

Texas Wesleyan University Community Counseling Center

“Our mission is service,
Our goal is excellence.”

Practicum Orientation

(6pm-9pm)

Texas Wesleyan University Community Counseling Center
3110 E. Rosedale
Fort Worth, Texas 76105
817-531-4859

Presented by:

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General Considerations

Three basic purposes: 1) address general office procedure; 2) establish professional service delivery; 3) develop a feedback mechanism; 4) become competent using the *VALT* and *TheraNest* system.

Front Desk - Scheduling/receiving fees and update of scheduling changes.

Personal/professional conduct - Recognize this center as a “formal” business; exhibit appropriate demeanor as professionalism demands a higher level of maturity; be mindful of confidentiality and personal proximity; restrict socialization to appropriate areas.

Boundary Issues - demonstrate appropriate behavior; side hugs vs. frontal hugs and handshakes convey concern for client boundaries.

Dress code - business/business casual, **no blue jeans ever.**

For men: trousers/khakis/slacks and a shirt with a collar.

For women: trousers/knee-length skirt and a blouse or shirt with a collar.

No jeans. No athletic wear. No tennis shoes. No tight or short skirts or leggings. No T-shirts and sweatshirts.

Surveys - client surveys aid in identifying improvement areas and are given at timely intervals.

Counselor Responsibility and Accountability

1. **THE ONLY ACCEPTABLE REASON FOR TRANSPORTING ANY CLIENT FILE FROM THIS COUNSELING CENTER TO THE GRADUATE COUNSELING OFFICES WILL BE FOR USE BY FACULTY, FACULTY-STUDENT CONSULT OR PRACTICUM CLASS, OTHERWISE IT IS A VIOLATION OF HIPAA, TWUCCC POLICY AND PROFESSIONAL ETHICS.**
2. Availability at TWUCCC is seriously important. It is vital to **check your email regularly each day. Accommodating our clients is first priority.**

Become familiar with **ALL INTAKE and SUPPLEMENTAL forms, especially those requiring client signatures which MUST BE SCANNED INTO THERANEST.**

****If a minor is the primary client or is present in ANY session at ANY time, be sure the parent/guardian completes the *Requirements for Parental Consent of Minor(s)* form for scanning into *TheraNest*. ****

If seeing a family, enter only one family member name (*not XXX Family*) in *TheraNest*. This is usually the one who completes the intake form or the one who has requested counseling.

NOTE: the termination date is the LAST SESSION DATE, not the date the data is entered into *TheraNest*.

Receipts – record LEGIBLY and given only when payment is received.

No pre-payment for sessions not rendered. Cash or Checks payable to Texas Wesleyan University are accepted. No credit/debit cards. If a client does not have cash/check, accept the fee their next session.

Forms to be Completed at Intake

1. **ALL INTAKE FORMS** - all client information **must be complete, initialed or signed, at intake** regardless of the start time. Answer any questions and explain that when the paperwork is “out of the way,” the session can begin uninterrupted. Make sure the emergency contact name and phone number as well as other necessary information is LEGIBLE.
2. **TREATMENT PLAN (no later than 3rd session, preferably by the 2nd session)** – once completed in *TheraNest*, discuss with your client the **goals** of the sessions. Go over goals before ending the session since goals may change or counseling agendas may not coincide.

Be Sure to Follow Instructions Pertaining to Transfers and Readmissions over 12 Months: When **receiving a transfer**, make sure the intake information has not changed. If changed, correct this information. If **12 or more months** have elapsed since the client was last seen, start all new information in *TheraNest* as if a new client.

Things to Remember

The Counseling Service Agreement specifies the session length as follows:

Sessions will last 45-50 minutes and are voluntary unless mandated to receive counseling. If you or your client are late for your appointment, the session will still end on time.

Digital clocks are wall-positioned for easy viewing **to regulate session** time. Read “How to gracefully end a session on time” supplied with this packet.

1. If the client **completes** a fee reduction form, it must be approved by the director **ASAP**. If no fee reduction is needed, **do not have the client sign the bottom of the Sliding Fee Scale form.**
2. Each counseling room door has a **kick-down door holder**. Use it, please.
3. Keep each room clean with **clipboards in the wall holder, tissue boxes and pillows in place, clean floor.** First impressions make a difference.
4. A Keurig machine is available in the kitchen area for **COUNSELORS ONLY** for **25 cents** per cup. All necessary utensils and condiments will be provided. **Keep all areas clean at all times.**
5. **Snacks are also available and are 25 cents per item.** They are located in the drawer under the microwave.

Emergency Lights and Panic Buttons

Each room has a corresponding panic button. It is your choice to wear one or not and not required. They are there for your personal safety if needed.

Please see the Handbook for what to do if an alarm goes off.

Each room has a special light. These are safety lights if something happens outside the therapy room and to warn the people inside it may not be safe to leave the room. They are mandatory to follow and the person at the desk must know how and when the appropriate time is to use them.

Please see the Handbook on response to a light going off.

HIPAA

(Health Insurance Portability & Accountability Act)

Specified purpose – to protect privacy of clients; explains when and why to disclose information to others; explains how client may access their health information; explains how TWUCCC may use health information.

Notice of Privacy Practices – posting required in reception area as of April 14, 2013.

Client “acknowledgement” and need to sign - states TWUCCC has informed the client about the Notice; that the client was given opportunity to read and sign the Notice.

Information protected by HIPAA (2 components) - ¹anything that identifies the client; ²any medical information about client; called **PHI** or “Protected Health Information.”

Routine use of PHI - uses information for appropriate treatment; uses information to make a referral to another professional; useful in audit to insure HIPAA criteria is met; if another member joins a session, we assume implicit permission by you for them to hear our discussion which may include your **PHI**; law requires certain types of **PHI** must be reported to specified authorities such as the Health Department (contagious diseases) or in response to a subpoena; Adult Protective/Child Protective Service reporting in cases of abuse of an elder/minor, and those who can reasonably intervene in self-harm/other-harm actions; verification of use of attendance/services which require a release signed by you

Your rights under HIPAA - a copy of the “Notice of Privacy Practices” *if requested*; a copy of your records upon **written** request with no charge; to have information disclosed to those specified in a signed release of information; to ask any question or talk to the Chief Privacy Officer (Clinic Director); to file a complaint if client’s rights have been violated to the proper offices.