster, our hypo-allergenic office Schnoodle, will be at the office most days. Those with severe allergies or dog phobias may not be suitable for this placement.

Although we do not have a “scent free” policy, staff and students are asked to minimize their use of scented products.

#### Dress Code

Part of developing a professional identity includes dressing as a professional. Students are not expected to buy a new wardrobe but are encouraged to be mindful of how they present themselves and to explore the impact their presentation has on their work. Many students find that simply adding a blazer or cardigan to a pair of jeans and t-shirt takes their outfit from student to professional. Issues regarding dress code will be addressed on an individual basis.

# Complaints Policy

#### Complaints Against a Staff Member or Consultant at the Practice

All staff and consultants at the practice are expected to be familiar with and adhere to the laws, standards of practice, and ethical codes of the professions of psychology and psychotherapy.

#### 

#### Recommended steps for managing disputes and complaints at the practice:

**Step 1:** Individuals are encouraged to attempt to resolve concerns **informally by discussing such concerns with the person involved,** when appropriate (Individuals may, however, make a formal complaint without having made an informal complaint if the individual has a justifiable basis for not going directly to the person involved). If an individual has been the victim of harassment or other policy violation at our Practice, the individual should first attempt to deal with it **locally with the parties involved**.

**Step 2:** The **help of fellow clinicians involved** in the situation may be sought and is recommended if there is no resolution through mutual discussion between the two people.

**Step 3:** If this is unsuccessful in resolving the issue, the aggrieved supervisee or clinician or client should provide an **informal complaint in the form of a verbal report to Sarah Carr as soon as possible after the incident**. If the complaint is regarding actions by Sarah Carr, then a verbal report should be made to another staff member.

**Step 4:** If the complaint is to go further, a **written report is necessary for a formal complaint to be initiated**. The written formal complaint should include details of the incident(s), the names of the individuals involved, and the names of any witnesses. The written report should be submitted to **Sarah Carr**. If the complaint is regarding actions by Sarah Carr, then a written report should be made to another staff member. The incident will then be investigated by Sarah Carr or by the person to whom the written complaint was submitted. Cooperation is crucial for the Practice to maintain a safe, comfortable learning environment.



**Step 5: Disciplinary action** may include one or more of, but are not limited to, the following: exoneration; facilitated dialogue to resolve misunderstanding; remedial educational requirements; a formal reprimand; suspension; reporting to the appropriate regulatory College; and/or termination from the practice.

**Step 6:** If the individual does not feel that the complaint process outlined above led to appropriate resolution of the complaint, they may submit a complaint to the licensing board of the individual against whom the complaint is being made.

# To-Do List

| Task | Due Date | Completed |
| --- | --- | --- |
| Create a gmail account | Before practicum starts |  |
| Get a criminal record check | Before practicum starts |  |
| Confirm first day/orientation day | Before practicum starts |  |
| Arrange parking | Before practicum starts |  |
| Familiarize self with Cliniko | First week |  |
| Familiarize self with [DSM-5 Cross-Cutting Symptoms Measure](https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures) | First week |  |
| Book CTS presentation | First week |  |
| Book dates for session observation (semester one) | First week |  |
| Read Return to Work Manual | First two weeks |  |
| Complete training in assessment measures | First two weeks |  |
| Complete CPT training | First month |  |
| Complete Chronic Pain training | First two months |  |
| Complete other training as required | First semester |  |
| Book dates for session observation (semester 2) | First week, second semester |  |
| Provide training plan to supervisor (based on goals from first semester) | First week, second semester |  |
| Confirm plans for CT Registration and continued supervision after practicum at CarrPsych (subject to supervisor availability) | First week, second semester |  |
| Complete paperwork for CCC application | Towards the end of first semester; do not leave until last minute |  |