

THE GUIDANCE CENTER

PRACTICUM STUDENT GUIDE

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Welcome

Welcome to the Practicum Program at The Guidance Center! The Practicum Manual outlines the training program requirements and expectations of practicum students. All expectations for practicum students regarding program and agency requirements, expectations, performance, continuation, and termination are detailed within the Practicum Manual. At the start of practicum each practicum student will be provided a written copy of the Practicum Manual and electronic access to the Human Resources Policy Manual. Both manuals will be reviewed with practicum students on the first day of practicum. Any additional questions are encouraged, and can be directed to the Training Director.

The Practicum Program at The Guidance Center is a one-year commitment. The training year runs from Summer/Fall to Spring/Summer. Due to the fluctuating nature of academic programs, official start and end dates are flexible. Further, practicum students are required to commit at least 15 hours to the Practicum Program. Of those 15 hours, practicum students are required to attend training obligations on Fridays (see Clinical Responsibilities and Training Experiences).

Graduate schools may require differing numbers of supervised training experiences, and it is the responsibility of each practicum student to ensure they are aware of their academic institutions requirements. Any required additions to the training provided at The Guidance Center will need to be addressed with the Training Director. Furthermore, practicum students are required to complete all components of the training program outlined in the manual. This remains the case when a practicum student's graduate school requires less hours and/or training experiences than those provided through The Guidance Center, and/or a practicum student completes requirements of their graduate school prior to the agreed upon completion date of practicum.

Practicum students are respected for the variety of education and clinical skills received through their academic training programs, and are expected to abide by the highest ethical standards. It is also expected that practicum students are seeking to expand and enhance their professional skills, and prepare for entry into the profession of psychology.

Conditions of Placement

To be eligible for a practicum placement at The Guidance Center practicum students must meet all criteria outlined in below. Please see Appendices for additional information.

Enrolled in a Graduate Psychology Degree Program

Each practicum student is required to be enrolled in a Graduate Psychology Degree Program. Practicum students can be enrolled in a terminal masters or doctoral-level program.

Background Checks (See Appendix A)

Background checks are conducted on all practicum students upon their first day of the Practicum Program. Each practicum student is required to pass all necessary background checks.

Mission, Vision, and History

Our Mission

The Guidance Center promotes healthy communities by providing integrated behavioral health care services and partnering in the delivery of general healthcare to those we serve.

Our Vision

We envision a healthy community of people who can access and benefit from state of the art, integrated healthcare which results in an enhanced quality of life for all.

History

The Guidance Center is the result of over 65 years of effort in Atchison, Leavenworth and Jefferson counties. The 43 clients served during the first three years of existence compares to the approximately 5,600 clients served annually by Center staff.

Among community mental health centers, The Guidance Center is one of the oldest in the state of Kansas. Originating in Atchison in 1937 as the Child Guidance Clinic, the center at that time held "clinic" one day a month during the school year for Atchison children who were referred by teachers or family members with problems such as behavioral issues, difficult interpersonal relationships, or truancy. At that time, funding came from the Red Cross chapter in Atchison, with a location provided in Central Grade School, and donation of clerical time and a welfare worker by the local welfare office. The county medical society contributed free examinations. Parochial schools also lent support. At that time, The Guidance Center was the only community mental health center in the State of Kansas supported entirely by community funds.

A mental health association was established in Leavenworth in 1958. In response to nationwide changes in mental health care, The Guidance Center joined forces with Leavenworth County and became a two-county center in 1964. A community mental health center was created, providing outpatient therapy and psychiatry services to individuals from Atchison and Leavenworth Counties regardless of the ability to pay. Funding was provided by mill levies in Leavenworth and Atchison Counties. Ten years later, a third clinic was opened in Jefferson County in the city of Oskaloosa. In the 1990's, new approaches to the mental health care for adults and children with more serious mental illness contributed to the need to open a fourth facility. The Community Support Services facility, also located in the city of Leavenworth, was the home of more intensive services designed to meet the specialized need of these individuals.

In 1991, the Kansas Legislature enacted several laws that changed the way local community mental health centers operated. At that time, community mental health centers were legally designated to manage public community mental health care in Kansas. By 1998, 600 Kansas state hospital beds were closed, leaving The Guidance Center with the responsibility for providing programs and services for Atchison,

Jefferson, and Leavenworth County residents who might otherwise have been confined to those institutions. As a result, children with severe emotional disturbances were able to live in their own community, and adults with serious mental illness were able to remain in contact with their established community supports.

Today, The Guidance Center has locations in the cities of Atchison, Leavenworth, and Oskaloosa. In May 2004, the separate Leavenworth facilities joined together, following a strongly supported capital campaign. The Guidance Center is supported from patient fees, county mil levies, State aid, grants and contract, and other income sources. The Guidance Center is licensed as a community health center by the State of Kansas and the substance abuse program is also certified by the State of Kansas. The Board of Directors, made up of twelve community volunteers, oversees the administration of the center.

Training Philosophy

The Practicum Program offered at The Guidance Center trains practicum students with a practitioner-scholar model. This model focuses on training psychology students primarily interested in clinical development, (“learning by doing”) driven by evidence-based practices. The overall aim of the Practicum Program is to incorporate and apply scientific knowledge obtained from graduate-level education and empirically based literature, with clinical experiences. The Guidance Center is a community mental health center that provides services to, on average, 5,600 community members a year. Therefore, throughout the year, practicum students will have multiple opportunities to apply scholarly evidence towards experiential clinical activities. Additionally, practicum students will be supervised and mentored with a developmental approach in order to assist in the emergence of a mature professional identity. The Practicum Program strives to facilitate growth by supplying a plethora of diverse experiences and exposure in a community mental health center environment, thus offering a generalist training.

The primary focus of the Practicum Program is clinical training. Practicum students will be exposed to a broad range of diverse populations and modalities in order to increase competence working independently in the future. The beginning of the year will focus on the immediate training needs and will identify the training goals of each practicum student. Through experiential activities and professional interactions, diversity is intertwined into the training year. Supervision and didactic trainings will focus early and ongoing throughout the year on the self as an instrument, and gaining the necessary knowledge, skills, and awareness to increase cultural competence. Supervision incorporates not only mentor-level feedback and guidance, but also reciprocal peer discussion during group supervision and didactic trainings.

An additional focus of the Practicum Program is professional development. The Guidance Center strives to assist practicum students in developing a well-defined professional identity that incorporates the ability to think and act ethically, advocate for the profession, provide effective services, and confidently interact with multidisciplinary professionals.

Aims of the Practicum Program

In keeping with the general mission and philosophy of the training program, the Practicum Program is designed to assist practicum students in developing scientific and practice skills appropriate to those of a generalist practitioner working at the competency of an entry-level clinician. The community mental health center setting allows exposure to a plethora of experiences and modalities. More specifically, the Practicum Program has three overarching aims that guide the training provided:

1. To train generalist practitioners in the profession of psychology.

To achieve this aim, practicum students are trained to provide direct service with diverse clinical population and a variety of clinical domains, including: initial clinical assessments, individual and group therapy, and crisis intervention.

2. To train practitioners to broaden the scope of their services beyond those provided to clients.

To achieve this aim, practicum students are trained in the following: a multidisciplinary approach, to interact with professionals within the community, psychoeducation, and professional development skills.

3. To train practitioners to develop, and to be guided by, their professional identity.

To achieve this goal ethics and professionalism are topics that are introduced during orientation and discussed in many venues throughout the year. Also, staff serve as models and mentors to practicum students.

Competencies of the Practicum Program

Competency (A): Research

Practicum students will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities.

Competencies Expected:

1. Practicum students will demonstrate value and application of scientific methods related professional practice.
2. Practicum students will articulate issues derived from the literature in supervision and case conferences.
4. Practicum students will create treatment plans that incorporate current evidence-based interventions.
5. Practicum students will formulate appropriate questions regarding case conceptualizations.
6. Practicum students will demonstrate understanding and utilization of outcome-based data to improve therapeutic alliance and outcomes.

Competency (B): Ethical and legal standards

Practicum students will demonstrate knowledge, awareness, and application of ethical and legal standards/guidelines.

Competencies Expected:

1. Practicum students will demonstrate knowledge of the ethical, legal, and professional standards and guidelines.
2. Practicum students will demonstrate ability to follow agency (e.g., Practicum Training Manual, Policy Manual) policies.
3. Practicum students will demonstrate knowledge and application of ethical decision-making.
4. Practicum students will demonstrate knowledge of own moral principles and ethical values in discussion with The Guidance Center professionals.

5. Practicum students will demonstrate ability to openly discuss intersection of personal and professional ethical and moral issues.

6. Practicum students will maintain appropriate and timely clinical and professional documentation.

7. Practicum students will maintain appropriate boundaries with clients, trainees, and professional and administrative staff.

Competency (C): Individual and cultural diversity

Practicum students will acquire the requisite competencies in cultural and individual diversity for entry-level practice as clinicians.

Competencies Expected:

1. Practicum students will engage in self-assessment of individual and cultural diversity with recognition of own strengths and areas of growth.

2. Practicum students will demonstrate awareness, knowledge and understanding of self as a cultural being (e.g., race, ethnicity, social class, religion, sexual orientation, ability status, gender).

3. Practicum students will demonstrate knowledge of others as cultural beings (e.g., multiple cultural identities; sensitivity and responsiveness to one's culture, age, gender, sexual orientation, social class, religion, language, country of origin, ability status).

4. Practicum students will demonstrate knowledge of the role of culture in interactions of self and others.

5. Practicum students will apply knowledge, sensitivity, and understanding of individual and cultural diversity issues to work effectively with diverse others.

6. Practicum students will demonstrate awareness of the social, political, economic, and/or cultural factors that impact development and functioning.

7. Practicum students will use awareness to effectively intervene with clients in promoting action on factors impacting development and functioning.

8. Practicum students will demonstrate awareness of the difference between individual, institutional, and system-level barriers to change.

9. Practicum students will demonstrate understanding of appropriate boundaries and times to promote change on behalf of client(s).

Competency (D): Professional values, attitudes, and behaviors
Practicum students will develop the knowledge, awareness, skills, and attitude needed to demonstrate professional behavior.

Competencies Expected:

1. Practicum students will demonstrate honesty, personal responsibility, and adherence to professional values.
2. Practicum students will conduct selves in a professional manner across settings and situations.
3. Practicum students will accept responsibility for own actions.
4. Practicum students will demonstrate concern for the welfare of others.
5. Practicum students will demonstrate timeliness to meetings, sessions, supervision, and other professional activities.
6. Practicum students will develop and articulate self-awareness in attitudes, values, and beliefs.
7. Practicum students will demonstrate ability to recognize limits of knowledge and skills.
8. Practicum students will demonstrate consistent practice of self-care.

Competency (E): Communication and interpersonal skills
Practicum students will acquire and/or develop the necessary communication and interpersonal skills necessary to provide effective clinical services.

Competencies Expected:

1. Practicum students will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community.

2. Practicum students will show the ability to produce and comprehend oral, nonverbal, and written professional communications.
3. Practicum students will demonstrate the ability to maintain professionalism and deescalate situations when necessary during difficult interactions.
4. Practicum students will demonstrate the ability to accept feedback and direction from peers and supervisors.

Competency (F): Intervention

Practicum students will acquire requisite clinical skills and competencies for entry-level practice as clinicians.

Competencies Expected:

1. Practicum students will demonstrate clinical intervention and relationship skills.
2. Practicum students will demonstrate skills in gathering pertinent and relevant data to inform clinical decision-making.
3. Practicum students will apply concepts of typical/atypical behavior to case formulation and diagnosis in the context of human development and diversity.
4. Practicum students will demonstrate ability to critically review and integrate scholarly literature into their clinical work.
5. Practicum students will formulate and conceptualize cases based on theoretical orientation.
6. Practicum students will demonstrate ability to formulate appropriate treatment goals in collaboration with the client, and modify these goals when needed.
7. Practicum students will demonstrate ability to apply useful and effective evidence-based interventions.
8. Practicum students will evaluate progress of their provision of therapy, and use this information to improve their own effectiveness.
9. Practicum students will demonstrate ability to conduct a thorough and effective risk assessment.

10. Practicum students will use appropriate and effective interventions during crisis situations.

11. Practicum students will seek supervision appropriately.

Competency (G): Interdisciplinary skills
Practicum students will develop skills necessary to competently engage in interdisciplinary interactions.

Competencies Expected:

1. Practicum students will form and maintain effective relationships with clients, colleagues, and professionals from other disciplines in the community.
2. Practicum students will demonstrate awareness of the multiple professional roles and worldviews in providing client care.
3. Practicum students will respectfully participate in multidisciplinary meetings.
4. Practicum students will demonstrate ability to negotiate differences and handle conflict effectively.
5. Practicum students will demonstrate ability to provide effective feedback to others.
6. Practicum students will communicate clearly using verbal, nonverbal, and written skills in a professional context.
7. Practicum students will demonstrate flexibility and ability to work as part of a multidisciplinary team.
8. Practicum students will actively participate in seminars and meetings.

Clinical Responsibilities and Training Experiences

Practicum students gain clinical training through a variety of experiences, which are each linked to Training Competencies (see Competencies of the Practicum Program section) and includes: individual and group therapy, didactic trainings, crisis intervention, and professional development. Each practicum student will collaborate with the Training Director and their supervisor(s) to develop a Training Plan, which outlines an action plan for accomplishing Training Competencies, as well as the unique areas of professional development outlined by the practicum student (see Appendix B). Each of these experiences is outlined below. Additional unique opportunities may arise throughout the course of the training year, and may take temporary precedence over other obligations, as determined by the Training Director.

A. Outpatient Clinician

Each practicum student is expected to serve as an outpatient clinician. This is the practicum student's primary role and involves providing individual therapy to adults. Practicum students will see self-pay clients on a sliding scale fee. Practicum students will inherit a caseload of clients from the previous cohort of students. As the training year progresses practicum students will acquire new clients and expand their caseloads. Practicum students are expected to schedule an average of 7 clients per week. Practicum students that are available on Tuesdays are invited to attend the weekly Clinic Team Meeting on Tuesdays from 1:00 pm to 2:00 pm, unless otherwise instructed by the Training Director. Clinic Team Meeting provides an opportunity for providers of a client's treatment team to collaborate, and includes outpatient clinicians, as well as managers and/or supervisors from the Early Childhood, Youth, and Emergency Services Programs.

B. Intakes

The secondary responsibility of practicum students is to assist with conducting Initial Clinical Assessments/Intakes, for individuals seeking to initiate services at The Guidance Center. Practicum students will see self-pay Intakes on a sliding scale fee. Practicum students will then have the opportunity to inherit the individual from the Intake as a client on their caseload. The Training Director will review each new client assignment for appropriateness and risk level.

C. Group Therapy

Throughout the course of the training year practicum students will have the opportunity to co-facilitate group therapy for clients with severe and persistent mental illness (SPMI), as part of the Adult Psychosocial Program (APP). The primary purpose of APP groups is to serve as a means of skill building and psychoeducation regarding mental

health and wellness.

D. Didactic Trainings

The Guidance Center provides didactic trainings for practicum students and doctoral interns on a monthly basis. The Guidance Center staff and individuals from the community are also invited to attend. Didactics are held on the second Friday of each month, unless otherwise announced. See Appendix C for a schedule of training topics.

E. Professional Development

Throughout the Practicum Program, practicum students are expected to abide by the highest ethical standards, expand and enhance their clinical/counseling skills, and prepare for entry into the profession of psychology. Each practicum student is encouraged to expand his or her professional range during the training year, including development of clinical skills and thoughtful exploration of less familiar areas of professional functioning. Practicum students will encounter an array of opportunities to enhance and expand their work ethic and skills as a general professional. It is expected that practicum students will seek out, and take advantage of, opportunities for growth. Components necessary for a successful transition from professional-in-training to professional are outlined, but not limited to, the factors below.

1. Working within systems

Practicum students will be afforded opportunities to enhance their knowledge of overarching systems fundamental to working as a clinician. Specifically, through the course of the Practicum Program at The Guidance Center, practicum students will gain knowledge and skills to function within a community mental health center system.

2. Collaboration

Throughout the training year practicum students will have several avenues to hone their abilities to successfully collaborate with others. As a clinician at The Guidance Center, practicum students serve as one member of a treatment team. As such, practicum students will enhance their ability to collaborate, share ideas, and receive feedback from members of a treatment team while also learning to strengthen skills and the ability to respectfully work together with non-clinical staff.

3. Commitment

Practicum students will have a variety of avenues to develop their ability to successfully follow-through with commitments. Practicum students will be expected to demonstrate punctuality, dedication, and discipline in regards to the training program, clinical responsibilities, completion of necessary documentation, meetings and appointments, and daily attendance. Additionally, practicum students will learn how to appropriately respond in situations in which they are unable to fulfill their commitments

Supervision

Supervision is provided in a variety of formats, including: individual, group, and live supervision. Furthermore, audio and video recording equipment are available. The frequency and duration of audio/video recordings as a means of supervision are individualized to the training needs of each practicum student, and determined by each practicum student's supervisor.

Individual Supervision

Each practicum student will receive individual supervision from a doctoral intern. Doctoral interns are licensed through the Behavioral Sciences Regulatory Board as a Temporary Licensed Masters Level Psychologist. Additionally, a Licensed Psychologist supervises all supervision provided by doctoral interns. A Supervision Log is utilized to track progress, accomplishments, areas of growth, and required action steps (see Appendix D). Practicum students will receive specific feedback during weekly supervision. Practicum students are encouraged to share their experiences of supervision during scheduled supervision, and will also have the opportunity to formally evaluate their supervision experience biannually (see Appendix E).

Group Supervision

Group supervision occurs every Friday morning from 9:00 am to 11:00 am, with the exception of every second Friday of the month when didactic trainings are offered. Group supervision is provided by the Training Director (unless otherwise noted), and includes interns and practicum students. Group supervision provides an opportunity to discuss clinical cases, ethical concerns, and provide and receive peer feedback.

Live Supervision

The Guidance Center is equipped with a Live Supervision Suite, which includes two rooms, each divided with a two-way mirror. The two-way mirror allows for direct observation of live therapy sessions. Practicum students have the possibility of viewing live sessions conducted by their peers and supervisors. Furthermore, during a live session facilitated by the practicum student, bug-in-the-ear technology provides the student with real-time supervision and coaching. It is a program requirement that each practicum student engages in live supervision throughout the course of the training year. The frequency and duration of live supervision are individualized to the training needs of each practicum student, and determined by each student's supervisor.

Concurrent Self-Study Assessment

Practicum students are thoroughly intertwined in the program's ongoing self-study process. At the start of the training year, practicum students will complete an individualized Training Plan (see Appendix B) with his/her supervisor. This form allows each practicum student the opportunity to identify and discuss training goals and specific areas of focus for the training year.

Practicum students are generally required by their graduate school to have a mid-point and end-point evaluation completed by their on-site supervisor. Evaluation forms are typically provided by the practicum student's graduate school, and are completed by their supervisor at The Guidance Center. The Training Director also reviews these evaluations. If a formal evaluation form is not provided by the practicum student's graduate school, one will be provided by The Guidance Center. Each practicum student is required to be functioning at a developmentally appropriate level. While rating scales may vary by graduate school, at the end of the training year, 80% of all competency items are expected for successful completion.

Each practicum student will be given an opportunity to assess his/her supervisor at the mid-point and end-point of the training year. This data is important to determine the competency of the supervisor and the strength of the supervision relationship. Due to the power differential of the relationship between the practicum student and the training program staff, open discussions are facilitated during supervision about the importance of providing accurate and honest feedback, and learning how to advocate for his/her educational and professional needs.

At the end of the training year, each practicum student will complete an Exit Interview Form to explore the student's experience of The Guidance Center, and assist in improving the quality of training.

Due Process and Grievances

Due Process

At minimum, practicum students receive specific feedback during weekly supervision with their supervisor. Practicum students also receive a formal written evaluation of performance midway through the year and during the last month of the training year.

In the event that a serious performance problem is identified, the practicum student is notified of the problematic behavior. The Training Committee meets to investigate the problem, and then designs a plan for remediation of the problem behavior. The practicum student has the opportunity to respond to the identified problematic behaviors during the Committee meeting and before any deliberation or plan development occurs. The results of the investigation and the remediation plan are presented to the practicum student in writing and in person by the Training Director. A copy of these documents is forwarded to the Practicum Coordinator from the practicum student's graduate program.

The practicum student has the right to appeal the findings and plan elements to the Training Committee. The practicum student also has the right to continue the appeal, if desired, to the Training Director. A final appeal includes the Training Director and the Practicum Coordinator from the practicum student's graduate program. The outcome of this last appeal is considered final.

Grievances

A practicum student may file a formal grievance about the training program with the Training Director (see Appendix G). In the event that the grievance involves the Training Director, the practicum student would file their grievance with the Human Resources Director. Grievance forms are available in electronic or hard copy from the Human Resources Director. The Guidance Center prohibits retaliation and/or retributive actions stemming from any good faith complaint or grievance. The grievance is then investigated by the appropriate individuals. Once a conclusion is reached, a plan for remediation is developed and implemented with appropriate parties.

Scheduling and Administrative Tasks

Each practicum student will collaborate with the Training Director to develop a training schedule based on clinical expectations, supervision, and other responsibilities outlined throughout the manual. Schedules must include at least 15 hours, and are submitted in three-month blocks. The Training Director must approve all schedules and schedule changes. Upon approval, practicum students will submit their schedule to the Patient Operations Coordinator, who will enter schedules into the Avatar system.

Schedule Viewing

In Avatar → Search Forms → Scheduling Calendar

Daily Event Records (DER)

DERs provide clinicians with a list of events for the day; this will include all scheduled appointments, meetings, and administrative time. A DER will be placed in the practicum student's mailbox each day.

- Practicum students are responsible for noting any appointment changes on the DER sheet. Changes might include added or cancelled appointments, changes in appointment time or duration, or unplanned additions to the schedule.
 - Upon completion of any associated documentation, each DER is signed by the practicum student and placed in the designated Administrative Assistant's mailbox.

Scheduling Appointments

Client appointments are scheduled and cancelled through administrative staff at the front desk. Appointments can be scheduled in-person or over the phone (913-682-5118). Practicum students will determine appointment frequency, and will assist clients in scheduling follow-up appointments as needed. There are several scheduling exceptions, which should be addressed by the practicum student with their supervisor, and might include:

- **Scheduling in advance:** Clients can schedule up to two appointments at a time, unless otherwise indicated by the clinician. If it is determined that additional appointments can be scheduled in advance, the practicum student must notify the Patient Operations Coordinator to ensure that the client's chart is flagged indicating the scheduling exception.
- **Same-day appointments:** Poor and inconsistent appointment attendance might render a client on same-day appointments only. Same-day appointment status means that a client will continue to be seen for services, however they are unable to schedule appointments in advance. Rather, clients must call each day to check available appointments for that day. After scheduling and attending three same-day appointments, clients may return to scheduling in advance. This decision should be

discussed and approved with the practicum student's supervisor, and the client must be properly notified via letter and/or phone. The practicum student must notify the Patient Operations Coordinator to ensure that the client's chart is flagged indicating the scheduling exception.

- **Financials:** Occasionally, administrative staff might determine a client has accrued a back-balance due to unpaid services, and prohibit the client from scheduling until the balance is settled. If a client presents with elevated risk factors, it is important that this be reviewed between the practicum student the supervisor, and the Training Director so an appropriate plan is developed.

Time Off and Schedule Changes

Time off cannot be used within the first two weeks or last two weeks of the training year. Absences due to illness within that time frame will require a doctor's note. The Training Director must approve all anticipated time off, unless otherwise noted. If time off is approved, practicum students must complete the following:

- Practicum students will need to send an email to the Patient Operations Coordinator to make any schedule adjustments. It is the responsibility of the practicum student to ensure all scheduling adjustments are complete prior to time off, and that appropriate individuals are notified of any changes.

Unanticipated Time Off

When an unforeseen circumstance occurs that requires unanticipated time off, practicum students are required to notify the Training Director as soon as possible. If the Training Director is unavailable, all requests will go through the Associate Training Director. Additionally, it is important that administrative staff and all necessary individuals are notified of the practicum student's absence.

Holidays

The Guidance Center will officially close the entire day on eight (8) holidays and part of the day on two (2) holidays. See below for holiday closings.

***New Year's Day**

Martin Luther King's Birthday

Memorial Day

***Independence Day**

Labor Day

Thanksgiving Day and the day after Thanksgiving

Christmas Eve (office is open four (4) hours only – 8:00am to 12:00pm)

***Christmas Day**

New Year's Eve (office is open four (4) hours only – 8:00am to 12:00pm)

* If these holidays fall on Saturday, the preceding Friday will be a holiday. If they fall on Sunday, the following Monday will be a holiday.

* If Christmas and New Year's Day fall on a weekend, the ½ day holiday for Christmas Eve and New Year's Eve will not be observed.

Caseload

Clinical caseloads are accessible via Avatar:

Avatar Homepage → Client → My Clients

In Avatar → Select Forms → "Individual Staff Caseload Report" → Select your name.

Progress Notes

Progress notes are the manner in which all interactions with, or about, clients are documented. All progress notes must be co-signed by a supervisor, and are submitted electronically via Avatar within 48 hours.

In Avatar → Select Client → Avatar CWS → Progress Note → TGC Progress Note → M.H. Leavenworth

Therapy Appointments

For an individual or family therapy appointment, complete the following options in Avatar:

"Ambulatory Progress Note" Tab:

- *Progress Note For:* Existing Appointment
- *Note Type:* Student/New Staff (Co-Signature Required)
- *Note Address Which Existing Service:* Click on the correct appointment date/time
- *Notes Field:* Enter billing code (ex. 1100) or reason for note (ex. Outreach)
- *User to Send Co-Sign To Do Item To:* Select supervisor's name
- *Treatment Plan-Main:* Select
- *T.P. Item Note Address:* Select corresponding objective

“Clinical Data” tab:

- *Type of Note: Therapy*
- *Description of Consumer Presentation:* Select and complete appropriate boxes
- *Current Diagnosis Correct:* Yes or No
- *Medical Necessity:* Select appropriate
- *Intervention:* Select appropriate
- *Brief Description of Intervention Provided:* Include approximately one paragraph with sufficient information to document evidence-based clinical interventions provided and how these link to symptoms and diagnosis.
- *Risk Assessment:* Please see supervisor regarding selections. Assessment should be thoroughly documented including risk and protective factors, as well as justification for actions taken or not taken. If an individual has moderate to severe risk a supervisor and/or emergency services should be involved. Always provide crisis clinic and after hours information.
- *Consumer Response/Progress/Outcome:* Select and complete appropriate box
- *Plan:* Select and complete appropriate boxes
- *Schedule Follow Up Appointment:* Yes or No

Once all appropriate sections within the note are completed, return to the “Ambulatory Progress Note” tab, place the note to "Final", and "Submit." Any required changes or edits will place a note back to draft, and will appear in “My To Do List”. After edits are completed resubmit the note following the instructions above.

Cancelled Appointments

There are several common instances when appointments might be cancelled. If an appointment is cancelled, a progress note documenting the cancellation is required. When completing the progress note, select “Informational” rather than “Therapy,” and provide a brief description of the reason for the cancellation. In some instances, it might also be appropriate to send an outreach letter (see Outreach Letters section below). Additionally, edits to the DER should be made to correspond with any changes in appointments. Below is a list of common reasons for cancelled appointments.

- Appointment cancelled by client with more than 24 hour notice
- Appointment cancelled by client with less than 24 hour notice
- Appointment not cancelled by the client
- Appointment cancelled by therapist

Outreach Letters

Avatar provides a template for several common outreach letters. All outreach attempts should also include a progress note documenting the outreach. Cancellation letters are printed and signed by the practicum student, and placed in their supervisor's box to be signed and mailed. Below is a list of common reasons for sending an outreach letter. As a reminder, all documentation, both written and electronic, will be co-signed by the doctoral intern's supervisor.

When signing documentation, please sign *above* your printed name.

In Avatar → Select Client → Avatar CWS → Progress Note → TGC Progress Note w/Cancellation Letter → M.H. Leavenworth

- No show
- Not seen since
- Not seen after being referred
- No appointments scheduled
- Two no shows
- Close in 2 weeks
- Discharge
- Custom (please see supervisor prior to custom letters)
- Same day call

Contact with Collaterals

As stated above, all outreach attempts should be documented using a progress note; this includes contact with collaterals (e.g., family member, foster care, court). It is the practicum student's responsibility to ensure that a signed Authorization for Release of Confidential Information (ROI) form is on file prior to releasing any information about a client (see below). ROIs should be verified prior to every contact.

Authorization for Release of Confidential Information (ROI)

A ROI MUST be completed prior to the release of any client-related information. It is imperative to check the status of a release prior to releasing information, to verify what information may be disclosed and to ensure that a ROI has not been revoked. Active ROIs may be viewed in the client's electronic medical record. Any questions regarding ROIs can be directed to Medical Records.

Additionally, at times, administrative staff will request a clinician to witness a release. To complete a ROI, meet with the individual (regardless of whether they are your client)

and review the form with them, including the purpose or need for the disclosure, the information to be disclosed, limitations, and the client's ability to revoke the release.

Treatments Plans

An active and up-to-date treatment plan must be maintained for all clients. An Initial Treatment Plan is completed with each client during the Intake process, and is valid for 30 days. All subsequent treatment plans are valid for 90 days. It is the responsibility of the assigned clinician to ensure that all treatment plans are valid and maintained.

In Avatar → Select Client → Search Forms → Treatment Plan – Main

- *Presenting Problem:* This section should include an overview of the client's concerns, symptoms, and functional impairment.
- *Problem:* This section should briefly state the primary concern(s) and focus of treatment.
- *Goals:* This section will include how the Problem is being addressed within the treatment period (90 days). Most treatment plans include one goal.
- *Objectives:* This section describes which services will be provided, and how the client will work toward accomplishing the goal(s). Objectives must be realistic for the 90-day treatment period, and measurable.

All treatment plans must be reviewed with the client in session (preferred) or over the phone. After the plan is reviewed, and the client is in agreement, the practicum student and client must both sign the treatment plan. The plan should remain in Draft status, and a copy printed and placed in the mailbox of the practicum student's supervisor. As a reminder, all documentation, both written and electronic, will be co-signed by the doctoral intern's supervisor. To print the treatment plan:

In Avatar → Open Client Chart → My Forms – Clinician → Treatment Plan – Main → Report → Print

The supervisor will review and recommend edits. After edits are completed by the practicum student, and approved by the supervisor, the practicum student will change the status of the plan from Draft to Final, and submit electronically to their supervisor. A printed copy of the finalized plan must then be placed in the supervisor's box. Supervisors will approve treatment plans electronically, and sign and submit the printed copy to the Medical Director.

Daily Living Activities - 20 (DLA-20)

The DLA-20 is an outcome measurement tool designed to identify the functional impairment related to an individual's mental illness. The DLA-20 should be completed for each adult client during each treatment plan update, and following any significant changes in a client's life.

In Avatar → Select Client → Adult DLA 20 → Select active "M.H. Leavenworth" episode

Diagnoses

It is important for each client to have an updated diagnosis or diagnoses. Avatar requires that a diagnosis be completed under each treatment service, also known as episode (e.g., mental health, medication management, case management). Please collaborate with other treatment providers and supervisors.

In Avatar → Select Client → Avatar CWS → Assessments → Diagnosis → M.H. Leavenworth

- *Type of Diagnosis:* Select appropriate
- *Date/Time:* Enter appropriate
- *Select "New Row"*
- *Diagnosis Search:* Enter DSM-V Diagnosis
- *Status:* Select appropriate
- *Ranking:* Select appropriate
- *Diagnosing Practitioner:* Your name
- *Justification for Diagnosis:* Describe exactly which DSM-V diagnostic criteria the individual meets

To default information from previous entries select "Episode to Default Diagnosis Information From" and Select "Diagnosis Entry to Default Information From."

Intakes

The Intake process requires completion of both electronic and paper forms. Prior to conducting the intake, an orange folder for the intake will be provided by the front desk. This folder contains basic information about the client, as well as all the forms and releases that need to be filled out during the intake. See below for outline of the intake process.

In Avatar → Select Intake 2018 (this opens all required electronic forms at one time; each form can also be opened independently).

To Be Completed With the Client Present:

- *Informed Consent for Treatment Form*
 - Review your name, title and license
 - Provide a copy of your business card
 - Review your supervisor's name, title, and license
 - Review confidentiality and limits
 - **Client must sign form**
 - Witness form
 - Provide client with yellow copy
- *Authorization for Release of Confidential Information*
 - Review purpose of authorization and complete as necessary
 - **Client must sign form**
 - Witness form
- *Medical Provider Care Coordination Notice and Authorization to Release Information*
 - Review purpose of authorization and complete as necessary
 - **Client must sign form**
 - Witness form
- *Initial Clinical Assessment (In Avatar)*
 - Gather information related to presenting concerns and reason for seeking services.
 - Gather information necessary for diagnostic impressions.
 - Ensure Risk Assessment is completed and documented.
- *Initial Treatment Plan (In Avatar)*
 - Review available services and any appropriate referral information
 - **Client must sign form**
 - Submit appropriate referrals via Episode Change(s)

- *Schedule Appropriate Follow- Up Appointments*

- Walk with client to front desk and assist in scheduling any necessary follow-up appointments.

To Be Completed After the session:

- *Diagnosis Form (In Avatar)*

- *SED or SPMI Determination Form (In Avatar)*

- *AIMS Form (paper)*

Submit all electronic documents to your supervisor for approval.

Discharging vs. Closing Episodes

It is the responsibility of the practicum student to maintain an accurate caseload, which includes ensuring that all inactive cases are properly closed or discharged. Prior to closing or discharging a client, please discuss with a supervisor, and ensure that all proper outreach attempts have been made (see "Outreach Letters" above).

Episode change:

If the client is open to multiple services and you are only closing therapy. No diagnosis update necessary.

In Avatar → Select Client → Avatar CWS → Other Chart Entry → Episode Change

- *Episode Change Type:* Close

- *Episode Change Date:* Enter date

- *Primary Clinician Changing Episode:* Enter your name

- Program Transferred From/Closed = Individual therapy

- *Episode Change/Clinical Justification:* Include rationale for closing therapy

- *Notify All Applicable Clinical and Admin Staff of Episode Change:* Select Leavenworth Close/Discharge, Supervisor

- *Episode Change Status:* Final

Discharge:

If the client is only open to therapy OR choosing to close all services (e.g., moving).
Diagnosis update IS necessary.

In Avatar → Select Client → Avatar CWS → Other Chart Entry → Discharge Summary

- *Discharge Date:* Enter date
- *Discharge Clinician:* Enter your name
- *Living Situation:* Select appropriate
- *Other Treatment:* Select appropriate
- *Occupation:* Select appropriate
- *Discharge Reason:* Select appropriate
- *Pres Prob, Course of TX/DSCH, Prog Toward IPP, DSCH Plan:* Include rationale for discharging from services.
- *Referred To:* Select appropriate
- *Notify Other Clinician of Discharge if Necessary:* Select Supervisor
- *Summary of Progress on Treatment Goals:* Describe progress
- *Notify Administrative Staff of Discharge:* Leavenworth Close/Discharge

TIPS FROM THOSE WHO HAVE GONE BEFORE YOU

The purpose of this guide is to provide a general reference for practicum students at The Guidance Center. Please, do your best to update this guide throughout your training year so that you can pass on a newer and improved version. The next cohort will thank you.

TGC Central

There are many training forms and documents listed within TGC Central, The Guidance Center's intranet. Please visit TGC Central (<http://tgc-sps/sites/central/SitePages/Home.aspx>) often to access the most current information on policies, forms, and documents.

Personnel Policies

The Guidance Center's personnel policies can be found in the Policy Manual, which is located on TGC Central. Employees, interns, practicum students, and volunteers are expected to adhere to these policies (see Appendix A for a list of administrative and leadership roles).

Technical Support

Internal Helpdesk Email = HDesk@mytgc.org (Difficulties with equipment, internet, email, phones). Our onsite support employee is Frank Adams.

Outlook Messenger

Outlook Messenger is The Guidance Center's internal instant messaging (IM) system. IM is used to send individual messages (e.g., appointment arrivals and/or cancellations) and group messages (e.g., intakes). Practicum students are expected to log on to IM upon arriving for their shift. If a practicum student is engaged in an alternate training activity not listed on their schedule, it is important to provide a status of the change on Messenger; this allows staff to locate you in the event of an emergency. While IM is the primary means of notification of appointment arrivals and cancellations, it is the responsibility of the practicum student to check the lobby for appointment arrivals.

Email

As a practicum student you will be assigned an email account with The Guidance Center through Microsoft Outlook. Email is the primary means of communication between staff. It is rare that a need will arise to send an email outside of The Guidance Center. In these cases, consult with your supervisor prior to sending an email. It is important to regularly check email throughout your shift. You are not required to check or respond to email when not at TGC, however, it is essential to respond to emails as soon as possible. Respond to all emails from supervisors, letting them know you received the email and providing any information as necessary.

On the days that you are not in the office, or know in advance that you will not be in, it is important to set up an automatic reply on your email so your supervisors and other staff will know you will be unable to respond to emails until you return. To set automatic replies:

- Go to Microsoft Outlook
- Select "File" in top left corner
- Select "Automatic Replies"

- Check “Send automatic replies” and then “Only send during this time range”
- Adjust the start and end times accordingly
- Write an automatic reply message for “Inside my organization” and “Outside my organization
- Example: Thank you for your message. I am out of the office and will be back on Friday. If you have any questions during my absence, you can contact my supervisor, XX XX. Your Name.
- Select “Ok” and you are finished.

Phone

Each office will have a phone, and each practicum student will be assigned an extension. All phone calls made should be practicum related. See TGC Central for a master list of phone extensions. See Appendix B for a list of important phone numbers.

- To dial an outside line = Dial “8” followed by the phone number
- Your extension will be 456
- To dial within the agency = Dial the 3 digit extension
- To check voicemails = Press the “MSG” button. Enter password and #.

Office Space

Practicum students are generally not assigned an independent office, however there are designated offices for practicum student use. If space permits, practicum students may be assigned an office, however this is subject to change. Student office space is subject to change. Please consult with the Training Director with any questions regarding office space. Your assigned office is 120.

Panic Button

Each office has a panic button assigned to that particular office. In the event of an emergency, the panic button can be activated by pressing both grey buttons simultaneously. Doing so will generate an email to necessary staff with the assigned office. Staff will arrive immediately following notification. If the panic button is activated accidentally, please send an email to the group email "ALL-TGC" informing of the false alarm.

Office Arrangements and Safety Guidelines

While it is rare for safety concerns to present during a session, to promote the safest working conditions, below are several safety guidelines for offices. Please remember these are guidelines, and at times use of the panic button and/or evacuation of the room might be necessary. Please discuss any known risk factors with your supervisor.

- Ensure the office door is not locked from the outside while you are inside.
- Desks should be turned to face the wall in nearly all offices. Exceptions **may** be made for individuals with very large offices.

- Indicate to clients where they should sit, and ensuring that you have the closest access to an exit.
- Keep items such as scissors, staplers, and hole punches in your desk drawer. Knick-knacks and other objects should be kept elevated and on the side of the room farthest from clients.
- The following items are restricted due to increased fire hazard: candles (burning), coffee mug or candle warmers, space heaters, and halogen lamps. Extension cords must be contained under the desk. Fans are permitted.

Professional Expectations

Professional development is an important component of training at The Guidance Center. In addition to expectations outlined in the Practicum Training Manual and Policy Manual, below are some things to consider.

- Ensure professional attire, giving the image you want to display to colleagues and clients.
- Ensure attire is appropriate and comfortable for sitting, standing, walking, and bending over.
- On Fridays all employees, interns, and practicum students are permitted to wear jeans if desired.
- Ensure interactions with staff and clients are professional and courteous.
- Demonstrate a team approach through a willingness to help (e.g., intakes, signing releases of information).

Self-Pay vs. Insured Clients

Due to licensing restrictions from insurance companies, practicum students are only permitted to see self-pay clients. Please notify your supervisor and administrative staff if it comes to your attention that a client is insured.

Common Service Codes

Below is a list of the most commonly used service codes. Please see TGC Central for a complete list of service codes.

- 1000 = Intake
- 1100 = Individual Therapy
- 1106 = Family Therapy
- 1935 = Integrated Treatment Planning
- 9000 = Cancelled w/ Less Than 24 hrs
- 9001 = Cancelled w/ More Than 24 hrs
- 9002 = Appointment Not Cancelled
- 9003 = Appointment Cancelled By Therapist
- 1640 = Crisis Intervention

It is imperative that codes and times billed for service are accurate. If a service is shorter or longer than originally scheduled, this must be properly documented. Below is a list of required duration of service for therapy sessions. Please use accordingly.

30 minute session = 16-37 minutes
45 minute session = 38-52 minutes
60 minute session = 53+ minutes

Tissues:

Extra boxes of tissues can be found in the cabinets in Print/Copy area 122 ("Therapists West") and Print/Copy area 157 ("Back Corner East").

Inclement Weather:

As a health care agency, The Guidance Center will rarely, if ever, be closed due to inclement weather. In case of hazardous conditions, the following guidelines apply:

1. The Center offices will typically close when the Courthouse of the respective county closes (i.e. Leavenworth County Courthouse closes, the Leavenworth County Clinic closes). The Executive Director will authorize the closing of one or more offices when this occurs or if weather conditions otherwise indicate the office(s) should close. If early notice is possible, the Executive Director or his/her designee will text/email an announcement of office closure by 6 a.m.

2. Practicum students should use their own judgment in determining whether or not to come to practicum on days when they feel travel is hazardous.

3. Practicum students will work out arrangements with their supervisors as to how to compensate for their missed time.

In the extremely rare event that The Guidance Center must be closed for more than one successive day, the Administration will consult with the Board of Directors for direction. Consumer care should never be compromised by the effects of inclement weather. The Crisis Clinicians and/or supervisors should be made aware of clinical situations where follow-up and immediate contact are necessary.

Printing on Letterhead:

To print on official letterhead please complete the following steps:

File --> Print --> Printer Properties --> Select "Drawer 2" on the image of the copy machine --> Ok --> Print

Supplies

Miscellaneous supplies (e.g., pens, staples, paper clips) are located in the supply closet in the main conference room (134). These supplies are available to practicum students for practicum-related purposes only. Please check with training director for access to supplies.

Internal Programs

The Guidance Center offers numerous internal programs. It is important to familiarize yourself with these programs in order to offer information to clients and place appropriate referrals. Please see Appendix A Administrative and Leadership Roles, to identify the individuals responsible for each program. Please see Appendix C for a list of key terms and common acronyms.

- **Emergency Services**

- **Access Clinic** = (9:00 am to 2:00 pm Monday through Thursday), where individuals can come for same day Initial Clinical Assessments/Intakes.
- **Crisis Clinic** = Provides face-to-face crisis intervention with a mental health provider during business hours.
- **After-Hours** = Emergency Services are available for Leavenworth, Atchison, and Jefferson counties anytime the Center is not open (evenings, weekends, holidays). Calls are typically routed through an after-hours answering service, which triages calls, and notifies the on-call clinician when necessary.

- **Recovery Services (Level I Outpatient Treatment)**

- **Intakes** = To determine the appropriate level of care
- **Individual Therapy** = Substance abuse treatment
- **Living In Balance Group** = Helps individuals move from a life of addiction to a life of recovery.
- **Dialectical Behavior Therapy Group** = Mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness skills for substance use disorders.
- **Moral Reconciliation Therapy** = A federal group teaching Cognitive Behavioral Therapy for substance use disorders.
- **Thinking for a Change Group** = A Senate Bill 123 State Department of Corrections group for non-violent drug offenders.
- **Monitoring** = For urine analysis and breathalyzer

- **Early Childhood (Children ages 3-7 with Severe Emotional Disturbance)**

- **S.T.A.R.** = (9:00 am to 3:00 pm Monday through Thursday) treatment preschool with behavioral and trauma-focused interventions to bolster social and coping skills
- **Case Management** = Works with clients to build skills in areas where they may have deficits (e.g., following directions, managing emotions, social skills) through the use of games, stories, and prop-based activities.
- **Attendant Care** = Works with clients to remind and prompt them to use the skills they have learned in case management in real time at home, school, or in the community.
- **Targeted Case Management** = The point of contact for all families in community-based services. Schedules treatment plan updates, enters treatment plans, makes sure all paperwork is up to date.

- **Respite** = A scheduled break for families. Usually a 3 hour break during the week or on Saturdays. There is also overnight respite available; The Guidance Center contracts through DCCCA for this service. Only available for families on the Medicaid waiver.
 - **Parent Support** = Works with parents on behavior management techniques for their children.
 - **Wraparound Facilitation** = The function of the wraparound facilitator is to form the wraparound team consisting of the client's family, extended family, and other community members involved with the client's daily life for the purpose of producing a community based, individual Plan of Care. Only available to client's on the SED Waiver
- **Youth (Children ages 8-17 with Severe Emotional Disturbance)**
 - **Psychosocial groups** = Skill building groups that take place once a week after school or four days a week during the summer. Focuses on coping skills for emotion management, following directions, and positive social skills.
 - **Case Management** = Works with clients to build skills in areas where they may have deficits (e.g., following directions, managing emotions, social skills) through the use of games, stories, and prop-based activities.
 - **Attendant Care** = Works with clients to remind and prompt them to use the skills they have learned in case management in real time at home, school, or in the community.
 - **Targeted Case Management** = The point of contact for all families in community-based services. Schedules treatment plan updates, enters treatment plans, makes sure all paperwork is up to date.
 - **Respite** = A scheduled break for families. Usually a 3 hour break during the week or on Saturdays. There is also overnight respite available; The Guidance Center contracts through DCCCA for this service. Only available for families on the Medicaid waiver.
 - **Parent Support** = Works with parents on behavior management techniques for their children. Only available to client's on the SED Waiver.
 - **Wraparound Facilitation** = The function of the wraparound facilitator is to form the wraparound team consisting of the client's family, extended family, and other community members involved with the client's daily life for the purpose of producing a community based, individual Plan of Care. Only available to client's on the SED Waiver.
 - **Independent Living/Skills Building** = This services is designed to assist clients who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life. Only available to client's on the SED Waiver.

- **Community Support Services (Adults with Severe and Persistent Mental Illness)**

- **Case Management** = Assist with accessing community resources and natural supports, learning adaptive daily living skills and understanding and living with a mental illness.
- **Supported Employment** = Assist clients with participating in the competitive labor market, helping them find meaningful jobs, and providing ongoing support.
- **Adult Psychosocial Program** = (9:00 am to 1:00 pm Monday, Wednesday, and Friday at the Leavenworth office) includes mornings and afternoon groups to enhance new outlets for socialization, expand community involvement, improve personal relationships, and gain new social skills.
- **Attendant Care** = Home-based support which assists individuals to perform tasks they would otherwise not be able to perform themselves (e.g., dressing, grooming, cooking, shopping).

Medication Management

The Guidance Center has several licensed providers to assist clients with medication management.

Appendix A: Background Checks

In the interest of protection for The Guidance Center's business operations and consumers served by the Center, background checks are conducted on all practicum students upon their first day of training. Safety sensitive positions may require updated background checks to be completed on an annual basis. These include criminal, child and adult abuse, social security, and driving record searches. Additionally, National Practitioner Data Bank searches are conducted for all licensed clinical and medical staff.

Any offer of practicum placement is considered to be conditional pending successful outcomes of these searches. Practicum students who have begun practicum while searches are being processed may not be eligible for continued practicum placement, or may require practicum modification, should the background check produce a finding of record. Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an practicum student from continued placement. Depending on a variety of factors (for example, the nature of the position, the nature of the conviction, age of the applicant when the illegal activity occurred), the practicum student may still be eligible for practicum. However, if the practicum student attempts to withhold information or falsify information pertaining to previous convictions, the practicum student will be disqualified from further practicum or employment consideration in any position with the company due to falsification of an application.

The Human Resources Director and Training Director will be informed of background check outcomes. Findings of record will be reviewed with the Training Director and Executive Director for determination of Center response.

Pursuant to the federal Fair Credit Reporting Act, the Center will provide a practicum student with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding the practicum student's eligibility for practicum. The report will be made available to the practicum student prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Appendix B: Training Plan

Name: _____ **Date:** _____

Career Goals: Please provide at least a few sentences describing your short and long-term career goals. We want to assure that your practicum year experiences correspond with these goals.

Training Goals: Please provide a few sentences related to your practicum training goals.

Experiences: Please list specific experiences or exposures you would like to be provided during your practicum year. This will help identify rotations, populations, and other activities that fulfill these requests.

Strengths: Please list training strengths or experience.

Training Needs: Please list specific training needs.

Barriers: Please list perceived barriers to completing your identified goals.

Signature

Date

Training Director Signature

Date

Appendix C: Didactic Schedule

| Internship Month | Topic | Time |
|--------------------|--|------------------|
| August 21 | RPAS Training (Topeka, KS) | 8:00am – 12:00pm |
| September 4 | RPAS Training (Topeka, KS) | 8:00am – 12:00pm |
| Sep 20/27 (TBD) | Ethics | 9:00am – 12:00pm |
| October 18 | Refugee Mental Health | 9:00am – 12:00pm |
| November 8 | Transgender Mental Health | 9:00am – 12:00pm |
| December 6 | Suicide Risk Assessment | 9:00am – 12:00pm |
| January | Internship Interviews—no formal didactic | NA |
| February | TBD | |
| March | TBD | |
| April | TBD | |
| May | TBD | |
| June | TBD | |
| July | TBD | |

Appendix D: Grievance Form

Practicum students should first meet with his/her supervisor or the individual with whom they have a complaint or grievance and try to resolve the issue informally. If the issue remains unresolved, or if the practicum student believes it is inappropriate to address the complaint informally, he/she should discuss filing a grievance with the Training Director. If the grievance involves the Training Director, the practicum student would file the grievance directly with the Human Resources Director. The Guidance Center prohibits retaliation and/or retributive actions stemming from any good faith complaint or grievance.

Date: _____

Name: _____

Date of incident: _____

Description of incident:

Reviewed by: _____

Date received by Training Director: _____

Outcome (to be completed by HR and/or TD):

Steps if outcome not resolved: _____

Signature

Date

Training Director Signature

Date

Human Resources Director Signature

Date

Appendix E
Administrative and Leadership Roles

| | |
|----------------------------------|-------------------------------------|
| Keith Richard | Executive Director |
| Jason Malousek | Clinical Director |
| Jerry McDonald | Finance Director |
| Kristin Robinson | Human Resources Director |
| William Warnes | Medical Director |
| Jason Malousek | Training Director |
| Lindsey Colburn-Malousek | Associate Training Director |
| Jason Malousek | Clinic Administrator--Leavonworth |
| Johnette Clark (Atchison) | Clinic Administrator |
| Lance Lewis (Oskaloosa) | Clinic Administrator |
| Nikki Hitchcock | Early Childhood Program Manager |
| Johnette Clark (Atchison) | CBS/ CSS Supervisor |
| Nick Macaluso (Atchison) | Psychologist |
| Steve Stiel | Emergency Services Administrator |
| Samantha Adams | Community Based Services Director |
| Amy Reardon | Community Based Services Supervisor |
| Lindsey Colburn-Malousek | Recovery Services Program Manager |
| Kristi Meid | Patient Operations Coordinator |
| Julie Kowalewski | Accountant I |
| Frank Adams | Help Desk Analyst (IT) |
| Nick Kowalewski | Maintenance Assistant |

Appendix F
Important Phone Numbers

| | |
|---|--------------------------------|
| Suicide Prevention Hotline 24/7 | 1.800.273.8255 785.841.2345 |
| LGBT Suicide Prevention 24/7 | 1.866.488.7386 |
| After-Hours Emergency | 1.888.260.9634 9.1.1 |
| Non-crisis Compassionate Ear "Warm Line" 5:00pm to 10:00pm | 1.866.327.6327 913.281.2251 |
| Parent Helpline 24/7 | 1-800-CHILDREN |
| Child Abuse and Neglect Reporting | 1.800.922.5330 |
| Riverside Resources | 913.651.6810 |
| KVC Leavenworth | 913.680.1226 |
| Vocational Rehabilitation Leavenworth | 913.651.6200 |
| St. Vincent Clinic | 913.651.8860 |
| RADAC | 1.800.281.0029 |
| Alcoholics Anonymous Leavenworth | 913.682.2616 |
| Narcotics Anonymous Leavenworth | 785.749.6631 |
| | |

Appendix G Key Terms and Acronyms

| | |
|---------------|---|
| APP | Adult Psychosocial Program |
| CBS | Community Based Services |
| CINC | Child In Need of Care |
| CPST | Community Psychiatric Supportive Treatment |
| CSS | Community Support Services |
| DCCCA | Douglas County Citizens Committee on Alcoholism (no longer goes by this name, referred to as KVC) |
| DCF | Department of Child and Family Services |
| KDADS | Kansas Department of Aging and Disability Services |
| KVC | Kaw Valley Center (no longer goes by this name, referred to as KVC) |
| MDCPT | Multi-Disciplinary Child Protection Team |
| ROI | Release of Information |
| SED | Serious Emotional Disturbance |
| SPMI | Severe and Persistent Mental Illness |
| STAR | Serving Tykes At Risk |
| TARGET | Teens Achieving, Reaching, Growing, Exploring and Transitioning |
| TCM | Targeted Case Manager |
| TGC | The Guidance Center |
| Waiver | When children under 18 are approved for Medicaid separate from their caregivers (Medicaid qualification based on child's income, not parent/ household income). |
| YPP | Youth Psychosocial Program |

Appendix H: Practicum Orientation and Training

| Task | Date offered | Date completed |
|--|---|-----------------------|
| Meet with Frank for IT orientation | August 5; 9AM | |
| Meet with Kristin (HR) | August 5; 9AM | |
| Read policy manual | First day | |
| HIPAA training | August 5; 1PM | |
| Read practicum manual | First day | |
| Meet with Kristi (office manager) and Tracy Daniels (medical records) | August 8; 9AM | |
| Observe two intakes (must complete before conducting an intake solo) | First day | |
| Meet with CSS team | Every WED at 9AM | |
| Meet with Access Clinic supervisor (Steve Stiel) | First day | |
| Meet with APP team | First day | |
| Submit schedule to Jason (must be completed by the end of your first week) | First day | |
| Meet supervisor and schedule supervision | First day | |
| AVATAR training | August 6; 9-11 and 2-4 August 16; 9-11 | |