



# **Handbook**

*for*

## **Staff, Practicum, and Internship Students**

# Welcome!

*It is with great pleasure that we welcome you PsychEd Solutions, P.A. I'm sure one of the first things that you noticed when you walked into our Center was its professional standards of excellence in the delivery of our services to the community. Keep this standard of "excellence" in mind as you perform your duties with competence and compassion.*

*This manual was produced to give you guidance in the performance of your duties. It is important that you read it carefully and observe each and every policy and procedure. We will be happy to answer any questions you may have. It is our goal to provide you with a friendly learning experience that will prepare you fully to function as a quality professional.*

*On behalf of our staff ....Welcome aboard!*

**Dr. Angela C. Brinson-Brown, C.E.O.**

## Policies and Procedures

The following are some of the Policies and Procedures of the PsychEd Solutions, P.A. These policies and procedures were developed to make our Center a professional and therapeutic environment for the community. At PsychEd Solutions all employees, interns and practicum students are referred to as *staff*. The internship program has applied for APPIC membership submitted and awaiting decision.

### Work Environment:

1. As a staff member one of your responsibilities is to behave in a manner reflective of our organization's values and in adherence to the policies and state and federal laws while you are in our office, in the community or posting on-line material. A decision to engage in questionable or inappropriate behavior jeopardizes your position as a role model as well as your staff position at PsychEd Solutions.
2. The dress code for staff at PsychEd Solutions is *Business Casual*, which means you do not need to wear a suit. However, it does not call for casual attire such as jeans and T-shirts. Women typically wear a collared shirt or sweater with dress pants and dress shoes or boots. Conservative dresses and skirts are also acceptable attire. A man's option for business casual includes a polo shirt, collared shirt or sweater. Khaki or dress pants along with dress shoes make up his business casual outfit. He does not need to wear a tie. Please ensure that your clothing is not too tight or ill fitting.
3. Keep your office workspace and common areas clean. You will find specific requests concerning the common areas posted in that area. Feel free to bring your own meals and use the appliances provided. Keep the kitchen area, microwave and refrigerator clean.
4. Limit personal phone use. Certainly, there will be times when your friends and family must be in contact with you. However, excessive phone use interferes with your learning opportunities. Social Media should be used sparingly while at practicum.
5. Utilize down time to study as long as it does not interfere with assigned tasks. There will be times when work slows down at the Center. At PsychEd Solutions, we strongly support the achievement of our students. Therefore, we encourage your using all available time to study and prepare for your classes. However, we expect that you will complete assigned PsychEd Solutions business first.
6. Please maintain a respectful attitude towards differing political and religious beliefs. Limit conversations in the clinic regarding these topics and refrain from wearing any politically charged clothing or face masks.
7. Your safety is our number one priority. Therefore, it is imperative that you have proper identification at all times when in the community. PsychED Solutions works with many community organizations and schools. Students will be provided a PsychED picture ID card with name and job title. Ensure that you have your PsychED Solutions ID when visiting schools or other community site while providing services on behalf of PsychED Solutions.

### Things to Remember:

1. Students are permitted 3 personal days per semester. These days can be used individually as sick days, or may be combined for vacation. Official documentation must be provided if additional time off is required.
2. Students are required to continue their regularly scheduled practicum activities, including therapy, PSR Groups, Testing, and Intakes, as scheduled in between semesters. The clinic is closed on legal holidays, but does not close when the semester ends and ethically, students are required to continue providing mental health care for their clients, unless they have formally requested time off. **Personal leave will be given on a case-by-case basis and students.**
  - a. However, during these weeks, appropriate individual clients may be moved temporarily online (Telehealth services), in order to reduce the time spent in the clinic during breaks.
3. In the case of exposure to COVID-19 or a positive test result, students are required to quarantine, and may not return to the clinic until a negative result is obtained. However, if the student does not feel ill, he or she is allowed (and encouraged) to provide individual therapy services to clients virtually, as deemed appropriate by the student's supervisor. Students are not required or encouraged to see patients if symptomatic and feeling unwell, however, it is important that clients are seen if the student is able, in order to provide ethical continuity of care.
4. If your absence from PsychEd Solutions is due to illness or emergency, you must contact the office prior to the scheduled report time. Students who are sick may email their primary supervisor AND Ms. Jordan (together) to inform of their absence.
  - a. Students who are out sick are responsible for contacting clients to cancel and reschedule, and must inform their co-facilitator and Dr. Briggs via email if they are missing PSR for the day.
5. Personal time from work, must be requested in writing at least one week prior to the day of the absence. Within this request please indicate if you will be making up the hours and identify the days/hours at that time. Please note, time off is a request and should only be taken if approved.
6. When leaving office during work hours, please notify the front desk as to where you are going and when you are expected to return. If there is no one available, leave a visible message in writing for everyone to see.
7. A regular lunch period should be discussed with your immediate supervisor. The amount of time will depend upon the number of hours worked each day (30-60 min.) and will not be considered work time.
8. Personal errands should be taken care of during your lunch and break time. If you work four hours or more, you will be entitled to a 15 minute break.

## PROGRAM CONTENT AND DESCRIPTION

The Director will discuss various duties and activities in the community. Our staff at PsychEd Solutions work collaboratively as a team. As such you will be asked to contribute to other programs within the community. We encourage your questions and highly regard your initiative to learn new things.

PsychEd Solutions prides itself in providing excellent customer service. Staff are expected to treat all phone calls and in-person visitors respectfully and friendly. Phone calls should be answered politely, e.g. "Good Afternoon, Thank You for calling PsychEd Solutions, How may I help of assistance?" Phone calls and emails must be returned within 24 hours.

Students are expected to obtain a minimum of 15 Direct Contact Hours per week. It is important for the student understands that these hours DO NOT include time spent on administrative tasks, such as note writing, scoring, report writing, calling clients to schedule, and/or supervision. This practicum consists of a multitude of direct services, which you may or may not participate in each semester. Direct services include, but are not limited to: Intakes, Individual Therapy, Group Therapy (adult or children), Psychological Evaluations, and a Neurofeedback Rotation.

### **PROGRAM GOALS:**

1. To provide students with a comprehensive cycle of experiences both through theory and hands on practice
2. To provide students exposure and opportunities to learn from different psychological modalities
3. To provide students with evidenced-based knowledge regarding assessment, diagnosis, treatment planning and case conceptualization.
4. To provide a culturally sensitive, multiapproach learning environment free from prejudice, discrimination and judgement to both student and client.

### **DIRECT CONTACT HOURS**

#### Intakes

Students may be asked to complete biopsychosocial interviews, as part of the client's first interactions at the clinic. Students who are assigned to completing intakes will provide 3-5 standing appointments to conduct intakes per week. These are times the student is required to be available, as appointments may be walk in versus prior scheduled. Students are to present intakes to their supervisors at their next appointment for diagnostic conceptualization and approval. Intakes are due no later than 5 days after the client is seen.

#### Individual Therapy

Students are required to maintain a caseload of 5 therapy clients per week, during semesters where the student is participating in group therapy services. Clients may be seen in a combination of in-person or virtual formatting, as approved by the student's supervisor. A student's caseload will be increased to 8 therapy clients during semesters where they are not participating in group services.

#### Group Therapy

Students are required to participate in group therapy 2 out of 3 semesters, at the discretion of the Director. Group services are offered for adults and children. Although student preferences are always taken into consideration, group assignments are ultimately up to the discretion of the Director. As students' schedule changes each semester, the student will be required to provide updated availability prior to the start of the next semester. With regards to afternoon availability, the student will be required to provide 2 options per week for group therapy, although they will only be assigned to one group each term.

- For adults, the hours of group are 9:00AM-12:00PM\* (does not apply to Summer 2021 term)
- For children, the hours of group are 2:00-5:00PM

### Psychological Evaluations

Students are required to complete 1 Psychological Evaluation per week. During semesters where the student is not participating in group therapy, the student may elect to complete 2 Psychological Evaluations per week, in lieu of increasing their therapy caseload. Prior to the start of the next semester, the student is required to provide the Director with two potential testing options (three options if electing to have two testing cases per week). Once confirmed, these are times the student is required to be available at the clinic, as appointments may be walk in versus prior scheduled.

\*Saturday Evaluations: There will be two students assigned to complete evaluations each Saturday. Students will be assigned a Saturday and provided the list with the schedule. They are required to be available on that Saturday or find a replacement and inform the supervisor within 24 hours.

\*Advanced Students: PsychEd Solutions offers limited specialty practicum placement for advanced students interested in providing only psychological evaluations. Students will be assigned on a case-by-case basis but would be required to complete a minimum 2-3 Psychological Evaluations per week.

### Neurofeedback Rotation

Students may express interest and apply for a Specialized Neurological Rotation withing Dr. Kareem Edwards, as part of a neurofeedback rotation. This rotation requires a separate interview with Dr. Edwards and is not a guaranteed rotation for all students. This rotation lasts for three semesters (one year) and would be a commitment of one weekday from 3:00-8:30PM.

\*Students in this rotation are only required to participate in one semester of PSR Group, and would not be required (but are highly encouraged) to conduct additional Psychological Evaluations during that semester.

### **INDIRECT CONTACT HOURS**

#### Supervision

Students will receive 1 Hour of Individual Supervision with a Licensed Psychologist. Additionally, students will receive 1 Hour of Group Supervision per week. Supervision will primarily be conducted virtually, but in person supervision may also be provided. Students will be directly observed at least twice. Depending on clinical needs, increased hours of supervision are expected. The required hours shall be through face-to-face individual supervision. Our site uses visual telecommunication technology in unusual circumstances and when face-to-face supervision is impractical. Our program adheres to all requirements of the Florida state licensing board.

## Documentation

Students are required to keep timely and thorough documentation of their sessions and all client interactions. Students are required to submit their notes from the prior week by Monday morning, 9:00AM. Additionally, students will also submit weekly service report for the prior week, no later than Monday morning 9:00AM. This report will be submitted via email and the student will send the report to Ms. Jordan AND their primary supervisor.

Common Documents that Students will have to complete include:

- Intake and Biopsychosocial Report
- Progress Note
- Treatment Plan
- Treatment Plan Review
- Contact Note
- Discharge Summary
- Incident Report
- ESA Letter
- Samples of Evals

Students are to sign all reports and documents as follows:

- Masters Level Practicum Clinician
- Doctoral Level Practicum Clinician

## Didactics

Additional trainings and didactics will be offered throughout the training year. Students will be advised ahead of time of the didactic date and time, as well as the topic.

Clinical training activities: Students receive ongoing training throughout their internship. Monthly topic specific trainings are conducted as well as individual weekly supervision along with Didactic group meetings every other week. Faculty presentations on various topics related to clinical areas are provided during monthly professional development in-services. All trainings, meetings and in services are 1.5 to 2 hours and can vary depending on topic matter.

- Clinical Therapy (individual, group & psychosocial rehabilitation)
  - a. CBT
  - b. Experiential
  - c. M.I.
  - d. Normative
- Conducting initial assessments and evaluations
- CFARS/FARS assessments
- Psychological evaluations/Testing
  - Neuro
  - Psychological
  - Psychoeducational
- Testing measures:

- Projective Testing
- Projective Drawings
- Personality/MMPI
- Educational
  - Educational disabilities
    - Intellectual Functioning
    - Differential Ability Scales
    - RIAS
    - Wechsler Adult Intelligence Scale-Revised (WAIS-R)
    - Wechsler Adult Intelligence Scale-III (WAIS-III)
    - Wechsler Intelligence Scale for Children-IV (WISC-IV)
    - WPPSI
    - Stanford-Binet Intelligence Scale-IV
  - Academic Achievement
    - Wechsler Individual Achievement Test (WIAT)
    - Woodcock-Johnson Achievement Test
    - WRAML
- Specialized Testing (Autism)
  - CARS
  - GARS
- Language Processing
  - Boston Naming Test
  - Multilingual Aphasia Examination
- Attention/Concentration
  - Cancellation Tasks (Letter and symbol)
  - Behavior Assessment System for Children (BASC)
  - Connors
- Memory
  - Wechsler Memory Scale (WMS)
  - WMS-III Verbal Memory Index
  - NEPSY

### **Community Partnerships**

Throughout the program, interns will have opportunities to work with, collaborate on and receive referrals from several of our community partnerships. Those relationships are an important part of your training as it relates to care coordination, assessment, monitoring, and reporting. Some of our partners include:

- Head Start FCAA
- MDCPS
- Broward County Schools



- Nova southeastern
- Carlos Albizu

**Emergency/Crisis Scenarios:**

Should a student find themselves in a crisis situation with a client, the student should engage in the following procedure:

1. Ensure their immediate safety and the safety of the client
  - a. If physically with the client, ensure physical safety and privacy as much as possible
  - b. If the client is virtual MAKE SURE to obtain their physical address
2. Contact their PRIMARY SUPERVISOR immediately.
  - a. If the primary supervisor is not available or does not respond within 5 minutes, contact Dr. Brinson.
3. Contact 911, if needed.

## Disciplinary Actions:

Students are expected to perform to their full potential throughout the internship experience. If during the internship there is a pattern of behavior that warrants a due process which can affect the student's continuation in the program, PsychEd initiates Due Process protocol. Students in turn also have the opportunity to submit a grievance at any point throughout their internship, if they feel the program is not fulfilling what it has set out in this handbook, the student can initiate a grievance and follow the grievance procedure. Both processes are detailed below.

### Due Process

PsychEd Solutions uses an existing established Disciplinary Process. These procedures are used to communicate to staff about their performance and / or conduct. This process also includes a plan for documenting areas of performance requiring improvement. This process includes the following steps: 1) Documented Verbal Notice of performance / conduct that does not meet Center standards; 2) Written Notice- If sufficient progress is not demonstrated, a Performance Improvement Plan (PIP) will be developed that includes a specific time frame in which the staff is expected to demonstrate improvement; 3) Termination may occur if staff does not satisfactorily meet expectations. ***Please note: The Director of PSYCHED SOLUTIONS may use discretion about use of this process, and termination may occur with or without advance notice and without following any formal process.***

## DUE PROCESS AND GRIEVANCE PROCEDURES

### Rights and Privileges

PsychEd Solutions Doctoral Internship Program in Clinical Psychology interns, faculty and staff have the right to be treated with respect and dignity at all times. The PsychEd Solutions Doctoral Internship Program in Clinical Psychology, its staff and interns will not discriminate against any person on the basis of race, ethnicity, cultural practice, national origin, religion, veteran status, marital status, familial status, ability, gender identification, biologically assigned sex, age, appearance or sexual orientation in the completion of our assigned duties and interpersonal interactions and further will strive to create an environment of inclusion, and respect.

### Intern Due Process & Procedures

Due process helps to ensure that decisions made by the agency about interns and their training experience are not arbitrary or personally based and that interns' rights are upheld. Due process also requires the internship to identify specific evaluation procedures which are applied to all interns, the rights of the interns, and to have relevant appeal procedures available to the intern in cases where the intern may challenge the internship program's action(s). The Due Process has three steps, NOTICE, HEARING and APPEAL

Intern Due Process procedures are established by policy and implemented when a Psychology Intern's behavior raises concerns, is deemed problematic, or is determined to be unprofessional. The policy is attached in its entirety below as ***Appendix H***.

#### Intern Grievance Process & Procedure

The Intern Grievance Procedure is also established to provide specific direction addressing violations of interns' rights including but not limited to: exploitation, sexual harassment, discriminatory treatment, unfair evaluation practices, inadequate or inappropriate supervision or training, and violation of due process. Of note, problematic, concerning, and unprofessional behaviors and concerns regarding intern grievances will first be addressed informally as part of on-going supervision, during which efforts will be made to assist the intern in remediating or addressing concerns raised by the intern. The policy is attached in its entirety below as ***Appendix I***

## Appendix H

### DUE PROCESS PROCEDURES

#### A. DEFINITIONS

1. Problem: Interference in professional functioning exhibited in one (or more) of the following ways:
  - a. Inability or unwillingness to acquire and integrate professional standards into professional behavior and practice.
  - b. Inability or unwillingness to acquire professional skills to a level commensurate with training and experience expected of a psychology intern.
  - c. Inability or unwillingness to manage personal stress, psychological dysfunction, or excessive emotional reactions to an extent where professional functioning is affected.
2. Behavior of concern: Behaviors, attitudes, or characteristics that are unexpected or excessive for professionals in training and may require remedial action(s).
3. Characteristics of problem behavior:
  - a. The intern does not acknowledge, understand, or address problematic behavior when it is identified.
  - b. The problem is not due to a deficit of skill(s) that can be alleviated by didactic or academic training.
  - c. The quality of service(s) delivered is consistently negatively affected by the problem behavior.
  - d. The problem behavior is not restricted to one area of professional functioning.
  - e. The problem behavior has the potential for ethical or legal ramifications if not addressed.
  - f. The problem behavior requires a disproportionate amount of attention from training personnel.
  - g. The intern's behavior does not change in relation to feedback, remedial efforts, or time.
  - h. The intern's behavior negatively affects the public image of PsychEd Solutions or the psychology training program.
4. Unprofessional Conduct: Inappropriate professional conduct as demonstrated by:
  - a. Intentional disregard for policies and procedures.
  - b. Knowingly violating any of the ethical principles of psychologists.
5. Grievance: A complaint based upon actual or perceived injustice regarding working conditions, training program, or supervisory treatment.

- B. CORRECTIVE ACTION REGARDING BEHAVIOR OF CONCERN, PROBLEM BEHAVIOR, AND UNPROFESSIONAL CONDUCT
1. In the vast majority of cases, a supervisor's concerns regarding intern behavior are minor and can be satisfactorily addressed between supervisor and intern in the course of normal intern supervision. The supervisor will address the concern(s) with the intern and arrive at a mutually agreed upon reasonable deadline for demonstration of improvement by the intern.
  2. When any intern demonstrates or is believed to have demonstrated problem behavior, as defined in section A3, which has not been corrected by the intern during normal intern supervision as described in section B1 above, or unprofessional conduct as defined in section A4, the supervisor involved will bring the matter to the immediate attention of the intern, or as soon as possible. The intern will be given the opportunity to discuss the incident with the supervisor before anyone else is notified. Subsequently, the supervisor will advise the Psychology Internship Training Director (PITD) of the incident and discussion with the intern. Depending upon the severity of the matter, the Mental Health Director (MHD), the Mental Health Services Director (MHSD), and the entire training staff may also be informed and/or consulted. The supervisor and the PITD will determine whether or not any further action is necessary. If further action is deemed necessary, the PITD:
    - a. May discuss the issue with the intern, with the intern and the supervisor together, seek input from other staff having professional contact with the intern, or previous supervisors of the intern.
    - b. Will meet with the intern and supervisor to outline corrective action, and develop a reasonable time within which the intern will demonstrate improvement.
    - c. Will consult with the intern's graduate training director, the supervisors of psychology training at the institution, the RMHD, and the MHSD to discuss a course of action if intern improvement is not observed within this time.
  3. NOTICE: If it appears the intern is in serious danger of not satisfactorily meeting the training objectives for the rotation, internship, or practicum placement, the PITD may place the intern on probation. The PITD will develop a written intern improvement plan with input from the training supervisor, the intern's graduate training director, the RMHD, and other training supervisors. The intern improvement plan will be reviewed and approved by the MHSD, or designee. The plan will include:
    - a. A description of the problematic behavior and/or deficiency(s).
    - b. Assignment(s) for the trainee to complete to demonstrate competency, and a deadline for completion.
    - c. A designation of the supervisory staff member(s) who will monitor the assignment(s).
  4. When an intern is placed on probation, the intern's graduate program training director will be notified immediately and will be provided frequent (minimum weekly) updates by the PITD regarding the intern's progress.
  5. HEARING: If the supervisor or the PITD believes the matter is a serious breach of professional conduct or if the incident is a second occurrence, the PITD, training supervisors, and RMHD will meet to determine an appropriate course of action which can include continued probation or dismissal from the training program. The MHSD will be advised of the course of action decided by the PITD and

RMHD.

6. If there is a determination to place the intern on probation or to dismiss the intern from the program, the intern shall be provided written notice of the basis for the placement on probation or dismissal and of the opportunity to grieve the action through the intern grievance process set forth in section C below. A grievance of a dismissal shall be filed with the PITD within seven (7) calendar days of receipt of the notice.
7. If the infraction violates the rules of the agency and/or its partners the intern's actions will be investigated in accordance with departmental procedure, and the intern may be placed on inactive status during the period of investigation.
8. At all points in the process of correction of behavior, the intern will be treated with respect, kept informed, consulted, and involved in a manner deemed appropriate by the PITD.
9. APPEAL: If an intern believes s/he is being treated unfairly or in any unsatisfactory manner, the intern may address these concerns via the grievance process outlined in section C below.

## PSYCHOLOGY INTERN GRIEVANCE PROCEDURE

1. If an intern has a disagreement, dispute, or conflict with a supervisor, the PITD, another intern, or any other department employee, or if an intern is treated in a way that the intern believes is inappropriate, the first course of action taken by the intern will be to raise the matter directly with the person involved in the disagreement, dispute, or conflict. It is expected that most problems can be resolved at this level.
2. In most situations, the person with whom the intern has a disagreement should always be approached first. If a training supervisor, unit supervisor, the PITD, or anyone else is consulted prior to the intern discussing the problem with the person involved in the disagreement, the intern will be reminded to first discuss the concerns with the person directly involved unless it is determined by the supervisor or PITD that it would be inappropriate to require the intern to first discuss the situation with the involved person.
3. If, in the intern's opinion, a joint discussion with the involved person does not satisfactorily resolve the matter, the following procedure should take place. If the person involved is a training supervisor, unit supervisor, another intern, or other employee of the agency, the PITD should be the first person notified. If the PITD is the person involved, the intern should contact the MHSD. In any of the above cases, the person notified will discuss the issue with the person involved in the dispute prior to suggesting a course of action to the intern.
4. If the action(s) suggested by the PITD or the MHSD is not agreeable to the intern, or if this action is not successful in resolving the issue, the following course should be taken. If the person involved is not the PITD, the intern should notify the PITD. If the person involved is the PITD, the intern should notify the MHSD. In any of these circumstances, a three-way meeting will be one option considered. The PITD and MHSD may elect to consult with all training supervisors and/or the RMHD at this point in the process for advice in assisting with problem resolution.
5. Should the above courses of action fail to resolve the matter, the intern will present her/his grievance in writing to the MHSD who, with consultation as the MHSD deems appropriate, determine a final course of action. Grievances shall be filed within 14 days after the incident leading to the disagreement, dispute, or conflict occurred or within 14 days after the incident giving rise to the disagreement, dispute, or conflict became or should have been known to the intern or, in the case of continuing behavior, within 14 days of the last offending action. The decision on the grievance shall be in writing to the intern.
6. If the intern is dissatisfied with the way in which the matter is resolved, s/he may appeal the grievance decision by requesting that the case be reviewed by the central office panel composed of the PITD, the MHSD, and one staff member each from the Offices of Institutions, Administration, Program Services, Health Services, and Community Corrections. The review panel will forward the case with its recommendations to the Assistant Secretary for final review. The decision of the Assistant Secretary shall be final.
7. However, if the intern is still dissatisfied with the resolution of the matter, other courses of action that

may be pursued by the intern are to notify the intern's graduate training director, Association of Psychology Postdoctoral and Internship Centers, and the American Psychological Association Office of Accreditation.

8. Grievances involving sexual harassment or other forms of discrimination should be filed in accordance with departmental procedures.



**GRIEVANCE FORM**

Your grievance will remain confidential, with discussion only between those involved and administrators. (Complete form: Place in envelope and give to Training Clinical Director)

**Program/Service:**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

To Be Completed By Intern: **Describe the complaint or grievance. Be specific; who is involved, circumstances, when, what has been done up to this time, etc.(Please use a separate sheet if needed to complete report)**

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Signature of Intern/Complaint/Date      Print Name of intern & Complaint/ Date

To Be Completed By Supervisor: **Describe what happened and your response. (Be specific). (Please use a separate sheet if needed to complete report)**

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Signature of Clinical Staff/Complaint Date

Print Name of Clinical Staff reporting/Complaint Date

**Action:** (To be completed by Clinical Director/ Training Director or CEO if appropriate)

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**RESPONSE LEVEL 1:** Clinical Supervisor (contact within 1 program day)

OUTCOME: Resolved \_\_\_\_\_ Unresolved \_\_\_\_\_

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Signature of intern/ Complaint/Date      Print Name of intern/Complaint Date

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Signature of Clinical Supervisor / Date      Print Name of Clinical Director/ Date

**RESPONSE LEVEL 2:**

OUTCOME: Resolved \_\_\_\_\_ Unresolved \_\_\_\_\_

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Signature of Training Director      Date      Print Name of Training Director      Date

**Attendance:**

All staff is expected to arrive for work on time according to their schedule.

Staff is required to call PsychEd Solutions at 954-257-7473 or email to [ljordan@psychesolutions.com](mailto:ljordan@psychesolutions.com) to notify us of a late arrival. If no one is available, please leave a voice message and also a text message

***Please note: due to the nature of our role as intervention specialists, there will be occasions where you may be asked to report early or stay beyond your work schedule hours.***

Staff must utilize the time sheet provided via email. It must be completed daily and **submitted via email** to [ljordan@psychesolutions.com](mailto:ljordan@psychesolutions.com) bi-weekly.

Staff will be required to attend weekly individual and group supervision meetings. The days / times will be provided to you. Please keep in mind that the schedule may fluctuate based on activities and appointments.

Students who withdraw from their respective academic programs are NOT authorized to return to PsychEd Solutions as a practicum student if they are not currently enrolled in an academic program (relevant to practicum placement). Students who wish to reenroll in their academic program at a later time MAY be eligible to return to PsychEd Solutions when certain criteria are met:

1. Student clinician was not negatively counseled or on academic probation due to negative practicum evaluation or performance.
2. PsychEd Solutions has current vacancy for student clinician.
3. Current practicum placement agreement with University/Academic Program

**Military Leave:**

"Military Leave" is any time off that is provided to staff who are members of the National Guard or other reserve component of the United States Armed Services and who are called to active duty, attend scheduled reserve service, and/or temporary training duty.

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was signed on October 13, 1994. The Act applies to persons who perform voluntarily or involuntarily duty in the "uniformed services" - including the Army, Navy, Marine Corps, Air Force, Coast Guard, and Public Health Service commissioned corps, as well as the reserve components of each of these services. Federal training or service in the Army National Guard and Air National Guard also gives rise to rights under USERRA.

Uniformed service includes active duty, active duty for training, inactive duty training (such as drills), initial active duty training, and funeral honors duty (performed by the National Guard and reserve members), as well as the period for which a student clinician is absent from practicum for the purpose of an examination to determine fitness to perform any such duty.

**Notification of Leave**

Unless giving notice is unreasonable or precluded by military necessity, staff requiring a military leave of absence should provide their supervisors with a written or verbal advance notice along with, if available, a copy of the military order. It is

recommended that the notice be given to the supervisor at least two weeks before the military-leave-of-absence start date.

PsychEd Solutions may not insist on knowing exactly when the staff member will return to work; however, the staff member can be asked to furnish the approximate beginning and concluding dates of his or her training.

During said time, the student must ensure that all scheduled clients have been reassigned or notified of unavailability for the duration of training. The client should be provided the opportunity to be reassigned to another therapist or provided appropriate resources during the clinician's military service.

Of note, the student is responsible for notifying their respective university of their military duty. The student clinician will not be penalized for hours missed during military service; however, making up the missed hours are highly encouraged.

\* It is the responsibility of the student clinician to notify their academic program of any military service.

Provide the University with advanced notice of such service and the intention to take a leave of absence. As soon as possible, after receiving military orders that require withdrawal from a program or course of study, a student must contact his or her academic dean to request a formal leave of absence and attach a copy of the military orders or other appropriate documentation to the request.

We welcome staff participation in their learning experience at PsychEd Solutions. Staff is encouraged to speak to the Director about any educational, management needs or any concerns they are experiencing. All grievances will be handled by the Director.

If you have any questions or concerns, please do not hesitate to request a meeting with Dr. Brinson.

**By signing below, you have agreed that you have read, understand and will comply with the above guidelines.**

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**Print Name**

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**Signature**

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**Date**



## Statement of Confidentiality

Counselors in the state of Florida are required by law to maintain secrecy and confidentiality of the therapeutic relationship. There are a few, specific expectations to this legal and ethical requirement. Violation of this law is considered a felony, and punishable by fine and/or loss of license to practice.

PsychEd Solutions understands and values the need to establish trusting relationships, and to safeguard clients of unauthorized disclosures of information. Therefore, counseling files are held and secured at the Center. **Please note: Any confirmed HIPAA violation will result in immediate termination from PSYCHED SOLUTIONS.**

**Please find below some of the more common reasons for HIPAA violation citations:**

**1. Employees disclosing information** – Employees' gossiping about patients to friends or coworkers is also a HIPAA violation that can cost a practice a significant fine. Employees must be mindful of their environment, restrict conversations regarding patients to private places, and avoid sharing any patient information with friends and family.

**2. Medical records mishandling** – Another very common HIPAA violation is the mishandling of patient records. If a practice uses written patient charts or records, a physician or nurse may accidentally leave a chart in the patient's exam room available for another patient to see. Printed medical records must be kept locked away and safe out of the public's view.

**3. Lost or Stolen Devices** – Theft of PHI (protected health information) through lost or stolen laptops, desktops, smartphones, and other devices that contain patient information can result in HIPAA fines. Mobile devices are the most vulnerable to theft because of their size; therefore, the necessary safeguards should be put into place such as password protected authorization and encryption to access patient-specific information.

**4. Texting patient information** – Texting patient information such as vital signs or test results is often an easy way that providers can relay information quickly. While it may seem harmless, it is potentially placing patient data in the hands of cyber criminals who could easily access this information. There are new encryption programs that allow confidential information to be safely texted, but both parties must have it installed on their wireless device, which is typically not the case.

**5. Social Media** - Posting patient photos on social media is a HIPAA violation. While it may seem harmless if a name is not mentioned, someone may recognize the patient and know the doctor's specialty, which is a breach of the patient's privacy. Make sure all employees are aware that the use of social media to share patient information is considered a violation of HIPAA law.

**6. Employees illegally accessing patient files** - Employees accessing patient information when they are not authorized is another very common HIPAA violation. Whether it is out of curiosity, spite, or as a favor for a relative or friend, this is illegal and can cost a practice substantially. Also, individuals that use or sell PHI for personal gain can be subject to fines and even prison time.

**7. Social breaches** - An accidental breach of patient information in a social situation is quite common, especially in smaller more rural areas. Most patients are not aware of HIPAA laws and may make an innocent inquiry to the healthcare provider or clinician at a social setting about their friend who is a patient. While these types of inquiries will happen, it is best to have an appropriate response planned well in advance to reduce the potential of accidentally releasing private patient information.

**8. Authorization Requirements** - A written consent is required for the use or disclosure of any individual's personal health information that is not used for treatment, payment, healthcare operations, or permitted by the Privacy Rule. If an employee is not sure, it is always best to get prior authorization before releasing any information.

**9. Accessing patient information on home computers** – Most clinicians use their home computers or laptops after hours from time to time to access patient information to record notes or follow-ups. This could potentially result in a HIPAA violation if the screen is accidentally left on and a family member uses the computer. Make sure your computer and laptop are password protected and keep all mobile devices out of sight to reduce the risk of patient information being accessed or stolen.

**10. Lack of training** - One of the most common reasons for a HIPAA violation is an employee who is not familiar with HIPAA regulations. Often only managers, administration, and medical staff receive training although HIPAA law requires all employees, volunteers, interns and anyone with access to patient information to be trained. Compliance training is one of the most proactive and easiest ways to avoid a violation.

My signature below indicates that I have read, understand and willing to comply with HIPPA procedures:

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Print Name

---

Signature

---

Date

## **Appendix A: Sample SOAP Note**

The client and counselor met for the regularly scheduled session. The client and counselor processed the counselor's homework assignment. The client reported that she could not personally define happiness because it is not something she has experienced consistently. The client confessed that she struggled with the homework activity because it was difficult to prioritize the goals for her life. The client completed an activity to help clarify her values and possible areas of focus. The client and counselor collaborated on creating a flowchart to identify steps the client can take to achieve her identified goal.

### **Objective Findings**

The client arrived on time for the session. The client was cooperative during the session. The client identified independence as her primary level.

### **Assessment of Progress**

The client would benefit from gaining deeper personal awareness and insight into goal setting. The client appears open to researching and working on gaining this insight.

### **Plans for Next Session**

The client and counselor will meet for the next scheduled session. The counselor assigned to research 2-3 tips for increasing positive life outcomes/changes and 3-5 careers of interest that provide a salary of \$40,000 or greater. The client and counselor will process the assignment during the next session.



## APPENDIX B: SAMPLE BIOPSYCHOSOCIAL ASSESSMENT

### 1. Presenting Problem:

Client performing far behind his peers academically. Client has a very short attention span. Client is disruptive in a learning environment.

### 2. Signs and Symptoms (DSM-V-TR based) resulting in impairment(s):

**(Include current examples for treatment planning, e.g., social, occupational, affective, cognitive, physical)**

Client performs behind his peers academically. Client is unable to complete tasks. Client has a short attention span. Client is disruptive in a learning environment. Client is unable to sit still.

### 3. History of Presenting Problem

**(Events, precipitating factors, or incidents leading to need for services):**

Client has displayed hyper active behavior since he was approximately 3 years old.

**Frequency/duration/severity/cycling of symptoms:**

Client exhibits hyperactive behavior and inattentiveness on a consistent daily basis. These behaviors or worsened in an academic setting.

**Was there a clear time when Sx worsened?**

Client's symptom or worsened when he is bored or asked to focus on a task.

**Family mental health history:**

Client's grandmother has a history of substance use. Client's mother reported difficulty in education.

### 4. Current Family and Significant Relationships

Strengths/support: Mother or Aunt attempts to help client in understanding educational topics and homework. Mother is open to getting help and seeking support for client.

Stressors/problems: Client's father is not in his life. Client's father figure recently died in a shooting

Recent changes: Client's father figure died approximately 1 month ago.

Changes desired: Client to receive needed support

Comment on family circumstances: Family appears to live in a stressful environment as evidenced by mother reporting concerns over shootings.

### 5. Childhood/Adolescent History

**(Developmental milestones, past behavioral concerns, environment, abuse, school, social, mental health)**

Client is developmentally behind his peers.

## **6. Social Relationships**

Strengths/support: Client has no issues making friends or talking with others.

Stressors/problems: Client is often aggressive towards peers and adults.

Recent changes: NA

Changes desired: Client to be less aggressive

## **7. Cultural/Ethnic**

Strengths/support: Unknown

Stressors/problems: Unknown

Beliefs/practices to incorporate into therapy: NA

## **8. Spiritual/Religious**

Strengths/support: Unknown

Stressors/problems: Difficult for the client to sit still and pay attention during church.

Beliefs/practices to incorporate into therapy: NA

Recent changes: NA

Changes desired: No answer given.

## **9. Legal**

History: NA

Status/impact/stressors: NA

## **10. Education**

Strengths: Unknown

Weaknesses: Client performing far behind his peers academically. Client has a very short attention span. Client is disruptive in a learning environment.

## **11. Employment/Vocational**

Strengths/support: NA

Stressors/problems: NA

## **12. Military**

Current impact: NA

## **13. Leisure/Recreational**

Strengths/support: Client enjoys playing outside, being physical, and watching videos.

Recent changes: NA

Changes desired: NA

#### **14. Physical Health**

Summary of health: Client did not report any health deficiencies

Physical factors affecting mental condition: NA

#### **15. Chemical Use History**

Summary of use: NA

Patient's perception of problem: NA

#### **16. Counseling/Prior Treatment History**

Summary of prior treatment: NA

Benefits of previous treatment: NA

Setbacks of previous treatment: NA

## **APPENDIX C: Sample Diagnosis and Treatment Plan**

### **Diagnosis:**

F84.0 - Autistic disorder

### **Presenting Problem**

Difficulty with daily living skills, socialization, skill acquisition

### **Goal**

Provide accurate diagnosis so client is able to receive ABA services at school and in home if applicable.

### **Objective**

Parent would like Client to become successful in school and learn independent living skills.

### **Treatment Frequency**

twice weekly

## **APPENDIX D: Sample Incident Report**

Miramar Police Case Number#2021-XX-XXXX

Miami Dade PD Incident report #17725

Patient arrived on time to his zoom session. Patient was dressed and groomed appropriately. Patient was oriented to all four spheres. Patient was cooperative however, his emotional state appeared to be sad. Patient discussed that there had been minimal conflicts with mom during the last week. Patient reported that he is enjoying being back at school but also feels overwhelmed with the workload and material that he needs to catch up on.

Patient reported that he has been experiencing sadness and thoughts of self-harm for the past two days. Patient disclosed that he has engaged in self harm in the past, including hitting himself and running into walls. He added that his “thoughts were telling (him)” to harm himself by slapping or punching himself, throwing himself down the stairs, or running into walls. Patient also disclosed that he felt a “need to feel pain.” At the time of the session, client denied having engaged in any of the behaviors, however, when this clinician inquired about the likelihood that he would actually engage in the behaviors, he retracted his statements and stated that he “wouldn’t actually do it.” However, due to the repetitive nature of his statements regarding his desire to throw himself down the stairs, as well as the imminent risk of severe physical harm if he did engage in this behavior, this clinician deemed that the patient’s level of risk warranted police involvement.

Following this decision, this counselor reached out to her supervisor a licensed clinical psychologist on staff, Dr. Jessica Perez, as well sought immediate support from the site’s postdoctoral resident, Dr. Ingram. Patient’s mother was contacted by the administrative staff. Law enforcement was contacted by Dr. Ingram and patient was ultimately Baker Acted. This clinician will follow-up with client’s mother, as well as attempt to provide immediate support, once the patient is released.

**APPENDIX E: PsychEd Solutions, P.A. Performance Evaluation Form**

**Staff Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Academic Year:** \_\_\_\_\_

*For each of the performance categories below please indicate the rating that best describes the performance of your student employee.*

**Performance Ratings:**

**4 -Outstanding:** Consistently superior and excellent performance      **2 -Average:** Consistently satisfactory performance

**3 -Above Average:** Consistently better than satisfactory performance    **1 -Below Average:** Generally unsatisfactory

**Quality of Work** - Freedom of work from errors, appearance, accuracy.

Rating: \_\_\_\_\_

Comments: \_\_\_\_\_

**Dependability-** *Reports to work as scheduled, punctual.*

Rating: \_\_\_\_\_

Comments: \_\_\_\_\_

**Judgment-** *Ability to make sound decisions regarding work.*

Rating: \_\_\_\_\_

Comments: \_\_\_\_\_

**Work Attitude-** *Displays positive attitude about work.*

Rating: \_\_\_\_\_

Comments: \_\_\_\_\_

**Relationships with others - *Quality of working relationships.***

Rating: \_\_\_\_\_

Comments: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

**Staff's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Supervisor's Signature**

\_\_\_\_\_

**Date**

**APPENDIX F: PsychEd Solutions, P.A. Written Notice: Performance Improvement Plan (PIP)**

**Staff Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Summary of performance or conduct deficiency requiring improvement:**

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**Improvement Plan:**

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**Plan Review Date:** \_\_\_\_\_

**I have read and understand this plan:**

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**Staff Signature**

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**Supervisor Signature**



## APPENDIX G: PsychEd Solutions, P.A. FIELD PRACTICUM / INTERNSHIP TIMESHEET

Please use this document to keep track of your hours during the field practicum. Open the word doc, Save with your name, enter your information and then save the document in a folder on your desktop. You can share this document with your field supervisor in your supervision meetings.

**Tips - When recording your hours please record to the nearest quarter hour 8:00, 8:15 not 8:06, 8:13.**

Practicum / Intern Student Name: \_\_\_\_\_

Date	Time In	Time Out	Assignment	Total Hours

Date	Time In	Time Out	Assignment	Total Hours

