Psychology Postdoctoral Resident Manual

Training Year 2018-2019

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Goals of Program and Overview

The goal of the Postdoctoral Psychology Residency program is to train the next generation of psychologists in the Patient Centered Medical Home model. Through weekly seminars, group and individual supervision, and clinical work with diverse, underserved populations, residents will fine-tune assessment and therapy skills. Objectives of the program are as follows:

- Increase knowledge in use of diagnostic assessment tools
- Learn to provide effective and efficient behavioral health care to clients across the lifespan
- Develop skills in working collaboratively with medical and dental staff, psychiatrists, school-based providers, and other clinicians
- Learn the benefits and challenges of working within the Patient Centered Medical Home model
- Obtain training in the use of eClinicalWorks (ECW) to maintain patient records
- Attend regular seminars hosted by interdisciplinary providers, specializing in topics such as suicide assessment, ethics, evidence-based interventions, and other areas
- Use experience and knowledge gained in graduate training to develop and implement positive changes to the practice, in collaboration with CHC staff
- Learn Clinical Microsystems and the Dartmouth Approach to Performance Improvement
- Upon completion of the program, residents will have the necessary supervised clinical experience to qualify to sit for the EPPP and CT state exam for psychology licensure

Expected Competencies

The psychology resident will be expected to gain the following competencies during his or her training year:

- Full competency in the Patient Centered Medical Home model including interdisciplinary collaboration
- Competency in clinical assessment including psychodiagnostic interview technique in a primary care setting
- Competency in providing outpatient behavioral health care to underserved populations
- Competency in evidence-based therapies
- Competency in use of electronic medical record and other healthcare systems technology
- Competency in "Wherever You Are" clinical care including the ability to work in non-traditional treatment environments such as domestic violence shelters
- Competency in developing and implementing effective group curricula

Sites

- Middletown
  675 Main Street
  860-347-6971

- Clinton/ Groton
  Groton: 481 Gold Star Highway Suite 100
  860-446-8859
  New London: 1 Shaws Cove
  860-447-8304

- Meriden
  134 State Street
  203-237-2229

- Bristol
  395 North Main Street
  203-585-5000

- Hartford
  76 New Britain Ave
  860-547-5300

- Stamford
  141 Franklin Street
  203-969-0802

Title and How to Introduce to Patients

Postdoctoral Resident, working under the supervision of Dr. _____.

At CHC, we tend to use first names when addressing each other, with a few exceptions. How to introduce yourself to patients is a personal choice, though most of us tend to first introduce with "Dr. First Name, Last Name," which gives the patient a bit of a choice in how to address us.

Therapy Supervision Expectations

The state of CT requires that you successfully complete at least one year of supervised work experience pre- or post-doc to sit for the licensing exam. Pre-doctoral internships do NOT meet this requirement. This requirement includes 35 to 40 hours of work per week for at least 46 weeks in one year, or no less than 1800 hours in two years.

Face-to-face supervision with a CT licensed doctoral level psychologist is required. Residents need at least 3 hours of supervision per 40 hour work week, of which at least one hour is individual. At CHC, residents will be receiving two hours of individual supervision, of which at least one is in person (other may be via telesupervision) and one hour of group supervision per week in order to meet this requirement. Residents are expected to attend all three hours of supervision each week.

Residents are expected to maintain an ongoing list of all of their clients. The list must include basic demographic information, the date treatment plan was created, the date care plan review is due and any other relevant information. For example, child providers in Middletown, where our Child Guidance Clinic is located, often include the date DCF-specific forms are completed and due.

Residents and their supervisors will determine the best and most productive use of supervision time. A contract will be created with resident and supervisor with goals for supervision for the training year. Supervision is a time for residents to review ongoing cases, intakes, and particular challenges or areas of growth. Residents are encouraged to use their supervisor's knowledge of particular areas to learn and to use this time for professional development.

Residents are required to record sessions throughout the year as a way to augment supervision. The expectation is a minimum of 3 recorded sessions a year per supervisor. This is a total of 6 recorded sessions. They must be completed prior to each evaluation period (December, April and August) with enough time for the supervisor to review the recording. Further instructions will be provided on how to record and save recordings.

Therapy Procedures

Paperwork

The basic paperwork that is required for all intakes includes:

Rights and Responsibilities- includes HIPPA acknowledgement
Care Plan signature page
Releases of Information if needed

We are slowly moving into electronic signatures on all forms, but for now you should be familiar with each of these to be sure that your charts are in compliance. You should also be familiar with the Releases of Information that we use to be able to communicate with other agencies.

In terms of required paperwork for intakes with children and adolescents, there are a few more that are added. The Middlesex County sites are part of the Child Guidance Clinic, and thus have additional forms that are required per our DCF funding.

Rights and Responsibilities- includes HIPPA acknowledgement
Care Plan signature page
Releases of Information (typically for schools and PCPs if they are not in CHC medical system)
Ohio Scales (worker, parent, and youth if over 12)
PSDCRS intake and information data

Procedures

As therapists, we are responsible for our clients' therapy as well as most case management details. We do things like connect them with Access to Care if they need help with insurance issues or obtaining insurance, or provide phone numbers for transportation assistance, how to get an emergency cell phone, etc. We also make referrals to higher levels of care (PHP, inpatient, dual diagnosis programs, etc.). Your supervisor will be able to help you learn these systems of care and how to directly contact them.

Clients will bring us disability forms or other types of paperwork to complete, and this can be handled in a few ways. Many therapists are moving toward completing this paperwork during a session for both time management reasons and to model for the client that these things do not happen magically! Please reach out to your supervisor any time you have questions about

paperwork, forms, case management, etc., as this is often a new learning experience for most residents. Also, all paperwork completed for patients must be cosigned by a supervisor.

The day is comprised of 1 intake, two 45 min sessions, 1 group (3 days a week by spring), Warm Hand Off (WHO) block or slots and the rest are 30 min sessions. WHOs consist of same day consults for medical or dental providers when they have a patient in need of urgent care, a patient who needs to make a connection with BH services, or if the patient is identified on our dashboard as having a greater potential for needing mental health treatment. Instead of taking a reactionary approach and introducing BH services only when a patient is in crisis, we are proactively introducing ourselves to a greater number of patients as part of the care team. Depending on the site, clinicians have either several 30 minute WHO slots or 4 hours of WHO blocks, at which time they are the assigned clinician to introduce BH services to our patients identified by using the dashboard data or responding to a provider's request for a WHO. Once the WHO is completed, the clinician provides feedback to the provider requesting the WHO, either verbally or by sending at TE. You should always be prepared to offer a psychological perspective on a client issue when approached by a medical or dental provider to help!

Children are not seen without parent's permission. At the clinic based programs, since children are brought in by parents this is seldom an issue. At school based programs, children who self-refer or are in crisis may be seen briefly to assess safety or to describe the program and how to enroll. Parents will then need to sign up for the program if they wish to have services and sign the Rights and Responsibilities and care plan forms. If you are covering for a leave at a school based clinic, these forms must be signed again by the family prior to starting treatment. At times, parents will drop children off at the clinic sites for their sessions or encourage children to attend sessions alone. The state licensing requirements state that children are not to be dropped off for treatment, and that a responsible adult must remain on site in case of emergency. If this becomes an issue, you should discuss it with your clinical supervisor.

Evaluating Your Residency Experience with New Innovations

Consistent evaluation and monitoring is an essential component to maintaining and improving the quality and rigor of the program. CHCI Residency Training Programs utilize a software platform called New Innovations for our evaluation activities. New Innovations is a user-friendly, intuitive, Residency Management Suite that handles scheduling, case logging, evaluations, conferences and more. We use to for self-assessments, evaluations, and weekly journals.

Getting Started with New Innovations

1. Go to https://www.new-innov.com/pub/
2. Institution: CHCI
3. Username: First letter of your first name + last name; Password: Same as your username. You will be prompted to change your password.

Evaluation Requirements:

Reflective Journals	**Weekly – Due on Sunday**
Seminar Evaluations	**Weekly – Due on Sunday**
Competency Benchmark	**Due at 1 and 12 months**
Program Evaluation	**Due at 6 and 12 months**
Resident of Supervisor Evaluation	**Due at 4, 8 and 12 months**

The journals will be reviewed by the Program Director and Chief Behavioral Health Officer.
Reflective Journal Instructions:
1) Journals are due every Sunday unless otherwise noted
2) Maintain confidentiality and anonymity of patients and colleagues at all times
4) To avoid losing work, we recommend you type your journal in word and paste into New Innovations.
5) Possible topic suggestions: a difficult patient encounter, a professional challenge you experienced, observations and experiences with the health care system, your experience with the residency, etc.
6) We encourage you to share your thoughts on all aspects of the residency experience, however, please don't feel it necessary to wait to share logistical concerns in your journals -- these can also be shared with supervisors at your site or program staff to ensure a more timely response.

Seminar Evaluations**-** An evaluation is assigned for each seminar and we request that you submit your evaluation as soon as possible after the session. Your feedback is a critical component of continuous programmatic monitoring and improvement. The evaluations are reviewed in order to understand and improve both the content and delivery of the seminars.

Competency Benchmark – This evaluation provides an opportunity for you to assess your performance in key competency areas as well as to evaluate changes in your self-perceived competency over time.

Program Evaluation- This evaluation provides an opportunity for residents to give feedback about their experiences at their site, supervisors and the overall program.

Evaluation of Supervisor – Quality clinical supervision is founded on positive supervisor–supervisee relationships that promote client welfare and the professional development of the supervisee. This evaluation provides an opportunity for residents to give feedback about their experience with their clinical supervisors.

Schedules and Weekly Calendars

Each resident is expected to work 40 hours a week, with at least one evening per week and one Saturday a month to meet the needs of our clients. Sites are typically open from 8:30 a.m. to 7:00 p.m. with some variations between sites during the week. Saturdays are typically 8:30-12:30 though some sites are 8:00-12:00. On Site BH Directors create the Saturday schedules.

Each site has a number of team meetings throughout the week. You will see these indicated in your templates in Centricity and on the schedule provided to you.

You will receive two hours of face to face individual supervision per week. You will have two supervisors, and your client load will be split between them. In some cases, this may have to be completed via video conference, although preference is for in person. You will also have one hour of group supervision Wednesdays from 11-12 alternating between Dr. Kearney and Dr. McIntosh. Seminars occur Wednesdays from 1-3 in the 2nd floor conference room in the Middletown site.

If you will be calling out sick or will be late to work, you must follow CHC's procedure by calling a CHC number and then extension 7425 (SICK). Also, let the Training Director know through email or text that you will be out. In the In the event that you need to attend a medical appointment and will be away from the clinic for 2 hours or less, you do not need to take PTO. Please notify your supervisors, On Site BH Director and request that the Operations Manager at your site blocks your schedule.

All residents are expected to participate in a Project ECHO™ (Extension for Community Healthcare Outcomes). It provides specialty support for primary care and behavioral health providers seeking to gain expertise in the management of certain complex illnesses and conditions.

You can choose from one of the following and attend regularly for the entire training year:

Project ECHO Pain

- 1st and 3rd Thursday of every month, 11:30am – 1:00pm

Project ECHO Hep C/HIV

- Every Friday, 12:30pm – 2:00pm

Project ECHO Complex Integrated Pediatrics

- 1st and 3rd Monday of every month from September to June, 1:00pm – 2:30pm

Project ECHO Buprenorphine

4th Tuesday of every month, 12:30pm – 2:30pm

Grievance Process

Policy: Grievance Policy

Purpose: The purpose of this policy is to establish the key guidelines for addressing postdoctoral psychology grievances

Scope: This policy is applicable to all CHC postdoctoral psychology residents.

Open Door Problem Solving-Community Health Center Inc., strives to ensure fair and honest treatment of all employees and trainees. Supervisors, managers, employees and trainees are expected to treat one other with mutual respect. CHCI's postdoctoral residency program encourages an open atmosphere in which residents' problems, complaints, suggestions, or questions receive a timely response from their supervisors. The Postdoctoral Residency Program follows CHCI's open door policy which is a problem-solving process that encourages employees and trainees to openly discuss work-related problems and to attempt to solve problems constructively.

If a postdoctoral psychology resident disagrees with established rules of conduct, policies, or practices, he or she can express concern through the open door problem-solving procedure. No resident will be penalized, formally or informally, for voicing a complaint with CHC in a reasonable, business-like manner, or for using the open door problem-solving procedure.

The program's open door problem-solving process incorporates several principles:

- Confidentiality: If a resident requests the opportunity to discuss a matter confidentially, CHC will endeavor to keep the matter confidential. However, the law requires CHC to take specific actions when certain issues are raised, so confidentiality cannot be guaranteed in every instance.
- Freedom from retaliation: A resident will not be punished, whether formally or informally, for appropriate use of CHC's open door problem-solving procedure.
- Timeliness: A resident will receive a timely response from each person contacted in the process of using CHC's problem-solving procedure.

If a situation occurs when a resident believes that a condition of employment or a decision affecting them is unjust or inequitable, he or she is encouraged to make use of the following steps. The resident may discontinue the procedure at any step.

1. If a resident has a problem, complaint, suggestion or concern, they should first take the problem to their clinical supervisor. Describe the problem in a timely, complete and accurate manner.

2. If they are not satisfied with the response of their supervisor, or if the problem is inappropriate for discussion with their supervisor, they should discuss the problem with the training director. The training director will try to work with the resident to resolve the problem.

3. If the resident is still not satisfied after working with the training director, they should discuss the problem with the Director of Behavioral Health.

A resident may discontinue the procedure at any step. At any point during the open door problem-solving process, they are free to talk with any member of management or Postdoctoral Leadership team about the problem. Whenever possible, however, a resident is encouraged to follow steps 1 to 3.

Not every problem can be resolved to everyone's total satisfaction, but only through understanding and discussion of mutual problems can a resident and management develop confidence in each other. This confidence is important to the operation of an efficient and harmonious work environment.

Due Process

Policy: Postdoctoral Psychology Due Process

Purpose: The purpose of this policy is to establish the key postdoctoral psychology resident performance improvement guidelines for addressing postdoctoral psychology resident performance gaps.

Scope: This policy is applicable to all CHC postdoctoral psychology residents. Please note that individual contracts supersede certain procedures outlined in this policy.

Policy: Postdoctoral psychology residents are expected to fulfill core job/trainee requirements and accept personal responsibility for adhering to performance standards and personal conduct that are consistent with CHC's standards and values. CHC believes postdoctoral psychology residents want to meet and exceed performance exceptions and be successful in the performance of their job duties. To help postdoctoral psychology residents to achieve the expected performance standards, CHC generally attempts to address performance failures and misconduct through coaching and corrective action. Degrees of coaching and corrective action are generally progressive and are used to ensure that the postdoctoral psychology resident has the opportunity to correct his or her performance. The corrective action process is designed to keep safety, high reliability, and accountability a top priority and to help postdoctoral psychology residents maximize their performance and promote a healthy work environment for all.

Disciplinary Action Documents

Copies of any documented disciplinary action will be provided to postdoctoral psychology residents within one (1) business day of the disciplinary action. In the case of employment termination, documentation will be provided immediately.

Postdoctoral Psychology Resident Written Statement

Any postdoctoral psychology resident who disagrees with any or all of the contents of any CHC disciplinary document may submit a written statement explaining their position. A copy of the postdoctoral psychology resident's written statement will be placed in the postdoctoral psychology resident's personnel file.

Procedure for Coaching and Corrective action

If a postdoctoral psychology resident's performance, including attendance, falls below the expectations of his or her position and corrective action is appropriate, the postdoctoral psychology resident will be informed of the problem, encouraged to take ownership for his or her actions, and encouraged to correct the issue. CHC often uses a progressive approach to corrective action, beginning with coaching and counseling and continuing with a

performance improvement plan. Depending on the nature of the offense, however, CHC reserves the right to commence the corrective action at any level it deems appropriate under the circumstances. When determining corrective action, multiple factors are taken into consideration including, but not limited to:

- The nature of the offense
- The postdoctoral psychology resident's employment history
- The seriousness of the offense
- The impact, if any, on patient or co-worker safety
- Whether the act was deliberate
- Whether the act was malicious or determined to be willful misconduct
- The impact on any stakeholders and/or the CHC
- Any mitigating or aggravating circumstances
- The length of time since the postdoctoral psychology resident's last corrective action

When a postdoctoral psychology resident receives negative feedback in his or her evaluation which requires correction and follow up monitoring, the following procedure will be followed.

1. A remediation plan is developed by the resident and his/her supervisor(s). This plan includes, at a minimum, concrete steps to be taken with target dates for completion, review criteria and review dates identifying who will be reviewing the resident's response to the plan, and next steps in the case of successful compliance, partial compliance, and noncompliance. The review date will be no later than 8 weeks from the initial feedback session.
2. Following the meeting, the plan is reviewed by the Training Director and/or other members of the postdoctoral leadership team. Upon approval, a copy is sent to the resident.
3. The resident confirms that this is an accurate summary of the agreed upon plan in writing.
4. The resident, his/her supervisor(s) and, as requested by the resident or supervisors, the Training Director or another member of the leadership team, meet at the time agreed upon in the plan and discuss the resident's progress in meeting the goals.
5. A written summary of the discussion is sent to the resident, supervisors, and Training Director by the supervisor running the meeting. If all goals are met, no further meetings are scheduled other than the regularly planned evaluations. If goals are unmet or partially met, then a new plan is made which may include further goals for the resident and/or the residency program.

Investigative Suspension

In cases where alleged serious misconduct occurs, the postdoctoral psychology resident may be placed on investigative suspension when it is necessary to make a full investigation to determine the facts of the case. In certain instances, the postdoctoral psychology resident may be suspended without pay while an investigation is conducted. Every effort will be made to complete the investigation expeditiously and within ten (10) days, when possible.

Unacceptable Behaviors

While it is not possible to list all forms of behavior that are considered unacceptable in the workplace, following are examples of inappropriate or unacceptable behavior that may result in formal corrective action, up to and including termination of employment.

The following list of examples of unacceptable behavior is for illustration purposes only and is not inclusive of every unacceptable behavior.

- Theft or inappropriate removal or possession of property
- Working or being on CHC property under the influence of alcohol or illegal drugs
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment
- Fighting, horseplay or threatening violence or bodily harm in the workplace
- Boisterous or disruptive activity in the workplace
- Negligence or improper conduct leading to damage of employer-owned or patient/client-owned property
- Insubordination or other disrespectful conduct
- Violation of safety or health rules
- Smoking in prohibited areas
- Sexual or other unlawful or unwelcome harassment
- Possession of dangerous or unauthorized materials, such as explosives, firearms, or other weapons, in the workplace
- Absence without proper notice that could be reasonably be provided or absence without good cause
- Unauthorized absence from work station during the workday
- Unauthorized use of telephones, mail system, or other employer-owned equipment
- Unauthorized disclosure of confidential information of a medical or non-medical nature
- Violation of personnel policies
- Unsatisfactory performance or conduct
- Failure to follow specific instructions from a supervisor

- Sleeping on the job
- Falsifying your employment application, resume, time keeping records, or pay records.
- Making or circulating statements that are damaging to CHC
- Destruction, theft or unauthorized use of CHC property or property of other postdoctoral psychology residents.
- Engaging in conduct that violates state or federal anti-discrimination laws.
- Disclosing confidential information, duplicating or releasing any written information about the CHC or its postdoctoral psychology residents without written authorization from the President/CEO or Vice President/Clinical Director
- Failure to immediately report an injury, no matter how minor
- Failure to diligently work during scheduled work time
- Failure to obtain advance approval for working overtime hours
- Bullying or insulting behavior
- Discourtesy or rudeness to patients
- Failure to inform management in a timely manner of possible clinical, operational or financial problems
- Failure to safeguard any personal information or dispose of the information properly
- Failure to report a real or potential safety problem, or discouraging others from reporting it

Please be advised that respectful behavior and integrity are central to CHC's values, and that these are values which cannot be compromised. Disrespectful behavior, lack of honesty, lack of full disclosure or misleading behavior, are impermissible at CHC or in the performance of work.

Termination of Employment

Termination of employment may occur when one or more levels of corrective action have failed to bring a significant and sustained improvement in the postdoctoral psychology resident's behavior, job performance including attendance, or in instances where a single offense is so severe, in the judgment of management, that the application of other forms of corrective behavior is inappropriate.

This above list is for illustration purposes only and does not include every unacceptable behavior that may result in immediate termination of employment.

Miscellaneous

CHC may revise, supplement, or rescind this (and any other) policy at any time as it deems appropriate in its sole and absolute discretion, without prior notice to postdoctoral

psychology residents. This postdoctoral psychology policy (and any CHC policy) does not constitute a contract of employment and does not in any way limit or modify postdoctoral psychology residents' at-will employment status.

Mandated Reporting Information

At CHC, all clinical staff are mandated reporters. According to the state statutes, "mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession they, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected, or is placed in imminent risk of serious harm" (CT General Statutes 17a-101a)

Our legal obligation is confined to our professional role. Like any member of the public we may elect to make an abuse report outside of our professional role should we wish to do so, but we are not so required.

We are expected to report when we have "… reasonable cause to suspect or believe" abuse or neglect has occurred.

Several implications:

1. We do not have to know for sure.
2. Reasonable people can and do differ on the threshold for suspicion or belief.
3. Ramifications for ongoing relationship with client/patient can play out differently depending on how much information has been revealed.
4. The temptation to bargain or warn.

<u>Legal definitions</u>

–Child abuse occurs when (CT General Statutes 46b-120)

•A child has had physical injury inflicted upon him/her by other than accidental means
•Has injuries at variance with the history given about them
•Is in a condition resulting in maltreatment such as but not limited to malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment, or cruel punishment.

–Child neglect occurs when (CT General Statutes 46b-120)

•A child has been abandoned
•Is being denied proper care and attention physically, emotionally, or morally
•Is being permitted to live under conditions, circumstances, or associations injurious to his/her well being

Child abuse and neglect reports must be made within 12 hours of disclosure or observance for verbal report and 48 hours for written. To make a report, you call the DCF Careline at 800-842-2288 and mail the report to the address on the 136 form using certified mail receipt with your name on it. This receipt and form can then be included in ECW.

<u>Content to be reported</u>

•Follow the outline of the DCF 136 form

1. Names and addresses of child and his/her parents/guardians
2. Age of child
3. Gender of child
4. Nature and extent of child's injuries, maltreatment, or neglect
5. The approximate date and time injuries, maltreatment, or neglect occurred
6. Information regarding any previous injuries, maltreatment, or neglect to child and/or his/her siblings
7. The circumstances by which injuries, maltreatment, or neglect came to be know to the reporter
8. The name of the person or persons suspected to be responsible for the injuries, maltreatment or neglect
9. The reason such persons are suspected of being responsible
10. Any information concerning prior cases in which such persons have been suspected of causing injury, maltreatment or neglect
11. Whatever action, if any, was taken to treat, provide shelter, or otherwise assist the child

Child Abuse Reporting: Anonymity

•Mandated reporters must give name and agency. However, mandated reporters may request anonymity, in which case their name is not revealed except to:
–A DCF employee
–A law enforcement officer
–An appropriate states attorney
–An appropriate assistant attorney general
–A judge and parties to court proceedings
–The Executive Director of an institution
–If DCF suspects a reporter is knowingly making a false report, his/her identity may be disclosed to an appropriate law enforcement agency.

CT Child Abuse Reporting: Penalties

•If a mandated reporter fails to make a report within the required time limit:
–Could be fined not less than $500 and not more than $2500
–Could be required to participate in an educational and training program
–DCF shall promptly notify the Chief State's Attorney when there is reason to believe that a mandated reporter has failed to make a timely report
–Anyone who knowingly makes a false report shall be fine up to $2000 or imprisoned for not more than a year or both

CT Child Abuse Reporting: Immunities

•Immunity from civil and criminal liability is granted to people who make mandated reports in good faith.
•Immunity is also granted to people who in good faith did not make a report
•Employers may not discharge, retaliate or discriminate against an employee for making a good faith report or testifying in an abuse. Employers who violate this provision may be assessed a civil penalty of up to $2500.

Considerations in Telling Families

•No requirement that we inform families.

Generally good idea clinically:
-Maintain trust
-Opportunity to talk about issues of concern
-Manage responses
-Increase probability of staying in service
-Assist families in navigating the DCF system

Counter-indications:
- Parent/guardian substance abuse
-Violence potential
-Punishment of child
-Flight risk

Reactions:
-Thank you
-Shock and feelings of betrayal
-Anger and feelings of being misunderstood
-Fear and uncertainty of family members' response
-Mistrust of DCF

DCF Process

•All calls in CT go to the CareLine where they are assessed with one of three outcomes:
–Insufficient information to take the report
–Immediate risk of danger to a child: Intake (formerly Investigations)
–Longer term family issues requiring intervention but not immediate danger: Family Response System
–Differential Response System

DCF Process: Intake

•Formerly all cases were addressed in this way: perpetrator and victim, looking for hidden truth, often adversarial, often intrusive and unwelcome.
•Within 45 days complete investigation which would lead to case being "founded" ("substantiated") or "unfounded" ("unsubstantiated").
•Reporter notified.
•Leads to services offered, monitored by DCF, "catch me if you can" scenario.

DCF Process: Family Relations Services

•New to CT, approach offered to families not in the midst of an immediately dangerous situation
•No perpetrator, no victim, no "pouncing upon evidence". Appointment made with family for meeting, done in collegial and respectful manner. Family strengths and needs focus.
•Outcome of 45 day assessment is referral to Family Relations Services partner agencies for case management services to assist with linkages to service or determination that no need for services is present at this time.
•Family may agree to plan or not and, if no immediate danger at this time, family is free to walk away from the plan.

•FRS Partner helps make linkages to community agencies and assists family in overcoming barriers to access.

Points to Stress with Families

•1. Report to DCF is required by law. It can be a starting point for a family, not an end point.
•2. DCF seldom takes away children. If you can get fear named, then address it.
•3. A DCF worker can help a family gain access to many services that are hard to get or impossible to receive outside the system.
•4. With signed releases to the DCF worker, CHC will be glad to walk alongside the patient and be of whatever help we can.

What does CHC have to offer?

•Clinical services
–Assessment of need for therapy
–Individual, family, and group BH therapy
–Specialized trauma services for adults and children
–7 to 18 year olds and their families may be appropriate for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Crisis Management

As stated in the Connecticut statutes, licensed psychologists are able to complete an emergency evaluation certificate for a person who appears to be of danger to himself or herself or others, or is gravely disabled. This certificate authorizes the transport of this person to the hospital for a medical examination which will be conducted within 24 hours. The person cannot be held at the hospital for more than 72 hours unless he or she is then committed by the examining physician.

What this means for you as a resident is that you may encounter a client who you believe to be psychiatrically impaired and in need of an emergency evaluation. Should that occur, you are expected to immediately contact your supervisor to assist you in making the determination. If your supervisor is on PTO that day, please reach out to someone else on the Postdoctoral Residency Leadership Team (Tim Kearney, Chelsea McIntosh, Erica Preston or Kate Patterson). They will assist you in either finding someone on site to help you out or help you handle the problem remotely.

Development of Group Curriculum and Implementation

By January 1, through consultation with your supervisor, you are expected to have chosen and begun implementing a group curriculum. During the fall, think about a particular population at your site or across the agency that you think is in need of a group program. There might be a particular diagnostic category, cultural group, or other type of client who you see would be best served by implementing a group curriculum. Talk with your supervisors about the ideas you have and any research you have found. We will be checking in during group supervision to see your progress and to offer support to each other. Some of you may have inherited a group from a previous resident or staff member who has left. The expectation is that you will be running 3 groups by the spring.

You will initially be blocked for 60 minutes for a group and once you have 4 or more patients attending regularly (at least 4 weeks) your schedule can be blocked for 90 minutes to give you time for note writing and group case management.

Requirements for CT Licensure

These requirements were taken from the CT state website on 8/1/12. Please check the website at http://www.ct.gov/dph/cwp/view.asp?a=3121&q=389550 for up-to-date and expanded information about what you need to do for CT licensure.

Requirements:

1. Complete your doctoral degree in an applied or clinical area of psychology. If you did not graduate from a program that was accredited by APA while you were there, the state will need to review your program. Please contact the Department of Public Health directly to find out what that entails.
2. Successfully complete at least one year of supervised work experience pre- or post-doc. Pre-doctoral internships do NOT meet this requirement. This requirement includes 35 to 40 hours of work per week for at least 46 weeks in one year, or no less than 1800 hours in two years.
    a. Supervision in this requirement means face-to-face supervision with a CT licensed doctoral level psychologist. You need at least 3 hours of supervision per 40 hour week of work, of which at least one hour is individual. At CHC, you will be receiving two hours of individual supervision and one hour of group supervision per week to meet this requirement. You are expected to attend all three hours of supervision each week.
3. Successfully complete the EPPP, which means a score of 500 (70%) or better in CT. We will discuss studying for the EPPP in a seminar later in the year. The state website walks you through how to register.
4. Successfully complete the CT jurisprudence examination that consists of 25 multiple-choice items. There is a study guide available on the state website. This test is offered every other month in Hartford, so plan accordingly when scheduling it.