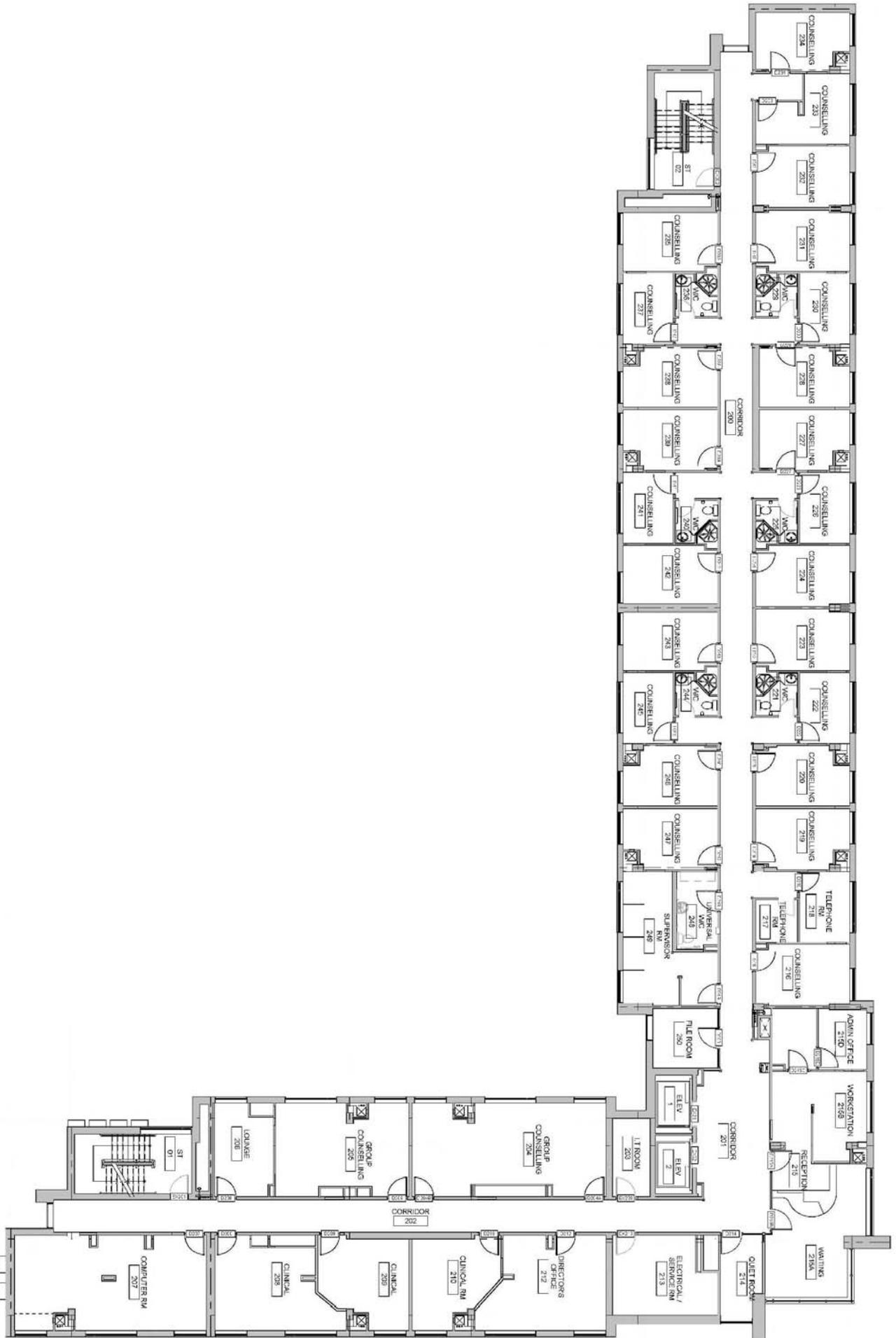




# **Handbook 2017-2018**

**150 Hazel Street, Ottawa, ON, K1S 5T8  
613-782-3022  
counselling@ustpaul.ca**



September 2017

Dear students,

It is with a great joy and enthusiasm that we welcome all of you to Saint Paul University and more specifically, within our Counselling and Psychotherapy Centre, one of Canada's most distinctive and unique training centres!

Since its inauguration over 40 years ago, the Centre has been open to the public fulfilling a great need for psychological services in the Ottawa and Gatineau communities and beyond. It is through you, the students, along with the Centre's clinical supervisors that we are able to provide such excellent therapeutic services to clients in need of help, and that is why we consider you to be our greatest asset and source of our greatest pride.

The Counselling and Psychotherapy Centre's staff is dedicated to providing all students with training that is both pleasant and rewarding throughout the entire year. They are also dedicated to providing a warm and professional environment for the Centre's clients and to ensuring that they are directed to the appropriate resources. As such, your cooperation in maintaining a friendly, warm, respectful and professional work environment for everyone is greatly appreciated!

Should any of you have personal and/or professional concerns, or would like to make suggestions throughout your training, the Counselling and Psychotherapy Centre's staff will be happy to assist you and / or refer you to the designated person!

May this new academic year be successful for all of you!

**Michael Machan, M.A. CCC**  
Director and Professional Services Coordinator  
Counselling and Psychotherapy Centre

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## COUNSELLING AND PSYCHOTHERAPY CENTRE TEAM

### **DIRECTOR & PROFESSIONAL SERVICES COORDINATOR:**

**Michael Machan:** [mmachan@ustpaul.ca](mailto:mmachan@ustpaul.ca)

### **ADMINISTRATIVE COORDINATOR:**

**Caroline Beaudoin:** [cbeaudoin@ustpaul.ca](mailto:cbeaudoin@ustpaul.ca)

### **ADMINISTRATIVE COORDINATOR:**

**Julie Sigouin:** [jsigouin@ustpaul.ca](mailto:jsigouin@ustpaul.ca)

### **ADMINISTRATIVE ASSISTANT:**

**Nathalie Julien:** [njulien@ustpaul.ca](mailto:njulien@ustpaul.ca)

**Counselling and Psychotherapy Centre general e-mail address:** [counselling@ustpaul.ca](mailto:counselling@ustpaul.ca)

### **Who does what?**

**Michael Machan** ensures the Centre's mandate of service to clients and students is upheld. He represents the Counselling and Psychotherapy Centre with the Faculty of Human Sciences and Philosophy and ensures the commitment of the entire team of the Centre to better serve the community of clients, students, clinical supervisors, clinical professors, faculty and external contacts. Michael also is responsible for the daily functioning of the Centre. He is the relationship manager of all of the Centre's contacts with students, clinical supervisors, clinical professors, faculty and support staff as well as all external contacts including external clinical practicum supervisors. This role ensures that the City of Ottawa and beyond is aware of all the services we have to offer here at the Centre, in order to welcome a sufficient number of clients for students' practicums.

**Caroline Beaudoin** is responsible for the day to day operation of our reception area and its relationship to the entire Counselling and Psychotherapy Centre. Caroline works closely with the director leading special projects to ensure that the needs of clients, students, clinical professors, clinical supervisors and Saint Paul University personnel are understood and met in a professional and timely manner. Please do not hesitate to ask Caroline for assistance as you need it.

**Julie Sigouin** is responsible for the function of reception and the day to day administrative coordination for Counselling and Psychotherapy Centre as she greets clients, obtains their fees, provides receipts and consults with them for their other needs. She welcomes students, takes requests for services, assistance with technology and facilitates the room reservation process. She ensures that the Code of Ethics is well respected, particularly where new and existing files are concerned. Please do not hesitate to contact Julie for assistance as you need it.

**Nathalie Julien** is responsible of the administrative aspect of the reception at the counselling and Psychotherapy Centre in the afternoon and evenings. She greets clients, obtains their fees, provides receipts and consults with them for their other needs. She welcomes students, takes requests for services, assistance with technology and facilitates the room reservation process. Please do not hesitate to contact Nathalie for assistance as you need it.

## **MISSION STATEMENT**

### **Counselling and Psychotherapy Centre**

The mission of the Counselling and Psychotherapy Centre includes three mandates:

1. To offer clients to students who are completing their Master of Arts (M.A.) or Doctorate in Philosophy (Ph.D.) in Counselling and Spirituality, in the school of Counselling, Psychotherapy and Spirituality in order to complete their professional training (supervision / practicum),
2. To provide counselling and psychotherapy services, both in French and in English, to the Ottawa-Gatineau community;
3. To facilitate research for clinical professors and clinical supervisors in Counselling, Psychotherapy & Spirituality.

In 2017 - 2018 over 140 students will use the facilities of the Counselling and Psychotherapy Centre. Last year we offered 8000 sessions for individuals, couples and families counselling and responded to more than 1000 telephone calls.

We are proud of our work at the Centre and endeavour to do everything possible to make your experience here professionally productive and personally rewarding.

Most of the information that you will need on a day-to-day basis can be found in this Handbook. We recommend that you consult it frequently and we trust that it will become one of your primary resources.

**Our mission**  
**is to welcome and to serve the clients,**  
**students, clinical professors, clinical supervisors and staff to the Centre.**  
**We facilitate co-operation among all users of the Centre.**  
**A pleasant disposition is always welcome in the workplace.**

## HOURS OF SERVICES

The Centre will be open to provide services to you as follows:

Monday - Friday: 9:00 a.m. - 9:00 p.m.

Saturday: 10:00 a.m. – 3:00 p.m.

**Appointments made from 9:00 a.m. to 7:45 p.m. Monday to Friday**

**Appointments made from 10:00 a.m. to 1:45 p.m. Saturday**

## FACILITIES

The Centre consists of a central reception area with a waiting room, a wellness room for distressed clients and administrative offices. Down one hall are counselling rooms, telephone rooms, bathrooms, the file room and the supervisor`s lounge. Down the other hall are supervision rooms, the Director`s office, the student lounge, and the computer lab. The file room is where all of the client files are stored and the computer lab is available for students to view and listen to recorded client sessions. Please be mindful that the rooms are shared by all students. Therefore, when planning your appointments, please give consideration to your colleagues, this will avoid scheduling conflicts. Rooms are available for students to meet with clients, receive training and supervision, and to work on files. **These rooms are to be used for these activities only.** We ask you to plan your activities so that rooms may be occupied in the best possible way.

## GENERAL PROFESSIONAL CONDUCT

### Reception area:

The reception area is usually very busy with helping clients, students, clinical supervisors, clinical professors and Saint Paul University personnel. Please be mindful that this is a working area and you should therefore limit your conversations in this area.

The resource personnel are available, and wish to assist you in the administrative aspects of your education. We ask that when you request letters/reports or printed materials for your clients, (this can be for insurance purposes, transfer forms, etc.) that you kindly **submit your request as early as possible and keep in mind that there are usually time lines and signatures required before it is all finalized.** Clients should be advised that they will generally receive documentation within two weeks of the request.

### Phone calls:

All students have access to their own voicemail boxes that need to be checked on a daily basis for new messages as you are not notified when a new message is left. Please use your voicemail for all of your communication with your clients and provide all your clients with Saint Paul University`s main number followed by your four digit extension (i.e. 613-236-1393 ext. XXXX)

**Hallways and public areas:**

Public areas are not appropriate to hold discussions with a clinical supervisor or a colleague regarding a client. Nor are hallways or public areas appropriate to converse with a client. Please note that the counselling rooms are not fully sound proof and conversations in the hallways can and are distracting to clients receiving therapy.

**Such discussions must take place only behind closed doors.**

## EVALUATIONS

Within a developmental framework, students and trainees should know that their faculty, training staff, and clinical supervisors will evaluate their competency in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from clinical supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practicums, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a counselling intern's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the counselling intern, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychotherapists to the profession or public, appropriate representatives of the program may review such conduct within the context of the program's evaluation process.

## ETHICS

**Everyone who works at the Centre is expected to become familiar with, and abide by, the Code of Ethics and Standards.** Before seeing clients each counselling intern will have to attest by their signature, that they have in fact read and agreed to abide by the Canadian Code of Ethics of the College of Psychologists found at <http://www.cpa.ca/cpasite/UserFiles/Documents/Canadian%20Code%20of%20Ethics%20for%20Psycho.pdf>

A copy of the "Standards of Professional Conduct" of the College of Psychologists of Ontario can be found at

[http://www.cpo.on.ca/uploadedFiles/Content/Resources/Standards\\_Ethics\\_and\\_Professional\\_Resources/Standards/Standards%20of%20Professional%20Conduct%20Revised%20March%202009%20\(with%20Supplementary%20Notes\).pdf](http://www.cpo.on.ca/uploadedFiles/Content/Resources/Standards_Ethics_and_Professional_Resources/Standards/Standards%20of%20Professional%20Conduct%20Revised%20March%202009%20(with%20Supplementary%20Notes).pdf) or in Appendix 1.

In addition, it may be useful to refer to the College of Registered Psychotherapists of Ontario <http://www.crpo.ca/wp-content/uploads/2014/01/Code-of-Ethics-Nov-1611-Trade-Name-Final.pdf> and <http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf> for Code of Ethics and Professional Practice Standards.

**Confidentiality** is of the utmost importance in the Counselling and Psychotherapy Centre. **The Centre has zero tolerance for ANY breach of confidentiality.** Refer to Appendix 9 (Commitment to Confidentiality and Progress Notes on Personal Computers).

It is also **essential that you inform clients that you are a counselling intern** working under supervision (with an accredited clinical supervisor). **Always obtain the client's written consent at the beginning of the counselling relationship** for request of services, agreement of fees, and recording. Refer to Appendix 2 (Consent Form).

### **CLIENTS AT THE CENTRE**

Clients of the centre must be 16 years of age or older (unless in family counselling settings) and are treated as adults who must each sign a consent form. Children who are under 16 in family sessions must have a parent/guardian fill out a consent form for their child. We serve individuals, couples and families in both English and French.

Clients may seek couple, family and individual counselling simultaneously within the Centre. Clients may request multiple service from the counseling and psychotherapy centre but they may be ask to sign release forms to permit the counsellors to speak to one another if this is therapeutically relevant. One counsellor may not see the same client in more than one therapeutic context; one file must be closed in order to open a file with the same client in another context (e.g. a couples file must be closed before seeing that client in designated individual therapy).

Please note that students enrolled at Saint Paul University are not to seek counselling at Saint Paul University Counselling and Psychotherapy Centre. They can be referred elsewhere in order to preserve their privacy and ensure confidentiality or if they desire, Saint Paul University has counsellors available for students at the Student Success Centre. Please contact their Student Success Centre at 613-236- 1393 ext. 2640.

### **FILE KEEPING AND CONFIDENTIALITY**

In order to facilitate the observance of the professional standards and legal requirements by the Counselling and Psychotherapy Centre, the students **must** at all times respect the following rules:

1. Client files are kept in a secure area at all times. Students can take out a file only to use it in another room of the Centre. Taking files out of the Centre is a **serious offense with consequences**. Refer to Appendix 9.

2. All documents with identifying information must be kept in client's files at all times. Progress notes, working notes, report drafts, reports, etc. are part of these documents.
3. All working notes or report drafts that were used in writing up the file notes must be shredded using the shredder in the computer room of the Counselling and Psychotherapy Centre.
4. When you leave a message for a client, at their home or at their work, mention only your name to ensure confidentiality. If you **specify that you are calling from the Counselling and Psychotherapy Centre please make sure that you have the permission from the client to leave detailed messages.** You need to be aware and sensitive that other people may have access to the message and may not know that the client has requested services for counselling, and, more importantly, the client(s) may not want them to know.
5. Case discussions must always take place in a closed office of the Centre. **Discussions should not be held in the reception area, hallways or other public areas.** This holds true for client discussions as well. All discussions with clients must be held behind closed doors.
6. Phone calls to clients are to be made from the telephone rooms or the telephone in the computer room in the Counselling and Psychotherapy Centre, which is designated for this purpose. If you need to call a client from your home, press \*67 or #31# (depends on service provider) before the client's phone number, so that your phone number will not appear on their call display. If you need to call your client from a phone other than the counselling centre's phone, it is **your responsibility** to contact your cell phone company to determine how to block your number when making calls; so that your phone number will not appear on their call display. **Never give your personal phone number to clients.** Clients are to phone your own voicemail box to leave a message for you (their counsellor) to call them back. It is important **only** call your clients during the hours that the centre is open. Please note that when you leave a message with your client it is important that when you ask them to call you back you ask them to leave you a specific time that they would be available for you to call them back at. This is very important to reduce 'telephone-tag'.
7. Client contact should be via phone or face-to-face, **NEVER** via e-mail or other electronic means i.e., Twitter and/ or Facebook. These means of communication are not confidential.

### **CLINICAL SUPERVISION**

Clinical Supervision is a mandatory part of the counselling and psychotherapy intern's practicum in the Masters of Arts or Ph.D. in Counselling and Spirituality, and is conducted in a group format (supervisor + one or two other students) on a weekly basis. Each counselling and psychotherapy intern in your group will present his/her client(s) (e.g. discussing interventions used, countertransference, transference, etc.) during clinical supervision.

The counselling intern will contribute the most to clinical supervision by offering questions and suggestions that are relevant for conceptualizing each case presented. This will be done

collaboratively with each group member and the clinical supervisor. That being said, it must be recognized that the clinical supervisor holds direct responsibility for the welfare of the client and has the right to instruct you to directly address an issue (e.g., suicide assessment) with a client.

**You must comply with such requests from your clinical supervisor to ensure the best care is provided for your client.**

Please consult the Clinical Supervision Contract to ensure you are meeting the requirements that are expected of you within clinical supervision.

## **ROLES AND RESPONSIBILITIES OF THE CLINICAL SUPERVISOR**

**The clinical supervisor ultimately has the clinical, ethical and legal responsibility for clients.**

Clinical Supervisors must ensure that:

- the students have the necessary skills and abilities required to see clients
- the client's needs are being met and the students are providing the best care for the client,
- the clients are being referred if need be and/or are being provided the appropriate referrals required (e.g. crisis line); urgent or emergency intervention when required
- emergency protocol is being followed
- the students are keeping files up to date
- all the requests for forms (release of information forms, letters, etc.) are completed
- the students adhere to the rules and regulations of the Counselling and Psychotherapy Centre at all times
- they collaborate with the student's clinical professor to discuss student's evaluation (Practicum)
- the Director and Professional Services Coordinator of the Centre is advised if they feel that the student is no longer able to handle the responsibility of having a client,
- they offer the proper supervision on scheduled weekly appointment
- the clients are notified in a timely fashion, should the student no longer be able to see the client
- the Resource Personnel have the clinical supervisor's current contact information at all times, so that they can communicate with the clinical supervisor should a need arise

## **FILE ASSIGNMENT**

**Students cannot simply assume that they will be assigned clients.** Students are only assigned a client when the clinical supervisor and / or clinical professor believe that they have demonstrated the level of judgement, maturity and professionalism to take on the responsibility of seeing clients. Additional clients will be assigned depending on the student's abilities. This decision will be made after the clinical professor and the clinical supervisor discuss the student's progress regarding clinical abilities. For every client seen, there are ethical and legal issues that must be considered.

**At any time, the clinical supervisors and clinical professors have the right to remove the student from their counselling responsibilities.** Files are not assigned to the student without the approval of the clinical supervisor. The clinical supervisor and counselling intern discuss if the student is ready to receive more files. The final decision is made by the clinical supervisor, clinical professors and counselling centre director.

Before contacting the client, the counselling intern must confirm that he/she and the clinical supervisor do not know the client. If this is not the case, ethically, the counselling intern must return the file to reception.

**Process:** Resource Personnel take the request for services. This is done by filling out a “Request for Appointment” form. The form includes basic personal information, date of call and schedule an intake call. The client will then receive an intake **call from a second year student** in the role of the telephone interviewer to obtain more information about the presenting issues. Additionally, the telephone interviewer will ask a series of financial questions to determine the fee that the client will pay for their services. This fee is generally based on the client’s annual household income, but can be negotiated to a lower fee according to the client’s circumstances. A Telephone Interview report (**yellow sheet**) is prepared by the student conducting the telephone interview and placed in the client’s file.

The Director of the Counselling and Psychotherapy program will review and sign off on the request for appointment, in order to ensure that the client is appropriate for the training facility. The signed file is now available for the Professional Services Coordinator to assign to the counselling intern. The counselling intern will be informed of their new file upon receiving a voicemail message from the Resource Personnel at the Counselling and Psychotherapy Centre. The intern is expected to pick up and sign for their new file from reception **within 24 hours** of receiving the voicemail.

Clinical supervisors are assigned specific students to work with for the academic year. The Professional Services Coordinator will advise each clinical supervisor of the student assignment. Students, during their M.A. program will have the same clinical supervisor from September to April, unless extenuating circumstances arise.

**When a client is assigned to you, take note of the file number and the client’s phone numbers,** this client is now within your responsibility. To ensure confidentiality, files are numbered, not named. All active files are kept in filing cabinets in the back office of the Counselling and Psychotherapy Centre. **Files must never be removed from the Centre.** The only client paperwork that can be prepared away from the Centre at the student’s home is the Progress Note. **It is imperative that you always leave out any names or other identifying material.** (Refer to Appendix 9)

All other forms must be completed in the **Centre and must, at all times remain in your client’s file as they contain confidential information.**

**These forms must never leave the Centre, under any circumstances,**

- 1) **The Consent Form (Form C-3-E)**
- 2) **The Intake Report (Form C-4-E)**
- 3) **Telephone Log (Form C-TL-E)**
- 4) **The Final Report**

because they contain identifying information about the client. These precautions are taken to ensure compliance with the Code of Ethics with regards to confidentiality of client material. Refer to

Appendix 9. **It is our expectation that each student will demonstrate professionalism in this regard.**

When working with clients, it is also expected that students will dress appropriately, in a professional manner. Please be mindful of how you present yourself as it does have a significant impact on our clients. You are the most important resource that is used in the counselling session. Professional attire is conservative in nature and does not direct any undue attention visually to you as a counselling intern. Items that would be considered unprofessional would be crocs, flip flops, shorts, jeans, short skirts, low cut blouses and any clothing with provocative words or symbols. What you might wear to a wedding would not necessarily be appropriate attire to wear for a counselling session.

Please note that there is an expectation in a Master of Arts level program that counselling interns would dress in a professional manner when seeing clients and when attending clinical supervision. Please note that if a counselling intern is not dressed appropriately in a professional manner to see a client that the client session will be **cancelled**.

### **FILE CONTENT**

The following guidelines for the content of client files have been prepared for all practicums to ensure a minimum standard of reporting. These guidelines are based on Appendix 1 the *Standards for Professional Conduct of Psychologists 2005*.

#### **Intake report:**

This report **must** be completed within 48 hours of the second session with the client. Clinical supervisors need to review, correct it (as necessary), sign and approve it. Any changes required by the clinical supervisor must be completed **within one week**. All sections of the report must be completed. The intake report **must be completed even if the client is only seen once. The information accumulated for this intake is of utmost importance.** Such information helps the clinical supervisor decide if the client can be well-served at the Centre or needs to be referred elsewhere. **You must always be mindful that files are legal documents.** [Note that progress notes are required from session #2 onward, even if the second session was spent gathering intake information.]. A good rule of thumb is that there must be a document for every day that the counselling intern saw the client.

#### **Informed Consent:**

The **Consent for Services Form** and the **Consent Form for Recording Clients** must be reviewed with the client at the start of the first session. It is each student's responsibility to explain the content of this form in order to ensure the client's informed consent. **It is imperative that the Limits of Confidentiality be clearly explained and be understood by clients and that this verbal and written consent be documented in the Intake form or progress note as applicable.** It is also critical that client/counsellor boundaries be set at this session and that they are understood by the client. We require two signed copies of the Consent form: one copy is to be given to the client and the other is to be placed in the client's file. To view these forms please see Appendix 2.

## **Progress Notes:**

Progress Notes **must** be written **within 24 hours** after each session. It is imperative that the Progress Note is completed and signed off by your clinical supervisor before you see your client again. Progress Notes should contain the date of the session and the following material:

1. New information regarding the assessment
2. Goals or treatment plans developed
3. Summary of relevant client material presented
4. Any interventions used (e.g., advice, links made in the client material; specific techniques)
5. Client response/reaction to interventions
6. Review of any progress on the goals and/or the continued relevance of the treatment plan
7. Description of any crisis situation or critical incident, and related recommendations and interventions
8. Future directions and homework
9. Date of the next scheduled appointment

## **The client file will also contain:**

1. All correspondence to and from any other professional should be in the file
2. Consent forms for release of information
3. Documented dates and length of time of consultation with other professionals and the content of such consultations (e.g., recommendations given or received, conversations with CAS, etc.)
4. Information on any referral made by the counsellor to an outside service organization

## **RECORD KEEPING**

As a counselling intern, you will be expected to keep your files up to date, week by week. It is important to recognize that clients always have the right to have access to their files, and files can be subpoenaed at any time. Be sure to fill in all the forms you find in the file (e.g. intake report, consent form, progress notes and summary) and keep your progress notes according to your clinical supervisor's instructions.

**You must complete a Progress Note each time you see your client.** You must also record every telephone call and message made to your client and received from your client.

Counselling interns should take down the name of the client's family physician and/or psychiatrist, psychologist as well as an emergency contact number. All such phone numbers should be obtained during the intake sessions.

**No file material (The Consent Form, Intake Report, Summary of File or Telephone Log)** either on paper or on a removable storage device must **EVER** leave the Centre. Only the Progress Notes may be done on your personal computer and printed at the Counselling and Psychotherapy

Centre under the condition that you do not include identifying information in the note (e.g. client name, etc.). Any progress notes completed away from the Centre must be uploaded to the shared drive in the computer lab for permanent record keeping. The working copy of the progress note must then be deleted. Again, this is permitted provided you respect the confidentiality policies of the Centre.

**The file and all its contents must remain at the Centre at all times.** Please NEVER make personal reflections or comments in client files. **All notes must be typed.** There are computers available in the "Computer Lab" of the Centre. Each counselling and psychotherapy intern will be provided with a username and password to access the computers in the Computer Lab. This is the only place in which client notes may be saved.

**Please note that the way in which you keep and maintain your client files is a reflection of you and your level of professionalism and will be reflected as such in your evaluations.** Client files are legal documents and must be treated as such.

Clients have the right to examine their files, so all records must be maintained in a professional manner. If a client wishes to see his or her file, advise them that you will make the necessary arrangements and get back to them. Then, please inform your clinical supervisor so that she/he can go over the proper procedure with you.

Essentially, a client must have the Director and Coordinator of Professional Services of the centre with them while they look at their file. This is to ensure that the file is not tampered with while in their possession.

If a client wants a copy of their file materials, a "Release of Information Consent" form needs to be filled out by the student, and reviewed by the clinical supervisor/clinical professor. This form can be obtained from the Resource Person on duty. Once reviewed and approved by the clinical supervisor/clinical professor, the forms go to the Director and Coordinator of Professional Services of the Centre for final approval and then the materials/documents go to the client.

**Because the file is a confidential document, no part of it may be sent to, shown or discussed with another professional without the client's written consent.** The "Release of Information Consent" forms are available in the Counselling and Psychotherapy Centre office.

**Remember that your client file must be completed and finalized within two weeks of your last session.** (Refer to Appendix 4). Once you have completed all required paperwork for the file (to be closed or transferred), please give the file to the front desk. If the client file is being transferred internally, the client must give both verbal and written consent if they would like their new counselling and psychotherapy intern to have access to their previous file.

## PROTOCOL FOR EMERGENCIES

*Please note that the phone number (613-978-3776) for the university security is posted on top of the light switch in each counselling room.*

### **Rationale:**

The nature of the client population has been changing at the Centre over the past few years, and we are receiving more complex referrals. For example, we are seeing an increasing pattern of referrals from the court systems, Children's Aid Society, and psychiatric hospitals and/or psychiatrists. These referrals often deal with issues of extreme anger, violence, abuse, suicide, and psychiatric diagnosis (e.g., schizophrenia, depression, bi-polar, etc.). It is therefore necessary to introduce a protocol for handling emergencies to ensure the safety of all staff, students and clients.

### **Definition of an emergency situation:**

An emergency or crisis situation with respect to a client involves the following: imminent suicide potential, aggression and potential for violence, and/or a nonviolent psychotic reaction (e.g., bizarre thoughts and behaviour).

### **Protocol:**

Students and/or staff are to proceed in the following manner:

1. Students are to take the client to the wellness room near reception. Please note that the client must be monitored/not alone in the wellness room.
2. The student must inform the client that the student is required to breach confidentiality, as they were informed would happen in the discussion of informed consent.
3. Inform the office personnel of a potential problem (e.g., client in distress) or of a current crisis so that they can contact the clinical supervisor and/or dial 911 as required. **All clinical supervisors and all students must ensure that the Resource Personnel (Michael, Caroline, Julie & Nathalie) have their current contact information.**
4. The student will call his/her clinical supervisor and inform them of the situation and seek guidance. Note that this call can be made from the phone in the wellness room or the phone in reception.
5. While you are awaiting contact from your clinical supervisor, feel free to obtain assistance from the Professional Services Coordinator of the Centre (Michael Machan).
6. In a critical situation with the client, and a case whereby, the clinical supervisor, the Director and Professional Services Coordinator are not available (e.g., evening consultations); the student, with the help of the Resource Personnel will contact the on-call clinical professor for immediate supervision regarding the case in question.

7. In the case of extreme emergency (e.g., threat of violence), the staff and/or student should immediately contact the Security Staff of Saint Paul by dialing: **613-978-3776**.
8. All aspects of the emergency situation, (e.g., nature of the emergency, persons contacted, actions taken etc.) **should be fully documented** in the client's file **within two days (48h)**.

At the first session, students must note the family doctor or psychiatrist's name, the phone number of the client, and **the name and the details of a person to reach in case of emergency**.

If, beforehand, a student and clinical supervisor are aware that there may be potential for an emergency situation with a specific client (e.g., the request is to work on violence), together they should work out a plan of action in advance to respond to the situation. The Director and Professional Services Coordinator should be informed of this plan and the ongoing status of the case.

If the emergency situation is that of a serious, imminent attempt of **suicide**, please follow the above guidelines in addition to these:

- Have the client contact their emergency contact. If the client refuses to contact their emergency contact you may contact them on their behalf.
- The emergency contact will then be asked to come to the centre to accompany the client to the hospital or the counselling intern may go by taxi with the client to the hospital and meet their emergency contact there.
- Should there be no emergency contact or you cannot reach the emergency contact, at first see if there is another person the client could reach out to. If not, the counselling intern must accompany the client to the hospital by taxi (the counselling intern will be reimbursed for the fee).
- Inform and keep in contact with the clinical supervisor and the director during this process.
- The counselling intern may leave the hospital once the client has been handed into the care of a doctor.

## **REPORTING**

When you and your client go over the consent form, please take the time to explain the limits of confidentiality, especially in the case of potential harm to a child or elder.

As a counsellor, you are required by law to report each **possible** case of child abuse to the Children's Aid Society (C.A.S.). Because your role is not to conduct an investigation, it is not necessary to be absolutely sure of a child abuse case to contact the C.A.S. As soon as you have reasonable grounds to suspect that a child is or may be in need of protection, discuss the issue immediately with your clinical supervisor in order to proceed with the reporting of the case. **You must familiarize yourself with the guide entitled, Reporting Child Abuse and Neglect (2005)**. (Refer to Appendix 3)

## SEEING YOUR CLIENT

Please note that client sessions begin and end **within** the confines of the counselling room **only**. When you make the first appointment with your client(s), ask them to check in with the resource personnel in the reception area of the Counselling and Psychotherapy Centre when they arrive. The resource personnel will ask the client(s) to have a seat in the waiting room, where you will come for them at the scheduled time. Since client sessions start and end in the counselling room, we ask that you are mindful of what you say to clients when you come to get them for their session. Please ensure that conversations with clients only take place in the counselling room. Clients are **not** to be sent to the counselling room nor are they permitted to go to the room unaccompanied. The counselling intern **must** come to the waiting room to receive their client.

## LENGTH OF SESSION

A typical session lasts 50 minutes; however, initial visits may take slightly longer. Please note that a timeslot of 60 minutes is the maximum time allotted for all sessions. Setting and keeping professional expectations of the length of your sessions is a priority. Please make note of the room booking schedule so that you are aware of exactly when you have access to that room (when you can enter and when you must be finished). Make sure that the “**Occupied**” sign is always on the door when you see a client. If your room is occupied at the time in which you booked the room, you may knock on the door. You may only knock at the exact time you had booked the room, not before.

## FEES

The suggested amount for individual, couple and family counselling is \$75 per session. Fees are to be determined by the counselling and psychotherapy intern conducting the Telephone Interview. The counselling intern bases the suggested fee on the client’s annual household income. If the client cannot afford to pay this fee, the minimum fee of \$30 per session will be offered. If this is still not manageable for the client, the counselling intern conducting the interview will set a lower fee that is affordable for them.

If the client requests a lower fee, the counselling intern will be directed to complete a “Fee Reduction Approval” form, and submit it back to Counselling and Psychotherapy Centre staff for approval by the Director. Once the new fee has been approved the signed “Fee reduction approval form” will be placed in the client’s file.

Clients normally pay at the desk before each session or after session. Clients may make their payment with cash, cheque, debit, Visa, MasterCard or American Express.

Clients may ask you if their insurance coverage applies to fees at the Counselling and Psychotherapy Centre. We encourage all clients who inquire about insurance coverage to check with their policy holder to find out what are the requirements for reimbursement. It is not always true that counselling services provided by counselling interns can or will be reimbursed by all insurance providers. Generally, when such services are supervised by a registered psychologist or a member of a recognized professional association, **some** health plans **may** reimburse a portion of the fees. **If a client plans to claim the sessions on their insurance then the counselling intern**

**must be supervised by a Clinical Psychologist or Registered Social Worker or a member of a recognized professional association who can sign the insurance forms. There will be no third party signatures.**

For various reasons, clients sometimes need letters or written reports. Please advise your clients that such reports require signatures and time to be put together, and therefore must be requested in advance. Usually two weeks is sufficient to process their request with the necessary signatures.

**IMPORTANT:** Please advise your clients of the **fee for parking** in the University parking lot and it is monitored by the City of Ottawa and the vehicles will be **ticketed** if illegally parked.

### **CANCELLATION OF APPOINTMENTS**

At the first session, please advise your clients that a **minimum 24 hours notice** is needed to cancel an appointment by calling **613-236-1393 plus** your four digit voicemail extension or the Centre at **613-782-3022**. Otherwise, they may be asked to pay for the cancelled session.

### **ENDING PRACTICUM**

**Please let your clients know well in advance when you will be ending practicum. Essentially, you should be telling clients at the very first meeting when the school year finishes.**

Students who have successfully completed their training and have obtained their Master's Degree **cannot under any circumstances** refer any clients of the Centre, to their own private practice or transfer these clients to other individuals or Centres. In fact, students must, according to professional ethics, encourage clients to continue their sessions at the Saint Paul University Counselling and Psychotherapy Centre. If the client wishes to continue with the same counselling intern after they graduate, they must contact the front desk of the Counselling Centre in order to receive the contact information for the graduated counselling intern. It is the graduated counselling intern's responsibility to provide the front desk with this information.

### **TRANSFER AND REFERRAL OF CLIENTS**

A client may be transferred and/or referred to another counsellor and/or service if the current counselling intern is not in a position to best serve the client, or if the client requests it. This may be due to the counselling intern's limited abilities and/or because of the complexity of the case and resources required. It is the clinical supervisor's responsibility to research the best method and services offered to the client. The student is to discuss the best options with his/her clinical supervisor prior to implementation. It is then the student's responsibility to make the necessary contacts in the best interest of the client.

If your clinical supervisor believes that a client needs to be referred or transferred to another counselling intern, please inform the Resource Personnel and complete the "Referral/Transfer" form in the client's file.

## **Procedures at the end of each Semester**

### **a) If a client continues to meet with the same counsellor in the new semester:**

You must ensure that all progress notes/telephone log are up to date and Form C-1-E (File Content) is signed by both the student and clinical supervisor under the heading “**Semester Review**”. The counselling intern must also fill out a new “Commitment to Confidentiality Form” with the names of their new supervision group members and supervisor. The counselling intern must make sure that their new supervisor does not know their current clients. The counselling intern must also notify the client of the new group members.

### **b) If a client continues in the new semester with a different counsellor:**

You must write a Final Report and complete a Referral/Transfer form (C-7-E). These forms must be signed by both the current counselling intern and their clinical supervisor. Also, you must ensure that all progress notes, telephone logs, and supervision notes are up to date and Form C-1-E (File Content) is signed by both the student and the clinical supervisor under the heading “**Semester Review**” (if required) **and** “**File Closure**”.

**Note:** if you are assigned a transferred file, you are required to prepare a new intake form if the previous intake was written over 6 months prior to you receiving it. It is important to record the new counselling intern’s impressions of the presenting issue(s) and treatment plan. The new intake may have several sections that simply say: “*refer to original Intake Report dated...*”

## **ROOM RESERVATIONS**

You need to reserve a room at the Centre for your clients, and for role-playing. Your supervisor is responsible for booking a room for supervision. Room reservations are done on the computers in the computer lab through a system called “Vault”. Each student will be given a user name and will be asked to choose a password for the booking system. Once inside the system students may book rooms for client sessions and role plays. If the booking is for a client please write your name and the file number e.g. “John Smith – 12345”. If the booking is for a role play please write your name and the word role play e.g. “John Smith – Role Play”. Please note: the profile in which the session is booked is where the video will be sent. **DO NOT** book using other students’ profiles. If you wish to have any recordings shared with your supervisor please come to the front desk to make the request.

**NOTE:** The time that the video is synched to is 3 minutes late from the actual time. So the camera will turn on at 10:03 instead of 10:00, for example.

To ensure the clarity of this procedure, instructions will be provided at the beginning of each semester.

**CENTRE'S HOURS:** Monday to Friday: 9:00 a.m. - 9:00 p.m.  
Saturday : 10:00 a.m. – 3:00 p.m.

Please note that the Counselling and Psychotherapy Centre office is **CLOSED** on Sundays and statutory holidays.

**FIRST RESERVATION OF THE DAY:** 9:00 a.m.

**LAST RESERVATION OF THE DAY:** 7:45 p.m. Monday to Friday.  
1:45 p.m. Saturday.

*The Centre has a limited number of rooms, it is therefore imperative to inform the administrative Resource Staff of all cancellations immediately. Careful tracking of room bookings ensures a professional and respectful service to our valued clients.*

### **AUDIO-VISUAL RECORDING**

The Centre has facilities for recording sessions. Each room has a camera mounted on the wall with a single button. If you have already booked this room do NOT touch the button, it will confuse the system. The button is only to be used if there is no official booking but you would like to film. Please see the front desk before doing this. The camera will turn on automatically when the booking is to start, and will automatically turn off when the booking ends. The button will glow red when it is recording. If the client had requested to only have their voice recorded one option is to cover the camera with a piece of paper or to move the chairs so that the client is sitting directly beneath the camera. Don't be shy, if you are "technically challenged" the Resource Staff is here to help.

The videos are also viewed through the "Vault" through the "review" tab. The only way to access the videos is through a computer at the counselling centre.

**NOTE: No recording is allowed without the client's written consent (form C-5-E in their file – "Client Consent Form").**

### **FOOD AND BEVERAGES**

**We ask you to refrain from bringing food and beverages into the Centre.** We do not want to offend clients with various odours or cause issue due to allergies. This is one way that we can assure that the rooms are presentable at all times.

We ask that you leave the rooms tidy with the lights turned off and the room ready for the next person with all the necessary equipment (including a Kleenex box). If you and or your client fill the garbage can in your counselling room, please empty it at the end of your session.

## **PERSONAL CALLS**

There are telephones in the Counselling and Psychotherapy Centre for your use. We ask that personal messages not be directed through the office except in the case of an emergency. This is also the case for clients.

## **AFTER HOURS / WEEKENDS**

Access to the centre after hours, in the evening and/or on weekends, is possible for all students registered in the Internal Clinical Practicum. Please note that working on files in the evening and on weekends is considered an exceptional activity. After hours, the stairwell is locked, so the only way to access the counselling centre is by elevator. In order to access the second floor, you must scan your student card on the black pad within the elevator and then press the second floor button. This must be done or the second floor button will not light up.

## **RESEARCH**

From time to time clients of the Centre are invited to participate in Research. The arrangements for research are made in conjunction with the Director of the Counselling and Psychotherapy Centre.

## **FRAGRANCE-FREE**

The Counselling and Psychotherapy Centre is a fragrance-free environment. Certain people experience serious health problems when exposed to strong scents such as perfumes and colognes. In view of this situation, we thank you in advance for your cooperation and respect of others.

## **Appendix 1**

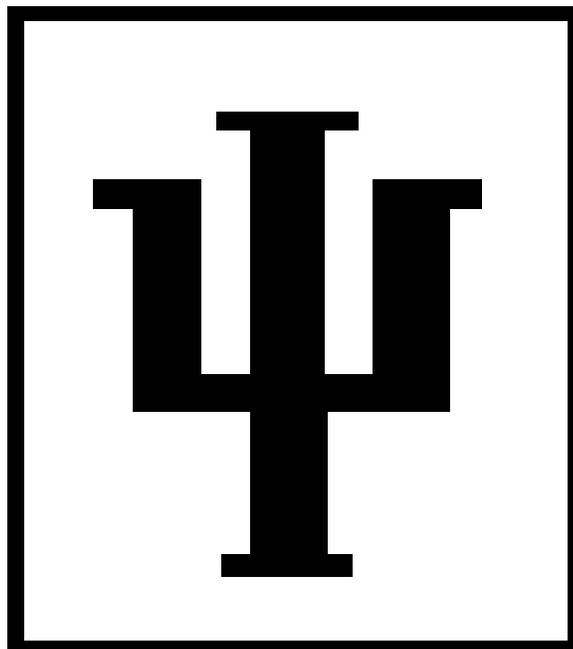
### **Standards of Professional Conduct**

# **THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO**

## **STANDARDS OF PROFESSIONAL CONDUCT**

**Effective September 1, 2005**

(Revised March 27, 2009)



110 Eglinton Avenue West, Suite 500  
Toronto, Ontario M4R 1A3

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# THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

## STANDARDS OF PROFESSIONAL CONDUCT

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## APPLICABILITY

*For the purposes of Ontario Regulation 801/93 Professional Misconduct, section 1.2., these Standards are to be considered “standards of the profession”.*

## DEFINITIONS

The College refers to the College of Psychologists of Ontario.

Member refers to an individual psychologist or psychological associate registered by the College of Psychologists of Ontario.

Psychological Services refer to services of a psychological nature that are provided by or under the direction of a member. Psychological services include, but are not limited to, one or more of the following:

- a. Evaluation, diagnosis and assessment of individuals and groups
- b. Interventions with individuals and groups
- c. Consultation
- d. Program development and evaluation
- e. Supervision
- f. Research

Professional Activities refers to activities of a psychological nature conducted by or under the direction of a member. Professional activities include, but are not limited to, one or more of the following:

- a. Education and training
- b. Scholarly activities
- c. Administration

Client means a recipient of psychological services. A client may be an individual client or a corporate client. An individual client may be a person, a couple, family or group of individuals. A corporate client is an organization, firm, corporate entity or community that has engaged the professional services of the member and when the professional contract is to provide services of benefit primarily to the corporate client rather than to individuals.

Public Statements include but are not limited to: paid or unpaid advertising, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, comments for use in media such as print and electronic transmission, statements in legal proceedings and contained in the public record, lectures and public oral presentations, and published materials.

Psychological Records are deemed to include all forms of information collected in relation to the provision of psychological services regardless of the nature of the storage medium.

Note: Capitalized terms not defined in these Standards shall have the meaning ascribed to them in the *Psychology Act, 1991*, the regulations made thereunder, and/or the bylaws of the College.

## **1. Acceptance of Regulatory Authority of the College**

### **1.1 Compliance with College Authority**

A member of the College shall comply with the regulatory authority of the College.

### **1.2 Responding to a College Request**

When requested by the College, a member shall promptly provide an account of his/her activities, responsibilities and functions. When employed by an institution or other non-member, the member shall also provide a description of the organization and the types of services that the organization provides.

### **1.3 Agreements with the College**

A member shall adhere to any undertaking or agreement that the member has made with the College.

### **1.4 Participation in Quality Assurance**

A member shall participate fully in all mandatory aspects of the College's Quality Assurance Program.

### **1.5 Provision of Regulatory Information to Clients**

If requested by a client, a member shall provide information regarding the mandate, function, location and contact information of the College, and provide information about where the client can obtain:

- a) the statutes and regulations that govern the provision of psychological services; and
- b) the College's standards, guidelines, and codes of ethics.

## **2. Compliance with Statutes and Regulations Relevant to the Provision of Psychological Services**

### **2.1 General Conduct**

A member shall conduct himself/herself so that his/her activities and/or those conducted under his/her direction comply with those statutes and regulations that apply to the provision of psychological services.

### **3. Meeting Client Needs**

#### **3.1 Responsibility for Psychological Services**

##### **3.1.1 Private Practice Settings**

A member, whether working individually, in partnership or as a shareholder of a psychological corporation, shall assume responsibility for the planning, delivery, supervision and billing practices of all the psychological services he/she provides to a client.

##### **3.1.2 Employment Settings**

A member shall assume responsibility for the planning, delivery, and supervision of all the psychological services he/she provides to a client. Members working as employees shall make reasonable efforts to ensure that their work setting adheres to the Standards of Professional Conduct in the planning, delivery, supervision and billing practices of all psychological services provided.

#### **3.2 Clarification of Confidentiality and Professional Responsibility to Individual Clients and to Organizations**

In situations in which more than one party has an appropriate interest in the psychological services rendered by the member to a client or clients, the member shall, to the extent possible, clarify to all parties prior to rendering the services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services.

#### **3.3 Potential Conflict between the Needs of Individual Clients and those of Corporate Clients**

The provision of psychological services on behalf of a corporate client does not diminish a member's obligations and professional responsibilities to the individual client.

## **4. Supervision**

### **4.1 Responsibility for Supervised Psychological Services Providers**

Members shall assume responsibility and accountability for the actions and services of all supervised providers of psychological services, including but not limited to employees, students, trainees and members holding certificates of registration authorizing supervised practice, and shall ensure that:

- a) the supervising member is competent to provide the services undertaken by the supervisee;
- b) the supervising member provides supervision appropriate to the knowledge, skills and competence of the supervisee;
- c) when acting as primary or alternate supervisor for a member holding a certificate authorizing supervised practice, the member provides reasonable training and mentoring to assist the supervised member in the registration process;
- d) the supervising member's name, clearly identified as supervising psychologist or supervising psychological associate, and his/her contact information are clearly identified on all psychological reports and formal correspondence related to psychological services;
- e) the supervising member co-signs all psychological reports and formal correspondence related to psychological services prepared by non-regulated providers; and
- f) billing for services is in the name of the supervising member, psychology professional corporation or employer.

### **4.2 Informing Clients**

Members shall make reasonable efforts to ensure that clients are informed of the following at the onset of service provision:

- a) the professional status, qualifications, and functions of the individual providing the service, and that all services are reviewed with, and conducted under the supervision of the supervisor;
- b) the identity of the supervisor and how this member can be contacted;
- c) meetings with the supervisor can be arranged at the request of the client, supervisor, and/or supervisee; and
- d) with respect to the limits of confidentiality, that the supervisor will have access to all relevant information about the client.

### **4.3 Communication of a Diagnosis**

#### **4.3.1 Supervision of Members Holding Certificates Authorizing Supervised Practice and Other Individuals who are in the Course of Fulfilling the Requirements to become a Member of the College**

The supervising member shall be responsible for determining the process for the performance of the controlled act of communication of a diagnosis taking into consideration the knowledge, skills and competence of the supervisee.

#### **4.3.2 Supervision of Non-Regulated Providers Other than those Described Above**

The supervising member shall perform the controlled act of communication of a diagnosis, either in person or through 'real time' communication such as by telephone, teleconferencing or videoconferencing.

## **5. Competence**

### **5.1 Practising Within Boundaries of Competence**

A member shall provide services within the boundaries of his/her competence. A member wishing to provide services outside his/her areas of competence shall do so only under supervision.

### **5.2 Changing/Expanding Areas of Competence**

A member planning to change or expand his/her professional practice to include a new area, client group or activity, beyond the member's existing declared competence, shall inform the College, undertake appropriate training, education and supervision, and satisfy any other formal requirements specified by the College. Such a change would constitute a change of the terms, conditions or limitations of a member's registration and therefore the member shall apply for a variation pursuant to section 19 of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991.

## **6. Representation of Services**

### **6.1 Accuracy of Public Statements**

A member shall not knowingly make public statements that are false, misleading or fraudulent, concerning his/her psychological services or professional activities or those of persons or organizations with which he/she is affiliated. Accordingly, a member shall not misrepresent directly or by implication his/her professional qualifications such as education, experience, or areas of competence. Moreover, a member shall not misrepresent his/her qualifications by listing or displaying any affiliations with an organization that might be construed as implying the sponsorship or certification of that organization. A member may list or display an affiliation only if such sponsorship or certification does, in fact, exist.

### **6.2 Presentation of Qualifications**

In the presentation of his/her qualifications, a member shall conform to the following practices:

- a) a member shall show his/her registration certificate to a client upon request;
- b) a member shall represent himself/herself to the public as a member of the College by the use of the title Psychologist or Psychological Associate. This may be abbreviated to C.Psych. or C.Psych.Assoc., or a member may indicate that he/she is a “Member of the College of Psychologists of Ontario”;
- c) the highest academic degree upon which registration is based shall immediately precede the professional title;
- d) only where a member has been registered as a Psychologist on the basis of a doctoral degree, may the member use the title “Doctor” or a variation, abbreviation or equivalent in another language in the course of providing or offering to provide, psychological services;
- e) clarification of area of psychological practice may be used by the addition of a qualifier either to the title Psychologist or Psychological Associate (e.g., Clinical Psychological Associate, Clinical Neuropsychologist) or by citing one or more areas of practice (practice in school psychology, practice limited to school psychology). The qualifier or citation must be consistent with one or more of the areas of practice in the registration guidelines;
- f) other degrees or professional titles, such as MBA, P.Eng., shall be specified when the area of study is relevant to the member’s psychological practice;
- g) a member shall not qualify his/her title by citing membership in professional associations (e.g., OPA, OAPA, CPA, APA, CRHSPP); and
- h) a member may qualify his/her title by citing a credential relevant to the practice of psychology in Ontario and issued by a recognized professional credentialing body where that organization conducts a formal written or oral examination of each applicant’s knowledge, skills and qualifications.

### **6.3 Promotion of Professional Practice**

A paid advertisement shall be identified, or clearly recognizable, as an advertisement. Members who engage others to create or place advertisements or public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

### **6.4 Compensation for Publicity**

A member shall not compensate a representative of the media, in any way, in return for free publicity.

## **6. Representation of Services (continued)**

### **6.5 Provision of Information to the Public**

A member who provides information, advice or comment to the public via any medium shall take precautions to ensure that:

- a) the statements are accurate and supportable based on current professional literature or research;
- b) the statements are consistent with the professional standards, policies and ethics currently adopted by the College; and
- c) it might reasonably be expected that the individual member of the public receiving this information understands that these statements are for information only, that a professional relationship has not been established and there is no intent to provide professional services to the individual.

## **7. Consent to Services**

### **7.1 Limits of Confidentiality**

At the onset of the provision of psychological services, or at the earliest reasonable opportunity, a member shall be responsible for informing clients of the limits of confidentiality maintained by the member and anyone he/she may supervise.

### **7.2 Obtaining Consent**

A member shall obtain informed consent with respect to the delivery of all psychological services unless otherwise permitted or required by law.

## **8. Privacy of Personal Information and Personal Health Information**

### **8.1 Collection, Use and Disclosure**

A member shall obtain informed consent with respect to the collection, use and disclosure of personal information and personal health information unless otherwise permitted or required by law.

### **8.2 Access by Client or Client's Authorized Representative**

A member shall provide access by the client or his/her authorized representative to the client's personal information and personal health information contained in the psychological record unless prohibited by law or the member is otherwise permitted to refuse access.

## **9. Records and Record Keeping**

### **9.1 General Conditions**

A member shall make reasonable efforts to ensure that psychological records are complete and accessible; this applies whether the record is kept in a single file or in several files and whether the record is housed at one location or at several locations.

### **9.2 Individual Client Records**

(1) A member shall keep a record related to the psychological services provided by the member for each client who has engaged the member to provide psychological services, or for whom such services have been authorized; and

(2) The record shall include the following:

- a) the client's name(s), address(es) and (if available) telephone number(s), as well as any other identifying information needed to distinguish the client from other clients;
- b) the client's date of birth;
- c) the date of every relevant and material contact between the member and the client;
- d) the date of every material consultation, either given or received by the member, regarding service to the client;
- e) a description of any presenting problem and of any history relevant to the problem;
- f) relevant information about every material service activity related to the client that is carried out by the member or under the responsibility of the member, including, but not limited to: assessment procedures; resulting assessment findings; diagnoses; goals or plans of service developed; reviews of progress on the goals and/or of the continued relevance of the plan of service; activities related to crises or critical incidents; and interventions carried out or advice given;
- g) relevant information about every material service activity that was commenced but not completed, including reasons for the non-completion;
- h) relevant information about every controlled act, within the meaning of Section 4 of the Psychology Act, 1991 and subsection 27(2) of the Regulated Health Professions Act, 1991, and the regulations under both statutes, performed by the member;
- i) all reports or correspondence about the client, received by the member, which are relevant and material to the member's service to the client;
- j) all reports and communications prepared by the member regarding the client;
- k) a copy of every written consent and/or documentation of the process of obtaining verbal consent related to the member's service to the client; and
- l) relevant information about every referral of the client, by the member, to another professional.

(3) All information recorded and/or compiled about an individual client shall be identifiable as pertaining to that particular client.

(4) All information recorded and/or compiled shall be dated and the identity of the person who made the entry shall be identifiable.

(5) Despite the requirements of Section 3, members are not required to keep personally identifiable information on persons receiving prevention, public education, group training, emergency or post emergency group services, or group screening services.

## **9. Records and Record Keeping (continued)**

### **9.3 Corporate Client Records**

- (1) A member shall keep a record related to the services provided to each corporate client.
- (2) The record shall include the following:
  - a) the name and contact information of the corporate client;
  - b) the name(s) and title(s) of the person(s) who can release confidential information about the corporate client;
  - c) the date and nature of each material service provided to the client;
  - d) a copy of all agreements and correspondence with the client; and
  - e) a copy of each report that is prepared for the client.

### **9.4 Retention of Records**

Unless otherwise required by law:

- (1) The individual client record shall be retained for at least:
  - a) ten years following the client's last contact; or
  - b) if the client was less than eighteen years of age at the time of his/her last contact, ten years following the day the client became or would have become eighteen.
- (2) The corporate client record shall be retained for at least ten years following the corporate client's last contact. If the corporate client has been receiving service for more than ten years, information that is more than ten years old may be destroyed if the information is not relevant to services currently being provided to the client.

### **9.5 Billing Records**

A record of fees charged to and received from clients shall contain the following information: the payor, the recipient of psychological services, service provider(s), date, nature, and unit fee of the service; the total charged; the payment received; and, the date of payment. Such records shall be maintained on the same retention schedule as the individual or corporate client record.

### **9.6 Security of Client Records**

#### **9.6.1 Storage**

A member shall make reasonable efforts to ensure that client records are secure and protected from loss, tampering or unauthorized use or access.

#### **9.6.2 Transmission and Disclosure**

A member shall make reasonable efforts to ensure that the disclosure or transmission of information protects the privacy of the client record.

### **9.7 Client Records in a Common Filing System**

A member shall exercise appropriate care when placing information in a common record in an effort to ensure that his/her reports and recommendations are not misunderstood or misused by others who may have access to the file.

## **9. Records and Record Keeping (continued)**

### **9.8 Client Records of Members Who Cease to Provide Psychological Services**

#### **9.8.1 In Private Practice Settings**

- (1) A member who plans to or ceases to provide psychological services shall:
- a) take ongoing responsibility for the maintenance and security of client records or make arrangements, preferably with another member, for the security and maintenance of client records;
  - b) ensure that former clients have access to the client record for the prescribed retention period; and,
  - c) inform the College of these arrangements prior to ceasing to provide psychological services or at the earliest reasonable opportunity.
- (2) A member in private practice shall make arrangements, preferably with another member, for the security and maintenance of private practice client records in the event of the member's incapacity or death. The member shall inform the College of these arrangements.

#### **9.8.2 In Employment Settings**

- (1) A member who plans to or ceases to provide psychological services shall:
- a) take reasonable steps to ensure the maintenance and security of client records;
  - b) take reasonable steps to ensure that former clients have access to the client record for the prescribed retention period.

## **10. Fees/Contract for Services**

### **10.1 Fees and Billing Arrangements**

A member shall reach an agreement with an individual, group or organization concerning the psychological services to be provided, the fees to be charged and the billing arrangements prior to providing psychological services. Any changes in the services to be provided shall be agreed to by the client before service is delivered or fees are changed. Fees shall be based on the amount of time spent and complexity of the services rendered. Fees shall not be set on the basis of advantage or material benefits accruing to the individual receiving services.

### **10.2 Interest Charges**

A member may charge interest on an overdue account if the client is informed of this practice at the time of billing.

### **10.3 Collection of Unpaid Fees**

If the client does not pay for psychological services as agreed, and if the member intends to use a collection agency or legal options to collect the fees, the member shall first inform the client of this intention and provide an opportunity for payment to be made.

### **10.4 Retainers**

A member shall not ask a client to prepay for psychological services. Funds may be held in trust if agreed by the client and the member. These trust funds shall only be applied to services rendered and any excess returned to the client following the termination or conclusion of services.

### **10.5 Fee Splitting**

(1) A members shall not enter into a contractual arrangement such as a lease for use of premises or equipment or administrative services which provides for fee or income splitting based on a percentage of fees invoiced or collected.

(2) Any arrangement for payment for services shall be based on a fixed rate of remuneration and not on a percentage of fees invoiced or collected.

## **11. Impairment**

### **11.1 Impairment Due to Health Factors**

A member shall not undertake or continue to provide psychological services when the member is, or could reasonably be expected to be, impaired due to mental, emotional, physiological, pharmacological or substance abuse conditions. If such a condition develops after psychological services have been initiated, the member shall discontinue the psychological services in an appropriate manner. The member shall make reasonable efforts to ensure that clients are notified and assisted in obtaining replacement services to ensure continuity of care.

## **12. Professional Objectivity**

### **12.1 Compromised Objectivity, Competence or Effectiveness Due to Relational Factors**

A member shall not undertake or continue to provide psychological services with an individual client when the objectivity, competence or effectiveness of the member is, or could reasonably be expected to be, impaired because of the member's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a relevant person associated with the client. This prohibition does not apply if the services are delivered to a corporate client and the nature of the professional relationship is neither therapeutic nor vulnerable to exploitation.

### **12.2 Compromised Objectivity, Competence or Effectiveness Due to Other Factors**

A member shall not undertake or continue to provide psychological services when personal, scientific, professional, legal, and financial or other interests could reasonably be expected to:

- a) impair his/her objectivity, competence or effectiveness in delivering psychological services; or
- b) expose the client to harm or exploitation.

### **12.3 Avoidance of Undue Influence on Clients**

A member shall not persuade or influence a client to make gifts or contributions of any kind.

### **12.4 Avoidance of Exploitation**

(1) A member shall not use information obtained during the provision of psychological services to directly or indirectly acquire advantage over or exploit the client or to improperly acquire a benefit.

(2) A member shall not exploit persons over whom he/she has supervisory, evaluative or other authority such as clients, students, supervisees, research participants or employees.

### **12.5 Relations with Current or Former Clients**

A member shall not enter into a sexual relationship with a current client or a former client where the psychological services were provided within the previous two years. This does not apply to relationships with employees of a corporate client unless the psychological service provided to the particular individual was either therapeutic or the individual is vulnerable to exploitation.

### **12.6 Gifts from Clients**

A member shall not accept a gift of more than token value from a client.

## **13. Harassment and Sexual Relationships**

### **13.1 Sexual Harassment**

A member shall not engage in sexual harassment in any professional context. Sexual harassment includes, but is not limited to, any or all of the following:

- a) the use of power or authority in an attempt to coerce another person to engage in or tolerate sexual activity. Such uses include explicit or implicit threats of reprisal for noncompliance or promises of reward for compliance;
- b) engaging in deliberate and/or repeated unsolicited sexually oriented comments, anecdotes, gestures, or touching, where the member knows or ought to know that such behaviours are offensive and unwelcome, or creating an offensive, hostile, or intimidating professional environment; and
- c) engaging in physical or verbal conduct of a sexual nature when such conduct might reasonably be expected to cause harm, insecurity, discomfort, offence, or humiliation to another person or group.

### **13.2 Other Forms of Harassment**

A member shall not engage in any verbal or physical behaviour of a demeaning or harassing nature in any professional context.

### **13.3 Sexual Relationships with Students and Psychology Interns, Psychology Trainees and Supervisees**

A member shall not engage in a sexual relationship with an individual with whom the member has a current evaluative relationship or with whom the member might reasonably expect to have a future evaluative relationship.

## **14. Assessment and Intervention**

### **14.1 Familiarity with Tests and Techniques**

Members shall be familiar with the standardization, norms, reliability, and validity of any tests and techniques used and with the proper use and application of these tests and techniques.

### **14.2 Familiarity with Interventions**

Members shall be familiar with the evidence for the relevance and utility of the interventions used and with the proper use and application of these interventions.

### **14.3 Rendering Opinions**

A member shall render only those professional opinions that are based on current, reliable, adequate, and appropriate information.

### **14.4 Identification of Limits of Certainty**

A member shall identify limits to the certainty with which diagnoses, opinions, or predictions can be made about individuals or groups.

### **14.5 Freedom from Bias**

A member shall provide professional opinions that are clear, fair and unbiased. A member shall make reasonable efforts to avoid the appearance of bias.

### **14.6 Clarity of Communication**

A member shall make reasonable efforts to present information in a manner that is likely to be understood by the client.

### **14.7 Documentation of Sources of Data**

(1) When, as part of a psychological service, a member conducts a review of a client record and the evaluation of the client is not necessary, the member shall document this and indicate the sources of information used to form his/her opinions.

(2) In situations in which all reasonable attempts have been made to conduct an evaluation of a client but a complete evaluation is not possible, a member shall ensure that the efforts made to conduct the evaluation and the obstacles encountered are documented. Additionally, a member shall indicate the extent to which the availability of only limited information influenced the certainty of his/her opinion.

### **14.8 Use of Computer-Generated Reports**

Computer-generated assessments, reports or statements shall not be substituted for a member's professional opinion.

## **14. Assessment and Intervention**

### **14.9 Protection of Test Security**

A member shall protect the security of tests and respect test copyright. To this end a member shall distinguish between test data and test materials. When reasonable and appropriate, raw data from standardized psychological tests and other test data shall, upon request and with proper authorization, be released to clients and others. Test material, such as test questions and stimuli, manuals, and protocols should not be released.

## **SUPPLEMENTARY NOTES**

### **A Guide to Accompany the Standards of Professional Conduct (2005)**

The following notes are provided for the education and guidance of members to assist in understanding and complying with the Standards of Professional Conduct (2005). Some of the notes related directly to a specific Standard and are reproduced along with the Standard to which they pertain. Others are topics not specifically addressed in the new Standards but which provide guidance to members on other important issues in practice.

#### **4.1 Responsibility for Supervised Psychological Services Providers**

Members shall assume responsibility and accountability for the actions and services of all supervised providers of psychological services, including but not limited to employees, students, trainees and members holding certificates of registration authorizing supervised practice, and shall ensure that: . . .

#### **Supplementary Note**

A member should ensure that those they supervise in providing psychological services adhere to the Standards of the College.

#### **6.1 Accuracy of Public Statements**

A member shall not knowingly make public statements that are false, misleading or fraudulent, concerning his/her psychological services or professional activities or those of persons or organizations with which he/she is affiliated. Accordingly, a member shall not misrepresent directly or by implication his/her professional qualifications such as education, experience, or areas of competence. Moreover, a member shall not misrepresent his/her qualifications by listing or displaying any affiliations with an organization that might be construed as implying the sponsorship or certification of that organization. A member may list or display an affiliation only if such sponsorship or certification does, in fact, exist.

#### **Supplementary Note**

A member should make reasonable effort to correct others who misrepresent the member's professional qualifications or associations. Similarly, a member should not permit, counsel or assist individuals who are not members to represent themselves as either a psychologist or a psychological associate or as offering psychological services except under supervision.

#### **6.2 Presentation of Qualifications**

In the presentation of his/her qualifications, a member shall conform to the following practices:

- a) a member shall show his/her registration certificate to a client upon request;
- b) a member shall represent himself/herself to the public as a member of the College by the use of the title Psychologist or Psychological Associate. This may be abbreviated to C.Psych. or C.Psych.Assoc., or a member may indicate that he/she is a "Member of the College of Psychologists of Ontario";
- c) the highest academic degree upon which registration is based shall immediately precede the professional title;
- d) only where a member has been registered as a Psychologist on the basis of a doctoral degree, may the member use the title "Doctor" or a variation, abbreviation or equivalent in another language in the course of providing or offering to provide, psychological services;
- e) clarification of area of psychological practice may be used by the addition of a qualifier either to the title Psychologist or Psychological Associate (e.g., Clinical Psychological Associate, Clinical

Neuropsychologist) or by citing one or more areas of practice (practice in school psychology, practice limited to school psychology). The qualifier or citation must be consistent with one or more of the areas of practice in the registration guidelines;

- f) other degrees or professional titles, such as MBA, P.Eng., shall be specified when the area of study is relevant to the member's psychological practice;
- g) a member shall not qualify his/her title by citing membership in professional associations (e.g., OPA, OAPA, CPA, APA); and
- h) a member may qualify his/her title by citing a credential relevant to the practice of psychology in Ontario and issued by a recognized professional credentialing body where that organization conducts a formal written or oral examination of each applicant's knowledge, skills and qualifications.

### **Supplementary Note**

**A.** Standard 6.2 b) states: "a member shall represent himself/herself to the public as a member of the College by the use of the title Psychologist or Psychological Associate. This may be abbreviated to C.Psych. or C.Psych.Assoc., or a member may indicate that he/she is a "Member of the College of Psychologists of Ontario". Below are appropriate examples.

Jane Doe, Ph.D., C.Psych.

Mr. J. Smith, M.Ed., Psychological Associate

Dr. Jane Doe, Ph.D., C.Psych.

Frank Brown, M.A., C.Psych.Assoc.(Supervised Practice)

Jane Doe, Ed.D., Psychologist

R. Dylan, MBA, Ed.D., Psychologist  
Member of the College of Psychologists of Ontario

Dr. J. Doe, Psychologist

Dr. John Doe, C.Psych. (Supervised Practice)

Mr. J. Smith, M.Ed., Psychological Associate  
Member of the College of Psychologists of Ontario

Joan J. Smith, M.A., C.Psych.Assoc.

**B.** Standard 6.2 c) states: "the highest academic degree upon which registration is based shall immediately precede the professional title." Below are appropriate examples.

J. Juniper, LL.B., Ph.D., C.Psych.

R. Dylan, MBA, Ed.D., Psychologist

Beth Smith, P.Eng., M.A., Psychological Associate

John Smith, Ph.D. (Special Education), M.Ed.,  
C.Psych.Assoc.

**C.** Standard 6.2 e) states: "clarification of area of psychological practice may be used by the addition of a qualifier either to the title Psychologist or Psychological Associate (e.g., Clinical Psychological Associate, Clinical Neuropsychologist) or by citing one or more areas of practice (practice in school psychology, practice limited to school psychology). The qualifier or citation must be consistent with one or more of the areas of practice in the registration guidelines." The areas delineated in the guideline are: Clinical, School, Clinical Neuropsychology, Counselling, Forensic/Corrections, Health, Industrial/Organizational, and Rehabilitation. Below are appropriate examples.

Jane Doe, Ph.D., Clinical Neuropsychologist

John Smith, M.Ps., School Psychological Associate

Jane Doe, Ph.D., C.Psych.  
Industrial/Organizational Psychologist

John Smith, M.Ps., C.Psych.Assoc.  
School Psychological Associate

Jane Doe, Ph.D., C.Psych.  
Clinical and School Psychologist

John Smith, M.Ps., C.Psych.Assoc.  
Practice in Forensic Psychology

Examples of qualifiers or citations that would not be acceptable as they do not reflect an area of practice in the registration guidelines include:

John Smith, M.Ps., C.Psych.Assoc.  
Sports Psychological Associate

Jane Doe, Ph.D., Community Psychologist

**D.** Standard 6.2 h states: “a member may qualify his/her title by citing a credential relevant to the practice of psychology in Ontario and issued by a recognized professional credentialing body where that organization conducts a formal written or oral examination of each applicant’s knowledge, skills and qualifications.” Below are appropriate examples.

Dr. J. Doe, Psychologist  
Diplomate in Clinical Psychology  
American Board of Professional Psychology

Jane Doe, Ph.D., C.Psych., ABPN

### **9.7 Client Records in a Common Filing System**

A member shall exercise appropriate care when placing information in a common record in an effort to ensure that his/her reports and recommendations are not misunderstood or misused by others who may have access to the file.

#### **Supplementary Note**

Due to the potential for harm from misinterpretation of raw data and a member’s duty to protect the security and respect the copyright of psychological tests, a member should make reasonable efforts to avoid placing raw data and test materials in a common file.

### **12.5 Relations with Current or Former Clients**

A member shall not enter into a sexual relationship with a current client or a former client where the psychological services were provided within the previous two years. This does not apply to relationships with employees of a corporate client unless the psychological service provided to the particular individual was either therapeutic or the individual was vulnerable to exploitation.

#### **Supplementary Note**

The Standards state that a member shall not enter into a sexual relationship with a former client for two years following the last professional contact. Even after two years however, a member should avoid such relationships except in the most exceptional circumstances. If a member is considering entering into a sexual relationship with a former client, there are a number of relevant factors a member should consider including:

1. the likelihood of adverse impact on the client;
2. the client’s current mental status
3. whether there continues to be a power imbalance that may be influencing the client’s decision;
4. the client’s personal history and any particular vulnerabilities of which the member ought to have been aware;
5. the nature, duration and intensity of the professional service;
6. the amount of time, over two years, since the last professional contact.

### **Additional Supplementary Notes**

#### **S.1 Maintenance of Competence**

A member should maintain his/her level of knowledge, skill and competence with respect to current professional and scientific developments that are related to his/her areas of practice and the services he/she provides.

## **S.2 Practice in Emerging Areas**

At times, a member may provide services in what would be considered an emerging area of practice. In such situations, a member should inform clients that the services being offered may not, as yet, have been subjected to extensive research and validation. As with any informed consent process regarding the provision of services, clients would be informed of the risks, benefits and alternatives available.

## **S.3 Duplication of Services**

A member should not provide or offer to provide services to a client who is known or should be known to be receiving similar from another provider, except in exceptional circumstances. Before agreeing to provide such services the member should discuss with the client the reasons for seeking services and the potential disadvantages of receiving similar services from two providers at once. A member should seek the client's consent to notify the other provider and coordinate service provision.

## **Appendix 2**

### **Consent Form**



## CONSENT FORM

CLIENT NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_

TELEPHONE: *Home*: \_\_\_\_\_ *Office/Cell*: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

(Name) \_\_\_\_\_ (Tel #) \_\_\_\_\_

This form describes the policies of the Saint Paul University Counselling and Psychotherapy Centre. Please read through this document and feel free to ask questions before making an informed decision to engage in counselling and psychotherapy.

The **SAINT PAUL UNIVERSITY COUNSELLING and PSYCHOTHERAPY CENTRE** (herein after called the Counselling and Psychotherapy Centre) is a training facility affiliated with the Faculty of Human Sciences of Saint Paul University. The Counselling and Psychotherapy Centre opened its doors in 1974. Counselling interns complete their practicum in Counselling within the Master of Arts or Doctoral program in Counselling and Spirituality. The Counselling and Psychotherapy Centre fulfills three functions: it provides counselling and psychotherapy services (individual, couple or family) both in French and in English in the Ottawa-Gatineau area; it provides training to counselling interns in the counselling, psychotherapy and spirituality graduate program; and it promotes research in counselling and psychotherapy.

The Counselling and Psychotherapy Centre approaches spirituality from a broad perspective and is sensitive to the client's personal definition of beliefs in religion and spirituality. The Counselling and Psychotherapy Centre is open to individuals of diverse faiths and spiritualities including those individuals who do not identify with any religious tradition or spiritual perspective. The Counselling and Psychotherapy Centre does not discriminate on the basis of religion or spirituality.

The counselling interns are in the Master of Arts or Doctoral program in counselling and spirituality. Counselling interns and their clinical professors and clinical supervisors come from diverse academic, religious, spiritual and cultural backgrounds. As part of this program, counselling interns are expected to assess the client's religious and spiritual background and values during the intake assessment and throughout the counselling process as deemed relevant to the client. Clients are free to choose not to disclose their religious/spiritual values.

### SERVICES

Individual Counselling and Psychotherapy; Couple Counselling and Psychotherapy; Family Counselling and Psychotherapy.

## **STAFF**

Experienced clinical supervisors (psychologists, psychotherapists, social workers) accredited by recognized professional counselling and psychotherapy associations; provide the counselling interns with regular feedback in weekly clinical supervision sessions. This provides the counselling interns with the opportunity to become familiar with a variety of approaches to counselling and psychotherapy. The clinical supervisor is directly responsible for the clients. At times, the clinical supervisor may request to meet with a client. As well, the client has the right to request a meeting with the clinical supervisor if she or he has specific concerns.

## **HOURS OF OPERATION**

Monday to Friday: 9:00 a.m. to 9:00 p.m.

Saturdays: 10:00 a.m. to 3:00 p.m.

The Counselling and Psychotherapy Centre is open year round, with the exception of brief closures prior to the start of each semester.

## **GOALS AND OBJECTIVES**

The client and the counselling intern will set the counselling goals and objectives with the support of the counselling intern's clinical supervisor.

## **PROFESSIONAL ETHICS**

In the counselling process, the Counselling and Psychotherapy Centre adheres to the highest standards of professional and ethical conduct. These guidelines are based on the standards established by the College of Registered Psychotherapists of Ontario (CRPO 2015) guide and the Canadian Counselling and Psychotherapy Association Code of Ethics. Please note that:

**1. Confidentiality** is of utmost importance at the Counselling and Psychotherapy Centre. It is an integral component of the services provided. All information discussed in sessions will be kept confidential, with the exception of specific legal and ethical limits (see below). Information is released to a third party only with the client's written consent and only to those individuals in need of information in order to provide care to the client.

The following are exceptions or limits to confidentiality in counselling, as required by law:

1. If there is a danger of the client seriously hurting him/herself;
2. If there is a danger of the client seriously hurting someone else, the individual at risk from harm will need to be alerted;
3. If there is any indication that a child (under 16 years of age) and/or an elderly person (over 65 years of age) is at risk from sexual, physical, emotional abuse and/or neglect;
4. In some cases, a file could possibly be subpoenaed by the court or reviewed by a regulatory body;

5. In the case where a client has been sexually abused and/or harassed by a health professional, a report must be made to the appropriate college (e.g., College of Physicians and Surgeons).
2. All client sessions will be recorded with the client's written authorization. Basic information, files, and progress notes are strictly used for clinical supervision and evaluation. Recordings cannot be used for other training or research without the client's written consent.

## **ETHICAL COMMITTEE**

The Counselling and Psychotherapy Centre operates under the guidance of an ethics committee formed to ensure high standards and quality of counselling and psychotherapy services. Any client who is dissatisfied or has questions concerning their treatment can discuss this directly with the counselling intern's clinical supervisor or with the Director of the Centre, who will then take the necessary action.

## **RELATIONSHIPS WITH OTHER PROFESSIONALS**

Keeping in mind the clients' specific needs, the counselling intern in consultation with their clinical supervisor may decide that other professionals are more appropriate for a specific treatment. In such cases, the counselling intern will refer the client to those professionals after having discussed the situation with the client.

The counselling intern may treat clients who are currently being seen by other professionals, provided that the other professional has been notified and the respective roles have been clearly defined.

## **EVALUATION**

The Counselling and Psychotherapy Centre may conduct two types of evaluation activities:

Periodic evaluations are carried out with basic information given by the client. This information is used to assess services and to ensure that services remain of excellent quality. These evaluations follow the ethical standards and guidelines of the College of Registered Psychotherapists of Ontario (2015) guide and the Canadian Counselling and Psychotherapy Association Code of Ethics.

Specific evaluations for research purposes would involve examining particular aspects of the files in the Centre. If a client's file is being considered for use in research written consent would be obtained before proceeding. Clients would be requested to sign a separate consent form, specific to the research study being conducted.

## **AGREEMENT ON FEES**

Counselling and Psychotherapy fees are **\$75.00** for each individual, couple and family session with counselling interns. Please note that an agreement on fees will be made during the intake phone call with the counselling intern.

Some insurance plans may cover a part of the counselling and psychotherapy services, when such services are supervised by a registered professional. It is the responsibility of the client to obtain approval from their insurance company for the eligibility of these services for reimbursement. If applicable, the client applies directly to their insurance company for reimbursement. The regular rate of \$75.00 will apply to clients that have insurance coverage.

In case of financial hardship, special arrangements may be made. Fees are set using a sliding scale which is based upon Total Family Income. Please note that income verification may be required.

## **PAYMENT**

Clients are expected to pay the Counselling and Psychotherapy Centre for the entire cost of the services at the beginning of each session. Payments accepted are cash, Visa, Mastercard, debit and cheques. There is a \$20 administration fee for returned cheques. Clients will receive a receipt for each session that can be used for insurance reimbursement, income tax preparation or financial records.

Please be advised that accounts that are in arrears for more than three months may be sent for collection.

## **CANCELLING APPOINTMENTS**

If it is necessary for clients to cancel an appointment, they should do so at least **24 hours prior** to their scheduled session. **Appointments that are missed or are cancelled with inadequate notice will be charged at the regular fee.** Clients need to leave a message in the voicemail box of the counselling intern. 613-236-1393 ext. \_\_\_\_\_.

## **NUMBER AND LENGTH OF SESSIONS**

A typical individual, couple or family counselling and psychotherapy session lasts 50 to 60 minutes. The number of sessions will be determined according to the client's situation.

## **FILE**

The counselling intern will keep all the information concerning the consultation in a confidential file. Clients have the right to see their files and can request to do so in writing. In keeping with the regulations of the Counselling Centre, once information goes into the file, it must remain there.

## **SUPPLEMENTARY INFORMATION**

If clients need any clarification about the information mentioned above, they are encouraged to ask their counselling intern without hesitation.

## CONSENT FORM

This form is to be used for any client 16 years of age and over.

### 1. Requesting Services

I have read the information outlined in this document including the ethical issues of confidentiality and the limits to confidentiality. I understand these policies, and have had an opportunity to discuss them with the counselling intern. I am asking the Counselling and Psychotherapy Centre for the following service:

- Individual Counselling and Psychotherapy     Couple Counselling and Psychotherapy
- Family Counselling and Psychotherapy

*I agree to these conditions and wish to begin counselling and psychotherapy.*

*Signature of client:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of counselling intern:* \_\_\_\_\_ *Date:* \_\_\_\_\_

File # \_\_\_\_\_



## CONSENT FORM for Recording Client Sessions

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: *Home*: \_\_\_\_\_ *Office/Cell*: \_\_\_\_\_

### Consent for Recording and Observation

This consent form must be signed by every client 16 years old or older. The Counselling and Psychotherapy Centre is committed to the utmost respect for the confidentiality of the client, and the strict preservation of anonymity and privacy.

All client sessions will be recorded on a secure server stored on Saint Paul University premises. It is understood that all of the recorded sessions will be deleted at the end of the helping relationship. You will be notified in writing of any exception to this.

I, the undersigned, under the Counselling and Psychotherapy Centre's ethical code to assure anonymity and confidentiality, give consent to the following:

*I agree to have my sessions recorded for the purpose of clinical supervision and that the recording may be viewed by the clinical supervisor and or members of the supervision group. I also agree that additional clinical professors can, from time to time, watch these recordings for the purpose of student clinical evaluation. A list of clinical professors will be provided upon request.*

**I agree to these conditions and wish to begin counselling and psychotherapy.**

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of counselling intern: \_\_\_\_\_ Date: \_\_\_\_\_

File # \_\_\_\_\_

**\*\*If the client declines recording, he or she understands that the Saint Paul University Counselling and Psychotherapy Centre cannot provide counselling and psychotherapy services.\*\***

## **Appendix 3**

### **Reporting Child Abuse and Neglect**



## Reporting Child Abuse and Neglect

# **CHILD AND FAMILY SERVICES ACT Reporting Child Abuse and Neglect**

### **Introduction**

Ontario's Child and Family Services Act (CFSA) provides for a broad range of services for families and children, including children who are or may be victims of child abuse or neglect.

The paramount purpose of the Act is to promote the best interest, protection and well being of children. The Act recognizes that each of us has a responsibility for the welfare of children. It states clearly that members of the public, including professionals who work with children, have an obligation to report promptly to a children's aid society if they suspect that a child is or may be in need of protection. The Act defines the term "child in need of protection" and sets out what must be reported to a children's aid society. This definition [CFSA s.72(1)] is set out in detail on the following pages. It includes physical, sexual and emotional abuse, neglect and risk of harm.

This brochure summarizes reporting responsibilities under Ontario's Child and Family Services Act. It is not meant to give specific legal advice. If you have questions about a given situation, you should consult a lawyer or the children's aid society.

### **Responsibility to report a child in need of protection CFSA s.72(1)**

If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information upon which it is based to a children's aid society.

The situations that must be reported are listed in detail below. Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
  - Failure to adequately care for, provide for, supervise or protect the child, or
  - Pattern of neglect in caring for, providing for, supervising or protecting the child.

2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's

- failure to adequately care for, provide for, supervise or protect the child, or
- pattern of neglect in caring for, providing for, supervising or protecting the child

3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.

5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

6. The child has suffered emotional harm, demonstrated by serious,

- anxiety,
- depression,
- withdrawal,
- self-destructive or aggressive behaviour, or
- delayed development,
- and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv, v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to

consent to, services or treatment to prevent the harm.

10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.

13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

#### **Ongoing duty to report CFSA s72(2)**

The duty to report is an ongoing obligation. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a children's aid society.

#### **Persons must report directly CFSA s72(3)**

The person who has the reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a children's aid society. The person must not rely on anyone else to report on his or her behalf.

#### **What are "reasonable grounds to suspect"?**

You do not need to be sure that a child is or may be in need of protection to make a report to a children's aid society. "Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.

Special responsibilities of professionals and officials, and penalty for failure to report CFSA s.72(4), (6.2) Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is need of protection. The Act recognizes

however, that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions, and so makes it an offence to fail to report. Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to a fine of up to \$1,000.

#### **Professionals affected CFSA s.72(5)**

Persons who perform professional or official duties with respect to children include the following:

- health care professionals, including physicians, nurses, dentists, pharmacists and psychologists;
- teachers, and school principals;
- social workers and family counsellors;
- priests, rabbis and other members of the clergy;
- operators or employees of day nurseries;
- youth and recreation workers (not volunteers);
- peace officers and coroners;
- solicitors;
- service providers and employees of service providers; and
- any other person who performs professional or official duties with respect to a child.

This list sets out examples only. If your work involves children but is not listed above, you may still be considered a professional for purposes of the duty to report.

If you are not sure whether you may be considered to be a professional for purposes of the duty to report, you should contact your local children's aid society, professional association or regulatory body.

#### **Professional confidentiality CFSA s.72.(7), (8)**

The professional's duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional or official.

That is, the professional must report that a child is or may be in need of protection even when the information is supposed to be confidential or privileged. (The only exception for "privileged" information is in the relationship between a solicitor and a client.)

#### **Protection from liability CFSA s.72(7)**

If a civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion.

**What will the children's aid society do?**

Children's aid society workers have the responsibility and the authority to investigate allegations and to provide services to protect children.

A children's aid society worker may, as part of the investigation and plan to protect the child, involve the police and other community agencies.

**How to contact a children's aid society**

Check the telephone directory for the office closest to you. In some communities, the children's aid society is known as "family and children's services." The emergency pages in most Ontario telephone directories have the number to call to report to a children's aid society.

All the children's aid societies/family and children's services have emergency service 24 hours a day, so that you can call any time.

**For more information**

Contact your local children's aid society or family and children's services. If you suspect that a child is or may be in need of protection, contact a children's aid society immediately. Your co-operation is vital to making Ontario's child protection system work.

*Pharmacy Connection July/August 2000*

## **Appendix 4**

### **Evaluation of Services**



## EVALUATION OF SERVICES

FILE # \_\_\_\_\_

Your answers, comments and/or suggestions will be greatly appreciated and will help us evaluate the services rendered by counsellors/psychotherapists at the Counselling Centre. Thank you very much.

Please check the following (✓).

1. How would you rate the quality of service you received from your counsellor?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Remarks:

2. In a general sense, how satisfied are you with the service you have received?

Very satisfied \_\_\_\_\_ Mostly satisfied \_\_\_\_\_ Mildly dissatisfied \_\_\_\_\_ Quite dissatisfied \_\_\_\_\_

Remarks:

3. Have the services you received helped you find solutions to your difficulties?

Yes, very much \_\_\_\_\_ Yes, a little \_\_\_\_\_ No, not really \_\_\_\_\_ No, not at all \_\_\_\_\_

Remarks:

4. Were your values sufficiently taken into account in the course of the helping process?

Yes, definitely \_\_\_\_\_ Yes, somewhat \_\_\_\_\_ Not completely \_\_\_\_\_ No, definitely not \_\_\_\_\_

Remarks:

5. If you were to seek help again, would you come back to the Saint-Paul University Counselling Centre?

Yes, definitely \_\_\_\_\_ Yes, I think so \_\_\_\_\_ No, I do not think so \_\_\_\_\_ No, definitely not \_\_\_\_\_

Remarks:

6. If you have had less than five (5) sessions, please state your reason(s) for terminating?

7. Would you have any comments and/or suggestions as to improve the quality of our services?

8. Saint-Paul University Counselling Centre.

	Excellent	Very good	Good	Poor
Location				
Parking				
Quality of welcoming				
Quality of psychotherapy room				

## **Appendix 5**

### **Evaluation Grid**

Practicum Ind.

Practicum Couple

Practicum Ph.D.

Mid Semester Evaluation



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**Practicum in Individual Counselling :  
IPA – 6135, 6136, 6137, 6138 & 6139**

**EVALUATION FORM**

**N.B.** Please note that a clinical supervisor or a clinical professor in the program of Counselling and Spirituality other than the one who completed this evaluation can read this evaluation: 1) to ensure continuity in the supervision process; 2) to respond to the specific training needs of each student in their learning process and professional growth. That being said, other supervisors or professors outside of the program in Counselling and Spirituality at Saint Paul University cannot have access to this evaluation unless the student provides written permission to release this evaluation. **Finally, this form is also completed by the student as a self-evaluation tool and submitted as part of the 360 evaluation.**

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

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

### **Explanation of the Evaluation Grid**

The student should be evaluated according to his/her level of training, and not as an autonomous/accomplished professional. This being said, the further along the student is in their studies, the higher the standards become; there is an expectation of continued increases in clinical competence over time. Therefore it may seem that it is more difficult to obtain the same grade when in fact it is the bar that has been raised by the student's own increased competence; the expectations and requirements are simply higher given the level of the student. Clinical supervisors should rate students according to the clinical skills that they demonstrate on each item in the evaluation. It is the clinical professor's responsibility and decision to give a student a passing or failing mark on the practicum.

Students must *actively demonstrate competence* on any given skill to earn the grade of "AC".

### **Evaluation Grid**

- US:** **Unsatisfactory, needs remedial work:** The skill/ability is not understood and/or the student does not know how or when to use/apply it, or applies it intermittently or poorly. There exists potential risk in damaging the client and /or the therapeutic alliance. Remedial work is necessary with a well-developed plan; does not meet expectation for his/her level of training (1<sup>st</sup> year, 2<sup>nd</sup> year, couple counselling)
- AC:** **Acceptable:** The skill/ability is understood and when it is used, it is generally well executed and successful. It is not used consistently, and there is room for improvement. This is the standard grade, for satisfactory use of a skill; areas for further development; working towards expectations.
- G:** **Good:** The skill is understood and mastered; it is almost always used effectively; meets expectations
- AV:** **Advanced:** The skill or ability is very well understood, mastered, and used consistently and effectively even in highly challenging situations. This grade should be used sparingly to denote true and exceptional mastery of the skill; exceeds expectations

**A. Professional Conduct**

S1	S2		Self	360
X	X	1. Respect the policies and procedures of the Centre		
X	X	2. Collaborates with Centre staff, colleagues, clinical supervisors and clinical professors in a respectful manner		
X	X	3. Professional and respectful dress and hygiene		
X	X	4. Knows, understands and respects rules of ethics		
	X	5. Grasps ethical issues and understands the legal implications of counselling practice		
	X	6. Timely, professional file maintenance		
X	X	7. Monthly submission of Time Sheets (due three weeks after month end)		
X	X	8. Quality of all file reports and documents (i.e. progress notes and intakes)		
X	X	9. Maintains appropriate client/counsellor boundaries		

**B. Responsible learning/use of therapeutic self, supervision, and practicum course**

S1	S2		Self	360
		1. Participates actively:		
X	X	a. during practicum / training		
X	X	b. during supervision		
		2. Prepares for learning (assignments, recordings of role plays / client consultations...)		
X	X	a. during practicum / training		
X	X	b. during supervision		
X	X	3. Integrates awareness of self in relation to professional role.		
X	X	4. Aware of own emotional reactions and their impact on others, including clients (e.g., counter-transference).		
X	X	5. Aware of own limits to professional and clinical competence.		
X	X	6. Aware of how his or her own religious/spiritual beliefs can have an impact on clients and the counselling process.		
X	X	7. Demonstrates openness to exploring his or her own gifts and wounds.		
X	X	8. Demonstrates the ability to effectively use isomorphism and/or self-disclosure in a therapeutic manner.		
		9. Open to feedback		

X	X	a. From clinical professors		
X	X	b. from supervisors (and peers as appropriate)		
X	X	10. Remains current with professional literature and research.		

**C. Clinical Competencies**

**1. Accompanying the client**

**a) Basic skills**

S1	S2		Self	360
X	X	1. Follows the client		
	X	2. Identifies and follows-up on clinical themes relevant to the client's life		
X	X	3. Summarizes and paraphrases in a concise and precise manner		
X	X	4. Accurately and effectively reflects content		
X	X	5. Accurately reflects verbalized emotions		
X	X	6. Is present, engaged with the client (i.e. quality of presence)		
	X	7. Supports the client in an appropriate manner		
	X	8. Good use of silence		
X	X	9. Uses open-ended questions appropriately and effectively		
	X	10. Knowledge of community resources and pertinent referrals (know when and how to refer as appropriate)		

**b) Advanced Skills**

S1	S2		Self	360
	X	1. Accurately and effectively reflect underlying affect (Advanced Empathy)		
	X	2. Accurately and effectively reflect underlying meaning (Advanced Empathy)		
	X	3. Challenges or confronts the client as needed and appropriate		
	X	4. Paces the therapeutic process appropriately		
	X	5. Skilled timing of interventions		
	X	6. Uses directives and structure when necessary (e.g., crisis situation)		
	X	7. Demonstrates autonomy in the choice of interventions acquired in training and supervision, and judgment in the application of interventions		

	X	8. Uses the therapeutic alliance (i.e., in-session client behaviour) in a therapeutic manner		
	X	9. Uses relevant self-disclosure in an appropriate and effective manner (typically self-disclosure is used minimally)		

## 2. Conceptualization and Assessment Skills

S1	S2		Self	360
X	X	1. Conducts an effective intake interview		
X	X	2. Attends to and understands the client's verbal message		
	X	3. Attends to and understands non-verbal behaviour		
X	X	4. Recognizes the strengths and limitations of the client		
	X	5. Identifies problematic patterns of communication or behaviour		
	X	6. Makes links between the client's current experience and learning/life history		
	X	7. Modifies the assessment/conceptualization in light of new information		
	X	8. Articulates the assessment and applies relevant theoretical models to the understanding of the problem		
	X	9. Follows a realistic objective or goal in each session		
	X	10. Integrates the spiritual dimension in the assessment: takes into account core values, search for meaning and transcendence		
X	X	11. Can effectively assess sensitive issues and is aware of crisis situations or critical incidents (e.g., suicide risk) and delicate themes (e.g., childhood abuse) lived by the client		

### D. Skills of self-reflection and self-awareness

S1	S2		Self	360
X	X	1. Aware of the impact of interventions on others, including the client		
X	X	2. Aware of own limits to professional and clinical competence		
	X	3. Aware of own emotional reactions and their impact on others, including the client (e.g., counter-transference)		
	X	4. Open to exploring own blocks to going deeper with clients		

### E. Interpersonal Skills: development and maintenance of the therapeutic alliance

S1	S2		Self	360
X	X	1. Welcoming presence: helps the client feel safe and accepted		

X	X	2. Maintains an appropriate distance from the client		
X	X	3. Gives space to the client to explore, does not impose an agenda on the client		
X	X	4. Engenders realistic hope in the client		
X	X	5. Demonstrates warmth, compassion and cares for the client in an appropriate manner		
	X	6. Tolerates and engages with intense affect and distress in clients		
	X	7. Identifies, and is sensitive to possible alliance ruptures		
	X	8. Works well with client resistance		

**F. Goal setting and treatment planning**

S1	S2		Self	360
X	X	1. Invites the client to contribute actively to goal setting and the attainment of objectives		
X	X	2. Establishes clear, reasonable, and relevant therapeutic objectives		
	X	3. Helps the client to mobilize his or her internal resources, spiritual and/or religious resources and external supports		
	X	4. Manages well the different phases of the counselling process		
	X	5. Adequately plans for termination and the consolidation of client gains		
	X	6. Flexible, creative and spontaneous in the approach to counselling		
	X	7. Can create and implement homework as relevant		
	X	8. Conducts follow-ups on client homework as relevant		
	X	9. Reviews and evaluates client progress appropriately and on a regular basis		

**G. Spirituality items for the practicum evaluation**

S1	S2		Self	360
	X	1. Recognizes and attends to spiritual issues in session		
X	X	2. Understands and integrates the religious/spiritual domain of the client in the intake assessment		
	X	3. Can identify and use those client spiritual beliefs that act as a resource and can aid in client progress		
	X	4. Explores client experiences, emotions and attitudes as they relate to the beliefs and values of the client		
X	X	5. Demonstrate openness and an attitude of respect to diversity in client beliefs and values		

X	X	6. Demonstrate sensitivity to and acceptance of the religion/spirituality of a client		
X	X	7. Views spirituality as a key ingredient to the client's well-being		
X	X	8. Openness to exploring in depth his or her own religious/spiritual beliefs		
X	X	9. Aware of how his or her own religious/spiritual beliefs can have an impact on the client and the counselling process		
X	X	10. Educates him or herself about different religious/spiritual perspectives as required		
	X	11. Adapt counselling techniques to take into consideration the client's religious/spiritual values		

**H. use of specific intervention techniques (e.g., thought records, role-play)**

S1	S2		Self	360

**I. Comments from the Student:**

1. Areas of strength:

2. Core competencies needing further development and integration:

3. Suggestions to improve these abilities:

4. Other Comments (as necessary):

**J. Comments and Specific Recommendations from the Clinical Supervisor: (Provide precise comments on the strengths and challenges or required areas of growth for this student):**

**K. Comments and Specific Recommendations from the Clinical Professor(s): (Provide precise comments on the strengths and challenges or required areas of growth for this student):**

**Additional Comments:**

# Evaluation Summary

\*\*Initial under the selected option for acknowledgment of the following content\*\*

Option selected by the clinical professor and clinical supervisor :

1. This written evaluation (ratings of competencies, comments and recommendations) meets the requirements to be granted a SATISFACTORY Evaluation. Therefore, the student is recommended to continue to the next level of Practicum (Practicum Level and course number bellow \_\_\_\_\_).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

2. This written evaluation (ratings of competencies, comments and recommendations) does NOT meet the requirements for a SATISFACTORY Evaluation; therefore the student is required to WITHDRAW from the Practicum. The student is NOT recommended to continue to the next level of Practicum until (date: \_\_\_\_\_). However, the student is allowed to continue in other courses outside the Practicum (clinical training).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

3. This written evaluation (ratings of competencies, comments and recommendations) does NOT meet the requirements for a SATISFACTORY Evaluation, therefore the student is unable to continue in the Master of Arts, Counselling and Spirituality program at Saint Paul University and therefore is required to withdraw from the program.

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

4. This written evaluation (ratings of competencies, comments and recommendations) does NOT meet the requirements for a SATISFACTORY Evaluation, however the student has been granted an EXTENDED EVALUATION PERIOD. It is expected that the student will meet the requirements to be granted a SATISFACTORY evaluation at the end of the next evaluation period (date: \_\_\_\_\_); if the student does not meet the requirements of a SATISFACTORY evaluation at that time, the student will be required to WITHDRAW from the Practicum. Therefore, the student is recommended to continue to the next level of Practicum with the condition of an EXTENDED PERIOD OF EVALUATION.

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

5. In the previous evaluation dated (date: \_\_\_\_\_ ) the student was granted an EXTENDED EVALUATION PERIOD. This written evaluation (ratings of competencies, comments and recommendations) meets the requirements to be granted a SATISFACTORY Evaluation. Therefore, the student is recommended to continue to the next level of Practicum (Practicum Level and course number bellow \_\_\_\_\_).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

6. In the previous evaluation dated (date: \_\_\_\_\_ ) the student was granted an EXTENDED EVALUATION PERIOD. As a result of this written evaluation (ratings of competencies, comments and recommendations) the student has NOT met the requirements to continue in the Practicum at this time. Therefore the student is NOT recommended to continue to the next level of Practicum until (insert date bellow). However, the student is allowed to continue in other courses outside the Practicum (clinical training).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

7. In the previous evaluation dated (date: \_\_\_\_\_ ) the student was granted an EXTENDED EVALUATION PERIOD. As a result of this written evaluation (ratings of competencies, comments and recommendations) the student has NOT met the requirements to continue in the Practicum at this time. The student is unable to continue in the Master of Arts, Counselling and Spirituality program at Saint Paul University and therefore is required to withdraw from the program.

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

8. This written evaluation (ratings of competencies, comments and recommendations) meets the requirements to be granted a SATISFACTORY Evaluation. Therefore, the student has passed this practicum course (Course number: \_\_\_\_\_).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

Student Signature \* : \_\_\_\_\_

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

Clinical Supervisor Signature : \_\_\_\_\_

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

Clinical Professor(s) Signature : \_\_\_\_\_

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

\*The student's signature simply means that s/he has read the evaluation. It does not imply that he/she is in agreement with the evaluation.



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**Practicum in Couple and Family Counselling:  
IPA – 6140, 6141**

**EVALUATION FORM**

**N.B.**

Please note that a clinical supervisor or a clinical professor in the program of Counselling and Spirituality other than the one who completed this evaluation can read this evaluation: 1) to ensure continuity in the supervision process; 2) to respond to the specific training needs of each student in their learning process and professional growth. That being said, other supervisors or professors outside of the program in Counselling and Spirituality at Saint Paul University cannot have access to this evaluation unless the student provides written permission to release this evaluation. Finally, this form is also completed by the student as a self-evaluation tool and submitted as part of the 360 evaluation.

All items should be evaluated throughout the year.

**Student:** \_\_\_\_\_

**Clinical Supervisor:** \_\_\_\_\_

**Clinical Professor:** \_\_\_\_\_

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

## Explanation of the Evaluation Grid

The student should be evaluated according to his/her level of training, and not as an autonomous/accomplished professional. This being said, the further along the student is in their studies, the higher the standards become; there is an expectation of continued increases in clinical competence over time. Therefore it may seem that it is more difficult to obtain the same grade when in fact it is the bar that has been raised by the student's own increased competence; the expectations and requirements are simply higher given the level of the student. Clinical supervisors should rate students according to the clinical skills that they demonstrate on each item in the evaluation. It is the clinical professor's responsibility and decision to give a student a passing or failing mark on the practicum.

Students must *actively demonstrate competence* on any given skill to earn the grade of "AC".

### Evaluation Grid

- US:** **Unsatisfactory, needs remedial work:** **Does not meet expectation for his/her level of training.** The skill/ability is not understood and/or the student does not know how or when to use/apply it, or applies it intermittently or poorly. There exists potential risk in damaging the client and /or the therapeutic alliance. Remedial work is necessary with a well-developed plan;
- AC:** **Acceptable:** **Areas for further development; working towards expectations.** The skill/ability is understood and when it is used, it is generally well executed and successful. It is not used consistently, and there is room for improvement. This is the standard grade for satisfactory use of a skill;
- G:** **Good:** **Meets expectations.** The skill is understood and mastered. It is almost always used effectively;
- AV:** **Advanced:** **Exceeds expectations.** The skill or ability is very well understood, mastered, and used consistently and effectively even in highly challenging situations. This grade should be used sparingly to denote true and exceptional mastery of the skill.
- NA:** **Not Applicable or Unable to Assess**

## A. Professional Conduct

	Self	360
1. Displays collaborative and respectful conduct toward colleagues, professors, supervisors, and support staff.		
2. Demonstrates professional verbal and written communication.		
3. Completes timely and professional progress notes and intake reports. Files are properly maintained.		
4. Submits signed time sheets on a monthly basis.		
5. Demonstrates sensitivity to and acceptance of the spirituality / religion of others.		
6. Demonstrates knowledge and sensitivity to issues of diversity with clients, colleagues and staff.		
7. Dresses appropriately for client sessions.		
8. Respects the policies and procedures of the Centre and the University.		

## B. Responsible learning/use of therapeutic self, supervision and practicum course

	Self	360
1. Participates actively:		
a. during practicum / training		
b. during supervision		
2. Prepares for learning (assignments, recordings of role plays / client consultations...)		
a. During practicum / training		
b. During supervision		
3. Integrates awareness of self in relation to professional role.		
4. Aware of own emotional reactions and their impact on others, including clients (e.g., counter-transference).		
5. Aware of own limits to professional and clinical competence.		
6. Aware of how his or her own religious/spiritual beliefs can have an impact on clients and the counselling process.		
7. Demonstrates openness to exploring his or her own gifts and wounds.		
8. Demonstrates the ability to effectively use isomorphism and/or self-disclosure in a therapeutic manner.		
9. Open to feedback		
a. from clinical professors		

b. from supervisors (and peers as appropriate)		
10. Remains current with professional literature and research.		

**C. Clinical Competencies: Engagement**

	Self	360
1. Orients new clients to experience of psychotherapy.		
2. Establishes and maintains core conditions for therapy.		
3. Accompanies the client(s) using appropriate modality (ies). (ex: reflecting content, emotion, non-verbal aspects, and so on).		
4. Demonstrates ability to shift smoothly from intrapsychic to interactional intervention when working with dyads or systems.		
5. Exhibits a balanced approach and attunement to both partners / family members.		
6. Invites couple / family members to contribute actively to goal setting and the attainment of objectives.		
7. Appropriately leads and paces the clinical session.		
8. Demonstrates appropriate balance between supportive and challenging interventions with client(s).		

**D. Clinical Competencies: Assessment and Treatment Plan**

	Self	360
1. Demonstrates an understanding and integration of comparative systems theories in clinical assessment.		
2. Integrates a theory of human development and psychological functioning into clinical assessment.		
3. Conducts effective interviews (follows a realistic objective or goal in each session).		
4. Gives space to client(s) to explore.		
5. Works well with client resistance, tolerates and engages with intense affect and distress in clients.		
6. Effectively identifies and conveys initial observations about negative interaction cycles or communication patterns to the client(s).		
7. Outlines a comprehensive assessment including cognitive, emotional, behavioral, spiritual and systemic interaction issues.		
8. Is familiar and comfortable with assessment tools such as genogram, relationship grid, Dyadic Adjustment Scale, Etc.		
9. Presents a comprehensive case presentation in class and in supervision: Utilizes theory, assessment and techniques.		
10. Outlines a comprehensive treatment plan which distinguishes between client(s)'s expected outcomes and therapist opinion and recommendations, presents client-therapist collaborative goals, and specifies theoretical orientation and methodology to be used.		

### E. Clinical Competencies: Interventions / Treatment

	Self	360
1. Structures and facilitates the therapeutic process.		
2. Demonstrates theoretically informed and appropriate treatment interventions.		
3. Manages the different stages of couple and family therapy.		
4. Tolerates and engages effectively with intense affect and distress in and between clients.		
5. Identifies and effectively conveys to client(s) problematic patterns of communication or behaviour throughout the treatment process).		
6. Continues ongoing assessment during the therapeutic process in all areas: cognitive, behavioural, emotional, spiritual, and systemic interaction.		
7. Takes into account core values, search for meaning and transcendence and effectively integrates these and other spiritual values into the therapeutic process.		
8. Effectively and promptly identifies and addresses critical situations (e.g., suicide risk, potential childhood/elderly abuse) through immediate consultation with supervisor and timely implementation of supervisor recommendations.		
9. Provides between-session implementation tools or guides for client(s) as relevant and appropriate, and effectively integrates these tools in subsequent sessions.		
10. Conducts progress reviews as per the treatment plan, assists client(s) with consolidation of therapeutic gains, and plans for termination or referral.		
11. Demonstrates knowledge and application of professional ethics in couple and family counselling.		
12. Complies with legal and professional obligations (see CRPO standards).		
13. Assists clients with needs for advocacy and support.		

### F. Use of specific intervention / treatment techniques

	Self	360
1. Communication assessment and tools : eg Dialogue Wheel; Internalized Other Questions, Drawing Communication Exercise.		
2. EFT – accessing and reformulation of emotion		
EFT – withdrawer re-engagement		
EFT – blamer softening		
EFT – restructuring key interactions (enactments)		
3. Family of Origin Inquiry (e.g. genogram, adult attachment interview, Imago construction).		
4. Identification and Process-work of Core Life Values.		
5. Relational Object Permanency.		
6. Double-Binds.		

7. Existential Positions (T.A.).		
8. Schemas.		
9. Inter-partner touch.		
10. Creative techniques such as dual chair empathy exercise, or Imago-based encounter.		
11. Spirituality Assessment (eg. Holistic Spirituality Model, Benefit-Finding Scale or Walsh's Resilience Framework).		
12. Psycho-education, as needed.		
13. Other.		

**G. Comments from the Student:**

1. Areas of strength:

2. Core competencies needing further development and integration:

3. Suggestions to improve these abilities:

4. Other Comments (as necessary):

**H. Comments and Specific Recommendations from the Clinical Supervisor: (Provide precise comments on the strengths and challenges or required areas of growth for this student):**

**I. Comments and Specific Recommendations from the Clinical Professor(s): (Provide precise comments on the strengths and challenges or required areas of growth for this student):**

**Additional Comments:**

# Evaluation Summary

\*\*Initial under the selected option for acknowledgment of the following content\*\*

Option selected by the clinical professor and clinical supervisor :

--

1. This written evaluation (ratings of competencies, comments and recommendations) meets the requirements to be granted a SATISFACTORY Evaluation. Therefore, the student is recommended to continue to the next level of Practicum (Practicum Level and course number bellow \_\_\_\_\_).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

2. This written evaluation (ratings of competencies, comments and recommendations) does NOT meet the requirements for a SATISFACTORY Evaluation; therefore the student is required to WITHDRAW from the Practicum. The student is NOT recommended to continue to the next level of Practicum until (date: \_\_\_\_\_). However, the student is allowed to continue in other courses outside the Practicum (clinical training).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

3. This written evaluation (ratings of competencies, comments and recommendations) does NOT meet the requirements for a SATISFACTORY Evaluation, therefore the student is unable to continue in the Master of Arts, Counselling and Spirituality program at Saint Paul University and therefore is required to withdraw from the program.

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

4. This written evaluation (ratings of competencies, comments and recommendations) does NOT meet the requirements for a SATISFACTORY Evaluation, however the student has been granted an EXTENDED EVALUATION PERIOD. It is expected that the student will meet the requirements to be granted a SATISFACTORY evaluation at the end of the next evaluation period (date: \_\_\_\_\_); if the student does not meet the requirements of a SATISFACTORY evaluation at that time, the student will be required to WITHDRAW from the Practicum. Therefore, the student is recommended to continue to the next level of Practicum with the condition of an EXTENDED PERIOD OF EVALUATION.

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

5. In the previous evaluation dated (date: \_\_\_\_\_ ) the student was granted an EXTENDED EVALUATION PERIOD. This written evaluation (ratings of competencies, comments and recommendations) meets the requirements to be granted a SATISFACTORY Evaluation. Therefore, the student is recommended to continue to the next level of Practicum (Practicum Level and course number bellow \_\_\_\_\_).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

6. In the previous evaluation dated (date: \_\_\_\_\_ ) the student was granted an EXTENDED EVALUATION PERIOD. As a result of this written evaluation (ratings of competencies, comments and recommendations) the student has NOT met the requirements to continue in the Practicum at this time. Therefore the student is NOT recommended to continue to the next level of Practicum until (insert date bellow). However, the student is allowed to continue in other courses outside the Practicum (clinical training).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

7. In the previous evaluation dated (date: \_\_\_\_\_ ) the student was granted an EXTENDED EVALUATION PERIOD. As a result of this written evaluation (ratings of competencies, comments and recommendations) the student has NOT met the requirements to continue in the Practicum at this time. The student is unable to continue in the Master of Arts, Counselling and Spirituality program at Saint Paul University and therefore is required to withdraw from the program.

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

8. This written evaluation (ratings of competencies, comments and recommendations) meets the requirements to be granted a SATISFACTORY Evaluation. Therefore, the student has passed this practicum course (Course number: \_\_\_\_\_).

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

Student Signature \* : \_\_\_\_\_

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

Clinical Supervisor Signature : \_\_\_\_\_

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

Clinical Professor(s) Signature : \_\_\_\_\_

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

\*The student's signature simply means that s/he has read the evaluation. It does not imply that he/she is in agreement with the evaluation.



UNIVERSITÉ  
 SAINT·PAUL  
 UNIVERSITY

**Saint Paul University  
 Doctoral Program  
 IPA – 8201  
 EVALUATION FORM**

Student: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Clinical Professor: \_\_\_\_\_

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

Training Level:      Ph.D. I:     Ph.D. II     Ph. D. III     Ph.D. III+

Training Activities (Indicate Number of Cases, where feasible):

**Psychotherapy:**

Individuals:   
 Couples:   
 Groups:   
 Families:

**Approaches:**

Humanistic:   
 Cognitive behavioral:   
 Experiential:   
 Systemic:   
 Psychodynamic:   
 Integrative:   
 Interpersonal:   
 Other: \_\_\_\_\_

This evaluation form serves two purposes: (i) it allows the clinical supervisor to provide extensive descriptive feedback on various aspects of the supervisee's performance in the internal clinical practicum at the Counselling and Psychotherapy Centre at Saint Paul University, and (ii) it provides an overall evaluation of supervisee performance during the training period covered by the evaluation. The evaluation for each student is made in comparison to the level of skill expected for the supervisee's level of training. For descriptive purposes, please rate the student's performance in the listed areas using the following scale:

### **EVALUATION GRID**

- 1: Needs marked improvement, and therefore skills are not at the doctoral level.**
- 2: Needs improvement.**
- 3: Meets expectation.**
- 4: Exceeds expectation.**
- I/B: Insufficient basis for evaluation.**

If you give a rating of 1 or 2 to any item, please ensure that you fully describe the improvement that is required.

On the final page of this form there is a section for providing general feedback and an overall evaluation of the supervisee's performance. The overall evaluation should reflect the doctoral student's global performance in the training activity. Although the overall evaluation you give the doctoral student should be clearly related to your ratings with this scale, your overall evaluation is not simply an average of these ratings, and a significant problem or deficiency in only one area might justify an unsatisfactory global rating.

## PART I

### EVALUATION

Self 360

1. Understands the components of a clinical intake interview (presenting problem; family, relational background; spiritual dimension; work history; therapy goals as indicated by client).		
2. Applies the components of a clinical intake interview.		
3. Assesses the level of severity of the presenting problem.		
4. Writes a thorough intake report.		
5. Elaborates appropriate treatment plans.		
6. Writes a thorough termination report.		

### CLINICAL SKILLS

#### CASE CONCEPTUALIZATION

Self 360

1. Bases assessment, treatment planning, and treatment delivery on relevant empirical and theoretical literature.		
2. Develops case conceptualization consistent with theoretical orientation.		
3. Focuses treatment on key issues and problems.		

#### INTERVENTION

Self 360

1. Establishes and maintains an appropriate therapeutic relationship with the client.		
2. Identifies and builds on client strengths.		
3. Uses orientation-specific techniques (specify techniques).		
4. Appropriately times/paces/structures interventions.		
5. Demonstrates awareness of, and appropriate responsiveness to, where the client is in the process of change.		
6. Effectively monitors ongoing impact of interventions.		
7. Responds appropriately to client crisis.		
8. Appropriately terminate services with clients.		

**COUPLE AND FAMILY COUNSELLING and PSYCHOTHERAPY (for doctoral students seeing couples and families)**

**Self 360**

1. Demonstrates an understanding of couple and family theories.		
2. Integrates different couple and family approaches (e.g. attachment, EFT) to therapy.		
3. Able to handle couple and family issues and conflict.		
4. Able to work with diversity in couple and family therapy.		
5. Exhibit a balanced approach to both partners and family members.		
6. Presents a comprehensive assessment and conceptualization of the couple or the family.		
7. Demonstrates appropriate treatment interventions.		
8. Knowledge and application of professional ethics in couple and family counselling.		
9. Awareness of countertransference in systemic issues.		
10. Demonstrates ability to shift smoothly from intrapsychic to interpersonal intervention when working with dyads or families.		
11. Invites couple / family members to contribute actively to goal setting and the attainment of objectives.		
12. Demonstrates an understanding and integration of comparative systems theories in clinical assessment.		
13. Integrates a theory of human development and psychological functioning into clinical assessment.		
14. Is familiar and comfortable with assessment tools such as genogram, relationship grid, Adult Attachment Interview, Dyadic Adjustment Scale, Inclusive Spirituality Index, etc.:  - - - - - -		
Please see more comments in part II		
15. Tolerates and engages effectively with intense affect and distress in and between clients.		
16. Identifies and effectively conveys to client(s) problematic patterns and interactional cycle of communication or behaviour ).		

**CASE MANAGEMENT**

**Self 360**

1. Keeps and is on time for scheduled appointments with clients and supervisor.		
2. Promptly informs supervisor of significant client issues (e.g., suicide threat, psychological issues).		
3. Maintains client file appropriately and in a timely fashion (including reports, session notes, and closing of the file).		
4. Keeps appropriate and pertinent progress notes and reports.		
5. Monthly submission of Time Sheets (due at the end of each month).		

**CLINICAL CONSULTATION WITH EXTERNAL AGENCIES**

**Self 360**

1. Establishes and maintains an appropriate working relationship with professionals in external agencies.		
2. Manages communications with other professionals (i.e., obtaining and providing feedback/information).		
3. Integrates information from external agencies into service delivery plans.		

**SUPERVISORY SKILLS**

**Self 360**

1. Establishes an effective supervisory relationship.		
2. Gives appropriate feedback to the supervisee.		

**ETHICS AND PROFESSIONAL STANDARDS**

**Self 360**

1. Appropriately applies code of ethics and standards of professional conduct of the College of Registered Psychotherapists of Ontario professional standards.		
2. Appropriately applies knowledge of legislation and regulations governing professional practice.		

**SUPERVISION**

**Self 360**

1. Prepares adequately for supervision and participates appropriately in the supervision process. (Comes prepared to clinical supervision with DVD recordings of client sessions and/or role plays).		
2. Follows through on supervisory feedback, suggestions, and/or directions.		

3. Quality of all file reports and documents (i.e. progress notes and intakes).		
4. Demonstrates insight, capable of self-reflection, and open to supervisor feedback.		

### ADMINISTRATIVE TASKS

**Self 360**

1. Administrative tasks for the School of Counseling, Psychotherapy and Spirituality. Please specify task(s):		
2. administrative tasks at SPU Counselling and Psychotherapy Centre Please specify task(s):		

### SPIRITUALITY

**Self 360**

1. Recognizes and attends to spiritual issues in session.		
2. Understands and integrates the religious/spiritual domain of the client in the intake assessment.		
3. Can identify and use the client's spiritual beliefs that act as a resource and can aid in client progress.		
4. Demonstrates openness and an attitude of respect to diversity in client beliefs and values.		
5. Aware of how his or her own religious/spiritual beliefs can have an impact on the client and the counselling process.		
6. Educates him- or herself about different religious/spiritual perspectives as required.		
7. Adapts counselling techniques to take into consideration the client's religious/spiritual values.		
8. Explores experiences, emotions and attitudes as they relate to the beliefs and values of the client.		
9. Engages the spiritual dimensions and assessment as appropriate.		

### PROFESSIONAL DEVELOPMENT

**Self 360**

1. Demonstrates appropriate professional deportment (e.g., attire, behaviour).		
2. Demonstrates awareness of own strengths and weaknesses as a clinician.		
3. Demonstrates awareness of how personal style and interactional patterns may affect clinical work with clients.		
4. Adapts own style to effect appropriate interventions.		
5. Recognizes and appropriately responds to issues related to client characteristics such as cultural background, developmental level, gender, and sexual orientation.		

## **PART II**

### **PROGRESS MADE SINCE PREVIOUS EVALUATION PERIOD**

**A)** Student comments:

**B)** Clinical Supervisor comments:

**ASPECTS TO FURTHER DEVELOP DURING THE NEXT EVALUATION PERIOD**

**A)** Student comments:

**B)** Clinical Supervisor comments:

**OVERALL EVALUATION FOR THIS EVALUATION PERIOD**

\_\_\_\_\_ Very Satisfactory (4: exceed expectations).

\_\_\_\_\_ Satisfactory (3: meets expectations of students).

\_\_\_\_\_ Minimally Satisfactory (2: needs improvement).

\_\_\_\_\_ Unsatisfactory (1: Needs Marked Improvement and therefore skills are not at the doctoral level).

Clinical Professor's signature \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Intern's signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

---

<sup>1</sup> The signature of the student/intern does not imply agreement with the evaluation, it simply confirms having received the evaluation

## **GENERAL OBSERVATIONS**



**MID SEMESTER EVALUATION**  
**IPA 6221, 7221, 7205 and 8201**  
**Master of Arts and PhD**  
**In Counselling and Spirituality**

Name of Student: \_\_\_\_\_

Dates covered by evaluation: \_\_\_\_\_

Name of Clinical Supervisor: \_\_\_\_\_

Name of Clinical Professor: \_\_\_\_\_

**Date Due:** June 30  
, 2017

\*\*Students are strongly encouraged to prepare their own mid-semester evaluations (self-evaluations) by reviewing their last final End of Semester Evaluation and their performance since that time\*\*

The final End of Semester Evaluation document should always be used as reference to complete this Mid-semester Evaluation.

1. What is going well? (Skills/competencies that are being demonstrated effectively)

A) Student comments:

B) Clinical Supervisor comments:

2. What needs to be done to maintain these skills (from Question # 1)?

A) Student Comments:

B) Clinical Supervisor Comments:

3. What areas require development and focus?

A) Student Comments:

B) Clinical Supervisor Comments

4. A plan to address the development areas is:

A) Student Comments:

B) Clinical Supervisor Comments:

5. Time sheets are up to date and submitted on a monthly basis? Yes or No.

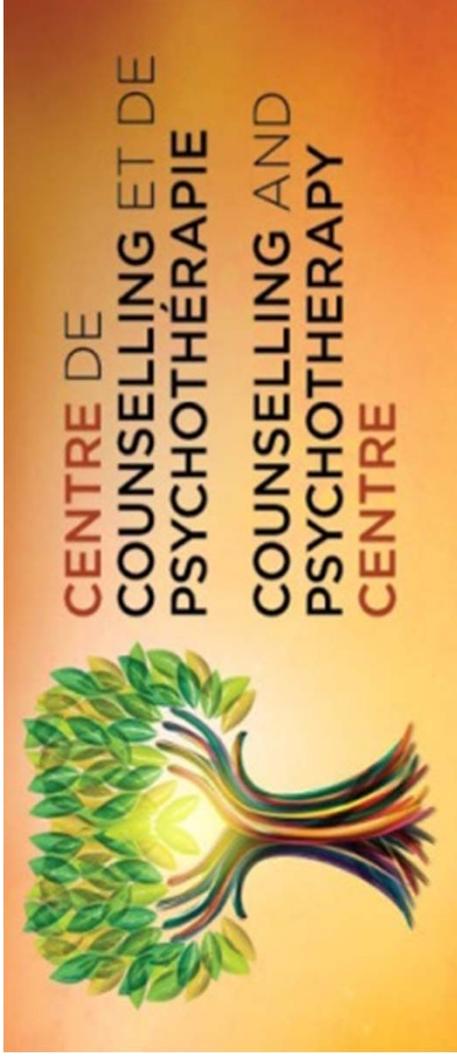
Student's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* The student's signature simply means that s/he has read the comments from his or her clinical supervisor. It does not imply that s/he is in agreement with the evaluation.**

## **Appendix 6**

### **Record of Practicum Hours in the Counselling and Psychotherapy Centre & Community Placements**



Counselling & Psychotherapy Centre de Counselling et Psychothérapie  
223 Main Street  
Ottawa, Ontario  
K1S 1C4  
(613) 782-3022

Vérifier un / Check one:

- PRACTICUM CLINIQUE INTERNE / INTERNAL CLINICAL PRACTICUM
- STAGE CLINIQUE EXTÉRIEURE / EXTERNAL CLINICAL PRACTICUM

Nom de stage / Placement name : \_\_\_\_\_

**Maîtrise & Ph.D. en Counselling & Spiritualité**  
**Master & Ph.D. in Counselling & Spirituality**

Nom/Name: \_\_\_\_\_

Mois et année/Month and year: \_\_\_\_\_

# Instruction

Veillez voir le Coordonnateur des services professionnels si vous avez besoin de renseignements supplémentaires.  
Please meet with the Professional Services Coordinator if you need more information.

\*\* N.B.: « Activités Liée(s) au(x) client(e) » = *toute activité (p.ex. rédaction de rapports, lecture, observation, écoute de cassettes) qui n'est ni contact direct ni supervision.*

\*\* Note: "Client Focused Activities" = *any case activities (e.g., report-writing, reading, related (observation, tape review) that are not direct contact or supervision.*

Pour calculer correctement, Les heures doivent être calculées de la façon suivante: 1; 1,25; 1,5; 1,75; 2; et où 0,25 = 15 minutes  
Notez: 5 minutes = 0,00 et 10 minutes peuvent être arrondies à 0,25

To be calculated correctly, hours must be recorded as follows: 1; 1,25; 1,5; 1,75; 2; and so forth where 0,25 = 15 minutes

Note: 5 minutes = 0,00 and 10 minutes can be rounded to 0,25

Course code / Code de cours =

1st year English    IPA 6221  
1ière année français    IPA 6621

Summer English    IPA 6321  
Été français    IPA 6721

2nd year English    IPA 7221  
2ième année français    IPA 7621  
2nd year Couple / 2ième année Couple    IPA 7205 (Eng)    IPA 7605 (Fr.)  
External Practicum / Praticum externe    IPA 7128 (Eng.)    IPA 7528 (Fr.)

Ph.D Internal Clinical Practicum - Stage clinique interne    IPA 8201 - 8601  
Ph.D External Clinical Practicum - Stage clinique extern    IPA 8202 - 8602

- 1- *Complete this form / Compléter ce formulaire*
- 2- *Get all required signatures / recevoir toutes signatures demandées*
- 3- *Submit to the center's staff every month / Doit être remis au personnel du centre de counselling à chaque mois*



<b>Client</b> # : _____ (File # / no. de dossier)	<input checked="" type="checkbox"/> <b>Intake- Entrevue d'Accueil / Intervention</b>		<input type="checkbox"/>		<b>Client Focused Activities / Activités Liées(s) au(x) client(e) s</b> (File updates / Tenue de dossiers, DVD)		
	<b>Theoretical Approach -Approche Théorique</b>		<b>Theoretical Approach -Approche Théorique</b>				
<b>Hrs / Hres</b>		<b>Hrs / Hres</b>					
<b>Dates</b>		<b>Dates</b>					
<b>Individual -</b>		<b>Individual -</b>					
<b>Couple</b>		<b>Couple</b>					
<b>Group -</b>		<b>Group -</b>					
<b>Cognitive -</b>		<b>Cognitive -</b>					
<b>Behavioral -</b>		<b>Behavioral -</b>					
<b>Existentielle -</b>		<b>Existentielle -</b>					
<b>Humanaiste -</b>		<b>Humanaiste -</b>					
<b>Systemic/que</b>		<b>Systemic/que</b>					
<b>Psychodynamic /que - analyt/cque</b>		<b>Psychodynamic /que - analyt/cque</b>					
<b>Other/Autre *</b>		<b>Other/Autre *</b>					
(Clinical Supervisor / Superviseur(e) Clinique)		(Clinical Supervisor / Superviseur(e) Clinique)					

<b>Client</b> # : _____ (File # / no. de dossier)	<input type="checkbox"/> <b>Intake- Entrevue d'Accueil / Intervention</b>		<input type="checkbox"/>		<b>Client Focused Activities / Activités Liées(s) au(x) client(e) s</b> (File updates / Tenue de dossiers, DVD)		
	<b>Theoretical Approach -Approche Théorique</b>		<b>Theoretical Approach -Approche Théorique</b>				
<b>Hrs / Hres</b>		<b>Hrs / Hres</b>					
<b>Dates</b>		<b>Dates</b>					
<b>Individual -</b>		<b>Individual -</b>					
<b>Couple</b>		<b>Couple</b>					
<b>Group -</b>		<b>Group -</b>					
<b>Cognitive -</b>		<b>Cognitive -</b>					
<b>Behavioral -</b>		<b>Behavioral -</b>					
<b>Existentielle -</b>		<b>Existentielle -</b>					
<b>Humanaiste -</b>		<b>Humanaiste -</b>					
<b>Systemic/que</b>		<b>Systemic/que</b>					
<b>Psychodynamic /que - analyt/cque</b>		<b>Psychodynamic /que - analyt/cque</b>					
<b>Other/Autre *</b>		<b>Other/Autre *</b>					
(Clinical Supervisor / Superviseur(e) Clinique)		(Clinical Supervisor / Superviseur(e) Clinique)					

<b>Client</b> # : _____ (File # / no. de dossier)	<input type="checkbox"/> <b>Intake- Entrevue d'Accueil / Intervention</b>		<input type="checkbox"/>		<b>Client Focused Activities / Activités Liées(s) au(x) client(e) s</b> (File updates / Tenue de dossiers, DVD)		
	<b>Theoretical Approach -Approche Théorique</b>		<b>Theoretical Approach -Approche Théorique</b>				
<b>Hrs / Hres</b>		<b>Hrs / Hres</b>					
<b>Dates</b>		<b>Dates</b>					
<b>Individual -</b>		<b>Individual -</b>					
<b>Couple</b>		<b>Couple</b>					
<b>Group -</b>		<b>Group -</b>					
<b>Cognitive -</b>		<b>Cognitive -</b>					
<b>Behavioral -</b>		<b>Behavioral -</b>					
<b>Existentielle -</b>		<b>Existentielle -</b>					
<b>Humanaiste -</b>		<b>Humanaiste -</b>					
<b>Systemic/que</b>		<b>Systemic/que</b>					
<b>Psychodynamic /que - analyt/cque</b>		<b>Psychodynamic /que - analyt/cque</b>					
<b>Other/Autre *</b>		<b>Other/Autre *</b>					
(Clinical Supervisor / Superviseur(e) Clinique)		(Clinical Supervisor / Superviseur(e) Clinique)					





**ACTIVITIES RELATED TO COUNSELLING  
ACTIVITÉS RELIÉES AU COUNSELLING**

Course # cours	Dates	Details	Hrs / Hres
<b>Practicum</b>			
<b>Total of hours (Nb d'heures total)</b>			0,00
<b>Case Conferences - Conférences de cas</b>	<b>Dates</b>	<b>Title and Details - Titre et détails</b>	<b>Hrs / Hres</b>
<b>Total of hours (Nb d'heures total)</b>			0,00
<b>Workshops formation</b>	<b>Dates</b>	<b>Title and Details - Titre et détails</b>	<b>Hrs / Hres</b>
<b>Total of hours (Nb d'heures total)</b>			0,00
<b>Others - Autres</b> (Roleplay / jeux de Rôles, Readings / Lectures, Homework / Devoirs, ...)	<b>Dates</b>	<b>Title and Details - Titre et détails</b>	<b>Hrs / Hres</b>
<b>Total of hours (Nb d'heures total)</b>			0,00
<b>MONTH &amp; YEAR / MOIS &amp; ANNÉE:</b>			<b>0</b>
<b>Total of hours (Nb d'heures total)</b>			<b>0,00</b>

MONTH & YEAR / MOIS & ANNÉE: 0

**Ph.D.**

ADMINISTRATIVE ACTIVITIES - ACTIVITÉS ADMINISTRATIVES		Setting / Endroit	Details	Hrs / Hres
<b>Total of hours (Nb d'heures total)</b>				0,00
Teaching and Supervision - Enseignement et Supervision		Details		Hrs / Hres
<b>Total of hours (Nb d'heures total)</b>				0,00
Others - Autres		Dates	Title and Details - Titre et details	Hrs / Hres
<b>Total of hours (Nb d'heures total)</b>				0,00

Nom/Name: 0

MONTH & YEAR / MOIS & ANNÉE: 0

### TOTALS

<b>Intake Entrevue d'accueil / Intervention</b>		Total of hours conducting intakes and interventions Nombre d'heures passées en entrevue d'accueil et en intervention	0
		Total of hours on client focused activities Nombre d'heures pour les activités liées aux clients	0
		Individual/Individuel =	0
		Couple =	0
		Group/Groupe =	0
		Cognitive - behavioral/e =	0
		Existential/e - Humanist/e	0
		Systemic/que	0
		Psychodynamic/que - analytic/que	0
		Other/Autre *	0
<b>Supervision</b>		Total of hours for Individual supervision Nombre d'heures pour la supervision individuelle	0
		Total of hours for group observation Nombre d'heures pour observation en groupe	0
<b>Didactic Activities / Activités Pédagogiques</b>		Practicum	0
		Case Conferences / Conférences de cas	0
		Workshops / Ateliers de formation	0
		Others - Autres	0
<b>Ph.D.</b>		Total hours of administrative activities - Nombre d'heures d'activités administratives	0
		Total of Practicum Coordination (Teaching) hours - Nombre d'heures de coordination des stages (enseignement)	0
		Others - Autres	0

Student' signature / Signature de l'étudiant(e): \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Professor's signature / Signature du professeur(e) clinicien(ne): \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor's signature / Signature du ou de la superviseur(e) clinicien(ne): \_\_\_\_\_ Date: \_\_\_\_\_



## **Canadian Certified Counsellor (CCC)**

### **PATHWAY ONE: Practicum Form**

This form is intended for applicants following PATHWAY ONE to obtain certification through their education and practicum placement(s). The applicant can complete the form but must sign it and obtain a signature from the on-site supervisor or practicum course professor, who then forwards it to CCPA National Office. Please submit one form per practicum location, and ensure that the form is completed in full. **INCOMPLETE FORMS WILL NOT BE PROCESSED**

<b>1. Applicant Information</b>	
Name, (first and last): Click here to enter text.	
(other legal names): Click here to enter text.	
Address	(number and street): Click here to enter text.
	(city, province, postal code): Click here to enter text.
Email: Click here to enter text.	
Tel	(home): Click here to enter text.
	(cell): Click here to enter text.
	(work): Click here to enter text.
	(fax): Click here to enter text.

<b>2. Practicum Course and Site Information</b>	
Course number and title:	Click here to enter text.
Dates of Practicum:	Click here to enter text.
Contact information for practicum site	
Agency/Institution:	Click here to enter text.
Address:	Click here to enter text.
	Click here to enter text.
Telephone/Email:	Click here to enter text.

On-site supervisors must meet CCPA supervisor qualifications, have engaged in formal supervisory activities according to CCC criteria, and have knowledge of the applicant's competencies.

<b>3. On-Site Supervisor Information and Qualifications</b>	
Supervisor Name:	Click here to enter text.
Position Title:	Click here to enter text.



### Qualifications

Graduate Degree: [Click here to enter text.](#)

Years of Post-Graduate Practice

FIVE or more years

Less than 5 years

Professional Memberships/Designations: [Click here to enter text.](#)

### Contact Information

Tel: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Please submit one Practicum Form per practicum location. The total on-site hours should include counselling hours, record-keeping, meetings, scheduling, etc. Direct client counselling hours include facilitating or co-facilitating real-time therapy sessions to an individual, couple, family or group and conducting assessment activities. **CCPA requires a minimum total of 120 hours of direct client counselling hours (increasing to 150 in September 2013) and strongly recommends that at least 20 practicum hours be devoted to group counselling.** Please consult our website for information on the qualifying pathway available to applicants with less than the required 120 hours.

### 4. Hours of Practicum

Total on-site hours:	Direct Client Counselling Hours:	Additional Group Counselling Hours:	Number of hours of supervision per week:	Nature of Direct Supervision (please check)	Nature of Indirect Supervision (please check)
<a href="#">Click here to enter text.</a>	<input type="checkbox"/> Direct observation <input type="checkbox"/> Taped sessions <input type="checkbox"/> Co-counselling <input type="checkbox"/> Other:	<input type="checkbox"/> Case consultation <input type="checkbox"/> Class meetings <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>			

Characteristics of client population (age, milieu, typical presenting problem, etc.):

[Click here to enter text.](#)

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Summary of counselling and other professional activities in which student participated (please indicate the proportion of hours, days, time devoted to each activity) :

[Click here to enter text.](#)

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**The applicant may complete the form and must sign the form. This form must then be signed by either the on-site supervisor or practicum professor to attest to the accuracy of the information, and then send the form directly to CCPA Head Office.** If you have difficulty completing the practicum component of the requirements for certification, please contact CCPA Head Office.

Applicant's signature:

Date:

---

---

Practicum professor or on-site supervisor's signature:

Date:

---

---

Name and Title (printed):

[Click here to enter text.](#)

Please send the form by Mail/Fax/Email to:  
Canadian Counselling and Psychotherapy Association  
114-223 Colonnade Rd. S  
Ottawa, ON K2E 7K3

Fax: 613-237-9786

E-Mail: [certification@ccpa-accp.ca](mailto:certification@ccpa-accp.ca)

## **Appendix 7**

### **Policy on Harassment (Prevention) Saint Paul University**

## Harassment Prevention Committee

Saint Paul University wishes to provide for all its members, whether they are students, faculty or support staff, an environment that is conducive to study, research and work. Such an environment, while allowing personal, human and intellectual growth, requires an atmosphere of trust and respect. Harassment is therefore considered unacceptable. The University has set out a harassment policy to deal with such events, should they occur.

### **What is harassment?**

By harassment, we mean:

- a. vexatious behaviour manifested through actions, speech, repeated acts or gestures, that are hostile or unwanted, behaviour based or not on discriminatory motives prohibited by the Human Rights Code of Ontario (race, colour, gender, pregnancy, sexual orientation, marital status, age, except within the measures provided by the law, political convictions, language, ethnic or national origin, social circumstance, handicap or use of a means to aid a handicap); and
- b. behaviour detracting from the physical or psychological integrity of a person or in the nature of compromising a right or that is in the nature of compromising work or studies of a person or group of persons or the creation of a work or study climate that is intimidating or hostile.

### **What is sexual harassment?**

Sexual harassment occurs when a person is the object of unwanted sexual attention which compromises the person's dignity and conditions for work and/or study.

- Improper demonstrations of sexual interest, such as unwelcome physical or verbal advances;
- dismissal, scholastic failure or other injustices related to the non-reception of sexual attention;
- violent sexually oriented physical behaviour or the imposition of unwanted sexual intimacy;
- persistent use of language tainted with sexual innuendo prejudicial to an environment conducive to work, research or study.

### **Rights of complainant and respondent**

Every employee or student of the University may file a complaint of sexual harassment without fear of reprisal or threat thereof.

Every respondent has the right to submit his or her version of events. The filing of a complaint against an individual shall not, in and of itself, justify disciplinary sanctions against that person.

### **If you feel you are a victim of harassment**

Telling the person clearly that the offensive behaviour is unwelcome and unacceptable may be enough to bring the offensive behaviour to an end. If the behaviour does not stop or if you need to meet with someone, you may contact one of the following advisers:

Anitta Aaltonen : ext. 2218, LAF 112  
Karlijn Demasure : ext. 2249, GIG 337  
Claudette Dubé-Socqué : ext. 2238, LAF 169  
Terry Lynn Gall : ext. 2279, GIG 335  
Mohamed Kouachi : ext. 2323, GIG 265 0  
Stephen Wojcichowsky : ext. 2330, LAF 234

The adviser will provide you with information on Saint Paul University's Policy on Harassment<sup>1</sup> and offer ongoing support.

Each case will remain strictly confidential.

Visit University of Ottawa Sexual Harassment Office:  
<http://www.uottawa.ca/services/sex-har/eng/index.html>

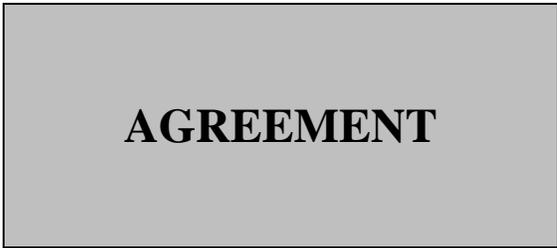
<sup>1</sup>To consult the Policy on Harassment at Saint Paul University (2007), please go to the Jean-Léon Allie Library, the Human Resources office, the Student Services office or online ([Policy on Harassment](#)).

Last Updated: 2010-03-30

Source: [http://ustpaul.ca/en/administration-and-governance-harassment-prevention-committee\\_453\\_244.htm](http://ustpaul.ca/en/administration-and-governance-harassment-prevention-committee_453_244.htm)

## **Appendix 8**

### **Agreement to Provide Ethical Counselling and Abide by the Limits of the Program**



## **Agreement to Provide Ethical Counselling and Abide by the Limits of the Program**

I, the undersigned, \_\_\_\_\_ understand and agree to the following  
(*print your name*)  
ethical procedures:

1. I agree to abide by the conduct set out in The Canadian Counselling and Psychotherapy Association's (CCPA) Code of Ethics and the Code of Ethics of the College of Psychologists of Ontario.
2. I agree not to provide counselling outside of those activities that have been authorized and supervised within the limits of the M.A. Program in Counselling and Spirituality.
3. Given my training in the Counselling Centre of Saint Paul University, I also agree not to state or imply that I am authorized to provide counselling outside of the practicum, my supervised and approved off-site placement, and/or outside the boundaries of Saint Paul University.

I am aware that failure to abide by the above terms can lead to dismissal from the M.A. Program in Counselling and Spirituality.

*Signature of student:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of the witness:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## **Appendix 9**

### **Commitment to Confidentiality and Progress Notes on Personal Computers**



# COMMITMENT TO CONFIDENTIALITY

FILE # : \_\_\_\_\_

I, the undersigned \_\_\_\_\_,  
(Please print name)

1. Agree to keep any conversation with a client confidential, and agree to never remove the following from the Counselling Centre:
  - o Files
  - o Digitals Files and videos

in which there is confidential client information.

2. Agree to personal professional responsibility of all client related documents (e.g. intake report, progress notes, etc.) written on the computers in the Counselling Centre under my personal username and password to ensure my commitment to confidentiality.
3. Agree to remove all identifying information (e.g. client name, place of work, name of health care provider(s), etc.) and **password protect** the Microsoft Word documents when saving progress notes onto a USB storage device. I understand that I will only save a progress note onto a USB storage device when using my personal computer.
4. I also agree to obtain a commitment to confidentiality from all observers of a session.

Observers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counsellor's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# PROGRESS NOTES ON PERSONAL COMPUTERS

FILE # : \_\_\_\_\_

The Counselling Centre authorizes counselling interns to use their personal computer for **progress notes ONLY**.

All other Forms are **NEVER**, under any circumstance to be taken out of the Centre, either in paper form or on a computer storage device.

The conditions, under which **Progress Notes** may be done at home are the following:

- 1) Names and any identifying statements are not included, in order to maintain and safeguard client anonymity and confidentiality.
- 2) At all times the work must be done on a removable computer storage device, and **not** on a hard drive.
- 3) The removable storage device used for this information must be erased after each report has been completed and printed, so that the data can not be retrieved.

If students are not able to adhere to these conditions, it will be necessary to revert back to the former policy of all **Progress Notes** being done at the Centre.

**Note:** As counsellors, you have a responsibility to the code of ethics of the Centre. We ask you to remain diligent at all times. Should you see any confidential material that is not in an appropriate place, e.g., a file left out, or you see a stranger on the premises, etc., please advise the staff immediately. If the breach involves a tape or file, please bring it to the office immediately.

Any intern who wishes to prepare Progress Notes on their personal computer must sign the following:

I, the undersigned, \_\_\_\_\_, student in Counselling & Spirituality  
*Please print name*

undertake to follow the policies of the Centre regarding preparing Progress Notes on my personal computer.

**Any disregard of the above stipulations will constitute a breach of confidentiality, for which the student will be held accountable.**

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

## **Appendix 10**

### **Suggested Fee Chart**



# SUGGESTED FEE CHART

Based On Client Income / Individual & Couple Therapy

Total Family Income	Suggested Fee
0 - \$ 9,999	\$ 10
10 - \$ 19,999	\$ 20
20 - \$ 29,999	\$ 30
30 - \$ 34,999	\$ 35
35 - \$ 39,999	\$ 40
40 - \$ 44,999	\$ 45
45 - \$ 49,999	\$ 50
50 - \$ 54,999	\$ 55
55 - \$ 59,999	\$ 60
60 - \$ 64,999	\$ 65
65 - \$ 69,999	\$ 70
Over \$ 70,000	\$ 75

## **Appendix 11**

### **Procedures for Calling Clients**



## PROCEDURES FOR CALLING CLIENTS

1. Students may call their clients from home, but must use the \*67 function to block their telephone numbers. The procedure is to dial \*67, wait for dial tone interruption, and then dial the client's number normally. When using cellular phones, iPhones, Blackberries, etc., the procedure to block your number may be different than using \*67. Please contact your service provider to determine the correct way to block your phone number from appearing on the recipient's phone.
2. If students call a client from a location other than the Counseling Centre, they must ensure that the call is not made from a public place. Students must always treat client calls ethically and with the utmost respect for confidentiality and professionalism.
3. The return number left for the client is always the main switch board number of Saint Paul University 613-236-1393 with the student's extension number. Clients should not be calling the Counselling Centre to leave messages for students. Additionally, at no time are students to divulge their personal contact numbers to clients.
4. Telephone calls made from outside the centre are strictly for the purpose of setting up a date for sessions. No counselling interventions are to take place over the phone.
5. Always ensure that you have emergency numbers on hand when calling clients. Mental Health Crisis Line (613)722-6914 or [crisisline.ca](http://crisisline.ca); Distress Centre (613-238-3311); Royal Ottawa Hospital (613-722-6521); Suicide Centre (613-722-2242).
6. Never write the client's name and phone number in your personal agenda or on loose pieces of paper. Only write the client's initials with their phone number.
7. E-mail and other social networks, e.g., Facebook, Twitter, etc. are not to be used for client contact. Students are to interact with their clients via phone or in person only.

It is important that the 7 items outlined above are respected. If not, we will insist on calls being made from the Counselling Centre phones only. Students must take precautions to protect all client information. This is an ethical and legal obligation that must be respected.

I, \_\_\_\_\_ have read and understood the above regulations regarding contacting clients, and agree to abide by these regulations.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix 12**

- 1. Suicide Prevention Contract**
- 2. Suicide Intervention Checklist**
- 3. Suicidal Crisis Procedures**



# WELLNESS AGREEMENT

FILES # : \_\_\_\_\_

I, \_\_\_\_\_, promise and agree not to make any impulsive decisions or to use any means, direct or indirect, for example, a car accident, to end my life between now and my next counselling /psychotherapy session, on \_\_\_\_\_. In the situation where I can't respect this agreement, I promise to call my counselling intern, another person I trust (for example, a friend, a member of my family), and/or one of the community services listed at the back of the present document and/or go directly to any hospital emergency room.

I understand that if, without any warning, I do not come to my next counselling/psychotherapy session, then my counselling intern can breach confidentiality, as I understood and signed at the intake session, and on this document. I understand that the breach of confidentiality will happen 24 hours after I have failed to show for my counseling/psychotherapy session, and after my counselling intern has tried unsuccessfully to reach me. I understand that the breach of confidentiality relates solely to the fact that I'm representing a danger for myself (suicidal ideation). Breach of confidentiality entails that the counselling intern will contact a third party such as a physician or police officer.

Client's signature: \_\_\_\_\_

Counselling intern: \_\_\_\_\_

Date signed: \_\_\_\_\_

Client's address: \_\_\_\_\_

Client's phone number: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Aside from my counselling intern who can be reached at the Saint-Paul Counselling Centre, 613-236-1393 extension: \_\_\_\_\_ the person mentioned below can be called:

Name: \_\_\_\_\_; relationship to the client: \_\_\_\_\_

Contact numbers: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

**MAKE 2 COPIES: Give a signed copy to the client and keep one in her/his file.**



## WELLNESS AGREEMENT

### **In case of emergency:**

- Saint-Paul University Counselling Centre: 613-782-3022
- Crisis Line (bilingual): 613-722-6914 (Ottawa)  
1-866-996-0991 (outside of Ottawa)
- Distress Centre 24/7 (bilingual): 819-595-9999 (Gatineau)
- Tel-Aide (French): 613-741-6433 (Ottawa)  
819-775-3223 (Gatineau)  
1-800-567-9699 (outside of the city)
- Ottawa Distress Centre (English): 613-238-3311
- Ottawa Rape Crisis Centre (English): 613-562-2333
- Centre d'aide et de lutte contre les agressions à caractère sexuel (français): 613-789-8096
- Kids Help Phone (bilingual): 1-800-668-6868

## Suicide Intervention Checklist

Stay Calm	Get the Person to Talk	Listen
Express Concern	Focus on Person's Ambivalence	Reinforce Person's Strengths

### Assessment & Management

<b>ENGAGE</b>	<i>You sound overwhelmed. How are you feeling about all this?</i>
---------------	---

<b>IDENTIFY</b>	<i>Are you thinking about suicide? Killing yourself? Taking all your pills?</i>
-----------------	---

<b>INQUIRE</b>	<i>What has been going on for you? How has it come to this point?</i>
----------------	---

<b>AMBIVALENCE</b>	<i>Part of you feels suicide is the only answer, but part of you is still looking for another way.</i>
--------------------	--

<b>ASSESS</b>	<b>Plan</b> -How? -When? -How prepared? -How lethal?	<b>Prior Attempts</b> -Prior ideation -Modelling after family	<b>Location</b> -Alone? -Where?	<b>Resources</b> -Internal -External	<b>Feelings</b> -Hopeless -Helpless -Loss
---------------	--	---	---------------------------------------	--	--

*I see you at (high, moderate, low) risk of harming yourself right now. Do you agree?*

### Prevent

<b>CONTRACT</b> No self harm	<b>LIMIT ACCESS TO METHOD</b>	<b>REACH OUT TO RESOURCES</b>	<b>CALL 9-1-1</b> Immediate high risk
---------------------------------	-------------------------------	-------------------------------	--

### If you assess the risk of suicide to be...

<b>Low Risk</b>	<b>Moderate Risk</b>	<b>High Risk</b>
-No particular changes -Recurrent risk assessment as indicated by circumstances and clinical presentation of client	-Recurrent evaluation -May see client more often -Re-evaluate treatment goals -Make client aware of 24 hour crisis services available -Telephone contact to monitor -Professional consultation -Involve family members	-Immediate evaluation for psychiatric hospitalization (voluntary or involuntary depending on circumstances). -Client should be accompanied and monitored at all times. -Involve family -Involve police as needed

**Distress Centre of Ottawa: 613-238-3311**  
**Kids Help Phone: 1-800-668-6868**  
**0991**

**Tel-Aide Outaouais: 819-741-6433**  
**Mental Health Crisis Line: 1-866-996-**

# Suicidal Crisis Procedures

**Confidentiality is automatically broken when the clients are a danger to themselves.**

After an assessment has indicated that the client has an active suicide plan including means, time, location and desire then the following procedure should be followed:

1- The counsellor presents the **Suicide Prevention Contract** to the client and is attentive to their non-verbal cues.

2 - If the client does not / cannot sign or IF THE COUNSELOR IS NOT CONVINCED OF THEIR SINCERITY, **contact the person “in case of emergency” contained in their file** so that they can drive them to the hospital. You should go to the hospital with the client in the emergency contact’s vehicle or you can also bring them yourself IN A CAB.

3 - If the person “in case of emergency” doesn’t answer or can’t drive, or if the client refuses to go to the hospital with that person, or IN A CAB with you; **CALL AN AMBULANCE AT 911.**

- Stay with the client until they leave in an ambulance.

**\* Remember: The Counselling Centre staff are here to assist you in each step of this process.**