

# **STUDENT THERAPIST HANDBOOK**

**2020-2021**

**PSYCHOLOGY TRAINING PROGRAM  
FOR ADVANCED PRACTICUM AND EXTERNSHIP:  
COUNSELING AND PSYCHOLOGICAL SERVICES  
BRIGHAM YOUNG UNIVERSITY**

**MEMBERS OF THE CAPS TRAINING COMMITTEE**

Michael Adams, Ph.D., Director of Training

Klint Hobbs, Ph.D., Clinical Director

Hoku Conklin, Ph.D.

Adam Fisher, Ph.D.

Ofa Hafoka, Ph.D.

Brett Merrill, Ph.D.

Kersti Spjut, Ph.D.

## Table of Contents

Introduction.....	4
Description of the Placement.....	4
Expectations for CAPS Student.....	5
Evaluation of Student Therapists.....	6
Acceptance for Training in CAPS.....	7
Honor Code and Dress and Grooming Standard.....	7
Supervision.....	7
Treatment Team.....	8
Offices for Counseling.....	8
Assignment of Cases to Student Therapists.....	8
Student Counseling Schedule.....	8
Student Therapist Case Load.....	8
Keeping Counseling Appointments.....	9
Beginning and Ending Therapy Sessions on Time.....	9
Clients Who Miss Appointments or Fail to Return.....	9
Counseling Records.....	9
Recording of Counseling Sessions.....	10
Ethical and Legal Standards.....	10
Suggestions for Case Notes.....	10
Practicum Student Evaluation Form.....	12
Extern Evaluation Form.....	16
Mission Statement.....	21
Eligibility for Clinical Services.....	21
New Client/Intake and Scheduling Procedures.....	24
Scope of Services & Referrals .....	26
Client Evaluation of Services.....	29
No Show and Cancellation Policy.....	30
Counselor Schedules, Paperwork.....	30
Documentation of Clinical Contacts Policy.....	31

Medical Record Management.....	34
Requests for Records	
Requests for Letters of Support (e.g. petitions, international students).....	37
Emotional Support Animals	
Clinical Verification Form .....	40
Group Therapy.....	41
Stress Management/Biofeedback Services.....	41
Outreach and Consultation.....	42
Procedures for dealing with crisis and at-risk clients.....	45
Procedures for Hospitalization at UVRMC.....	51
First Response for Sexual Assault and Rape.....	53
Resources for Rape and Sexual Assault.....	54
Treatment Issues for Survivors of Rape and Sexual Assault.....	55
Treatment of At-Risk and Diverse Student Populations.....	56

# **Student Therapist Handbook**

## BYU Counseling and Psychological Services

The Counseling and Psychological Services (CAPS) values its role in the training of new professional psychologists. Counseling provided by graduate students is important to our center. For these reasons, CAPS extends a training privilege to qualified doctoral students in counseling and clinical psychology. In order to maintain a graduate student training program, to provide a quality and valuable training experience for graduate students, and to ensure that CAPS clients receive only quality therapy, it is necessary to specify the expectations and guidelines that apply to students providing counseling in the Center. The selection and work of student therapists in the Center is under the direction of the CAPS Training Committee (see title page for members on the Committee).

The material in the **Student Therapist Handbook** should be read and understood by all students providing counseling/therapy in CAPS. It is the student's responsibility to make sure the expectations are understood and followed. Each student therapist has a CAPS supervisor who can answer questions and clarify the contents of this handbook. It is strongly recommended that these guidelines be thoroughly discussed in supervision so that they can be understood and followed. The CAPS Clinical Director or Director of Training is also available to discuss and clarify these expectations.

### **Training Privilege in the CAPS**

CAPS extends a training privilege to qualified graduate students to allow them to function in a training capacity as a first- or second-year practicum student, or extern. Failure on the part of a student therapist to follow the requirements and expectations set forth in the Student Therapist Handbook could result in termination of the training privilege to a student or a paid student therapist in CAPS. Furthermore, violations of the requirements and expectations will be reported to the student's doctoral program. The training privilege is founded on a trust that the student trainee has the skills necessary to provide clinical services to CAPS clients. The CAPS Training Committee recognizes that trainees may be at varying levels of competence based on their education and clinical experience. Supervision and involvement in other training opportunities such as Treatment Team meetings and didactic training are provided in order to help the trainee make progress in their clinical effectiveness. The training privilege is also dependent on satisfactory performance and appropriate use of supervision on the part of the trainee. A serious lack of competence, cooperation, deference, or inability to make use of supervision may result in revocation of the training privilege. It is an expectation that trainees will show improvement and growth over the course of their involvement in CAPS training program.

### **Advanced Practicum and Externship in Professional Psychology**

CAPS offers an advanced practicum and an externship in professional psychology to students in doctoral programs in Clinical Psychology and Counseling Psychology at Brigham Young University (BYU).

### **Description of the Placement**

Placement in CAPS accepts students who are recommended by their doctoral program and meet the requirements for admittance to the placement. Students in the placement are afforded the

privilege of offering counseling and psychotherapy, under supervision, to clients of CAPS. In order to qualify for providing direct services, practicum students must have completed at least one semester of practicum training, under appropriate supervision, in their doctoral program or have completed a master's degree in which they completed a practicum in counseling or psychotherapy. Externs must have completed two years of practicum training, under appropriate supervision, in their doctoral program. Work of students in CAPS consists mainly of individual counseling. Training for group counseling or other treatment modalities may be approved for students depending on the Center's needs and the training and preparation of the student.

**Expectations for CAPS Students**

- 1) All Student Therapists will attend an all-day orientation about CAPS operating procedures during the week (typically Tuesday) before fall semester classes begin. If there are extremely unusual circumstances that prevent attendance at this orientation, arrangements need to be made, well in advance, with the Training Director. Further, additional training will come to practicum students through their program's prac classes.
  
- 2) Read and comply with CAPS policies and procedures contained in the Student Therapist Handbook. Students are required to turn in a signed application for placement that acknowledges they have read and understood the expectations of training in CAPS and are willing to abide by those expectations and requirements.
  
- 3) Work in the CAPS Advanced Practicum requires **5 hours per week** of direct service in individual therapy during fall and winter semesters. If a student wishes to alter or add to this requirement then a petition needs to be filed with the Training Committee through their primary supervisor. Practicums during spring and summer terms are also possible. Concurrent enrollment in the department practicum course is required during all practicum training in the CAPS. The work of practicum students is under the direction of the CAPS Training Committee in cooperation with BYU doctoral programs in Clinical Psychology and Counseling Psychology.
  
- 4) Work in the CAPS Externship requires **13 hours per week** of direct clinical service in individual therapy during fall and winter semesters. The total weekly hour requirement is 20 hours per week. These 13 direct clinical service hours can be comprised of all individual therapy hours or of 11 individual therapy hours and 2 hours of group therapy if the extern desires to co-lead a group with a CAPS Clinical Faculty member. Additionally, if an extern wants to work with couples they can specify this by adding a couples intake into their Titanium schedule. If a student wishes to alter or add to this requirement then a petition needs to be filed with the training committee through their primary supervisor. Externships during spring and summer terms are also possible if funding is available. Concurrent enrollment in the department clerkship or externship course is required during all externship training in CAPS. The work of externs is under the direction of the CAPS Training Committee in cooperation with BYU doctoral programs in Clinical Psychology and Counseling Psychology. Externs may also be allowed to do couples work. A typical week for an extern, would look like the following:

Activity	Time of Week	Hour Requirement
----------	--------------	------------------

Training Seminar	10 am on Monday	1 hour
Clinical Team Meeting:	Monday at 3 pm or Tuesday at 9 am	1 hour
Friday Staff Meeting (Only attend Clinical Services Meeting)	Friday at 8 am	1 hour
Friday In-Service Training	Friday at 9 am	1 hour
Supervision	At the discretion of the extern and their supervisor	2 hours
Clinical Hours Requirement	At the discretion of the extern	13 hours
Clinical Note Writing	At the discretion of the extern	1 hour
<b>Total Hours for Externship</b>		<b>20 hours</b>

- 5) Students are expected to enter their weekly schedule of counseling hours within Titanium, prior to the beginning of each semester or term. The Office Manager will email each practicum or extern student before the semester begins requesting their preferences for times they will perform therapy and therapy room assignments. It is imperative that students adhere to their schedules and be present for counseling appointments.
- 6) Students will want to document all of their training hours to use these hours toward licensure in the future. [Time2Track](#) is a popularly used program by the Counseling and Clinical Psychology programs at BYU.
- 7) First and second-year practicum students receive **one hour per week** of individual supervision during practicum and **two hours** per week during externship. Students should be on time for supervision and prepared to discuss their cases and to view session recordings. **An additional hour of supervision from a CAPS Psychology Intern will also be provided for four, 1<sup>st</sup> Year CPSE practicum students during winter semester.**
- 8) Students attend and participate in the weekly meetings of the CAPS Clinical Treatment Team to which they are assigned. Treatment Team participation on a regular basis is a requirement. These meetings take place at 3 pm on Monday and 9 am on Tuesday. Student therapists have the opportunity to present a case in their treatment team for her/his professional development.
- 9) Practicum students and Externs are expected to attend the CAPS Clinical Services Meeting. This meeting is held on Fridays during fall and winter semesters at 8:00 am three or four times per semester. Exact dates can be obtained from the Clinical Director. Additionally, there are In-services meetings and Cultural Diversity Training meetings each week at 9:00 that student therapists are encouraged to attend.
- 10) Student therapists are required to complete case notes in compliance with CAPS procedures. Notes should be entered on the day of the counseling session and no later.
- 11) Students make video recordings of counseling sessions for supervision purposes. The client must give signed permission to be video recorded. If permission is not given, a transfer of the client to another therapist should be arranged through the student's supervisor and the CAPS Clinical Director. Recordings of counseling sessions are to be kept on a secure server in

CAPS. Copies of counseling sessions may be removed from the Center only with the written permission of the CAPS Director of Training. During the pandemic, please follow the instructions of how to record and securely store video recordings within Y-Box that were sent to you.

- 12) Student therapists are expected to be aware of, and use, clinical data gathered on their clients. This includes but is not limited to all portions of the Intake Information, the Outcome Questionnaire-45 for each session as seen through OQ Analyst, and the Support Tools.
- 13) Students participate in evaluation of their performance with their supervisor. An evaluation of your clinical work will occur at the end of fall and winter semester. Students are also expected to provide an evaluation of the supervision they receive. Typically, student evaluations of their supervisor are conducted near the end of winter semester.

### **Evaluation of Student Therapists**

Evaluation of clinical and professional performance by supervisors and other CAPS clinical faculty are the primary means of determining a trainee's qualification for the training privilege. The Training Committee monitors trainee performance and progress and makes decisions regarding the training privilege. Supervisors throughout the semester give corrective feedback. An informal report is provided by each student trainee's primary supervisor at midsemester during fall semester. A formal written evaluation is completed at the end of fall semester and the end of winter semester by the supervisor with input from other clinical faculty as appropriate. Trainees will have the opportunity to review the evaluation with their supervisor. Evaluation results are also shared with the trainee's doctoral program. CAPS utilizes two separate evaluations for extern and practicum students in accordance with the latest guidelines recommended by APA. A copy of these evaluations is included later in this handbook.

### **Acceptance for Training in CAPS**

The Training Committee monitors the progress of all students receiving counseling training in CAPS. The academic graduate training program certifies the student counselor meets programmatic criteria for the practicum when the student receives placement in CAPS. Some advanced graduate students are employed by the Center and are approved by the Training Committee as part of the hiring process. Student therapists in CAPS must be enrolled in a corresponding course offered by a BYU graduate program. The clinical experience in the CAPS practicum placement is covered by the liability insurance BYU provides to all CAPS employees. All student therapists in CAPS must be in good standing in their doctoral programs. Student therapists must also possess the emotional stability required to provide mental health services in an effective and professional manner. The student therapist's supervisor in CAPS will monitor the quality of counseling provided by the student. If, in the opinion of the supervisor, the student's counseling, emotional stability, disposition, or personal conduct and demeanor do not meet the Center's standards as set forth in this document, the supervisor will recommend to the CAPS Director of Training a review of the student's placement in CAPS.

### **Honor Code and Dress and Grooming Standard**

Student therapists are expected to abide by and uphold the [BYU Honor Code and Dress and Grooming Standard](#). This expectation applies to all CAPS employees.

The BYU CAPS strives to provide a professional and safe environment for clients to work through difficult areas of their lives. Our dress, appearance, behavior, and environment contribute to the experience of our clients. Anytime you are working in CAPS, employees should dress in a professionally appropriate manner.

It is important that our clothing styles reflect a professional manner of dress. While working in CAPS, student therapists and clinicians are not to wear blue jeans, t-shirts, beach flip-flops, hats, or extreme styles in their clothing. However, it is acceptable on Friday's within CAPS to wear jeans and BYU clothing (t-shirt) as a show of support to our athletic teams. These days would be the exception to the rule.

### **Supervision**

Student therapists are assigned a supervisor from the CAPS professional staff. It is your responsibility to contact your supervisor and establish a regular supervision time(s). Your supervisor is the case manager for all of your counseling cases. This means that she or he is ultimately responsible for all that is done with regard to a given case. As a trainee in CAPS you are required to work under the direction of your supervisor and follow any and all directives the supervisor may give regarding a client. You will meet for at least **one hour per week** in an individual session with your supervisor as a practicum student and **two hours per week** as an extern. You are required to attend the weekly supervision session. Be on time. Each of your cases should be reviewed regularly.

Topics that typically should be discussed with your supervisor include: psychiatric referral, need for hospitalization, psychological assessment, termination, referral, risk of suicide or homicide, reporting of abuse, consent for release of information, ethical questions related to a case, conceptualization of the case, possible intervention strategies, and co-signing of documents by supervisor. CAPS requires that all trainees video record their counseling sessions and your supervisor will expect you to show footage of your counseling sessions as part of supervision. If a client declines to be recorded or if there is an equipment problem, please report this to your supervisor. Live observation of your counseling may also be part of the supervision you are provided in CAPS.

### **Treatment Team**

Student therapists are assigned to one of the Center's clinical treatment teams. This is an important part of your training experience in the Center in that it provides you with group supervision and provides a forum to discuss clinical issues. It is required of all student therapists in the CAPS, employees or practicum students, that they regularly attend their treatment team meetings. Student therapists are provided an opportunity to offer a case presentation each semester. The treatment teams meet either on Mondays from 3:00 to 4:00 pm, or Tuesdays from 9:00 to 10:00 am. It is necessary for student therapists to arrange their schedules so that they may regularly attend their treatment team. Failure to attend assigned treatment team meetings may be grounds for revocation of the training privilege.

### **Offices for Counseling**



Student therapists hold counseling sessions in CAPS offices. Please contact the Office Manager (Sheri Knight at [shri\\_knight@byu.edu](mailto:shri_knight@byu.edu)) to arrange reservations for offices. You will need to provide the date and time you are wanting to reserve a room for each day of the week. Clients should be seen by student therapists only in the CAPS offices and only during regular office hours of the Center (8 am to 5 pm).

### **Assignment of Cases to Student Therapists**

Cases are assigned to student therapists through the Center's first-session process. This means, clients will schedule appointments through the front desk staff and fill out our first-session on-line forms. Attempts will be made to screen cases that are appropriate to your experience and level of skill as a therapist. If you feel at any time that an assigned case is not appropriate for you, immediately discuss this matter with your supervisor.

### **Student Counseling Schedule**

The front desk staff in CAPS should have a copy of your counseling schedule via Titanium within the first few days of the beginning of the semester. It is to your advantage to enter your schedule into Titanium as early as possible and to contact the Office Manager for availability of rooms at times you prefer. It is usually wise to list a few more hours than you will actually see clients so there is flexibility as to when clients may see you for counseling. Student therapists are sometimes contacted and become involved in responding to emergencies that may arise with his/her counseling clients. For this reason, it is necessary that practicum students can be reached by CAPS crisis workers and be available should the situation warrant their services.

### **Student Therapist Case Load**

**Practicum (1<sup>st</sup> and 2<sup>nd</sup> Year) Students:** In order to provide quality training opportunities and to maintain the quality of services to CAPS clients, it is recommended that practicum students hold 5 to 6 counseling sessions per week. You may want to offer appointments per week because this allows for cancellations and no shows by clients. The requirement is 5 hours per week. By offering 6 clinical hours, this makes it more likely that you will meet the practicum requirements for their doctoral programs. If students are low on hours required by their program or wish to gain more experience, the practicum can extend into Spring and Summer terms, as long as the trainee is in a practicum class. Seeing more than 6 clients per week is not recommended for practicum students. Practicum students may also co-lead groups as co-leader slots are available and when they have had sufficient group coursework in addition to their 5 hours a week of individual counseling.

**Externs:** Externs are expected to carry 13 direct service hours. This can be arranged according to the extern's preference. You could do all 13 hours of individual therapy. You could do 11 hours of individual therapy and 2 hours of group therapy. You can also see couples by placing Couples Intake placeholder slots into your clinical schedule.

### **Keeping Counseling Appointments**

The keeping of counseling appointments is a very important professional matter. It is the responsibility of the student therapist to check their schedules on their computers or check with the front desk staff early in the morning of each day when counseling times have been designated. This check must, in all cases, be initiated by the practicum student prior to their

designated counseling hours. Sometimes there is little lead time between scheduling and the counseling appointment made for a student therapist. Therefore, you must check and be sure you know of your appointments for each day you have counseling times. **If you are ill or cannot keep an appointment for some other emergency, call the front desk staff as soon as possible so that clients may be notified.** Therapy appointments missed by practicum students may result in a review of their placement in CAPS.

### **Beginning and Ending Therapy Sessions on Time**

It is essential that therapist begin and end their appointments on time (ten minutes to the hour) so that notes can be entered, and the office can be vacated in time for the next student who has the room scheduled. All clients complete the OQ-45 before the clinician is notified that they are ready for the session. It may be important to inform clients that if they wish to have the full 50 minutes of their session, they must come a few minutes early to complete the OQ or take the OQ on-line before their appointment.

### **Clients Who Miss Appointments or Fail to Return**

When a client fails to keep an appointment or to return for further planned counseling, it is often wise to contact the student. This is especially important if the client is at risk for suicide. This should be done in a manner that does not compromise the confidentiality of the client. Your supervisor can help you determine when and how contact should be made with such clients.

### **Counseling Records**

The Center maintains and owns records of all counseling clients. These include intake reports and therapy session progress notes. You are required to write a brief note for each counseling session. Notes should be completed **the day of the session**. Your notes will be reviewed by your supervisor who will indicate in the record her or his acceptance of the note. Counseling notes and records **should not ever** be taken out of CAPS.

### **Recording of Counseling Sessions**

It is a requirement of all student therapists that they make video recordings of their counseling sessions. The client should be informed at intake that he or she is being assigned to a student therapist who is required to video sessions. Written consent to record sessions must be secured from each of your clients. Forms for this consent are part of the on-line forms that is signed by the client before he/she comes to their first session. If a client refuses to be recorded, the case will be transferred to a CAPS staff member who is not required to record. The offices assigned to student therapists have a digital recording system. You will need to learn how to use it properly. All recordings are kept on a secure server and can be accessed by yourself and your supervisor for training purposes.

### **Ethical and Legal Standards**

CAPS follows the [APA Ethical Standards](#) and expects all student therapists to do the same. Confidentiality of information is an important matter as therapists serve BYU students. Be sure that you do not discuss your cases, even in general terms, outside the Center. It is also crucial that you do not have any form of dual relationship with someone you are serving in CAPS. Any deviation from confidentiality, as in emergency situations or the reporting of abuse must be discussed with the student therapist's supervisor prior to the release of information.

## **Suggestions for Case Notes**

In order to assist psychology trainees in BYU-CAPS to write effective, professional case notes for counseling sessions, the following suggestions are offered. It is not anticipated that each suggested item will apply to every client and every counseling session. Instead, this list should be used as a set of questions or issues to be considered as a narrative case note is being prepared. Notes do not have to be lengthy nor should they be so brief they do not convey important information.

Your case note should be a record of the state of the client, the interventions used by the therapist, the work the client is doing on his or her behalf, progress made by the client, and documentation of risk in the client and provisions for dealing with the risk. Good case notes serve the purpose of reacquainting the therapist or a newly assigned therapist with what has occurred in previous sessions. Case notes can also be a form of protection to the therapist and sponsoring agency in that the note clarifies what actually transpired during a given counseling session. The therapist's diagnosis and treatment plan convey an approach that is professional and open to review by supervisors and other professionals. Evidence of theoretical orientation in the case conceptualization is a means of conveying how the case is being understood and treated by the therapist. One final thought: be judicious in writing your notes. It is a good idea to not write anything in a note that is of a subjective nature or that you would not read in open court someday.

Components of a case note include, but or not limited to:

### **Opening**

1. Brief description of how the client presented for the counseling session (affect, behavior, appearance, etc.)
2. Client's report on status, progress, or agenda for the counseling session.
3. Follow-up on homework assignments or other work client has done since last session. Note progress the client is making on the presenting problem.
4. Describe the client's compliance with medical treatment and use of medication, if applicable.

### **Interventions**

- 1) Briefly describe the interventions used in the session. Where possible, reflect the theoretical orientation that guided the interventions.
- 2) Comment on the client's response to the interventions, noting the effects of the interventions in light of the client's presenting problem. Note progress client might have made during the session.
- 3) Comment on the nature of the therapeutic alliance in the session.
- 4) Documentation of areas of concern such as suicidal risk to the client or risk of harm to others and steps taken to deal with the concern or to reduce risk. In addition, you should document your consultation with your supervisors on these same issues.

### **Refinements and Assignments**

- 5) Identify any new information that may have come out during the session that has bearing on the problem(s) the client is working on.
- 6) Comment on any refinements to the diagnosis, case conceptualization, or treatment plan

that have resulted from the session.

- 7) Describe any networking on behalf of the client that may be necessitated as a result of the session (e.g., letter to registrar's office, referral to physician, referral to UAC, etc.).
- 8) Homework assignments to be carried out by client prior to next counseling session.

# Evaluation for Practicum Students at BYU-CAPS

Developmental Benchmark Form  
In Accordance with APA Profession Wide Competencies  
(Revised Sept. 1, 2020)

Trainee's Name:

Date of Evaluation:

Supervisor:

Is Supervisory a Licensed Psychologist?

- Yes
- No

Semester:

- Fall
- Winter
- Spring
- Summer

Level of Trainee

- 2<sup>nd</sup> Year Practicum Student
- 1<sup>st</sup> Year Practicum Student

APA Accreditation requirements for practicum include that each evaluation be based in part on review of video recordings or live observation of trainee providing clinical services. Please attest to the fact that you have done so by choosing which of the following you engaged in as part of your evaluation of the trainee this semester.

- I watched video recordings of my supervisee working with clients
- I engaged in live observation of my supervisee providing services to clients
- None of the above

## Criteria for Evaluation:

1	Unsatisfactory	Trainee's performance is inadequate and/or unacceptable in all, or nearly all, areas being evaluated. Work is not commensurate with the expected level of training and development.
2	Marginal	Trainee's performance is below average. Work showed marked deficits in ability to function at expected level of training and development.
3	Satisfactory	Trainee's performance was acceptable. Work demonstrates basic competence at the expected level of training and development.
4	Very Good	Trainee's performance is above average. Work shows advanced functioning related to expected level of training and development.

5	Outstanding	Trainee's performance is consistent with exceptional performance of advanced competence related to expected level of training and development.
N/A	Not applicable	Not enough data to form a judgment or provide an evaluation of performance in this area.

**Please indicate how characteristic of your practicum trainee are the following descriptions of the trainee's behaviors at the level of readiness for internship.**

### **I. Professional Values, Attitudes, & Behaviors**

1. Demonstrates the ability to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
2. Engages in self-reflection regarding one's personal and professional functioning.
3. Engages in activities to maintain and improve clinical performance and professional development (e.g., reading professional articles, conference attendance, etc.).
4. Actively seeks and demonstrates an openness and responsiveness to feedback.
5. Demonstrates an increased ability to respond professionally in increasingly complex situations with a greater degree of independence over the course of their doctoral training.
6. Demonstrates an accurate self-assessment of competence, wherein the trainee works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills.

### **II. Communication/Interpersonal Skills**

1. Develops and maintains effective professional relationships with a wide range of individuals within BYU-CAPS.
2. Demonstrates effective interpersonal skills.
3. Negotiates differences and handles conflict well (both verbally and nonverbally).
4. Provides feedback to others in an appropriate fashion.
5. Demonstrates ability to be open-minded (e.g., acknowledge others' opinions; articulates more than one perspective in discussions; statements reflect acceptance of diversity of opinions or beliefs).
6. Adapts professional behavior (interpersonal/communication practices) in a manner that is sensitive and appropriate to the needs of diverse others.
7. Self-aware and sensitive to the effects of their personal attitudes, opinions, values, behaviors, and beliefs on others.
8. Demonstrates willingness to admit errors.
9. Works effectively with peers, staff, team player, etc..
10. Awareness of own level of interpersonal professional competence and limitations (e.g., trainee can accurately identify their areas of strengths and weaknesses in interpersonal abilities).
11. Verbal, nonverbal, and written communications are professional and appropriate.
12. Able to express empathy toward client(s).
13. Able to reflect the client's feelings in an accurate manner.
14. Demonstrates compassion for others.
15. Comfortable with the display of heavy emotions from client(s).
16. Facilitates the client's exploration and expression of affectively difficult issues.
17. Self-awareness of inner emotional experience when working with clients.
18. Tolerates ambiguity and uncertainty within clinical practice.

19. Demonstrates appropriate and effective boundaries with clients.

### **III. Individual and Cultural Diversity**

1. Demonstrates an understanding of how their own cultural history, attitudes, and biases affect how they understand and interact with people different from themselves.
2. Incorporates theoretical and research knowledge on multiculturalism within their professional role.
3. Demonstrates effective communication and interpersonal skills with people different from themselves, being sensitive to issues of power and privilege.
4. Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others. (e.g., adapts treatment approach based on diversity considerations; demonstrates flexibility as various identities are more or less salient for clients).
5. Demonstrates an understanding of the manner in which people of diverse cultures and belief systems perceive mental health issues and interventions.
6. Demonstrates awareness of own and others' multiple identities and the intersection of these identities (intersectionality).
7. Respects and shows interest in others' cultures, experiences, values, points of view, goals, desires, fears, etc. even when inconsistent with personal and/or professional beliefs, experiences, values, models, etc. (e.g., actively participates in discussions about diversity issues and welcomes others' perspectives; develops better understanding of others' perspectives able to modify own beliefs/biases).

### **IV. Ethics**

1. Demonstrates knowledge of and acts in accordance with the current APA Ethical Principles and Code of Conduct.
2. Demonstrates knowledge of and acts in accordance with relevant laws, regulations, and policies at the organizational, local, state, and federal levels.
3. Shows honesty and integrity. Values ethical behavior.
4. Is able to recognize ethical dilemmas as they arise and apply ethical decision-making in order to resolve them.
5. Appropriately seeks consultation when ethical or legal issues arise and require resolution.
6. Aware of their professional boundaries of competence based on their education, training, supervised experience, consultation, study, or professional experience.
7. Monitors issues related to self-care with supervisor and understands the central role of self-care to effective practice.
8. Demonstrates commitment to ongoing growth and development of interpersonal professional competence.
9. Maintains accurate documentation of records in clinical work.

### **V. Intervention**

1. Establishes and maintains effective relationship with clients.
2. Implements evidence-based interventions informed by assessment findings, diversity characteristics, and contextual variables.
3. Effectively uses research to inform clinical practices.
4. Demonstrates effective timing of interventions.
5. Increased ability in case conceptualization skills and intervention plans.
6. Increased ability to evaluate intervention effectiveness, and adapts intervention appropriately.
7. Increased ability to assess and manage crisis situations.

8. Can conduct a suicide risk assessment.
9. Evaluates treatment progress and modifies treatment plans as indicated, including through the use of established outcome measures.
10. Demonstrates ability to refer clients to group and/or other resources when appropriate.
11. Demonstrates ability to handle termination issues.

#### **VI. Assessment:**

1. Utilizes assessment to inform case conceptualization, intervention, and recommendations.
2. Gathers biological, cognitive, behavioral, developmental, and sociocultural factors during intake interviews and integrates this information into a holistic assessment.
3. Utilizes the OQ-45 and CCAPS in the assessment of their clients.

#### **VII. Research**

1. Demonstrates development of knowledge and skills in seeking, applying, and evaluating theoretical and research data relevant to the practice of psychology.
2. Applies relevant research literature to clinical decision-making.
3. Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs within professional practice.

#### **VIII. Consultation and Interprofessional Skills**

1. Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher, etc.).
2. Seeks consultation with other professionals within BYU CAPS when needed.
3. Follows BYU-CAPS procedures for crisis intervention, including notification of key administrators and agencies.
4. Participates in clinical team meetings.
5. Collaborates effectively with others who have diverse and different perspectives.
6. Makes appropriate referrals, and is aware of resources, in accordance with best-care practices for client.
7. Obtains a release of information when a client makes a request of therapist, before communicating with outside individuals.
8. Demonstrates ability to effectively communicate and consult with outside individuals, while respecting client's confidentiality and the scope of signed release of information.
9. Follows BYU and CAPS procedures for crisis intervention, including notification of key administrator, supervisor, and agencies.

#### **IX. Supervision**

1. Collaborates with supervisor to set appropriate goals for supervision and works to achieve identified goals.
2. Prepared for supervision: Bringing cued video recordings, thoughtful questions about clinical cases, and a list of clinical cases with presenting concerns.
3. Discusses and shares concerns, questions, limitations, difficult or high-risk cases, ethical dilemmas.
4. Demonstrates ability to be self-reflective and evaluate their clinical work.
5. Arrives on time for supervision consistently.
6. Completes and keep records/notes in a reliable and timely manner.



# Evaluation for Extern Students at BYU-CAPS

Developmental Benchmark Form  
In Accordance with APA Profession Wide Competencies  
(Revised Sept. 1, 2020)

Trainee's Name:

Date of Evaluation:

Supervisor:

Is Supervisory a Licensed Psychologist?

- Yes
- No

Semester:

- Fall
- Winter
- Spring
- Summer

Level of Trainee

- Intern
- Extern
- 2<sup>nd</sup> Year Practicum Student
- 1<sup>st</sup> Year Practicum Student

APA Accreditation requirements for externship include that each evaluation be based in part on review of video recordings or live observation of trainee providing clinical services. Please attest to the fact that you have done so by choosing which of the following you engaged in as part of your evaluation of the trainee this semester.

- I watched video recordings of my supervisee working with clients
- I engaged in live observation of my supervisee providing services to clients
- None of the above

## Criteria for Evaluation:

1	Unsatisfactory	Trainee's performance is inadequate and/or unacceptable in all, or nearly all, areas being evaluated. Work is not commensurate with the expected level of training and development.
2	Marginal	Trainee's performance is below average. Work showed marked deficits in ability to function at expected level of training and development.
3	Satisfactory	Trainee's performance was acceptable. Work demonstrates basic competence at the expected level of training and development.

4	Very Good	Trainee's performance is above average. Work shows advanced functioning related to expected level of training and development.
5	Outstanding	Trainee's performance is consistent with exceptional performance of advanced competence related to expected level of training and development.
N/A	Not applicable	Not enough data to form a judgment or provide an evaluation of performance in this area.

**Please indicate how characteristic of your extern trainee are the following descriptions of the trainee's behaviors at the level of readiness for internship.**

### **I. Professional Values, Attitudes, & Behaviors**

1. Demonstrates the ability to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
2. Engages in self-reflection regarding one's personal and professional functioning.
3. Engages in activities to maintain and improve clinical performance and professional development (e.g., reading professional articles, conference attendance, etc.).
4. Actively seeks and demonstrates an openness and responsiveness to feedback.
5. Demonstrates the ability to respond professionally in increasingly complex situations with a greater degree of independence over the course of their doctoral training.
6. Demonstrates an accurate self-assessment of competence, wherein the trainee works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills.

### **II. Communication/Interpersonal Skills**

1. Develops and maintains effective professional relationships with a wide range of individuals within BYU-CAPS.
2. Demonstrates effective interpersonal skills.
3. Able to manage difficult conversations well.
4. Negotiates differences and handles conflict well (both verbally and nonverbally).
5. Provides feedback to others in an appropriate fashion.
6. Adapts professional behavior (interpersonal/communication practices) in a manner that is sensitive and appropriate to the needs of diverse others.
7. Verbal, nonverbal, and written communications are professional and appropriate.
8. Able to express accurate empathy for client(s).
9. Demonstrates compassion for others.
10. Comfortable with the display of heavy emotions from client(s).
11. Facilitates the client's exploration and expression of affectively difficult issues.
12. Aware of their emotional responses to client(s) and able to communicate their affective reactions appropriately and therapeutically with client.
13. Demonstrates appropriate and effective boundaries with clients.

### **III. Individual and Cultural Diversity**

1. Demonstrates an understanding of how their own cultural history, attitudes, and biases affect how they understand and interact with people different from themselves.

2. Incorporates theoretical and research knowledge on multiculturalism within their professional role.
3. Demonstrates effective communication and interpersonal skills with people different from themselves, being sensitive to issues of power and privilege.
4. Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others. (e.g., adapts treatment approach based on diversity considerations; demonstrates flexibility as various identities are more or less salient for clients).
5. Demonstrates an understanding of the manner in which people of diverse cultures and belief systems perceive mental health issues and interventions.
6. Demonstrates awareness of own and others' multiple identities and the intersection of these identities (intersectionality).
7. Respects and shows interest in others' cultures, experiences, values, points of view, goals, desires, fears, etc. even when inconsistent with personal and/or professional beliefs, experiences, values, models, etc. (e.g., actively participates in discussions about diversity issues and welcomes others' perspectives; develops better understanding of others' perspectives able to modify own beliefs/biases).

#### **IV. Ethics**

1. Demonstrates knowledge of and acts in accordance with the current APA Ethical Principles and Code of Conduct.
2. Demonstrates knowledge of and acts in accordance with relevant laws, regulations, and policies at the organizational, local, state, and federal levels.
3. Demonstrates an ability to recognize an ethical dilemma and utilizes an ethical decision-making model in professional work.
4. Appropriately seeks consultation when ethical or legal issues arise and require resolution.
5. Aware of their professional boundaries of competence based on their education, training, supervised experience, consultation, study, or professional experience.
6. Recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills.
7. Self-monitors issues related to self-care and promptly intervenes when necessary.
8. Maintains accurate documentation of records in clinical work.

#### **V. Intervention**

1. Establishes and maintains effective relationship with clients.
2. Implements evidence-based interventions informed by assessment findings, diversity characteristics, and contextual variables.
3. Effectively uses research informed practices.
4. Demonstrates effective timing of interventions.
5. Demonstrates contextually accurate case conceptualization skills and intervention plans.
6. Demonstrates the ability to evaluate intervention effectiveness, and adapts intervention appropriately.
7. Demonstrates the appropriate therapeutic use of self.
8. Able to effectively assess and manage crisis situations.
9. Can conduct a suicide risk assessment.
10. Evaluates treatment progress and modifies treatment plans as indicated, including through the use of established outcome measures.
11. Demonstrates ability to refer clients to group and/or other resources when appropriate.
12. Demonstrates ability to handle termination issues.

## **VI. Assessment:**

1. Utilizes assessment to inform case conceptualization, intervention, and recommendations.
2. Integrates biological, cognitive, behavioral, developmental, and sociocultural factors of health and illness in assessments.
3. Understands the strengths and limitations of diagnostic approaches and interpretation of results.

## **VII. Research**

1. Demonstrates development of knowledge and skills in seeking, applying, and evaluating theoretical and research data relevant to the practice of psychology.
2. Applies relevant research literature to clinical decision-making.
3. Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs within professional practice.

## **VIII. Consultation and Interprofessional Skills**

1. Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher, etc.).
2. Seeks consultation with other professionals within BYU CAPS when needed.
3. Follows BYU-CAPS procedures for crisis intervention, including notification of key administrators and agencies.
4. Participates in clinical team meetings.
5. Collaborates effectively with others who have diverse and different perspectives.
6. Makes appropriate referrals, and is aware of resources, in accordance with best-care practices for client.
7. Obtains a release of information when a client makes a request of therapist, before communicating with outside individuals.
8. Demonstrates ability to effectively communicate and consult with outside individuals, while respecting client's confidentiality and the scope of signed release of information.
9. Follows BYU and CAPS procedures for crisis intervention, including notification of key administrator, supervisor, and agencies.

## **IX. Supervision**

1. Arrives on time for supervision consistently.
2. Collaborates with supervisor to set appropriate goals for supervision and works to achieve identified goals.
3. Prepares for supervision. For example, brings cued video recordings, thoughtful questions about clinical cases, and/or a list of clinical cases with presenting concerns.
4. Discusses and shares concerns, questions, limitations, difficult or high-risk cases, and/or ethical dilemmas.
5. Demonstrates ability to be self-reflective and to evaluate their clinical work.
6. Completes clinical records in a reliable and timely fashion.

## **X. Couples Therapy**

1. Demonstrates ability to form a therapeutic alliance with both partners.
2. Identifies and effectively communicates the problematic patterns within the partnership.
3. Recognizes how individual cultural differences impact the couple relationship.

4. Demonstrates ability to conceptualize a treatment approach based on evidence-based couples therapy models (i.e., Gottman's Relational Model, Developmental Model of Couples Therapy, EFT, IMAGO, etc.)
5. Helps the couple reformulate their thoughts and feelings about their relationship.
6. Demonstrates ability to be direct and interrupt the couple when needed.
7. Examines her or his own limitations and countertransference as a couple's therapist.

# **Counseling & Psychological Services**

## **Brigham Young University**

### **Mission Statement**

Counseling and Psychological Services (CAPS) offers individual, crisis, consultation, group and couples treatment (or provides referrals to other agencies which provide similar services) for developmental, emotional, or interpersonal difficulties that arise during the educational process. We espouse a Counseling Center philosophy recognizing that our mission is to assist students in fulfilling their educational goals by helping them overcome obstacles that interfere with their ability to succeed in college.

### **Who We Are**

CAPS is a part of University Services, which consists of different departments in the College of Student Life and shares in Brigham Young University's mission to help students realize the aims of a BYU education. The major functions of the different departments in BYU University Services include: personal counseling, career exploration, career placement, academic support, and academic advisement.

Psychological services in CAPS are provided by full time clinical faculty (licensed doctoral level clinicians) as well as doctoral students in training. All clinical faculty are involved in a variety of direct service activities. We provide counseling services, teach Student Development Classes, and participate in the training of doctoral students by supervising externs, practicum students, and part-time student hires from Counseling Psychology and Clinical Psychology programs. We also provide supervision and training for doctoral interns who are part of our APA-accredited internship program. Our counseling services include individual, couples, crisis, and/or group counseling. In addition, we participate in a variety of ongoing research projects and evaluations of our services. We also provide consultative and outreach services to the campus community, including administration, housing, faculty, and ecclesiastical leaders.

Treatment is provided free of charge to eligible students as the cost of these services are paid in part by student fees. Currently, student are eligible to receive up to 7 weekly sessions per academic year.

### **Eligibility for Clinical Services in the Counseling and Psychological Services**

Counseling services in Counseling and Psychological Services (CAPS) are provided free of charge for *full-time and ¾ time* students. These services include individual, crisis, consultation, group, and couples counseling. Costs may be associated with psychological testing. Please note that the CAPS offers free clinical services for BYU students only; the center is not an extension of clinical services offered to LDS church members through LDS Family Services, (LDSFS).

**Definition of full and ¾ time:** Full-time undergraduate student status is defined as 12 or more credit hours during the fall and winter semesters and 6 credits during spring and summer terms.

Three-quarters time for undergraduate students is defined as 9 credits during fall and winter and 4.5 credits during spring/summer terms. Full-time graduate student status is defined as 8.5 credits during fall and winter semesters and 4.5 credits during spring and summer terms.

### **Eligibility for services**

All students who are full-time or ¾-time students at the BYU Provo Campus and currently enrolled are eligible for service. Students are considered full-time **during the last semester before graduation**. This is not dependent on the number of credits they are taking.

Students enrolled in the **summer visiting program** are eligible for counseling services only during time of enrollment.

Students enrolled in **evening classes or independent study classes** are not considered full-time students and are not eligible for counseling services.

Students may begin counseling when their full-time participation in classes begins, and not prior to that time.

Students who are currently clients and **voluntarily withdraw** from classes during the semester may continue to receive counseling throughout that semester provided they intend to enroll full-time the following semester.

Students who have **withdrawn from classes, deferred enrollment, were suspended or discontinued** are not eligible to begin counseling until they are again enrolled as full or ¾ time students. Therapist may provide an additional 1-2 sessions to clients during the time the client obtains another therapist within the community.

Only students who are eligible for counseling services are allowed to participate in groups, except in the premarital couples group where a non-student spouse may attend with a student spouse.

**Spouses who are not students** may attend couples counseling only. They are not eligible for other counseling services including individual, groups and biofeedback services.

Services offered by the biofeedback lab are available to all students regardless of the number of credits enrolled.

### **Salt Lake Center**

Students who are enrolled *only* in the BYU Salt Lake Center are *not eligible* for counseling services in CAPS on the Provo Campus. Students who are attending classes at the BYU Salt Lake Center and are enrolled *full-time and matriculated* at the BYU Provo Campus are eligible for Counseling Services at CAPS.

### **ESL Program**

Students enrolled in the ESL program on the BYU Provo campus are eligible for counseling services subject to availability and ability to engage in counseling using the English language. At

the current time, CAPS is unable to provide either interpreters or individuals fluent in their native language.

### **Minors**

According to Utah State Law, students under 18 years of age are eligible for counseling services without parental consent or consent of their legal guardian.

### **Spouses and Family**

Staff, faculty and their families (who are not students) are not eligible for services at CAPS. They may be referred to Deseret Mutual Benefits Administration, DMBA providers, private practitioners, the Comprehensive Clinic or LDSFS located in the Taylor building on campus. (Exception: Non-student spouses may attend couples counseling with their spouse who is a student).

### **Continuity of Care Consideration**

Full-time and  $\frac{3}{4}$ -time students may initiate or continue counseling services during spring/summer terms without enrollment if they have been enrolled winter semester and plan to be enrolled in fall semester. Likewise, students who are enrolled for a semester or spring/summer terms and defer for another semester are eligible for services during the one semester or terms that they are not registered for classes. For example, if someone is enrolled fall semester, defers winter and will be enrolled spring/summer terms, she/he would be eligible for services during winter semester. However, if at any point that student alters her/his intention to return and register as a full-time student, the process of referral or transfer to an outside provider will be implemented.

### **Exceptions**

Students may request an exception for eligibility for CAPS services when they fall below the expected credit limit. This is typically considered in cases where a student is taking a reduced credit load due to disability. CAPS will request that the student document disability with the University Accessibility Center and provide such documentation to CAPS. All requests for exception will be handled by the Clinical Director or Clinical Review Team.

### **Terminating Services**

Students who are currently clients and are suspended, dismissed, or graduate will be terminated from counseling in CAPS. In order to provide continuity of care, they will be allowed two sessions after termination to help in the referral process. Additional services beyond the two sessions will not be provided.

### **Providing care in case of a crisis**

Students who are not eligible for services or non-students presenting during the daytime hours as a crisis walk-in appointment, will be assisted at that time. They will be referred to an outside provider or to a crisis hot-line.

**NOTE: The above are meant to act as general guidelines and shall not be construed to create any binding contractual obligations on the part of either CAPS or Brigham Young University. The University reserves the right, at its discretion, to vary from these guidelines according to the circumstance of individual matters. Exceptions to the above**



**guidelines should be implemented only after the case has been discussed with the clinical director. Repeated requests for exceptions will be referred to the Clinical Review Committee.**

## **New Client/Intake Appointments and Scheduling Procedures**

### **Intake appointments**

All full-time and  $\frac{3}{4}$ -time students are eligible for a free, voluntary and confidential intake appointment. This initial appointment will be scheduled in an available **new-client (intake)** placeholder of the clinician who will provide treatment. The student and the counselor will discuss what services may be most appropriate given the student's concerns: individual, group, or couples counseling or for example a combination of individual and group counseling. In cases in which a determination is made that the client's needs/demands for services exceed the scope of services of the counseling center, a referral to comparable or more appropriate service in the community may be made.

Each clinician is assigned a certain number of **new clients** to be seen each semester. This designation is based on a formula of the 7-session limit policy within CAPS, the number of open clinical hours each clinician provides weekly, based on 14 weeks in a semester. For example, if a clinician provided 10 clinical hours in a semester assuming they saw each of these 10 clients for 7 sessions, the expectation would be that they provide 20 intakes in a 14-week semester (10 x 2).

New client appointments are scheduled on the hour, on a first-come, first-serve basis by calling the front desk staff at 801-422-3035 or by coming into CAPS, located in 1500 WSC and scheduling an appointment. At busy times during the semester, there may be a wait from four to six weeks for an initial appointment. Online intake paperwork will be completed by the student before scheduling an appointment.

Students in crisis may come in during regular office hours if they have an urgent concern. In such instances, the student will be seen by the first available clinician. The walk-in visit may be, but not necessarily, considered an intake appointment. Students seen during an unscheduled visit could also be asked to make a subsequent appointment for an intake interview with a different counselor as part of the on-going follow-up and treatment plan.

### **The Counseling Contract**

CAPS 7-session limit policy is based on research determining what brings about the best outcomes for clients, while at the same time trying to meet the demand for clinical services. Based on these research outcomes, a **7-session limit policy** has been instituted within CAPS.

Counselors in CAPS should discuss this policy with clients during their initial (intake) appointment. The assumption is not that every client will need seven sessions, but that they have up to seven sessions per academic year (Sept to Aug). These seven sessions are weekly appointments and the client is expected to meet the same date and time of their initial intake appointment for each follow-up appointment. At times, you can provide a booster session three to four weeks later after a client's seventh session, but this should be discussed with your supervisor of when you should do this. Generally, after seven sessions, if a client requests the

need for more therapy sessions they will be referred into the community. A great resource within CAPS, is our three case workers, who clinicians can refer to, in order to help clients find a clinician in the community.

Clinicians will show respect to clients by keeping appointments or contacting them if a change is necessary and avoid interruptions during sessions. In turn, clients are expected to be prompt in arriving at scheduled sessions and cancel an appointment 24-hours in advance to allow other students to access this time slot.

### **Assignment of Clinicians**

Clients are assigned to a counselor based on the availability of **new client hours** for clinicians and the students' schedule. Clients may request a specific counselor and will be offered the next available new client hour for that clinician. Depending on the availability of the clinician being requested, the wait for an appointment may be longer than it would be if the client is willing to take the next available new client opening for any clinician. Students should be reminded of these limitations.

In certain circumstances a transfer to a different clinician may be made immediately after the first appointment. Such circumstances include training needs (e.g. an intern desiring couples experience and the couple is open to working with a trainee) or concerns about client safety (e.g. trainee is not yet ready to handle the severity or complexity of a particular case).

### **Transfers/Changing Counselors**

Clients have the right to request a change in counselor. Generally, the request will be granted if it is the first such request, but this is ultimately a matter of the clinical judgment of the clinical director and the counselor involved. If there have been multiple requests for transfers, underlying clinical issues will likely need to be addressed by the Clinical Director or referred to the Review Committee before the request is granted.

### **Scheduling On-going Clients**

Appointments may be scheduled by the clinician or by the front desk staff at the front desk. Appointments are entered into Titanium, an electronic medical record system used in CAPS. Remember that follow-up appointments are made for the same day and time of the intake appointment for the following week. Clients are seen weekly for up to seven sessions.

Returning clients must complete the intake paperwork and schedule a new client/ intake appointment if it has been more than six months since the last appointment in the center. If it is within six months, they may request to meet with their previous counselor or if they request a transfer to another therapist this will be assigned by the Clinical Director or the Associate Clinical Director.

## **Scope of Services & Referrals outside the Center**

CAPS clinicians work from a 7-session short-term therapy model. Our goal is to facilitate students' growth and development by working towards alleviating psychological problems and distress, enhancing mental health, well-being, quality of life, and supporting aspirations for optimal functioning. Our primary focus is on providing brief, confidential counseling services

aimed at helping students achieve their personal and academic goals. When students require mental health services that are beyond the role and scope of BYU CAPS, we will make appropriate referrals to campus and community resources. Please use our case managers to aid clients when needing a referral in the community.

All students seeking services will receive an opportunity for an initial (intake) appointment in order to determine whether the student's needs fall within the role and scope of CAPS. Additional appointments may be needed to determine the appropriateness of services or for case management. The decision about whether or not the needs of a student fall within the role and scope of CAPS will be made either during the initial appointment or after consultation with the Clinical Director or Clinical Review Team.

In order to assist with clinical decisions regarding disposition of cases, including whether a student's presenting concerns fall within the CAPS scope of services and its role, the following considerations are proposed. The professional judgment of mental health providers will govern the determination in any particular case. This document reflects the general guidelines and is intended only as a guide to assist evaluation. Each case must be specifically evaluated in accordance with professional standards and failure to follow this guide does not evidence breach of professional standards or duties in any particular case.

In general, students with the following concerns and characteristics will likely need a higher level of care than what is within the role and scope of BYU CAPS:

- Risk of self-harm or harm to others that cannot be altered by the level of services that can be reasonably provided by CAPS (considering CAPS resources and level of student psychological/psychiatric status). Consideration of risk will necessitate an assessment of the individual's treatment needs, including outpatient counseling, psychiatric care, and/or outpatient crisis interventions.
- Chronic substantial (and current) risk of self-harm or harm to others, or evidence of progressive deterioration, as evidenced by one or more suicide attempts or multiple psychiatric hospitalizations.
- Chronic, severe self-harm (e.g., the student presents with history of self-harm that has required medical attention and the self-injury is still occurring).
- History of treatment that is beyond the resources of BYU CAPS and evidence that the need for the previous level of care continues or is likely to be needed (e.g., need for frequent consultation after hours). Students at BYU CAPS can only be seen for a total of 7 sessions. If a client needs a substantially more than seven sessions, it may be best to refer them out to ensure continuity of care.
- A need for medical rehab/detoxification and/or medical stabilization.
- A history of non-cooperation with treatment.

Students referred for individual counseling at BYU-CAPS, and for certain time-limited counseling groups, should be able to utilize short-term counseling effectively. The following characteristics suggest that a student may have difficulty utilizing short-term therapy and may be better served by a community referral. Consultation with your CAPS supervisor, clinical team, or the clinical director, may also be helpful in making these determinations.

- Coming to BYU-CAPS primarily because of external pressure, such as faculty, staff, parents, disciplinary or law enforcement actions, and providing insufficient evidence of internal motivation that is critical to successful counseling (e.g., someone who is encouraged to seek treatment by family but is unable to identify personal goals for the counseling process).
- BYU CAPS does not provide any mandated or court ordered treatment.
- Inability to identify a focus of counseling and/or ownership and responsibility for identified concerns (e.g., someone who has been in a long-term therapy with no identified focus and desires to continue this process while at college).
- Currently relevant history or clinical interview that shows lack of ability to develop a short-term therapeutic relationship (e.g., student is extremely guarded during the interview and recounts numerous failed attempts at short-term counseling).
- Clinical assessment that the termination of a short-term therapeutic relationship would be detrimental to the client. In such cases, continuity of care for the client is a significant concern (e.g., student has a history of emotional trauma and/or abandonment that remains currently relevant and does not seem to have the coping resources to manage major relationship transitions).

## **Providing Confidential Information to Third Parties**

### **Procedures for Counselors**

Information is provided to referral sources or to other requested third parties only with written consent of the client. Clinicians should determine whether a client authorizes the disclosure of records. If a client requests that information be shared, the appropriate release of information (ROI) form should be completed and signed by the client. Signatures can be obtained electronically through Adobe/BYU Sign. To see how to gain an ROI electronically please click on the following [link](#). In cases where the client is not present, their signature should be verified by comparing signatures on paperwork the client has previously completed and with an appropriate government-issued identification (e.g., driver's license, passport, etc.).

### **Information Regarding Prior Treatment**

- Clients who have sought consultation or treatment prior to seeking CAPS services may be asked to make records of this treatment available to CAPS clinicians in order to provide continuity of care.
- **A Release of Information (ROI)** form should be completed by the client and provided to the prior counselor or therapist.

## Referrals for Other Services

If a referral to another department on campus is necessary, it will most likely be to one of several places listed below.

### Within University Services:

- To the University Advisement Center for academic advising.
- To University Career Services or the Career and Academic Success Center for career help or job assistance.
- Pre-professional Advisement for help with the application process to graduate and professional schools
- Stress Management/Biofeedback Services for assistance with managing anxiety, stress, and related issues.

### Outside University Services:

- College Advisement Centers for academic advising.
- University Accessibility Center for information about services for students with physical and emotional disabilities, including testing and assessment.
- The Student Health Service for medical/psychiatric assessment/treatment (see *Documentation of Clinical Contacts* section).
- The Sexual Assault Survivor Advocate, Dr. Lisa Leavitt
- Women's Services and Resources for support and other services related to women's issues.
- Petition to discontinue or withdraw from classes.
- Financial Aid
- Multicultural Student Services
- International Student Services

### Outside BYU: (cost to be borne by the client)

- A private physician for medical assessment/treatment if preferred.
- A private clinician for psychotherapy or psychiatric treatment.
- Other agencies, such as Center for Change, Wasatch Mental Health, Rape Crisis Center, etc.

## Procedures for Referral Out of the Center

When a client is referred out of CAPS, it should be noted in the clinical notes in Titanium. A flag should also be added to the case, indicating a referral out. Clinicians should take ethical steps to follow-up with the student, in some cases meeting for an additional session to help the student identify and schedule with an outside provider. If the referral process becomes time-consuming, laborious or the client becomes overly resistant, clinicians will consult with the Clinical Director or the Clinical Review Committee to help with the process.

Please utilize the Case Managers within CAPS to help clients when they need a referral into the community. You can call the front desk staff to set up an appointment for your client with one of our case managers. The reason you want to utilize our case managers is due to the fact that they are often aware of which providers are covered under different insurances. Accordingly, the case

manager can help clients by finding a therapist or other resource(s) in the community who are covered under their insurance.

With the client's written authorization (i.e., a signed ROI), the counselor may follow up by contacting the referral agency or person to ensure that the client has had no difficulties in scheduling an appointment or making contact.

### **Referrals to Services in the Community through Student Health**

When a student is determined to have clinical needs that are outside the scope of services of BYU-CAPS, and s/he is on the student health plan, we will work with SHC administrators to facilitate a referral to a practitioner in the community. This can be accomplished through a case manager's help within CAPS.

### **Referrals and Faculty Private Practices**

While a number of faculty in CAPS offer psychological services through their own private practices, these faculty members do not work with current BYU students (regardless of eligibility for CAPS services) in their private practices. In cases where a student is graduating, he or she may request to continue therapy with his or her CAPS provider in private practice. In such cases the providing clinician will consult with the Clinical Director. The Clinical Director will meet with the student, assess the student's needs, and document the provision of multiple referral options.

## **Client Evaluation of Services and Outcome Assessment**

The Center seeks feedback from clients regarding their satisfaction with general services and with counselor(s) seen. An email inviting students to complete the student satisfaction survey will be sent to all clients seen during the previous 12 months at the end of winter semester. Students are given a link to complete the survey on-line.

Feedback will also be gathered from student responses on the student concerns survey, and the OQ-45 outcome questionnaire. Clients consent to participate in these data gathering efforts by signing the informed consent portion of the intake paperwork.

Satisfaction and outcome data are available to individual counselors at their request. Clinicians can request these results from the Assistant Director for Program Development. Responses from the completed questionnaires are compiled for each academic year and summarized by the Research team.

CAPS clinicians may also seek satisfaction surveys from their clientele as desired throughout the year. They can contact the Assistant Director for Program Development for instructions on how to solicit client responses via email.

## **No Show, Cancellation and Reschedule Policies**

### **Cancellations**

Since counselor time is in high demand, clients are encouraged to comply with a **24-hour advance** cancellation if unable to attend a session. This allows others to reschedule that hour

and allows for efficient use of counselor's scheduled client hours. If clients call and cancel a scheduled appointment less than 24 hours before the appointment, it will be marked as a *client no show* for the appointment block in titanium. You may want to fill a cancellation with a QuickCare appointment within Titanium if you are worried about the loss of a clinical hour.

### **Client No Show/Cancellations/Reschedules**

Clients who frequently cancel/reschedule their appointment should be considered a clinical issue and become a point for discussion in the clinical meeting with the client as a way to understand the client's commitment to the therapy process or to address other issues that might relate to the client's attendance at sessions. If a pattern of missing appointments becomes apparent, it is our policy that the counselor will discuss this with the client. A persistent problem with cancellations may result in limited access to our services. Frequent cancellations and reschedules may be grounds for discontinuing the client's treatment in the center. Clinician's may send an email to the client discussing this issue and may request that a client not be rescheduled until speaking with the clinician. The clinician may consult about this with their supervisor, in the clinical team meeting, or with the Clinical Director.

Cancellations/Reschedules are strongly discouraged and clients are encouraged to call in to cancel even if it is less than 24-hours or even after the fact (if they realize they overslept, etc.). A quick review of the client's file in Titanium can aid in helping clinicians manage clients with abnormally frequent no shows or reschedules.

### **Counselor Reschedules**

After CAPS clinicians schedule appointments with students they make every professional attempt to meet with that client at the time which was originally agreed upon. Extenuating circumstances can sometimes necessitate counselor cancellations of clinical appointments. These instances should be rare and carefully considered before cancelling or rescheduling appointments. The process for cancelling appointments is outlined in the *Counselor Schedules* section of this manual. If there is a need to be away for an extended period of time, please talk with the CAPS Clinical Director and the Director of the CCC to make arrangements. If there is an abnormal amount of counselor reschedules or cancellations without the knowledge of the Clinical Director, the issue may be addressed as needed.

### **Counselor Schedules**

- Counselor schedules are available through the electronic medical record database, Titanium.
- Each counselor/trainee makes a schedule of available clinical hours for each semester or term. This schedule may be entered into Titanium by the clinician or with help from the Office Manager. The schedule may be modified during the semester to accommodate the responsibilities of the clinician or the demand for clinical services.
- Placeholders for intake appointments may be assigned by the Office Manager or placed in the schedule by the individual clinician. To accommodate student schedules, the Office Manager attempts to ensure that intake appointments, across all counselor schedules, are spread throughout each day of the week. With this in mind, clinicians should not remove or change the times of these placeholders without consulting the Clinical Director and the Office Manager.

- If a counselor plans to be unavailable during any regularly scheduled appointment time, the counselor is responsible for cancelling that clinical hour preferably before filling the time slot with an appointment. If a client has already been scheduled in a clinical hour, the clinician may notify the client or have the front desk staff contact the client. These cancellations should be done in a timely manner, so as not to inconvenience the client. In cases in which a clinician is ill, the front desk staff will notify the clients and reschedule them as hours are available.
- Clinicians are expected to be available during times when they have clinical hours available even if no one is scheduled. This allows the front desk staffs to access clinicians for students who walk in needing immediate help.

### **Scheduling of Offices**

Scheduling offices for part-time and student clinicians is organized by the Office Manager. Trainees sharing offices should use them only at the designated times and as a courtesy to each other, vacate the office promptly after sessions.

## **Documentation of Clinical Contacts Policy**

The APA Ethical Principles of Psychologists and Code of Conduct addresses record keeping. Specifically code# **6.01 Documentation of Professional and Scientific Work and Maintenance of Records** states: Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.

Documentation is important for psychologists in the case of any malpractice allegations or a liability claim. If you do not have good records, you and CAPS could be found liable, even if you have done nothing wrong. Furthermore, licensing boards consider it a sanction-able offense not to keep timely and accurate records. If a client were to file a claim and there were no records, you could be in serious trouble with a licensing board and CAPS might also face legal problems. All notes placed in Titanium have a time stamp on them - meaning the database tracks when notes are completed - and cannot be altered.

Documentation is equally important here in CAPS in order to facilitate provision of services by the treating clinician and to allow for continuity of care when the client is served or may have contact with other clinicians in the center, such as group leaders, psychiatrists, and those providing crisis coverage during the day and after-hours. Documentation also assists the CAPS Clinical Director in cases where the client requests a transfer to another clinician.

This policy will address what should be documented and standards for completing documentation within a reasonable time frame.

### **What should be documented?**



- Every client contact, whether in person, by phone, or electronic communication (email, texting, etc.) is to be documented in the client’s file. This includes cancellations, reschedules, and no shows. Also, record the fact that crisis calls are returned.
- Data forms when appropriate (e.g., clinician index of client concerns at intake, critical incident form at all crisis contacts)
- When patients are referred to the hospital or when hospitalization was declined.
- Coordination of care and referrals to a psychiatrist for medication. Such referrals are entered into Titanium as a “medical referral,” and are forwarded to the Office Manager. The Office Manager then relays this information, through a confidential email system, to the Student Health Center.
- Contacts with suicidal patients, paying particular attention to precautionary steps taken. What safety plan was created. Document follow-up steps taken in subsequent sessions.
- When clients discontinue treatment prematurely, make sure to document your recommendation against the termination.

**What should not be included in the documentation content?**

- Don’t needlessly record embarrassing or potentially damaging information about the patient.
- Don’t discuss your counter-transference experiences.
- Don’t record any type of subjective thoughts/feelings about your clients. All information in a note should be based on facts.

**Should I keep personal notes or process notes?**

- In general, the answer is no. Remember that personal notes can be subpoenaed in a trial.

**Timely documentation of clinical contacts**

**Walk-in/Crisis Notes**

These notes are to be completed on the same day that the urgent care intervention occurred. Examples include, responding to a suicidal threat or attempt, situations which may carry over to the after-hours on-call clinician, referrals to the hospital, etc.

**Initial Appointment Summary**

Initial appointment paperwork is to be completed within 24 hours (or by the next business day). If there is a critical clinical incident (i.e., suicidal/homicidal ideation, threats, attempts, hospitalization) that arises in the initial appointment, this paperwork needs to be completed on the same day as the initial consultation.

**Progress Notes/Case Notes**

Progress notes are to be completed within 24 hours of the appointment or before the next appointment if there is more than one appointment within the week. If the client is **in crisis** (indicates suicidal intent, threat, attempt), then the case note needs to be completed on the same day as the appointment. If the client is referred or taken to the hospital, the case note needs to be completed on the same day.

**Group Notes**

Group notes are to be completed within 24 hours of the group. Typically, an individual note should be completed for each group client, unless the content of the group is predominantly psycho-educational, and an individual note would not add any significant information to the group note. An individual note should be included when a client is in crisis and in that case the individual note should be completed the same day as the group meeting. Trainees should complete the group note and sign on line 3 in Titanium. All individual notes for group sessions should be signed by the licensed co-leader.

### **Case Management Notes**

These include notes about additional contacts with a client, such as phone calls, electronic communication, providing information to the client, contact with a parent, family member, ecclesiastical leader, university personnel, etc. Completion time for these notes should be entered into Titanium within 24 hours. Notes like this are to be completed prior to the next appointment.

### **Clinical Consultation Notes**

These notes could refer to situations in which a clinician consults with another clinician, the clinical team, the clinical review committee, etc. Completion time for these notes should be within 24 hours of the consultation or before the next appointment. If a case is reviewed by the Clinical Review Committee, a consultation note will be completed by either the Clinical Director or the Associate Clinical Director

### **After-hours Crisis Contacts**

These contacts are to be recorded the following day. In cases in which the crisis involved a client in the center, the treating therapist will be notified the next day by the on-call clinician.

### **Checking off supervisee clinical contact notes**

All supervisee notes are to be checked off by the end of the current work week and/or prior to the next supervision meeting.

### **Exceptions to these guidelines**

If a clinician has been up all night managing a crisis, she/he may need to get some sleep before being able to write a coherent and detailed note. Unexpected absences from work due to illness or other concerns may affect ability to complete initial appointment summaries and other notes in the time frame outlined above. These instances should be rare, and the clinician is responsible to complete any outstanding notes in an appropriate time frame.

**Note: Compliance with these guidelines** is expected and negligence in this area will be discussed in evaluations.

### **Summary of time frame for completing notes:**

#### **Same Day**

- Daytime COD notes
- Documentation of suicidal threats and attempts
- Urgent care notes

Hospitalization of a client  
Clinical consultation notes

**Within 24 hours**

Initial appointment summary  
After-hours crisis contacts  
Progress notes  
Group notes  
Case management notes

## **Medical Record Management**

### **Creating Files for Potential Clients**

A client file is created in the Titanium database for any student who schedules an intake appointment or about whom any clinically significant information is received, either through direct contact, emergency contact, or consultation. This is managed by the front desk staff, which is responsible for ensuring that any critical information is available should the student decide not to come to the Center for services or become involved in an after-hours emergency.

When a student, who is not already a client, is seen in the center or calls for a consultation with a counselor during after-hours, it is helpful to get identifying information. An attempt should be made to obtain a name, phone number, and student I.D. number, so they may be contacted should their situation worsen. The Office Manager (Sheri Knight) is able to add any new student within Titanium if they are not a pre-existing client.

### **File Storage**

Client files are stored in the electronic database, Titanium. Petition letters, release of information forms, and other hard copies of information are scanned into the Titanium database as attachments. Files are maintained for ten years after the last date of service, as mandated by **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** and APA guidelines. **Connecting to Medical Records (Titanium) off-site.**

**Trainees are not authorized for remote access.** Due to Titanium being a medical note system, trainees are not authorized to have remote access to Titanium. This ensures that all notes remain privileged and confidential.

### **Release of Information (ROI)**

There are two forms for releasing personal health information, one general ROI form and a ROI form for releasing information to the BYU Student Health Center. Confidential information may not be released or discussed with anyone other than CAPS staff, without a signed release of information (ROI) form (except as required by law). The ROI form must be signed and dated by the client and signed by a witness other than the counselor named in the release for the form to be valid. In cases where the client is not present, their signature should be verified by comparing signatures on paperwork the client has previously completed and with an appropriate

government-issued identification (e.g., driver's license, passport, etc.). A release must be completed whenever confidential personal health information is to be released to a person or agency outside the Counseling Center (Student Health Center personnel, Honor Code Office, Petitions office, faculty, residence life staff, ecclesiastical leaders, family members, etc.). Signatures can be obtained electronically through Adobe/BYU Sign. To see how to gain an ROI electronically please click on the following [link](#).

**Note:** Residence Life staff and physicians at the Student Health Center have their own guidelines for reporting critical information, incidents, and health information and are often accustomed to freer sharing of information in their work environment than is allowable for counselors. They may need to be reminded from time to time that therapists are ethically and legally bound to much tighter constraints in this regard, and do not have the prerogative to share some types of information which other campus staff might ordinarily expect to exchange.

## **Clinical Services: Limits and Review**

### **Individual Counseling**

Individual counseling is provided to students with the understanding that therapy is short-term (7-session limit). If more intensive, long-term, consistent treatment is necessary, the client may be referred outside of CAPS to a clinic, agency, or private practitioner.

### **Couples, Family and Relationship Counseling**

In order to be eligible for services, one of the couple/family must meet standard eligibility criteria for CAPS services. Services are provided with the same philosophy and potential limitations as individual counseling. In couples/family counseling, the relationship is considered to be the client; couples presenting for services with the hope of focused treatment for the non-student member of the relationship should be advised about eligibility policy and referred to outside services.

### **Group Counseling**

There is no limit to the number of group therapy sessions offered to clients as long as they are appropriate for group treatment. Counselors are encouraged to consider referral to groups at any point during services when it is judged that clients would be able to participate in and benefit from a group. Counselors are encouraged to provide group induction to help prepare clients, or to arrange a meeting between the prospective group member and the group's leader(s). Clients typically attend only one group at a time. Exceptions to this should be considered carefully to ensure adequate coordination of services among providers.

### **Psychological Assessment**

A psychological assessment is available to students at their cost. Referral cards should be completed, and the client should be informed of the cost of the tests. In cases of financial hardship counselors may request that fees be waived. A limited number of assessments are provided each year, free of charge, by interns participating in an assessment seminar. Clients will be referred for these assessments by the clinicians providing individual treatment.

### **Psychiatric Consultation and Referral**

A counselor who judges that a client may benefit from medication or a psychiatric evaluation may refer the client to the psychiatrist, psychiatric nurse practitioners, or to a primary care physician at the Student Health Center who may prescribe psychotropic medication. Our formal agreement with the SHC suggests that clinicians refer first to the SHC primary care physicians for cases with uncomplicated symptoms, depression, anxiety, ADHD, and no history of difficulty with courses of psychotropic medication. CAPS clinicians should refer directly to SHC psychiatric practitioners if there are multiple diagnoses, a history of complications with psychotropic medications, a diagnosis of bi-polar disorder or severe symptoms.

When referring a student to the Student Health Center, it is requisite to obtain a valid **Release of Information form** which will be scanned into Titanium. The clinician then writes a **Medical Referral** note in Titanium attached to the client's file and forwards this note to the CAPS Office Manager. The Office Manager will send these notes via secure email to the SHC Director of Nursing. Usually it is best to schedule an appointment directly with one of the doctors if possible while the student is in your office, as this will decrease the amount of time and frustration that may be experienced by students in scheduling another appointment. Students are responsible for the cost of a psychiatric consultation at the Health Center.

Conversely, when we receive a referral to counseling by a SHC clinician, the counselor will be notified by the Office Manager in the Titanium schedule block for that appointment. The CAPS clinician should obtain a release of information from the client; write a Medical Referral note (summarizing clinical impression and any information that will help in medical treatment) and forward to the CAPS Office Manager. The Office Manager will forward the note via secure email to the SHC Director of Nursing. This follow-up procedure is standard among medical professionals.

**NOTE:** Students should be notified that use of **psychotropic medications** may have major implications for the student in dealings with licensing and certifying boards, and some positions in military and civil service as it is considered to constitute psychiatric treatment rather than counseling. Every effort will be made to make clients aware of the implications of such action, including providing written information on the CAPS' confidentiality policy.

### **Urgent Care**

In situations in which a psychiatric referral is urgent, the CAPS clinician may refer the student to the Urgent Care services provided by the SHC. The clinician may also consult with an SHC clinician working at Urgent Care. The SHC Urgent Care is open Monday through Friday from 8 a.m. to 5:30 p.m. and on Saturdays from 8 a.m. to noon.

### **Crisis Intervention**

Scheduled walk-in coverage is available from 10am to 4pm on business days at CAPS. Assistance will be provided 8am to 5pm, but there may be more of a wait during hours in which there is no scheduled urgent care coverage. We will always do our best to respond quickly to acute care needs/requests. After-hour services are accessed through the BYU Police (801-422-2222), who will contact the counselor on call (See Emergency procedures and after-hours procedures).

## **Services in the Event of a Major Disaster**

In the event of a major disaster, students will be provided services through the Emergency Response Team which is coordinated by the Associate Clinical Director and team members.

## **Fees for Clinical Services**

Counseling services are prepaid through student fees and CAPS budget. There is a nominal charge for career and psychological testing if students are referred to the Career and Academic Success Center.

## **Requests for Letters of Support/Petitions**

Clinicians are sometimes asked by students to write letters of support in petitioning for various academic accommodations. Requests are also made for documentation of support for missionary service, military or security clearance. Clinicians decide to write such letters on a case-by-case basis. These letters respond to the specific question(s) posed in the request and often include documentation of the nature of the client's struggle, functional limitations, attendance in therapy, goals/needs of the client, and prognosis at treatment end. As with all requests to provide confidential information to a third party, a ROI form must be completed by the client and placed in the medical file. A **Medical/Clinical Verification Form** may be completed as well (see below).

## **Emotional Support Animal**

An emotional support animal is a companion animal that provides therapeutic benefit to an individual with a mental or psychiatric disability. The person seeking the emotional support animal must have a verifiable disability (the reason cannot just be a need for companionship).

The University has a very strict policy related to ESAs. This is related to the fact that there is very little research support for the efficacy of ESAs and the liability (for others with allergies) that is created in the environment when an animal lives there. Clinicians in Brigham Young University's Counseling & Psychological Services are sometimes asked to provide letters documenting an individual's need for an ESA. **All clinicians** will consult with the Clinical Director regarding such requests. Due to the lack of research supporting the efficacy of ESA's it is very rare that a clinician would write a letter in support of a persona seeking an ESA.

In CAPS, a letter of support for an ESA would only be written under strict guidelines and after having consulted with the Clinical Director. The therapist needs to have worked with a student/patient long enough to feel confident that:

- a) The individual has a diagnosable mental disorder
- b) The individual has exhausted other avenues for dealing with emotional distress and
- c) To confidently state that the ESA will be a benefit (will alleviate some symptom(s) or effects of the disability).

In other words, consistent with the guidelines of the U.S. Department of Housing and Urban Development, we will address the following questions when asked to write a letter of support:

- (1) Does the person seeking to use and live with the animal have a disability — i.e., a physical or mental impairment that substantially limits one or more major life activities?

2) Does the person making the request have a disability-related need for an assistance animal? In other words, does the animal work, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability?

If the patient is determined to meet the guidelines, a clinician will complete a letter of support for the patient to use one support animal. This letter is typically requested for housing situations. The letter will be scanned into the client's Electronic Medical Record (EMR) and will be shared with other parties specified by the client. A release of information also needs to be completed and placed in the EMR.

### **Letters/Medical Documentation for International Students**

Requests for letters of support are requested from **international students** when there is a desire to reduce course load without jeopardizing immigration status. International students may deal with conditions that interfere with their ability to carry a full course load or to be enrolled continuously as a student. Immigration law allows for these students to reduce course load, with medical approval, for up to 12 months without losing immigration status. When such conditions are the result of mental health problems, a student will be referred (often by the International Student Services) for counseling in CAPS. In certain situations, determined by the clinical judgment of the therapist, the emotional concerns of the student will warrant a reduction in course load. The student, in such a situation, is required to provide International Student Services with a letter from a licensed psychologist recommending the interruption or reduction in studies.

In order to provide a letter of support, students are expected to have been meeting in on-going therapy so that a therapist understands the situation and feels confident providing a letter of support. In the case of students who have not been attending therapy, the therapist will ask the student to sign a ROI allowing the therapist to consult with the International Student Services Advisor. If, after consulting with the International Student Services Office, it is determined that the student's circumstances warrant a letter of support, the clinician may provide a letter of support. The letter provided includes documentation of the condition and an explanation for how the condition limits the student's ability to keep up in school. If the clinician feels that a reduction in course load or academic withdraw is justified, this is explicitly recommended in either a letter or on the recommendations field of the clinical verification form.



## Medical/Clinical Verification Form

- Petition Services  
Fax: 801-422-0615
- Accessibility Center  
Fax: 801-422-0174
- Financial Aid  
Fax: 801-422-0241
- International Office  
Fax: 801-422-0644

**BYU**  
Counseling and Psychological  
Services  
1500 WSC  
Provo, UT 84604  
Phone: 801.422.3035

Full Name (Last, First Middle)	BYU ID #	Semester/Term/Year
--------------------------------	----------	--------------------

\* Please complete the authorization for the release of information on the reverse side.

\*\*\*\*\*

Date(s) student was under your care: \_\_\_\_\_ Location of care: \_\_\_\_\_

Nature of illness or injury (diagnosis and progress):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How many school days were/will be missed as a result of the student's illness/injury/disorder?  
 1-3 days     4-8 days     9-13 days     14+ days     Undetermined
2. To what degree did the illness/injury/disorder impact the student's ability to study?  
 Significant     Moderate     Low     Not at all     Undetermined
3. To what degree did the illness/injury/disorder impact the student's ability to make reasonable decisions?  
 Significant     Moderate     Low     Not at all     Undetermined
4. Expected time frame the student to be affected by the illness/injury/disorder?  
 1-3 days     4-8 days     9-13 days     14+ days     Undetermined
5. To what degree were you able to assess the student's illness/injury/disorder?  
 Significant     Moderate     Low     Not at all     Undetermined

Were there other factors contributing to the student's inability to perform at his/her best? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments (You may attach a separate statement, if desired.)  
\_\_\_\_\_  
\_\_\_\_\_

**Specific recommendations/accommodations:**

- Decrease credit hours to \_\_\_\_\_     Withdraw from classes for semester
- Leniency with absences     Extended time to complete assignments
- Extended time to complete tests     Distraction-free environment for taking tests

Medical/Clinical Professional's Printed Name: \_\_\_\_\_ License #: \_\_\_\_\_

Medical/Clinical Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Group Therapy

CAPS has an active group program consisting of theme-specific groups and general therapy groups. Groups are held primarily during fall and winter semesters, with a smaller number during spring/summer terms.

### Group files

Group listings are included in Titanium each semester. Group notes should be maintained along with attendance lists of those attending each session. Typically, an individual note should be completed for each group client for each session, unless the content of the group is predominantly psycho-educational, and an individual note would not add any significant information to the group note. If a group member is being seen individually by another counselor, pertinent notes for the client should be integrated into individual files regularly, as group files are not typically reviewed by clinicians other than the group therapists. If a client is only attending group, the group leader is considered responsible for the case and any relevant record maintenance procedures (see Record Maintenance section of this manual.)

### Group leaders

Groups are often led by co-leaders who may be faculty, interns, externs, and practicum students. Usually a group is led by at least one clinical faculty member. The Center's policy is that trainees do not lead group sessions alone, except in special circumstances where the counselor and intern have agreed that she/he is ready and willing to facilitate a group session independently. If this is not the case and the senior staff leader must be absent, the session for that week will be cancelled. This will be determined by the faculty co-leader or the coordinator of the group program in consultation with the Training Director.

## Stress Management and Biofeedback Services

The purpose of [Stress Management and Biofeedback Services](#) is to facilitate the academic success and personal well-being of students by helping them better manage stress and anxiety through education and the development of stress reduction skills. Biofeedback training involves feedback from electronic instruments that measure muscle tension, hand temperature, galvanic skin response, heart rate and heart rhythms. It helps students become more aware of tension and stress and to learn to release it. Combined with relaxation skills training, biofeedback training helps equip students with stress management skills. Because Biofeedback Services attracts students who are not necessarily seeking psychological counseling, in some ways it casts a wider prevention/intervention net across campus. Biofeedback training supports the counseling mission as both an adjunct to therapy and as a way for some students to enter counseling.

### Service Delivery

Students access biofeedback services without going through the [counseling intake system](#). Referrals come from counselors in the center, Student Health Center doctors, campus housing, outreach, word of mouth and the website. Students can enter Biofeedback Services one of two ways.

### **One-on-One Appointments**

One-on-one appointments are conducted by faculty and graduate assistants. They are especially helpful for CAPS clients with anxiety and depression, as well as for students with severe muscle tension, headaches, and medical and sleep issues. The full range of biofeedback modalities are available including muscle tension, hand temperature, galvanic skin response and heart rate variability. Many students receive the education and training they want in one session, while others reschedule or attend open biofeedback hours depending on their stress management needs. Students are assisted in setting goals for practice at home. They are referred to our [Stress Management and Biofeedback Services website](#) for resources to help them apply stress management skills in their day-to-day lives: down loadable relaxation recordings, educational handouts, and stress management tips/resources.

### **Open Biofeedback Hours**

Open biofeedback hours are managed by undergraduate mentor grant students. Three computer stations are set up in one room to accommodate 2-3 students for each open hour. Computer stations are the best format for intensive biofeedback training with our cutting-edge interactive heart rate variability biofeedback programs. Open hours are designed to give immediate help for students waiting for a counseling appointment or a one-on-one biofeedback appointment. Class assignments for biofeedback are also accommodated through open hours. Open hours are especially helpful for typical college student stress management issues. Biofeedback clients are encouraged to attend open hours in between or in place of one-on-one appointments. The undergraduate assistants help with stress management education, using the biofeedback programs and games, to review progress and set practice goals.

### **Stress Management Education and Relaxation Training Resources**

Resources are disseminated through the website, outreach presentations, and through providing resources to instructors of Student Development courses, residence hall advisers, and Freshman Experience Mentors, etc.

### **Training**

Biofeedback Services support the training mission of CAPS by providing training in biofeedback and stress reduction to Psychology graduate assistants and a biofeedback rotation for pre-doctoral interns.

## **Outreach and Consultation**

There are three main purposes of the CAPS outreach program. First and foremost, we follow a community-based model which espouses strong consultative relationships with other departments on campus. We help BYU departments, offices, programs, employees and ecclesiastical leaders learn how to identify psychological issues, how to respond to crisis situations, how to discuss issues openly with students, and how to make appropriate referrals to CAPS. Second, we offer informational presentations with an aim to use our clinical expertise for primary-level, preventive interventions to enable students to alleviate difficulties on their own. These presentations also serve to make CAPS a more visible and accessible source of help for students needing psychological services. The final purpose is to hold large-scale campus events

promoting mental wellness and promote efforts to eliminate stigma associated with psychological difficulties which exist in our campus community.

### **Clinical Outreach Coordinator & the Outreach Committee**

Outreach and consultation activities are shared by all CAPS clinicians. These duties are monitored and processed primarily by the Clinical Outreach Coordinator (COC) in conjunction with the Associate Clinical Director. CAPS clinicians can also field requests from the campus community. The COC heads the Outreach Committee. The Outreach Committee helps the COC plan and execute large-scale events and supervises the Student Outreach Council. The Committee is made up of any interested CAPS faculty and interns who have opted to complete the outreach rotation as part of their training experiences. The two undergraduate student leaders of the Student Outreach Council are also invited to participate.

### **Student Outreach Council**

The Student Outreach Council is comprised of under-graduate student volunteers. They help CAPS faculty with honoring outreach requests which may be too time-consuming to complete during busy times of the school year. Students on the Council help plan, coordinate, and carry out the emotional wellness outreach efforts of the Counseling and Career Center. Outreach efforts of the Council include: informing students of the mental health and emotional wellness services available on campus, educating the campus community about important emotional wellness topics, and teaching skills to improve students' emotional wellness, health, and well-being.

### **Processing Requests**

Requests for outreach activities are generally directed to the Clinical Outreach Coordinator. However, individual staff members may be contacted based on their association with the person who calls, or the topic matter requested. The individual staff member may either record the pertinent information themselves or direct the request to the COC who will make the request known to the clinical faculty and trainees. The clinician may also agree to honor the request. Clinicians should keep in mind the needs of trainees to gain outreach experience and seek to include them in these outreach events. The clinician(s) doing the activity is/are encouraged to have evaluation forms completed after the event to provide feedback for the presenters.

### **Outreach Activities**

Outreach may include the following activities: disseminating general information about mental health issues; providing information about CAPS and resources; media interviews; and provision of programs, workshops, or presentations. These activities are provided primarily to the campus community, which includes ecclesiastical leaders. Programs are also offered to the general community. The kinds of activities requested include the following:

- \* Interviews/articles for campus newspaper, local newspapers, radio, etc.
- \* Attendance at campus meetings, church meetings, etc.
- \* Attendance at local community committees, task forces, advisory boards, etc.

### **Pamphlets/Information**

Pamphlet racks are available in the area outside of the main entrance. These contain information about developmental, emotional, and psychological issues.

### **Consultation**

Consultation activities at CAPS focus on several areas of emotional functioning and well-being including anxiety, depression, crisis management & stress management.

### **Residence Life Liaisons**

Three CAPS faculty are assigned seven clinical hours during fall and winter semesters to the three Residence Life areas on campus (Heritage Halls, Helaman Halls and Wyview/FLSR). These consultants are instructors for sections of a Student Development Course designed to provide on-going RA training about how to manage psychological issues within the housing context. These clinicians offer increased access to Residence Life staff for consultation and support for managing psychological issues of their residents. These faculty may participate in community activities and serve as the primary contact person for CAPS to that community. Two additional CAPS faculty are instructors for the Student Leadership Courses for RHA hall officers.

### **Athletics - Treatment of Student-Athletes at CAPS**

As of August 2014, CAPS is the main provider of mental health services for BYU intercollegiate student-athletes. We are contracted by Sports Medicine to be the team psychologists for all teams in the Department of Athletics. Two CAPS faculty are assigned to provide the equivalent clinical hours of one faculty member per week (24 total).

CAPS faculty assigned to athletics sit on the multi-disciplinary disordered eating treatment team and provide easy-access consultation with coaches, athletic trainers, department staff and administrators as needed. They also provide appropriate outreach activities and teach courses related to performance psychology.

As per the agreement with Athletics, student-athletes are able to be seen on a weekly basis and are exempt from session limits of the general student population. Appropriate outside referrals should still be considered where clinical presenting concerns fall outside of the role and scope of treatment available at CAPS. All appointments should be coded appropriately in Titanium as either an Athletic Intake, Athletic Individual or Athletic Couple appointment. This should be done in order for CAPS administration to provide appropriate reports about utilization of services by student-athletes at the end of each academic year.

In most cases, it is prudent to obtain an attendance-only release of information for the athletic trainer assigned to the client's sport in order to follow up with the relevant trainers as needed. As per BYU Athletic Department and NCAA Best Practices and Policy, for student-athlete clients presenting with concerns related to disordered eating, it is necessary for that individual to sign a release of information for the members of the multi-disciplinary treatment team (team psychologists, team physician, registered dietician and athletic trainer) in order for their case to be considered and discussed by that committee.

### **Honor Code Office**

The Honor Code Committee meets weekly on Thursday from 2-4 p.m. The CAPS Clinical Director serves on that committee and provides consultation on psychological factors that may contribute to the concerns discussed.

### **Multi-Cultural Student Services (MSS)**

Three CAPS faculty serve as liaisons to the advisers in the MSS. They serve a very similar function to the residence life liaisons- increased access to MSS staff for consultation and support for managing psychological issues of their students. Each CAPS liaison is assigned two or three advisers in MSS to serve as a primary contact person to facilitate any referrals from their office to CAPS. The liaisons will also be available, when requested, for attendance at monthly MSS staff meetings as they review difficult cases.

**Note:** Residence Life staff and physicians at the Student Health Center have their own guidelines for the reporting of critical information, incidents, and health information and are often accustomed to more liberal sharing of information in their work environment than is allowable for counselors. They may need to be reminded from time to time that therapists are ethically and legally bound to much tighter constraints in this regard, and do not have the prerogative to share some types of information which other campus staff might ordinarily expect to exchange.

## **Procedures for dealing with crises and at-risk clients**

CAPS is committed to providing 24-hour coverage for students in crisis. This service assists CAPS clinicians, BYU Police, Health Center physicians, Housing Personnel, students, and others in the BYU community in providing crisis coverage for BYU students who may need to be referred for immediate help.

### **Daytime Crisis/Walk-in Response**

This service may be accessed by walking-in or by calling the CAPS reception desk at 801-422-3035 and requesting help with a crisis or by asking to speak with the Clinical Director, Associate Clinical Director or any faculty member. Between the hours of 10am and 4pm, there are QuickCare appointments available to handle crisis. If all these appointments are filled, the front desk staff will respond to crises throughout the workday (8 a.m. to 4:30 p.m.), however, it may take a little longer since there is not an assigned clinician available.

CAPS crisis procedures are as follows: the front desk staff will first contact the clinicians designated to provide QuickCare coverage during that time period. When that person or persons is not available, the front desk staff will contact those clinicians who have had a cancellation/no show and request help with the walk-in client. Counselors should be available in their offices to respond to these demands if they have a client cancellation/no show. If these clinicians are not available, the front desk staff will look to see what clinicians have an available hour at this time and request their help. If no one is available, the front desk staff will contact clinical faculty, interns, or externs and request their help with the walk-in crisis. Other CAPS activities such as meetings, supervision, and even client appointments take second priority if there is a client in crisis. If obligations must be cancelled, it is usually resolved through informal discussion with

the clinicians, the Clinical Director, and the front desk staff as to which counselor would be caused the least disruption by attending to the immediate crisis.

If a crisis occurs after 4:30 pm, the individual is instructed to call the after-hours counselor through the BYU-PD (801-422-2222). If the clinician assigned to cover the after-hours phone is available at 4:30p they can choose to meet with the client in person. They can also have the individual call the number and manage the crisis over the phone.

This procedure applies to all days that are not official University holidays. Holidays are covered by the counselor on after-hours coverage. During semester break, daytime emergency services are provided in CAPS from 8:00 am-5:00 pm by the counselor on coverage for that day.

### **Protocol for Managing a Crisis via Teletherapy (Fall/Winter 2021-2022)**

When working with a client via teletherapy, where you are worried about the possibility of a needed hospitalization or other action after performing a suicide or risk assessment please use the following protocol.

Start at the top of this list and work your way down (if needed) to gain consultation.

1. Contact a Senior Staff Psychologist who is part of the Skeleton Crew at CAPS that day.
  - a. Feel free to call the front desk staff 801-422-3035 to ask who is available from the skeleton crew.
2. Contact your Primary Supervisor.
  - a. Have their cell-phone number on hand.
3. Contact the Clinical Director (Kara Cattani: 801-361-2671)
4. Contact the Associate Clinical Director (Dallas Jensen: 801-227-4633)
5. Contact the CAPS Director (Steve Smith: 801-377-8578)
6. Contact the Training Director (Michael Adams: 801-885-3411)
7. Contact the Front Desk to see who is available on QuickCare (801-422-3035)

\*If you are unable to contact your supervisor initially and instead have to consult with the second, third, etc. person on the list, please notify your supervisor as soon as possible about the status of your client and the decision you made via consultation. Remember to document all consultations within Titanium.

**Crisis Phone Numbers:** There is a Yellow Card in each CAPS office with these numbers.

<b>CRISIS PHONE NUMBERS</b>	
BYU Police Department	801-422-2222
Provo Police Department	801-852-6375
Utah County Crisis Line	1-800-273-8255

Rapid Access Line for Wasatch Behavioral Health (This number is for clinician ONLY, <b>do not give to clients</b> )	801-494-0880
Crisis Text Line	Text HELLO to 741741 (U.S. only) Provide confidential services 24/7
Crisis Line of Utah County	801-226-4433
National Suicide Prevention Hotline	1-800-273-8255 <a href="https://suicidepreventionlifeline.org/">https://suicidepreventionlifeline.org/</a>
Veterans Crisis Line	1-800-273-8255 and Press 1 to talk to someone. OR send a text message to 838255 to connect with a VA responder.
RAINN National Sexual Assault Hotline	1-800-656-4673(HOPE) <a href="https://hotline.rainn.org/online">https://hotline.rainn.org/online</a>
Lisa Leavitt Survivor Advocate, BYU	801-422-9071
Utah Valley Regional Medical Center Crisis Line	801-357-2631
Center for Women and Children in Crisis	801-377-6375
Turning Point (Anger Management)	801-863-7580
Wasatch Mental Health Center Wellness and Recovery Center	801-818-3920
Safety Concern in your Office	Call Front Desk: 801-422-3035 Say, "Please cancel my appointment with Dr. Jones"

### **Daytime Availability**

Counselors scheduled for clinical appointments are to be available in their office during that hour. Other activities are not to be scheduled during these times. If a clinician is needed for a crisis, the front desk staff will call a clinician's office directly.

### **Assisting clients in crisis during office hours**

- Front desk staff should consult with a clinical staff member anytime they believe a client might be in crisis and require immediate assistance.
- A caller in crisis should be invited to come into the CAPS to see a counselor.
- If there are no open appointments available, a front desk staff member will contact the clinical staff via email or phone to request someone to meet with the client as soon as possible.
- In an urgent situation arises (e.g. person crying uncontrollably, very agitated) it is appropriate to interrupt a counselor who is in session with a client who is not in acute crisis. The front desk staff will help to reschedule the client whose session had to be interrupted by the emergency.

### **Volatile Clients - Using the “Dr. Jones” procedure**

In the unlikely event that a client should become volatile in a counselor’s office and you do not feel safe, the front desk should be called, using the signal that there is an emergency: saying, “Please cancel my appointment with Dr. Jones”. This is a signal to the front desk to ask a series of questions that only require a “yes or no” answer and help in assessing the kind of help needed:

Do you want immediate help?

Do you want another counselor to come to your office?

Do you want a counselor to be waiting outside your office?

Do you want BYU police to come to your office?

Do you want BYU police to be available in CAPS?

The intention is that clinicians know there is a safety net available should a dangerous situation ever arise -- hopefully it will never have to be used.

### **After-Hours Crisis Coverage**

The following are the main purposes for our after-hours crisis-response services:

- Provide crisis coverage for the University community for students with suicidal concerns including: expression of suicidal ideation, threats, attempts, and completion
- Provide crisis counseling in cases of life-threatening or life-altering situations. This may include major accidents, death or trauma.
- Provide crisis counseling for clients experiencing intense anxiety, depression, other intense emotions, or self-harm behaviors; which impedes their ability to sleep and function.
- Respond to concerns of Housing personnel (including hall advisers, Resident Assistants, roommates), providing consultation regarding behavior of residents/roommates.

The primary focus is to address the crisis concern and to intervene in such a way as to ensure the safety of the student/client and others involved and diminish the effects of the intense emotion or suicidal concerns. The purpose is not to provide a therapy session; rather talk with the person to get them stabilized for the night, make an appointment for the next day with their therapist if necessary or arrange for a referral if the student wants to begin counseling.



### **Issues to consider when responding to the crisis call:**

- The clinician should assess the crisis situation and use clinical judgment to determine if the concern can be resolved with an intervention over the phone or if a direct intervention is required. If the clinician is not clear on how to proceed, a consultation with the Associate Clinical Director or the Clinical Director can help determine an appropriate course of action. Some direct services which may be provided include: going to meet with the student and/or the roommates, referring the student to the emergency room because of suicidal risk.
- Consider how to involve parents, family members, ecclesiastical leaders or friends; in cases where the client needs to be with others to be safe and isn't admitted to the hospital. If safety cannot be guaranteed, then strongly consider hospitalization or informing parents/family of the risk and concern. **A roommate should not be utilized to watch someone in crisis overnight.**
- In cases in which a student frequently calls the crisis line and causes disruption with roommates, consider a referral to the Clinical Review Committee. A list of these students is included in the after-hours crisis phone case, with recommendations about how to handle intervention with a given student.
- In general, it is disruptive to roommates to take on the responsibility to keep the suicidal or dangerous student safe. Roommates should not be asked to participate in safety plans and given the primary responsibilities for the care of unstable students. Family or police involvement would normally be a preferred option over burdening any roommates.

### **Procedures for Scheduling and Contacting the After-hours Counselor**

On a rotating basis the clinical counselors in CAPS provide after-hour crisis coverage for a week at a time, from Monday at 4:30 p.m. through the following Monday at 8:00 a.m. All after-hour crisis calls are coordinated through the BYU Police Department which has a current schedule of after-hour *Counselors on Duty*, along with their relevant cell and phone numbers as well as the emergency cell phone number. Clients in distress may access help by calling the BYU police at 801-422-2222 and asking to speak to the counselor on call. Counselors respond only to psychological crises.

The police are given instructions to call the on-call cell phone. The first attempt will be to that number. If there is no answer, they will call the cell phone number of the individual on-call. After that, they will attempt to call the Clinical or Associate Clinical Director. The Office manager will inform BYU Police if any changes are made for on-call coverage that is different than what was originally written on the schedule. The counselor on-call is required to carry the cell phone and to be sure that the cell phone is accessible during that rotation. The cell phone should work in most locations. It is the responsibility of the clinician on call to be available for any calls during that week. This includes preempting any sessions with private clients. After-hour and weekend plans may need to be shifted to maintain availability to respond to crisis calls. Generally, the on-call clinician needs to be in Utah County in order to timely respond to crises that may necessitate direct services.

In cases in which the On-Call Clinician does not respond in a timely manner, the BYU dispatcher will contact the Associate Clinical Director, Clinical Director or another CAPS clinician to handle the crisis call. If necessary, the BYU police may at times, contact Provo police or call 911 to assist a client who may need to be taken to the Emergency Room at UVRMC or another hospital.

### **On-call schedule**

The on-call schedule follows an alphabetical rotation of clinicians with some allowance for changing the order to spread out this duty during holidays. The On-Call Schedule is finalized by the Associate Clinical Director. Scheduling conflicts inevitably arise at some point; the counselor scheduled to be on-call is responsible for arranging alternate coverage (usually involves trading shifts with other staff or getting coverage for a day, a few hours, etc.). Copies of each semester's on-call schedule are given to all clinicians in the center, the on-call staff, the director of the center, the Dean of Students, and the Vice President over Student Life.

### **Reports of After-hours contacts**

After responding to a crisis, it is important that the counselor document the intervention/contact in Titanium. If the student has not had previous contact with the Center, a new file should be created for recording the contact in the database.

## **After-hours Meetings with Clients in Crisis**

### **CAPS**

As a general rule, counselors do not see clients in CAPS after hours when front desk staff or other clinicians are not available to provide coverage. However, if the client is accompanied by BYU police or others who are assisting in the crisis, this may be a preferred option for after-hours meetings.

### **BYU Police Department**

Students may also be seen at the Campus Police station, located in 2120 JKB, if it is more convenient for them to find transportation to that facility. The Campus Police have agreed to provide a room for interviewing if no other options are viable. They may offer to transport on-campus students to the hospital should there be any medical need, though this is not an official policy.

### **On Campus Housing**

Counselors may meet with a student in their room in a residence hall. It is helpful to inform the Resident Assistant and/or the Hall Advisor that there is an emergency and have someone present during the meeting. Please inform the CAPS housing liaison about any action taken so they can follow up with Residence Life staff and administration.

### **Off Campus Housing**

It may be necessary to meet with a student in their residence. In such cases, for liability reasons, the clinician on call should determine whether this provides any danger to her/himself or the client, if so, arrangements may be made to have BYU police, Provo police, another clinician or an ecclesiastical leader accompany them.

### **Suicide attempts/gestures -- Notification of Parents**

In general, parents are not informed by clinicians if any life-threatening attempt is made by a client. However, in some cases parents may be called if the counselor feels a student is in imminent danger. Often an ecclesiastical leader or resident employee may inform parents of suicide gestures or attempts.

**Note:** if a student has evidenced suicidal ideation or behavior and refuses service either at CAPS or an outside resource, it is *critical* that it be documented in the case notes that counseling was recommended, offered and refused by the student.

## **Procedures for Hospitalization of clients for psychiatric treatment**

UVRMC is the first hospital of choice for BYU students who need immediate psychiatric care. Call the crisis worker at the ER directly on the crisis line, **801-357-2631 and ask to speak with the crisis worker.**

### **Protocol for Admission**

Discuss reasons for seeking admittance to the psychiatric unit, give a brief history of client's treatment, diagnosis, and other information relevant to hospitalization. Crisis workers find it very helpful when the therapist can accompany the client to the ER, since it is not unusual for a client to downplay the seriousness of suicidal threats or their symptoms once they get to the hospital. This is not a requirement; however, it can be helpful for clients.

If time permits, a clinician might check on client's insurance and consult with social worker to ascertain if admittance to UVRMC is possible. Mountain View in Payson has a psychiatric unit that takes alternate insurance from UVRMC. University of Utah Neuropsychiatric Institute (UNI) in Salt Lake can be another option for in-patient treatment for some students. Rather than make a determination of where to send the student, contact UVRMC and they can assist with a referral to a different hospital.

### **Communication between CAPS clinicians and Hospital Crisis Workers**

When a BYU student presents at the ER after working hours, the crisis worker will call the after-hours counselor to let them know the status of the student's admission, whether they were admitted or not admitted. In the past, CAPS has not been aware of cases in which a student is brought to the ER for psychiatric care and turned away because it was not really a life-threatening concern. Now we will be aware of those students who may or may not be current clients of CAPS and will be able to offer them services and explain how they may get help if they choose.

### **Hospitalization During daytime hours on workdays**

Hospitalization procedures may require that several phone contacts be made within a short period of time. This can present a challenge to the clinician or trainee to manage both the client and the procedures. If you need help, please ask for assistance from the clinical director, another clinician or supervisor even if this means that a therapy session or other meeting must be interrupted, ended early or cancelled. At times, it may be helpful to have the client contact a

friend, family member, ecclesiastical leader, etc. who may lend support to the client through this process.

Remember that UVRMC is a trauma center, meaning that if the reason for the visit is not clearly a life-threatening emergency, then the person coming in could be waiting for several hours before being treated; medical emergencies usually receive care before psychiatric emergencies.

If **transportation** to the hospital is needed, contact the BYU Police at 801-422-2222 for assistance in this process. **Do not transport the client in your vehicle.** If you are accompanying the client to the ER, you may ride with the client and the BYU Police officer and they will come back and pick you up, or you may take your vehicle and meet the client in the ER. BYU Police will not transport clients if they deem they are not medically stable, i.e. have taken an overdose of medications. If there is an immediate medical emergency, call 911 for assistance and transportation to the hospital.

### **Involuntary hospitalization**

Involuntary hospitalization is rare with the student population but has on occasion been necessary. In these cases, counselors should request the assistance of BYU Police or Provo Police who may “blue slip” the client into the hospital.

### **Financial considerations**

Financial issues should be discussed with the client (if possible) when considering hospitalization. The following information may be helpful.

Emergency Room cost: Basic visit starts at about \$1,105; charges are based on level of care needed.

For medical care, it is cheaper to go to an Insta-care facility rather than UVRMC.

Psychiatric Unit: \$1300 - \$1500 per day; this is a bottom-line price with or without insurance. Average stay is 3-5 days. Minimum cost for stay is about \$3,196 which includes sixteen different tests for diagnosis.

BYU student insurance does not pay for Psychiatric hospitalization.

### **Insurance**

A student needs insurance to be treated in the ER or a commitment from a bishop or someone who will be responsible for payment. It's a good idea to check to see if an individual policy is covered at UVRMC. Of course, if this is a medical emergency, a transfer can be made to another hospital once the person is stabilized.

## **First Response for Sexual Assault and Rape**

Sexual assault is the commission of an unwanted sexual act, whether by an acquaintance or by a stranger, that occurs without indication of consent of both individuals, or that occurs under threat or coercion. Sexual assault can occur either forcibly and/or against a person's will, or when a person is incapable of giving consent. A person is legally incapable of giving consent if less than 18 years of age; if intoxicated by drugs and/or alcohol; if developmentally disabled; or if temporarily or permanently mentally or physically unable to do so. Sexual violence includes, but is not limited to, rape, sodomy, incest, child abuse, stalking, molestation, fondling, indecent exposure and voyeurism.

To provide immediate response to students who have been raped or sexually assaulted, the University Police, Rape Crisis, the victim, or anyone else involved can call Kara Cattani directly. If Kara is not available or the individual walks into the CAPS requesting crisis services, be sensitive to the fact that a female victim may want to meet with a female counselor. You are welcome to call Kara if you are on call after hours and need a female counselor.

**Contact Persons:** call 801-422-3035, 801-422-2222 afterhours through BYU Police

Kara Cattani, Ph.D., Psychologist, SDS Director 801-361-2671 (cell)  
Lisa Leavitt, Ph.D., Psychologist, Sexual Assault Survivor Advocate

### **Follow crisis counseling procedures.**

Ensure physical safety and help find emotional support.

### **Make the student aware of options, including:**

Reporting to the police\*

Seeking a medical exam for well-being and collecting evidence\*

Working with Rape Crisis/ an advocate

Receiving counseling here or in the community

\*see community resource sheet for more information about reporting and medical exam

Do not push him or her to do anything against his/her will. Survivors need to reestablish control.

## Community Resources for Rape and Sexual Assault

**Emergency Assistance:** 911 or 801-422-2222 (BYU Police)

**Rape Crisis Hotline** (24 hours a day): 1-800-656-HOPE (4673)

### [Utah Rape and Sexual Assault Resources](#)

- Utah Domestic Violence: 1-800-897-LINK (5465)
- Rape & Sexual Assault Crisis Line: 1-888-421-1100

### [Center for Women and Children in Crisis](#)

Survivors can call for crisis counseling, information about options, and help dealing with the legal and medical systems. For instance, Rape Crisis Advocates will accompany survivors during medical exams if desired.

### Reporting:

**Children** – [Utah Department of Child and Family Services](#) 1-855-323-3237  
[The Children’s Justice Center](#) 801-851-8554

Reporting, medical exams, and counseling resources can all be accessed here. Interesting to note that children give consent for their own medical exam if they are considered to be “of reproductive age” which is generally considered age 14.

**Adults** - Report to the police in the jurisdiction where the assault took place. Reporting does not mean having to press charges.

BYU Police – 801-422-5206 (Chris Autry) is a good first contact and can help coordinate with other law enforcement in the area. He is a great advocate to talk to anyone who has been victimized.

### **BYU Student Health Center**

Those not wanting to report can go to the Student Health Center, but they do not have the equipment and training that the Family Medicine Clinic has (they do not collect evidence). You can request a female doctor. They still have to notify the police by law, but individuals do not have to cooperate with law enforcement.

### [Planned Parenthood](#)

1086 North 1200 West  
Orem, UT 84057  
801-226-5246

Individuals can receive the morning-after pill (which can be taken up to a week later) anonymously here, if they say they have had unprotected sex, but there is no medical care. You can walk-in for help.

### **Rape/Sexual Assault Advocacy:**

Lisa Leavitt – Sexual Assault Survivor Advocate – 801-422-3035

BYU Police - Chris Autry – 801-422-5206

Provo Police – Victim Advocate’s Office – 801-852-6251

Orem Police – Victim Assistance Coordinator – 801-229-7128

### **Victim Reparation:**

Utah Office of Crime Victims Reparation – 800-621-7444

Victim may be eligible for financial help with counseling, medical bills, etc

## **Treating Survivors of Rape and Sexual Assault Barriers to Treatment**

### **Reluctance to Seek Treatment**

Rape and sexual assault survivors are reluctant to come in for counseling, and even if a friend, family member, roommate, the police, or ecclesiastical leader, etc., talk them into coming in, research demonstrates that they have a high propensity to drop out of counseling after a session or two. Therefore, we are providing some areas of focus in treatment to be as helpful as possible for clients presenting to treatment who have been a raped or sexual assaulted.

## **Areas of Focus in Treatment**

### **Avoidance and Trauma**

Many survivors deal with the trauma of sexual assault by avoiding their memories and feelings and are very reluctant to talk about the experience itself in therapy. There is a fine balance between respecting their wishes and helping them face the trauma so they can work through it. If they seek treatment months or years after the assault, they may have developed well entrenched patterns of avoidance in their personal relationships and activities that are difficult to change.

### **Safety vs. Unhealthy Avoidance**

It is important for survivors of sexual assault to establish a sense of physical and emotional safety in the aftermath of the trauma so they can begin to heal. It is often helpful for them set up extra precautions such as not going places alone, not being alone in their apartment, etc., for a time. This can help manage PTSD symptoms. There is also a natural tendency to avoid places, people, situations, that remind them of the assault, and this may be healthy at first. Accordingly, over time being dependent on others to feel safe and avoiding reminders of the event can lead to a constricted lifestyle such as avoiding dating, certain places they used to love going to, etc. Avoidance is reinforcing and treatment may need to include some form of exposure therapy.

### **Shame and Guilt as a Defense**

Survivors often find it easier to blame themselves for a sexual assault than to face the reality of their helplessness and vulnerability during the assault. They may resist coming to a healthy and realistic view of what happened. There is a balance between urging the individual to stop blaming him or herself and not stripping away needed defenses.

### **Personalizing the Assault**

Assault survivors often continue to feel unsafe long after the assault, not only because their sense of safety in the world has been shattered, but also because they assume that something about them invited or provoked the attack. This leads them to believe that they are in danger from every direction. Helping them to see that the assault was about the perpetrator and not them is essential.

### **Fault-finding vs. Learning from the experience**

Because most people don't want to believe that rape happens, survivors have often had others imply or directly say that there was something he or she could have done to prevent it. Their own need for control will keep them replaying what they should have known or should have done to prevent it. Early in therapy it is essential to assure survivors that it could not have been their fault. Later on, it may be helpful to talk about what can be learned from it: areas of vulnerability for the particular individual, safer dating practices, etc.

### **Presenting with Other Issues**

Sexual assault survivors may present for therapy for other issues, either unaware of how the assault has affected them, or aware of the need for help but afraid to disclose. They may present with symptoms of anxiety and depression with or without PTSD, relationship difficulties, academic troubles, etc. Careful questioning about precipitating events or difficult life experiences may help them to disclose. They may need education on how the sexual assault may be affecting them.

## **Treatment of At-Risk and Diverse Student Populations**

BYU Counseling and Psychological Services (CAPS) operates within a university sponsored by the LDS Church. CAPS policies are developed with consideration for both university standards and the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association (APA).

All CAPS employees strive to treat any individuals who present for services with dignity and respect, whatever the nature of the presenting concern; are aware of cultural, individual, and role differences; and respect the rights of others to hold values, attitudes, and opinions that differ from their own. We embrace the idea that all aspects of a client's identity are worthy of respect.

In planning and implementing psychological services for individuals who present with concerns reflecting values conflicts, CAPS psychologists respect the rights of individuals to autonomy, self-determination, privacy, and confidentiality. The therapeutic goal is to assist the client in finding a solution, if possible, when different components of identity clash, in which all aspects of identity find some place at the table. For example, we respect and validate aspects of both



sexual identity and spiritual identity. We remain in a role as professionals in handling these issues. We provide information, help clients make sense of and integrate various pieces of their identity, and reduce the impact of personal pathologies or internalized stigmatization that might impair resolution of their conflict.

Updated August 2021