Behavioral Health

Trainee Manual

Training Year

2025-2026

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Program Staff Contact Information

Post-Doctoral Residency Program & GPE Student Training Program	**Title**
Tim Kearney	Chief Behavioral Health Officer
Chelsea McIntosh	Training Director – Post-Doctoral Residency Program & GPE Grant
Monique St. Paul	Program Manager - GPE Grant & Post-Doctoral Residency Program
Human Resources	
Jane Dion	Human Resources Director
Psychology Internship Program	
Alexandra Munro	Clinical Director
Amanda Poling-Tierney	Psychology Internship Program Director

Program Staff	**Site**
Abisai Garcia	Norwalk/Stamford 5th St.
Alex Munro	Child Guidance Center
Alicia LaRose	Hartford
Anais French	Hartford
Brenda Beauchamp	Meriden
Catarina Lally	Waterbury/Bristol
Chelsea McIntosh	Norwalk
Cierra Ponzo	Child Guidance Center
Iván López	Meriden
Joshua Cruz	Waterbury
Michael Cubria	Norwalk/Stamford 5th St.
Monique St. Paul	Middletown
Rachel Tirnady	New Britain/Enfield
Sita Nadathur	Middletown
Tim Kearney	Middletown

Behavioral Health Practicum Students	**Site**	**Supervisor**
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Alexis Selva Cannata	Meriden	Iván López
Ayan Dirir	Middletown	Chelsea McIntosh
Emily Morgan McAtee	Middletown	Chelsea McIntosh
Jarese Eddie	Middletown	Sita Nadathur
Jordana Zwerling	Stamford	Abisai Garcia
Leah Fleischner	Child Guidance Center	Cierra Benvenuti
Mary Viggiano	Norwalk	Erin Forler
Menatallah “Mena” Salama	Middletown	Areta Zikopoulos
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Rachael McCollum	Hartford	Anais French

Psychology Post-Doctoral Resident	**Sites**	**Supervisors 1**	**Supervisor 2**
D. Mir Modrakovic	Meriden/Shelter	Joshua Cruz	Brenda Beauchamp
Jayleen Torres Collazo	Middletown/ Waterbury	Sita Nadathur	Catarina Lally
Kaylee "Kay" DeFelice	Stamford (West Broad and Fifth St.)	Alex Munro	Tim Kearney
Nikita “Nikki” Bansal	Middletown/New Britain	Chelsea McIntosh	Rachel Tirnady
Sabrina Kluvers	Middletown/East Haven High School	Tim Kearney	Abisai Garcia
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Site Contact Information

Visit here for additional site information

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Meriden 134 State Street Meriden, CT 06450 (203-237-2229) 165 Miller Street Meriden, CT 06450 (203-639-3500) On Site BH Director = Brenda Beauchamp Ops Manager = Andrea Dobrozensky On Site Medical Director = Dipak Patel Nurse Manager = Deandra Whalen	**Stamford** **Child Guidance Center** 103 West Broad St Stamford, CT 06902 (203-324-6127) Clinical Director = Alexandra Munro Internship Director = Amanda Poling-Tierney Ops Manager = Luljeta Basholli
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Program Participation Expectations

Development of Group Curriculum and Implementation

By October 2, trainees will work with the group training coordinator to choose a group of interest to co-facilitate. Trainees also have the opportunity to build and run their own group of their choice. Review the current groups by visiting: https://www.chc1.com/what-we-do/our-services/behavioral-health/groups/#below

Trainees will initially be blocked for 60 minutes for a group and once they have four or more clients attending regularly (at least four weeks) their schedule can be blocked for 90 minutes to give time for note writing and group case management. The group training coordinator will be providing office hours for additional support.

Didactic Participation

Didactics or grand rounds that are hosted by other agency departments may require you to register for them on the Weitzman Education Platform.

Multicultural Case Conference

Trainees will attend a monthly one hour meeting to discuss issues related to identity, bias, and clinical factors affecting treatment or supervisory dynamics. Trainees are encouraged to present a case or theme they seek guidance on, want to process, or feel there is notable countertransference regarding these multicultural topics. The trainee may ask the group questions to focus feedback.

Observation

Trainees are required to have their clinical work observed at least once a month. These can be live observations, or session recordings. During a client's initial visit, trainees need to explain their role as a trainee, and the opportunity to record sessions to receive feedback from their supervisor or in group supervision. Trainees should review the consent to record form with the client and have them sign it if they consent at that time. Maintaining a list of consenting clients will expedite scheduling observations for evaluation periods. Observation could consist of watching part of a session in supervision, or having a supervisor review an excerpt from a session. Trainees are encouraged to have supervisors view cases where they are experiencing difficulty, or countertransference. Observations is one of the best ways to learn and receive feedback! If a client consents to record

sessions, trainees will need to retain the signed consent for recording form and keep that form in the client's documents.

Reflective Journaling

Trainees are required to submit journals, and can use it to reflect on any aspect of their experience either in or out of CHC relevant to their training and development. Once a month, there will be a mandatory prompt regarding provider resilience as part of an ongoing project throughout the year for students. If a trainee cannot identify a topic they can request topic ideas from the program director or from their supervisor. Trainees are asked to not provide identifiable information for clients or staff on their journals. Trainees are encouraged to share thoughts on all aspects of the training experience, however, trainees should not feel they need to wait until journals to process or ask questions about a particular topic. Journals are reviewed by the program director, group supervision provider, program manager, and Chief Behavioral Health Officer, who may reach out to a trainee with a response if they have one. To avoid losing work, we recommend trainees type the journal entry outside of New Innovations and paste into the platform.

Supervision (Individual and Group)

Trainees will meet with their individual supervisor(s) at least weekly and participate in a weekly group supervision with their entire cohort. This time will be utilized for a number of topics, including but not limited to: case discussions, transference and countertransference, the identities of both trainees and their patients as well as group process. The group supervision time is a space that is meant to reflect on the work that trainees are doing, to give each other support, and to have access to a clinical supervisor. Trainees decide how they want to use and structure the space. For students, this group space is a multidisciplinary supervisory experience with individuals in their early years of their professional development across behavioral health disciplines, where trainees can support each other across different perspectives. In this space, trainees are encouraged to explore their own cases, and the cases of their peers with curiosity. Transference, countertransference, and parallel process are routinely discussed in order to deepen the supervisees' understanding of their clients and their identity as a therapist, creating a rich environment for growth.

Content discussed in individual and group supervision can be requested to remain confidential. Items discussed in both group and individual supervision will remain confidential, unless the

supervisor determines that there is something that would be beneficial to address in individual supervision from group supervision, or to be discussed with other supervisors in the monthly supervisory meeting. For group supervision, the facilitator will make the trainee aware that they will be discussing the area with their individual supervisor for follow up in individual supervision.

Supervisors of trainees meet monthly to discuss dynamics in supervision, focusing on improving approaches to supervising the trainees and dynamics that arise. There may be times where information discussed and requested as confidential is deemed by the supervisor to be important and needed to be processed with the program director or in the supervisors' meeting. In this case, supervisors are expected to explain the rationale as to why the relevant information cannot be kept confidential, the extent of the information needed to be shared, and with whom the information will be shared.

Trainee Presentations

All trainees will present on a clinical topic of their choosing to present to their fellow trainees, the program director, chief behavioral health officer, and supervisors. Content must include clinical applications, and address aspects of diversity, and limitations (including its applicability to the populations served in the training setting). For students, this could also be a case conceptualization from a specific theoretical orientation.

Optional Program Elements

Mentorship

Trainees will be asked at the beginning of the year the areas they would like to receive professional mentorship, including and not limited to aspects of identity and professional goals. A mentor will be assigned to each trainee based on these areas of interest. A mentorship is an informal relationship with a colleague who holds no evaluative capacity over the trainee and can provide support and guidance with goals and other areas within and out of the context of the CHCI environment. If a trainee's first language is Spanish and the trainee was not assigned a Spanish speaking supervisor and would like to consult with a Spanish speaking supervisor to discuss a case, they are encouraged to contact the training director to facilitate this connection.

Multicultural Committee

Trainees can apply to take part in CHCI's multicultural committee. This committee meets monthly and consists of program alumni, program staff, and trainees, and focuses on ways of continuing to develop and improve training, recruitment and retention to address aspects of multiculturalism and diversity. To apply, you can send an email to the program manager with a statement of interest in joining the committee, including personal and professional experience that makes you a good fit for being a part of the committee.

Project ECHO™ (Extension for Community Healthcare Outcomes)

ECHO provides specialty support for primary care and behavioral health providers seeking to gain expertise in the management of certain complex illnesses and conditions. Read additional information on ECHO topics, here. Trainees can choose one ECHO to attend. They are welcome to try an ECHO and switch to another one as needed. **Trainees are encouraged to give one case presentation in ECHO during the training year.**

Psychological Assessment

Testing materials are located at the **Hartford and Middletown** locations. In Hartford they are located in the orange pod, where the case managers sit. In Middletown assessment materials are located in the large group room on the second floor (next to Pod A) The CHCI training programs have specific batteries utilized to address assessment questions of diagnostic clarification as well as to assess for ADHD in both adults and children.

Adult Diagnostic Clarification: WAIS 5, PAI, Cultural Formulation Interview, SCID
Adult ADHD: WAIS 5, PAI, Cultural Formulation Interview, DKEFS, DIVA
Child Diagnostic Clarification: WISC, BASC Parent/Child/Teacher, Roberts, Cultural Formulation Interview, CHIPS
Child ADHD: WISC, Wisconsin Card Sort, DKEFS, Brown/BASC Parent/Child/Teacher

If a trainee is interested in pursuing psychological assessment, they can contact the program director for a testing referral and access to materials. The trainee will be assigned a testing supervisor. They will be expected to coordinate directly with this supervisor to meet: 1) Initially to make a plan for testing 2) After the psychosocial evaluation is completed 3) After initial round of testing and 4)

After initial report draft is completed. Trainees are expected to complete a first draft of their report within two weeks of final testing completion. The aim is to provide the final report and feedback session to clients in approximately a month after testing is completed. Trainees are expected to place a calendar invite to themselves and their testing supervisor for the first draft of the report and the feedback session. Trainees are only permitted to take one psychological assessment case at a time. Testing is not billable. A visit note is expected to be completed for each encounter and is cosigned by the testing supervisor. Testing reports are edited jointly by the testing supervisory team. The psychological assessment consent is located in the appendix of this document and also on the psychology page in behavioral health, under resources.

Evaluating Your Training Experience with New Innovations

Consistent evaluation and monitoring is an essential component to maintaining and improving the quality and rigor of the program. Aside from valuing a conversational culture of openness to ongoing feedback and programmatic improvement, CHCI Training Programs utilize a software platform called New Innovations for evaluation activities such as competency and didactic evaluations, journals, and supervision forms.

Getting Started with New Innovations

1. Go to https://www.new-innov.com/Login/Login.aspx
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
Didactic Evaluations
Competency Benchmark
Evaluation of Supervisor
Supervision Form ***Master's level students use Quickbase via this**

link:
https://chc1.quickbase.com/db/bq82d8bgt?a=nwr

Additional evaluation and due dates are in your program-specific packets.

Didactic Evaluations – Submit an evaluation immediately after the didactic ends to provide feedback on content and delivery. Completed evaluations are sent to the presenter, Program Director and the Chief Behavioral Health Officer a week and one day after the didactic; we want to send comprehensive feedback from as many attendees as possible. Particularly for repeat presenters, this is helpful feedback to make adjustments to future presentations. Trainee feedback is a critical component of continuous programmatic monitoring and improvement.

Competency Benchmark – This evaluation provides an opportunity for trainee supervisors to assess trainee current level of skill in key program competency areas that are deemed essential to master as a well-developed and competent provider in this setting at the training level.

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 trainees to give feedback about their experience with their clinical supervisors.

Supervision Form – An individual clinical supervision form is required by state and accreditation organizations for all unlicensed providers (trainees). Trainees are required to complete a form for every supervision session. It is recommended to complete them toward the end of each supervision session. The supervisor will sign off on the form. All successfully completed supervision forms are sent directly to specific personnel to archive for auditing purposes by DCF, JCO, and DPH. Trainees should complete a supervision form even if they did not meet with their supervisor; noting the reason in the form (ex. PTO, holiday, etc). If supervision is a make-up session, trainees can contact the Program Manager to add an additional form for that week.

Additional Training Program Information

Training Program Office Hours

Weekly office hours will be provided Wednesdays from 3:00-4:00 where trainees can come to meet with the Program Director and/or the Program Manager to discuss any questions or concerns they may have.

Agency Cultures

Each trainee will work at a clinical site. Throughout the year, trainees will experience similarities and differences in the culture and operations at each site and between departments. Trainees are welcome to bring up concerns related to site operations in supervision, but trainees are also encouraged to discuss site-specific operational issues directly with their On Site Behavioral Health Director, including and not limited to: schedule changes, site expectations, workflows around referrals, and coordinating with psychiatry and other departments.

Commitment to Diversity and Multiculturalism

Our trainees, supervisors and clients represent many different identities (including and not limited to the areas of age, disability, race, color, sex, gender identity, religion, ethnicity, social class, sexual orientation, indigenous background, national origin, and veteran status). In discussing cases and communicating with colleagues, we encourage trainees to use supervision and consultation to discuss how aspects of their identities may be interacting with others' identities. Everyone holds hidden spots, biases and growth areas; we recognize discussing these may cause feelings of vulnerability. It is the program's responsibility to create a safe atmosphere to process these areas. If a trainee experiences concerns with how an aspect of their or others identities are addressed, they are encouraged to discuss this with their supervisor, the training director, or the Clinical Excellence Officer. We value creating an environment of learning and growth where trainees are welcome to respectfully share their opinions and contribute to the process.

CHC's **Commitment Statement** is the following:

Community Health Center, Inc. and its Board of Directors are committed to advancing the value of clinical excellence across the organization. We acknowledge, embrace, and value the individual uniqueness of all our patients, employees, students, and external partners. MWHS strives to foster a culture of equity that recognizes and respects the diverse experiences and contributions of each

member of our community. We prohibit discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Our commitment is reflected in the high-quality health care we provide to our patients, our dedication to fostering an inclusive and supportive environment for our employees, the enriching learning experiences we create for our students, and our focus on equitable and inclusive policies and practices throughout the organization.

For more information or to offer feedback about the content regarding this commitment, please contact Chief Clinical Excellence Officer, Dr. Karoline Oliveira.

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 themselves 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 they are then committed by the examining physician.

If a trainee believes that a client is psychiatrically impaired and in need of an emergency evaluation, they must contact their supervisor immediately. The supervisor will help make the determination and identify the process for evaluation documentation. If the trainee's supervisor is unavailable, they must reach out to the Onsite Behavioral Health Director, another supervisor, or licensed staff member at their site, and they will assist the trainee. Trainees are also required to contact their supervisors immediately if they feel they may need to make a Department of Children and Families (DCF) report.

Storing of PHI

All patient health information that is not saved in the client's electronic health record must be stored in the trainee's clinician specific folder: Path is X drive; behavioral health; clinician folders; **{your user name}**. If a trainee cannot access this folder, they should reach out to their supervisor for assistance.

Using Zoom

Each trainee will receive their own Zoom account. These are recycled accounts from previous providers at times, and as such you may receive a call or a text from a patient who had the account before you. Talk with your supervisor on how you would want to approach these contacts if you receive any. In addition, Zoom provides an option for you to switch your number to the main line so that clients do not have your direct contact information. Every supervisor holds a stance on this utilization so speak with your supervisors about their preferences in this area, and for students, ways to communicate with patients if they miss a visit.

Policies

DCF Reporting Policy

Mandated Reporting Information:

CHC maintains four policies on clinician responsibilities on reporting abuse, which are located on Sharepoint:

- **Recognition and Reporting of Abuse**
- **Recognition, Assessing and Intervention in Suspected Domestic Violence**
- **Recognition, Assessing and Intervention in Suspected Child Abuse**
- **Recognition, Assessing and Intervention in Suspected Elder Abuse**

Trainees are required to consult with their supervisor(s) prior to making any reports related to the suspected abuse of a child or older adult. When a report of suspected abuse of a child is made, trainees are required to send a telephone encounter (TE) to the Chief Behavioral Health Officer with the drop down option *136-DCF Report* as numbers related to reports made are needed to be tracked. No specific information in this TE is necessary other than that the report was made.

Discriminatory Behaviors Policy

Experiencing Discriminatory Behaviors from Clients or Staff

To thrive in the training year, trainees need to feel safe and supported where they work. Though the hope is that discriminatory behavior will not occur, trainees may experience this and the aim is that trainees are aware that they have options in addressing this behavior. Should this occur, they are encouraged to seek consultation (either in live time or after the incident depending on the nature of

the behavior and situation) from their supervisor(s). They may be advised to submit an incident report and/or a bias incident response report. Please also reference CHC's **Whistleblower Policy, Harassment Policy, Transgender and Gender Non-Conforming Employment Policy** located on the Sharepoint page, for additional information.

Recording Client Sessions for Training Purposes

Policy Statement

CHC is committed to ensuring that students working toward behavioral health degrees and licensure and providing clinical services at CHC as students in training ("Trainees") have a meaningful clinical experience at CHC with ample opportunity for feedback while protecting client confidentiality.

Purpose

Training in the field of behavioral health necessarily includes Supervisor or Faculty periodic observation of a Trainee's clinical sessions to assess skills and provide feedback. To that end, CHC will permit recordings of client sessions and the use of transcripts from those sessions as limited in the below procedure.

Due to the importance of protecting client confidentiality, there will be no exceptions to this policy. CHC will ensure that its Affiliation Agreements with Educational Institutions make clear that this CHC policy solely and exclusively governs the recording of client sessions by Trainees providing clinical services under supervision at CHC.

The procedure for recording for internal use at CHC for post-doctoral Trainees and for external use with Faculty at Educational Institutions are different and are detailed below.

Definitions:

Client – an individual receiving behavioral health services at CHC.

Educational Institution – any undergraduate or graduate college or university with which CHC has an established contractual relationship for CHC's provision of supervised clinical experiences for such institution's qualified students.

Faculty - specific faculty personnel from the Educational Institution who will coordinate the assignment, placement, and coordination of Trainees assigned to CHC and who have been assessed and approved by CHC as meeting basic criteria. Such Faculty are considered CHC "workforce members" for HIPAA compliance purposes.

Supervisor – an assigned CHC clinician who shall be responsible for planning and implementing individual Trainee assignments, and for evaluating Trainee performance in accordance with criteria developed by the Educational Institution. In the Agreement with Educational Institutions, the Supervisor is also called the "Preceptor."

Trainee – any student or post-graduate individual working toward a behavioral health degree or licensure who provides clinical services at CHC as students in training under supervision for purposes of meeting degree or licensure requirement.

Procedures:

1. Written Client Consent. Client sessions may only be recorded when the client or the client's guardian has provided written consent to the recording for training purposes.
    a. This written consent must be provided on CHC's designated form entitled Permission to Electronically Record a Therapy Session (see Appendix C).
    b. The written consent must be maintained in the client's record. Prior to recording, the Trainee and/or Supervisor must confirm that such consent has been obtained.
    c. The Client can revoke consent at any time by notifying the Trainee or Supervisor. Such notice shall immediately be documented in a Telephone Encounter and the Supervisor shall notify a CHC training director and immediately ensure the permanent deletion of any recordings.
2. Recording Guidelines. Trainees are required to follow the recording procedure, noted in Appendix B, when recording client sessions.
    a. Sessions must be saved ONLY in the designated folder on the X drive for secure storage.
    b. The recordings must be permanently deleted upon review by the Trainee's Supervisor or after use in a supervision meeting with the Supervisor.

c. On a quarterly basis, a CHC training director must review the recording folders to ensure that audio or video no longer needed for supervision have been permanently deleted.

d. Supervisors are responsible for communicating with the training director if there is any need to maintain a recording for a specified and limited period of time beyond the end of the quarter.

e. No one may make copies of recordings or save recordings in any location other than the designated folder on the X drive for any reason or under any circumstances.

3. Who May View the Recording.

a. Supervisors and Trainees may review recorded sessions located in the designated location on CHC's IT System for training and evaluation purposes during the Trainee's training period.

b. Trainees may allow Faculty to review recorded sessions located in the designated location on CHC's IT systems for training and evaluation purposes during the Trainee's training period if doing so is a requirement for course work.

c. Under no circumstances may Trainee permit other students or faculty that have not been approved by CHC to review recorded sessions. If Trainee's course requires the Trainee to share session interactions with Trainee's class, Trainee may create a de-identified written transcript of the session on CHC's IT system. Trainee may then either read it or act out the session using the de-identified transcript for classmates.

d. All CHC IT security rules apply including but not limited to ensuring that recordings are viewed in a private space and in a manner that is not accessible to others.

4. Agreement with Educational Institutions. CHC will ensure that its Affiliation Agreement with Educational Institutions clearly states that CHC's policies regarding the recording of sessions and protection of Client data govern regardless of course requirements.

Appendix A: Therapy Protocol

Paperwork

The basic paperwork that is required for all intakes includes:

- Psychiatric Advanced Directive Information
- All electronic forms found here: https://chcsppr.chcntct.local/BH/
- Forms can be sent via Zoom text.

All telephone contact (including outreach for scheduling when client does not attend their appointment) outside of visits will be documented in telephone encounters (TEs). In healthcare the rule applies: **If it is not documented, then it did not happen.** Careful documentation enhances patient care, team collaboration, and protects you.

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. 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 trainees. Also, all paperwork completed for patients must be cosigned by a supervisor.

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 the 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 four 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 generally not seen without parent's permission. **Please reference the CHC minor policy for additional information** located on the Sharepoint page, for additional information. 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.

Clinical Resources and Expectations for Treatment

Introducing Self to Clients

Trainees are required to inform clients that they are in training, and are under supervision, and provide their supervisor's name. They are additionally expected to inform clients that they are in a one year placement and process this with clients throughout the year.

Hello, I'm_____ a (practicum student in training or postdoctoral resident) working under the supervision of Dr.(s) _____.

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 provider who completed a doctoral or medical program tend to first introduce with "Dr. First Name, Last Name," which

gives the patient a of a choice in how to address their clinician.

Billing Codes:

Modifier	When to use it
95	Individual therapy, group therapy, family therapy and evaluations done by video
FQ	Individual therapy, group therapy, family therapy and evaluations done by phone

Code	When it should be used
90832	Individual psychotherapy, 16-37 minutes
90834	Individual psychotherapy, 38 – 52 minutes
90837	Individual psychotherapy, 53+ minutes
90846	Family psychotherapy without patient, minimum of 26 minutes
90847	Family psychotherapy with patient, minimum of 26 minutes
90853	Group therapy, minimum of 45 minutes

Appendix B: Note Considerations

To Do List for Writing a Note:

Note: Throughout this document guides and nuggets of training material will be referenced as a resource for your learning. Guides give step by step instruction for completing clinical documentation in eCW. Training Nuggets give a brief glimpse into specific section of an area of clinical documentation. Training nuggets highlight key areas for compliance and regulations to assist with documentation details.

Intakes:

1) Review rights and responsibilities form, have client sign (either remotely or in person).
    a. Location: Patient documents, ink/review form to finalize
    b. See inking nugget on training page
2) Confirm Consent to Treat & HIE form is completed.
    a. Location: Patient documents
    b. Expires if medical episode closes
3) Confirm telehealth consent form is completed.
    a. Location: Patient documents
    b. Expires annually
    c. Telehealth consents for your entire panel can be reviewed on the Tableau dashboard
4) Have client complete any ROIs for coordination of care or obtaining records.
    a. Location: Confirm uploaded in patient documents
    b. Expires based on inputted information
    c. For any communication outside of direct patient communication/CHC provider for that patient, there must be an ROI on file
5) Pediatric clients only: Minor by Proxy (as applicable)
    a. Location: Confirm uploaded in patient documents
    b. Expires at BH discharge

    Note: Minor by Proxy must be used if client is in DCF care and DCF is legal guardian or if legal guardian appoints an alternative caregiver to be the medical decision maker for their child. Minor by Proxy allows an adult other than the legal guardian to be involved in medical decision making.

6) Care plan signatures are required by patient (pediatric/adult) and by patient caregiver (pediatric only).
    a. Signatures required at intake, 30 day, 60 day, and every 84 days (12 weeks)
    b. Behavioral health module nuggets:
        i. How to collect a signature
        ii. ECW Healow sign
        iii. How to view care plan signatures on a locked note
7) Initial Care plan development:
    a. Problem
        i. All problems must have the BH prefix
        ii. Select at least one problem per care plan
    b. Goals
        i. Goals can be deferred but have to be documented as such.
        ii. Goals are in the client's own words.
            1. For pediatric patients need at least one goal in parent's own words.
    c. Objectives
        i. Objectives must be measurable, observable and time bound.
        ii. If using Measurement Based Care assessments (ie. OHIO, PHQ-9, etc.) include as evidenced by MBC data as part of your objective.
    d. Interventions
        i. Any therapy service being utilized must be included as an intervention
            1. Group
            2. Individual
            3. Psychiatry
            4. Parent Guidance
            5. Family Therapy
        ii. All interventions need to include modality and frequency
    e. Behavioral Health Module Guides and Nuggets:
        i. Adult-Intake-Initial Care Plan -Enrollment Guide
        ii. Pediatric -Intake-Initial Care Plan -Enrollment Guide
        iii. Intake Check List Nugget
        iv. Pediatric Intake Summary Nugget

v. Required Intake HRA Nugget
vi. How to add and onset Date to the Problem list Nugget

Progress Notes:

1. Behavioral Health Module Guides and Nuggets:
    a. Adult- Therapy Note and Supervision Review Guide
    b. Pediatric- Therapy Note and Supervision Review Guide
    c. Pediatric Therapy Note with TAY and Supervision Review Guide (SBHC ONLY)
    d. Group Note Guide
    e. HRA in a Progress Note Nugget
        i. Must use this for Risk Assessment when SI/HI/SIB is disclosed in a session
    f. Kids who turn 18 During Treatment Nugget
        i. Done in Progress note in session within 30 days of client turning 18 years of age.
    g. Progress Note Nugget
    h. Merging Favorite Template Nugget
        i. To pull forward your templates session to session
    i. Billing Cheat Sheets

1) If client has active suicidality
    a. Add a care plan goal or objective related to risk/safety
    b. Complete the Risk Assessment During Treatment HRA (each session in which risk is reported)
2) Review note for accuracy, spelling and grammar prior to locking
3) Lock note and assign to clinical supervisor

Care plan Reviews

1) Care plan reviews are completed after the intake at the following intervals:
    a. 30 days from intake

b. 60 days from 30-day review
c. Every 84 days after

2) Care plan reviews must be signed at each review by the client.
    a. For pediatric clients, Care plan must be signed by client and legal guardian at each review
    b. Behavioral health module nuggets:
        i. How to collect a signature
        ii. ECW Healow sign care plan nugget
        iii. How to view care plan signatures on a locked note
    c. Problem
        i. Update as applicable if client changes quote/wants to add additional information from prior care plan
        ii. All new problems added must have the BH prefix
        iii. Select at least one problem per care plan
    d. Goals
        i. Goals can be deferred but have to be documented as such.
        ii. Goals are in the client's own words.
            1. For pediatric patients need at least one goal in parent's own words and at least one in child's words.
        iii. Progress bar must be updated as applicable at each Care plan review
    e. Objectives
        i. Objectives must be measurable, observable and time bound.
        ii. If using Measurement Based Care assessments (ie. OHIO, PHQ-9, etc.) include as evidenced by MBC data as part of your objective.
        iii. If objectives have been completed, discontinued, or modified at time of review indicate such by editing the objective. If being extended, note that in the CP details section rather than in the Care plan itself.
    f. Interventions
        i. Any therapy service being utilized must be included as an intervention.
        ii. If an objective is completed, discontinued, or deferred the interventions attached to that objective are no longer active and must be added to an active objective.

1. Group
2. Individual
3. Psychiatry
4. Parent Guidance
5. Family Therapy

iii. All interventions need to include modality and frequency

g. If all goals under a problem are met, note that in the Care plan review. Close the program **AFTER** all notes tied to that Care plan have been locked.

h. Behavioral Health Module Guides and Nuggets:

i. Adult Care Plan Review Guide

ii. Pediatric Care Plan Review

iii. Care Plan Review Nugget

iv. Care Plan Objective Examples Nugget

Sample Note Writing Workflow:

Before Meeting with the Patient:

1) Review the chart

a. Read any recent visits that might be relevant (i.e. psychiatry, medical)

b. Review the most recent therapy note (if applicable)

While Meeting with the Patient

1) Take notes into the ECW template (Collaborative/Concurrent Documentation).
2) Do great therapy ☺
3) **SCHEDULE THE NEXT SESSION IN ATHENA BEFORE ENDING THE SESSION**

After Session

Edit, type through, and finalize the note. Make sure it would make sense if anyone else read it, and that they could glean what happened in session. The goal is to document what happened accurately,

to keep a record of what transpired, and capture the therapeutic elements of the session. Imagine if an auditor or colleague reviewed the note – would it be useful to them?

Before locking the note:

- Review your note to make sure it is accurate.
- Make sure your note is written in a way that ties in with the patient's care plan goals, objectives, etc.
- Other details: Include any details around technology issues that may have happened, if other people were present (i.e. a supervisor, patient friend, parent.)
- Ensure the correct date, start and stop times are indicated, as well as the correct billing code and modifiers.
- If indicated, send a TE or note to anyone who may need one (i.e. did they run out of medication? Send a TE to psychiatry provider.)
- Remember to add your supervisor as the responsible party in Athena (if not, it will default to the PCP and only the PCP will be able to unlock the note)

Common note errors:

- Informal language
    - Typos, grammatical errors
    - Using incorrect patient pronouns
- Forgetting to add supervisor as the responsible party in Athena
- Incorrect billing codes
- Match the billing code to the telehealth consent form

Diagnostic Formulation Sample

- **One to two sentences including demographic information:**
  Example: "Client presented at the time of intake as a 14 year old cisgender female of Hispanic descent."

  Note: Caution is advised when considering documentation of identity details.

- **One to two sentences including referral information:**
  Example: "Child was referred to CHC by her biological mother following the client's request to speak with a professional regarding her recent experiences."

- **Two to four sentences including symptom endorsement/observation:**
  Example: "Client endorsed experiencing a lack of motivation to complete required school and household tasks, depressed mood and increased withdrawal from social connections. Client reports these symptoms have been present for at least the past six months. Caregiver affirmed these symptoms through her report of symptom presentation. Caregiver also reports that the client appears to spend an increasing amount of time sleeping, on her cell phone or isolated in her bedroom compared to prior to six months ago."

- **One to two sentences including any potential contributing factors or stressors:**
  Example: "Both child and caregiver reported several recent stressors, including client experiencing ongoing bullying by peers in school and recent divorce of caregivers. These stressors appear to be contributing to the client's symptom presentation."

- **One to two sentences highlighting any risk:**
  Example: "At the time of intake, the client endorsed past suicidal ideation, however, she denies any history of acting on these thoughts. Client was able to engage in safety planning appropriately at the time of intake. Client denied past and current self-injurious behavior and homicidal ideation."

- **One to two sentences justifying and labeling your preliminary diagnosis:**
  Example: "Given the above symptoms reported and client's ongoing exposure to these stressors, the client appears to meet criteria for Major Depressive Disorder. This clinician will further assess and rule out trauma and stress related disorders as client did not endorse enough symptoms at the time of intake to meet criteria for this diagnosis. However, once rapport is established, the client may be better able to vocalize her internal experiences. "

Additional Examples:

1. Client is a 10-year-old girl presenting to treatment due low self-esteem, irritability, low mood, and stress related to parental separation. Caregiver expressed concern that the client has not had a space to process parent's divorce, noting that client's self-esteem has "taken a hit". Caregiver reports that the client frequently appears sad. Client states that they are experiencing frequent fluctuations in mood, sometimes feeling angry and being "in a bad mood" without knowing why. The client reports frequently feeling tired despite receiving sufficient sleep, while some days feeling very energized. The client reports noticing she is having more difficulty focusing and paying attention, especially in school. She reports losing track of time, being disorganized, and being easily distracted. Client also reports increased stress within her friend groups, as others have been talking about her behind her back; states these experiences have triggered thoughts of wanting to hurt herself, leading to client hitting herself on one occasion. No suicidal thoughts, plan, or intent were reported. At intake, client meets criteria for persistent adjustment disorder and other specified depressive disorder. This clinician will further assess for major depressive disorder and attention deficit hyperactivity disorder.

2. Client is a 12 year old cisgender girl of Fijian descent who presents to treatment due to difficulty expressing and regulating her emotions. Mom reports client struggles to communicate her emotions and does not do the things she is required to do such as homework and chores. Mom endorsed a history of client running out of the house and police involvement. Mom reports that client is struggling in school as she does not want to do her work, and does not accept help from mom with her work. Mom endorsed a history of bullying. The client denies a history of SI/SIB/HI. Client endorsed a history of arguing with mom and that this is up and down. Client shared that she was bullied in the past, but now school is fine for her since transferring schools. Client shared feeling that schoolwork is too much for her at times. At intake, client meets criteria for other reactions to severe stress, with rule outs of MDD or possible anxiety.

Appendix C: Permission to Electronically Record a Therapy Session

One of the foundations of successful behavioral health treatment is the confidentiality that exists between clinicians and patients. The Community Health Center, Inc. (CHC) takes this very seriously. Except as required by law (e.g. instances of suspicion of child or elder abuse, or a client presenting a danger to themselves or others), what happens in a therapy session is not revealed to anyone without permission of the patient(s) or, in the case of children, their parent or guardian. There are times, however, when an audio or video recording of a session is useful for educational reasons. This document outlines the reasons for making a recording and requests written permission to do so.

Patients may refuse to allow recording of their or their child's clinical work, or after a recording, patients may revoke permission for the recording. This revocation can be done at any time. This decision will not affect a patient's treatment at CHC in any way.

Electronic recording for internal training use at CHC.

CHC occasionally records sessions solely for purposes of training students or post-graduate individuals working toward a behavioral health degree or licensure and who provide clinical services at CHC as students in training under supervision ("Trainees"). Trainees receiving training at CHC may require recorded sessions to be viewed by their CHC supervisor or with the student's faculty member at the college or university where the student studies for training purposes. That faculty member is a licensed clinician and has been approved by CHC to review recordings. Recordings are stored securely on CHC's network and are not part of the health record. All recordings will be permanently deleted after the recordings are no longer needed for training (typically, no more than several weeks) and in accordance with CHC policies.

The statement of consent for electronic recording is found on the reverse side of this sheet.

Permission to electronically record a therapy session

I, _____ (DOB _____), give permission to audio/video (specify which) record my therapy session or that of my minor child _____ (DOB_____) on (date) _____ with (Therapist)_____ to be electronically recorded for training use only.

I can revoke permission to use any electronic recordings made at any time by notifying my or my minor's clinician. If I do so, the recordings will not be used/shown again after receipt of this written request and all copies will immediately be destroyed. I understand that the recording is for training purposes only, will not be part of the health record and I will not have access to the recording. A copy of this consent form will be kept on file.

I have had the opportunity to ask any questions and have them answered.

_____ _____

Patient printed name/signature (12 and older) Date

_____ _____

Parent/guardian printed name / signature (for minor child) Date

_____

Relationship to child

_____ _____

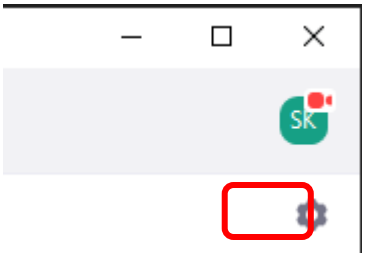
Therapist printed name/signature Date

Appendix D: Guide to Recording sessions

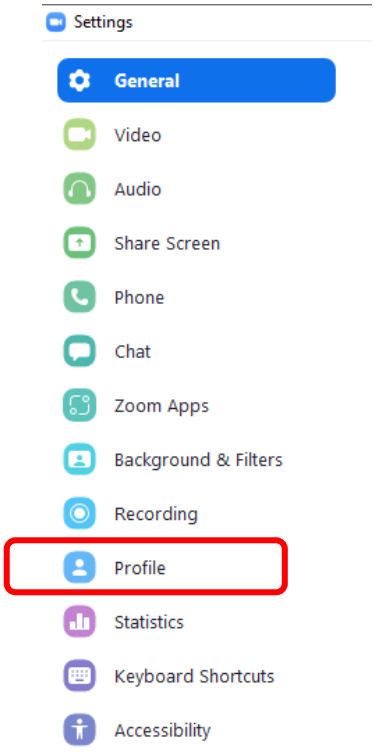
First Time Setup

If you are using a different computer than normal you must do this step again

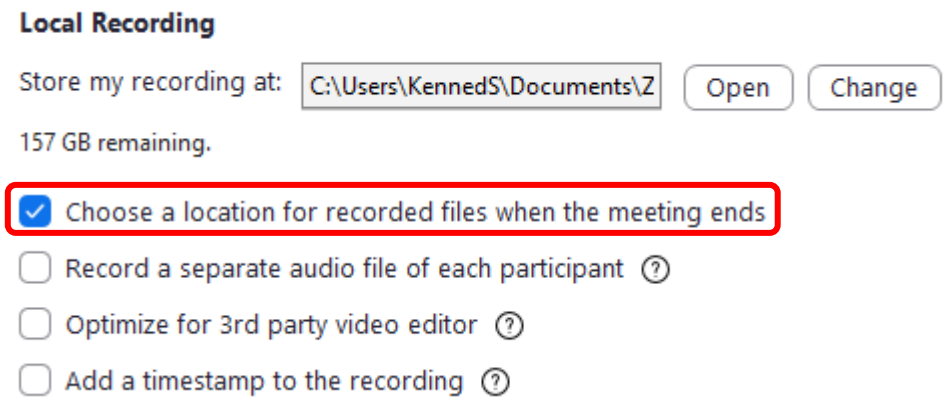
- Open Zoom
- Log in with any account
- Click on the Settings Icon



- Go to Recording



- Check the box “Choose a location for recorded files when the meeting ends”

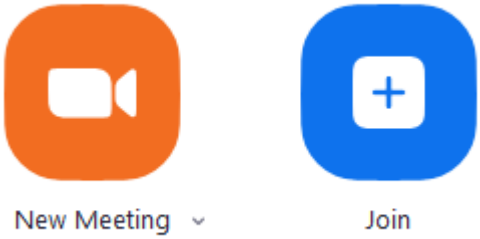


Recording the Session

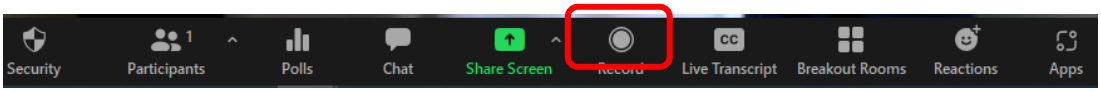
Open Zoom

Plug in the USB table top microphone if session is in person.

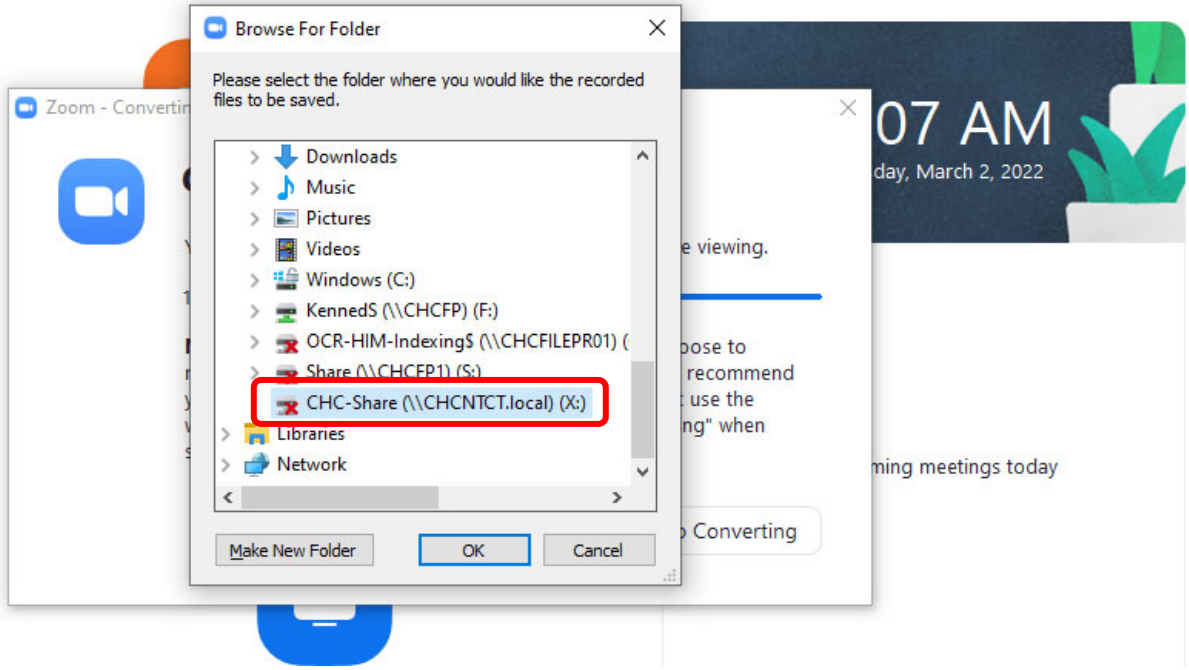
- Start a new meeting



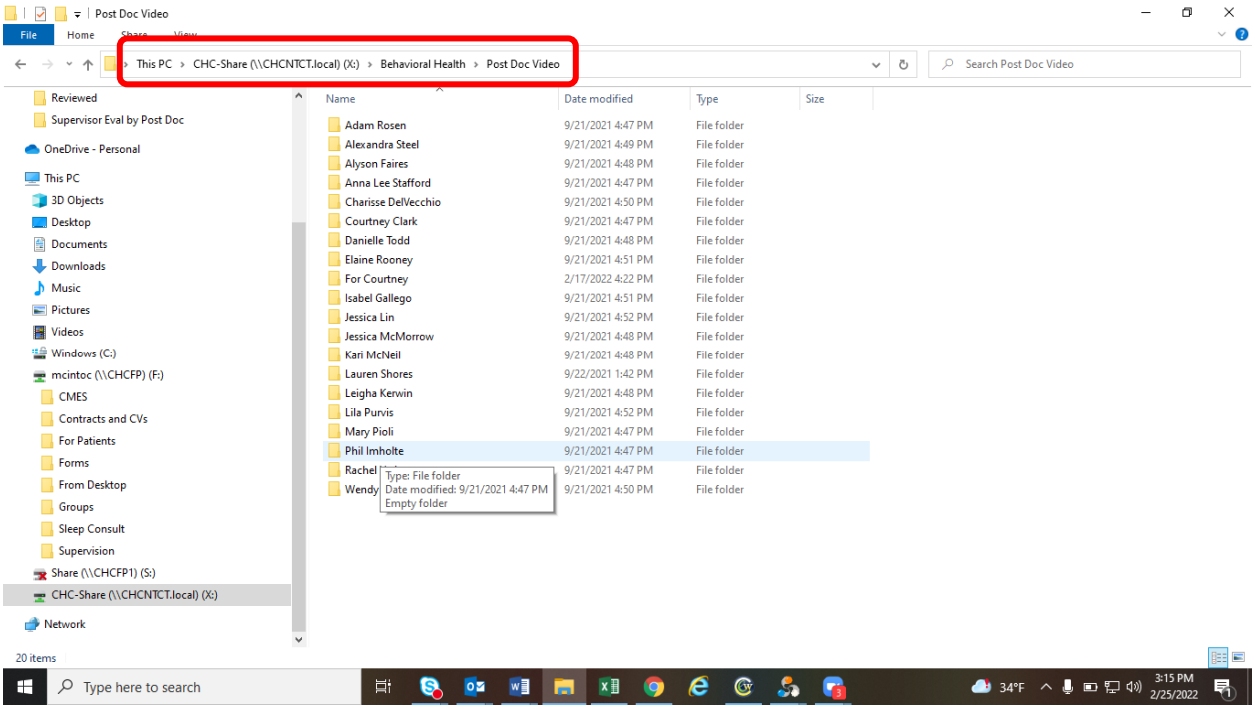
- Select Record



- When meeting ends Select X drive folder to save to



- X drive folder location is Critical, folders are located at X:\Behavioral Health\Trainee

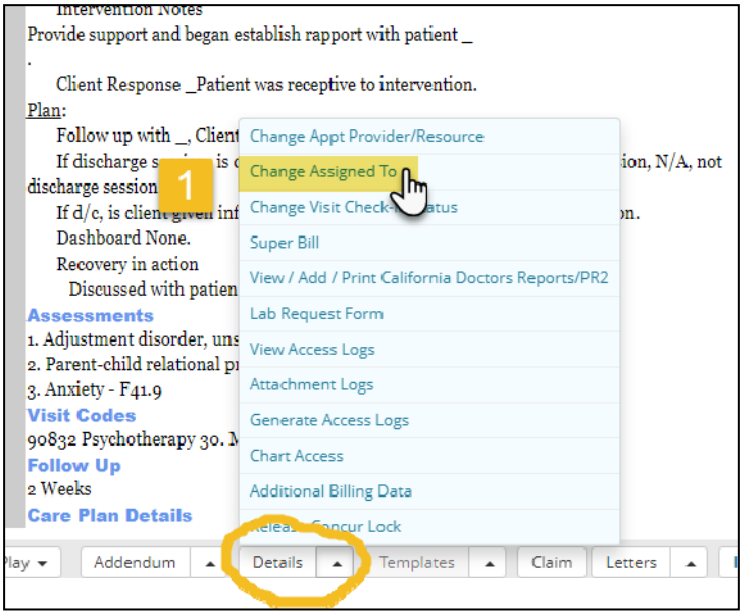


Recordings\Your Name

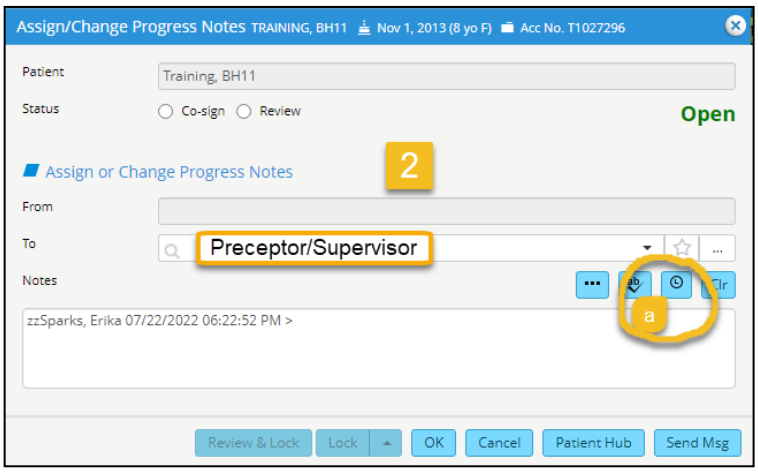
How Trainees Can Assign their Completed Note to Their Supervisor:

When the BH progress note is completed and locked, the trainee can assign their note to their supervisor.

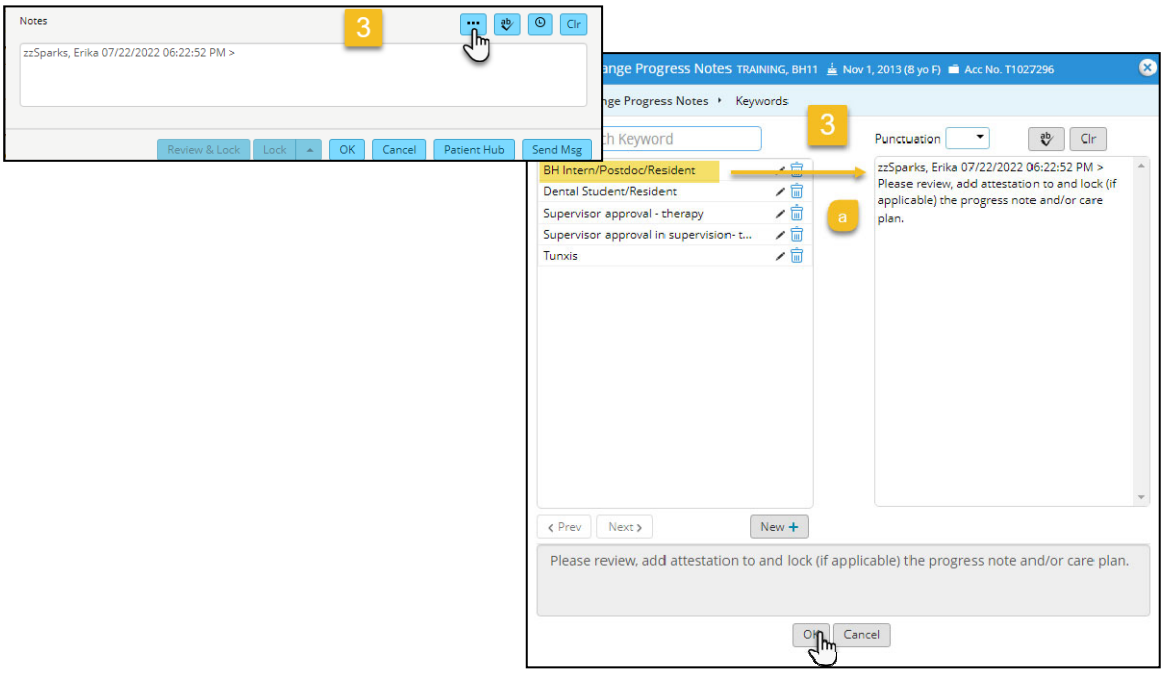
1. To assign the note, click the **Details** drop-down arrow, then select the **Change Assigned To** option to open the window:



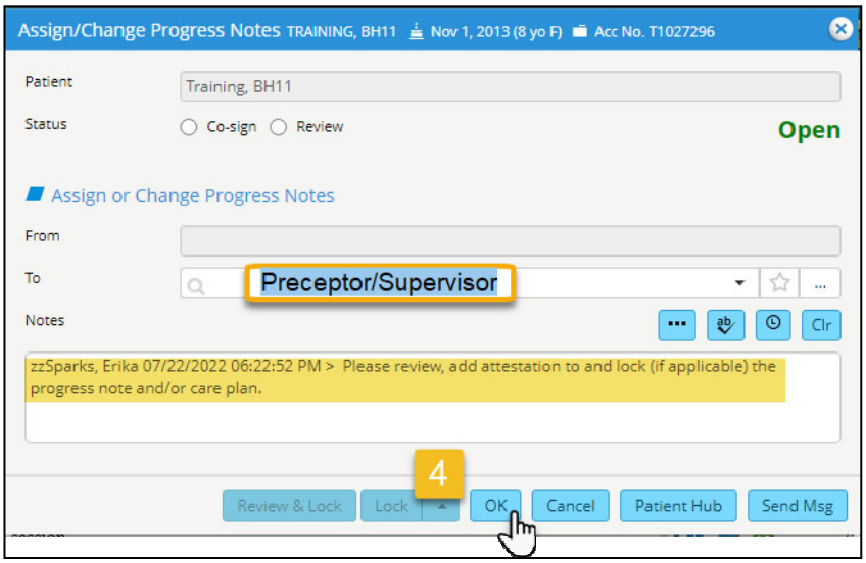
2. In the **Assign/Change Progress Notes** window, use the **To** drop-down arrow to select your supervisor.
    a. Next click the **Time Stamp** icon.



3. Next, click the **Browse** button to open the **Keywords** window.
    a. Select **BH Intern/Postdoc/Resident** to add the statement "**Please review, add attestation to and lock (if applicable) to the progress note and/or care plan.**" Then click the **OK** button.



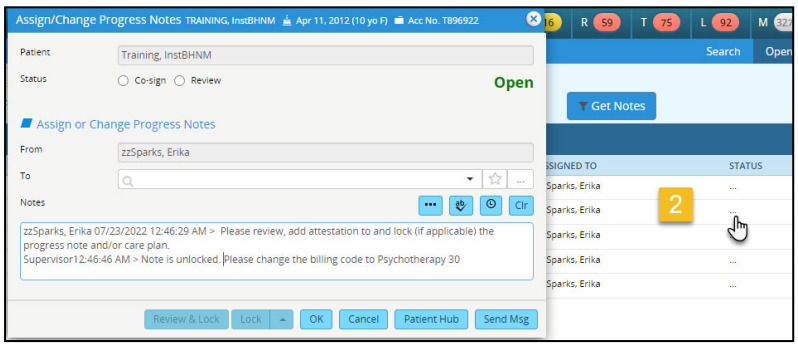
4. Returning to the **Assign/Change Progress Notes** window, click the **OK** button to close. This will transfer the note to the Supervisor.



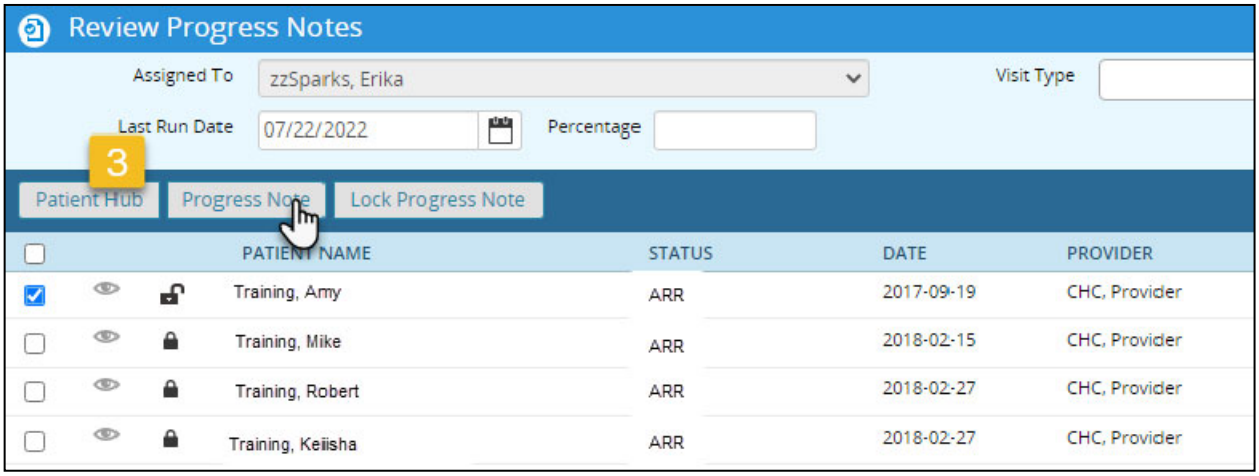
For Trainee: If Changes Needed – How to Access a Re-Assigned Note:

1. To access the assigned note, click directly on the letter **S** of the jelly bean, then select **Review Progress Notes** – (see the **Supervisor** section, pages 7 and 8, to access the assigned note).

2. In the **Status** column, click the ellipses (**...**) to access the **Assign/Change Progress Note** window. Read the Supervisor's revision notes, then click the **OK** button.



3. If changes required, access the **Progress Note** from the **Review Assigned Notes** window, ensure that the note is still selected, then click the **Progress Note** button to open the note.



Appendix E: Presentation Guidelines

Basics

- Allow time for questions
- Prepare to present to a hybrid audience as there will likely be remote participants
- Include presentation objectives, highlighting diversity considerations
- Activities (case studies, simulations, short assessments, etc.) are encouraged
- Apply material to working clinically with CHC's treatment population
- Include presentation objectives, highlighting diversity considerations
- Recommendations should note applicable/inapplicable clinical populations or scenarios, and aspects of diversity that may impact treatment
    - Apply the topic to both telehealth and in-person care practices
    - Use inclusive language for patient populations and use correct pronouns for all in attendance
- Join a few minutes early to ensure mic, share screen, share audio (for videos) is working
- Cite written and visual references
- Sessions are recorded and posted with any material on an internal site for education purposes

Resources

- Versatile powerpoint templates - Canva.
- Images(most are free): Unsplash, pixabay, pexels, Gender Spectrum, Disabled and Here Collection, nappy, tonl, createherstock, blackillustrations, plus size
- Additional resources: https://betterallies.com/photos/
- Interactive polling: slido
- Videos: YouTube

Deadlines

- A week before your session: Send the program manager your slides, poll questions, supplemental material or questions for the trainees.

Tips on Delivering a Dynamic Presentation

Build rapport

- Introduce yourself
- Share why you're speaking on the topic
- Allow trainees to introduce themselves

Structure

- Include some didactic, discussion, and practice
- Engage audience with questions, ask for opinions or shared experience
- Allow time for questions and reflection

Visuals

Powerpoint – not required. If created, use it as a tool that complements the conversation

- Choose appropriate style, colors(see coolors.co, and fonts
- Use high resolution, professional, images, videos, charts, graphs, etc.
- Refrain from using clip art
- Reduce the text on a slide

Video conference resources

- Collaborate with the whiteboard
- Encourage participation with polls, chat, links to relevant material

Appendix F: Informed Consent for Psychological Assessment

Last updated: 10/10/2023

This Informed Consent for Psychological Assessment has important information in it. Please read it carefully, and let me know if you have any questions. When you sign this form, it will create an agreement between us.

What is Psychological Assessment?

Psychological assessment is the gathering of information to evaluate a person's behavior, abilities, and other characteristics, particularly for the purposes of making a diagnosis or treatment recommendations. The assessment process can include interviews, review of records, and, at times, testing. Assessment at Community Health Center Inc. ("CHC") is not considered neuropsychological assessment. It is conducted to assist in clarifying diagnoses or to screen for certain conditions. For more in-depth psychological assessment, you may be referred to an external evaluator.

Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures, and you have the right to discontinue testing. If you discontinue testing, a full psychological report will not be available. If you complete the testing, you will receive an assessment report that includes our interpretation of the test results and recommendations.

The assessment process generally involves an informational interview followed by the administration of one or more psychological tests. If previous testing has been completed, you will be required to provide a copy of all testing reports available to proceed with the evaluation. Testing sessions may take place through a secure video conferencing or may need to be completed in person. Although it is sometimes possible to complete the testing procedure in one sitting, it is common for people to be asked to return for another session to finish the assessment battery. Once testing is completed, the CHC clinician will analyze the data and write a report. You will then have the opportunity to meet with your clinician to discuss the results and receive a copy of the report.

Should you require additional copies to provide to other agencies or schools, please make a request to our medical records department. Because we are a training clinic, our general turnaround time for completed reports is about four to six weeks.

The type of feedback you/your child will receive may include a comprehensive written report that provides findings for each measure, an integrative summary, and recommendations for treatment and/or other interventions.

The testing will be completed by a doctoral psychology trainee, supervised by a licensed psychologist. All communication regarding the assessment will be directly with the trainee implementing the assessment unless it is necessary to contact the supervisor.

Benefits, Limitations and Risks of Assessment

Benefits:

Psychological assessment can help you and/or your therapist, or other parties receive additional information or clarification about your diagnoses or treatment.

Risks/Limitations:

Certain assessment tools have not been researched with different populations. Your assessor will describe any limitations to the testing provided in the report. The evaluation that will be completed is not comprehensive in nature and may not assess all areas of functioning that are relevant to a particular presenting concern. Further, you may find the results upsetting or disagree with the results. We encourage you to communicate these thoughts and feelings with your clinician. You have the right to obtain a second opinion and we will cooperate fully in that process. Additionally, testing will require sustained attention across several hours, which may present some discomfort. Please speak with your evaluator directly if you are experiencing discomfort or require a break.

Fees

You will not be billed for these sessions.

Records

Session visits will be documented. At the conclusion of the assessment sessions, you will be provided with a copy of a written report. Raw data will not be provided. Should you need additional copies of the report in the future, a copy of the report will be retained on file in the documents section in your or your child's chart and can be requested by contacting CHCI.

INFORMED CONSENT

You understand that the information obtained in this evaluation is confidential and it will not be released to any person or organization without your written permission unless required by law as explained below. You may request that the information be sent to a third by completing a release of information form, which you can obtain in CHCI office locations and online. Finally, you understand that the psychological assessment will be maintained as part of your patient record with CHC.

You understand that if your clinician determines that additional or alternative testing may be necessary, your CHC provider will describe the reasons for this testing and will provide you with any referrals. You understand that you have the right to discontinue the evaluation process at any time. However, you understand that your clinician may be unable to provide feedback on the test results if testing is terminated.

By your signature below, you acknowledge that you consent to a psychological evaluation, that you have been informed of the policies regarding evaluations CHC and have read the full consent form. You fully understand your rights and obligations as a client and you freely agree to this assessment.

_____ _____

Patient/Guardian Name and Signature Date

_____

Doctoral Psychology Trainee Name and Signature Date

_____ _____

Supervisor, Licensed Psychologist Name and Signature Date