ACKNOWLEDGEMENTS

The Applied Psychology Centre would like to express gratitude to Dr. Stephen A. Lisman, the Director of the Psychological Research and Training Clinic of SUNY-Binghamton for permission to borrow extensively ideas and passages from his well-written Clinic Manual. Thanks are also due to Bill Breeder and Alex Schwartzman whose suggestions and editing contributed a great deal to the final form of this manual, and to Ivan Zendel, a former Coordinator, for preparing the first edition. A final note of acknowledgement goes to the members of the A.P.C., past and present, whose comments and suggestions over the years have improved the functioning of the Centre.
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I. GENERAL INFORMATION

This comprehensive manual describes the activities, policies and procedures of the Applied Psychology Centre. All trainees and supervisors should be familiar with its content. It is hoped that it will also help trainees understand the responsibilities they are asked to assume during the period of their clinical graduate studies.

The primary role of the Applied Psychology Centre is to serve as a training vehicle for the clinical program. Supervisors and students undertake the responsibility to provide ethical, conscientious service and to maintain good relations with fellow professionals and the public. The individuals participating in the Centre are expected to maintain a mature, responsible working relationship with their clients. While the case supervisor is ultimately responsible for a given case and will be the immediate authority on proper clinical procedures, each member of the clinical faculty is available to students for consultation.

In order to work effectively as a clinical trainee, students must become familiar with certain basic information, instructions and "tradition" in interacting with and treating clients. Trainees get much of this in supervision and more formal classwork. In addition, trainees should read and be conversant with the following list of materials prior to or during the early phases of client contact:


With the exception of items 2 and 4, which is available in the APC library, these documents are distributed to all incoming students at the APC Orientation Meeting.
A. Clinic Confidentiality and Client Access to Files

With respect to these issues, it is important to be aware of the existence and substance of Bill 65, a provincial law respecting access to documents held by public bodies, and the protection of personal information. The purpose of the Act is to ensure

a) that the confidentiality of personal information is protected,

b) that persons have a right to see files maintained on them,

c) that persons have a right to have their files corrected,

d) that personal files are kept only insofar, and only for as long as they are necessary for the functioning of the service or institution in question.

The following four sections address mainly the areas covered by items (a) and (b), and their implication for Clinic procedures and policies.

1. Definitions

PRIVACY refers to the freedom of individuals to choose for themselves the time and the circumstances under which, and the extent to which, their beliefs, behaviour, and opinions are to be shared or withheld from others.

CONFIDENTIALITY involves an explicit promise or contract to reveal nothing about an individual except under conditions agreed to by that person.

Breaches of privacy and confidentiality often occur in a seemingly innocuous manner. For example, a psychologist should never discuss a client in the presence of another client, family or friends. Whether on the telephone or in person, a psychologist should not make patients or clients an item of casual gossip or chitchat. Discussions with professional staff, at the case conference, or the supervision hour are bound by professional ethical practices. Discussion of client problems with fellow clinical graduate students for purposes of consultation is definitely to be encouraged, but only when undertaken under conditions of utmost confidentiality.

Along related lines, psychologists should answer no questions on the telephone about clients except when the caller is clearly identifiable and well known to the psychologist, and the informed consent of the client has been obtained. In general, such matters should be done in writing and on the basis of proper authorization.

2. Effect on Clinic Procedures

The principle of confidentiality requires that the client must be informed if, for training purposes, recording devices are employed during a session or a colleague or assistant is observing behind the one-way mirror. To assist you in providing this information to clients we have taken two steps. The intake interviewer (typically, the Clinic Administrative Director) describes the dual training/service functions of the Clinic to the prospective client during the first phone contact. At the time of the initial clinic meeting, the Administrative Director informs the client of the Centre's use of observation and recording devices for professional training only (see below as well) and presents the client with the appropriate consent form to be signed,
explaining once again the Centre training policy and procedures (see "Consent Form" in the Appendix). Clients are told they may, at any time, ask their therapist who is in the observation room. You should therefore always know who is observing a particular session.

We can acknowledge several possible exceptions to a policy of strict confidence. One would be if a client's record was subpoenaed by a court of law. Another would be when a client's revelations or threats of wrongdoing clash with legal obligations to report (i.e., child abuse). Finally, you may ask a client to consent in writing in order to share information about them. (See the Appendix for appropriate "Release of Information" forms).

These policies will also pertain to children and to University students. The clinician is responsible for discussing the seeking or releasing of information before it happens, and to share only such material as will benefit the client. In the case of a school-age child, especially if the school has shared its records or has had a part in the referral, the parent should be advised that any material that will be helpful to the child in the school situation will be shared with the school. However, it is important that the release form authorizing this be signed by the parent.

**NO RECORDS ARE TO BE REMOVED FROM THE CLINIC EXCEPT AT THE DIRECT REQUEST OF THE SUPERVISOR FOR TRAINING OR CONSULTATION PURPOSES.**

Each time the folder is removed from the file cabinet, it must be signed out with the APC assistant or Administrative Director. The client's file must be used in the student therapists' office (PY 119-1) or at the student's desk in the PY or SP buildings. The file must be returned to the APC assistant's office before closing time each day.

In writing clinical notes, use the client's full name. However, it is essential to maintain strict confidentiality in storing and transporting documents, e.g. monthly reports forwarded to the Administrative Director should be placed in an envelope upon which is marked Confidential.

It is essential that no records or case notes are left exposed on desks, calendars, etc. When disposing of notes or scraps of paper containing identifying information, it is advisable to destroy them before putting them in the wastebasket.

3. **Confidentiality and Recording Devices**

Any recordings of client sessions, audio- or DVD- must be done on Centre material. For each client, you may keep an audiotape or DVD on loan for the academic year for your own use. DVDs are signed out at the beginning of the year with the APC assistant, and must be returned at the end of the year. Recordings must never be removed from the APC. DVDs are kept, with your name on them, not the client's name. In order to ensure confidentiality, client recording on non-APC material is not allowed.

When confidential material is to be stored or printed on the network e.g., monthly progress notes, student evaluation forms, clients’ records, please take proper precautions to guard the confidentiality of the document. Specifically, rather than saving documents:

a) Print locally.

b) If letter quality is essential, send the file as an "attachment" with a memo to the APC assistant, asking her to print and pick up the document at her convenience, from the Laser printer. Alternatively, you may hand your diskette to the APC assistant for printing.

If you wish to save your document, security can be given to files created on the network as follows:

(i) Store files in a volume which has a private password, i.e. no one but yourself has access to that password.

(ii) Store your files locally on a floppy disk with a specific password for confidential files and erase the network version.

(iii) In addition to (ii) above, for students who are carrying around disks, to minimize the possibility of loss, it would be a good idea to store confidential documents on a separate floppy disk. Thus, this disk would be used only for clinical or other confidential material.

5. Client Access to Files

On request, a client may see and have a copy of any document in his/her file, (with the exceptions outlined below). Any such request should be discussed with your clinical supervisor and the Clinic Administrative Director before being granted. Care should be taken in report writing and record keeping that file documents are fully informative and clinically useful without being potentially damaging or dangerous if read by the client.

Two classes of information may be withheld; test protocols and all raw test data, and a recommendation or opinion from another professional body or organization.

Individual notes may of course be judiciously collected and used. These are for your personal use and do not form part of the client file, so no right of access is required. However, they should contain no identifying data, should be stored carefully and may not be disclosed to anyone else except within the context of supervision or professional consultation.
B. Clinic Personnel and Functions

Director: Michel Dugas, Ph.D., Room 101-4, (514-848-2424 ext. 2215). Dr. Dugas has overall responsibility for the functioning of the Centre, and the training of graduate students within the Centre.

Administrative Director: Dina Giannopoulos, Ph.D., Room 111-4, (514-848-2424 ext. 7537). Dr. Giannopoulos is responsible to the Clinic Director and works in close association with him. The Administrative Director administers all day to day clinical and educational activities of the Centre. Among her duties are:

1) Maintaining a flow of clients to the APC and making known their availability to students and supervisors.
2) Screening of referral requests including intake assessments.
3) Emergency service and holiday coverage.
4) Continuity of client care.
5) Monitoring fee payments.
6) Development and supervision of Clinic forms.
7) Monitoring follow-up contacts.
8) Centre maintenance, space allotment, and upkeep, including technical equipment and psychological tests.
9) Regulating clinic expenditures.
10) Supervising the clinic assistant and clinical trainees.

APC Assistant: Duties include, among numerous others: responding to incoming calls/clients, receiving and allocating messages, assigning rooms, preparing reports that are issued to other services, signing out equipment and supplies, maintaining student files, coordinating document flow for student practicums/internships, preparing/distributing receipts to clients/faculty for APC fees, and keeping the office running in an orderly fashion.

Should questions or problems arise concerning Centre policy, procedure, appearance, etc., please bring them to the attention of the Administrative Director. Only by expressing concerns or questions through the Centre staff will the Centre be able to respond or change.
Clinical Trainees: A graduate student consulting (i.e., assessment, therapy, etc.) with clients in the Clinic shall be designated "Trainee in Clinical Psychology" and shall use this title in signing Clinic reports and correspondence. Trainees will conduct the assessment and therapy sessions in conjunction or consultation with a faculty supervisor.

Clinical Supervisors: Clinical supervisors consult with and supervise Clinic trainees. They include full-time, part-time and adjunct faculty. Besides being directly responsible with the trainee, for the consultation activity and treatment in a particular case, supervisors provide periodic reports evaluating the progress and problems of their supervisee.

Clinical Assistant: A senior clinical graduate student who is hired to work part-time in the Clinic, consulting with clients for assessment, therapy, intakes and follow-ups, etc. The clinic assistant works for a pre specified number of months and receives a stipend for her/his work. The assistant will conduct psychological sessions in conjunction or in consultation with the Clinic Administrative Director.

Clinical Associate: Recently graduated doctoral clinical psychologists from our program who are hired on a contract basis to see clients at our centre. Clinical Associates participate in peer supervision group meetings with the APC Director and Administrative Director.

APC Fellow: An incoming graduate student or graduate student in good standing who receives a one year stipend from the APC in exchange for a few hours of work per week. The fellowship is to support students who do not have fellowships.

II. USE OF CENTRE FACILITIES

A. Waiting/Reception Area

This space (Room 111-7) is set aside for the use of clients and their families and is provided with comfortable furnishing. Periodicals and magazines of recent vintage would be appreciated. Trainees who are scheduled to see clients should meet them in the waiting room at their appointed time and escort them to the therapy room on the second floor. In the case of significant client delays, therapists can wait in the student therapist Room 119-1 where they will be telephoned upon their client's arrival.

Trainees should expect, as part of their contact with each client, to be available for the entire time specified for a session. Thus, if a client is delayed or does not arrive, the trainee should not leave after an initial wait. When clients arrive late, they are typically seen only for the amount of time remaining of what was originally set aside for them. However, should the trainee arrive late it is courteous to offer the client an extended session (consult the Centre assistant to adjust the room reservation time).
B. Consulting Rooms

Trainees are responsible for the condition of the consulting room after they use it. It is to be left clean and orderly for the next person. In general, a good rule is to leave it as you would want to find it. If any extra chairs are needed for a particular session, they must be returned to their appropriate place after the session is over.

Trainees are also responsible for scheduling a consulting room well in advance for each client meeting. Trainees should arrive for each session at least 10 minutes ahead of time in order to arrange the room for their particular purpose, obtain necessary forms, arrange and test all observational and recording equipment well before the session begins.

It is most important that sessions end on time in order to allow for the preparation for another client. If the sessions typically need more time and it is agreeable with the case supervisor, then the trainee must schedule longer appointments. It is not acceptable to routinely run overtime, thereby penalizing the next waiting therapist and client.

C. Part-time faculty and Clinical Trainee’s Office

An office (119-1) is available in the Clinic Area for the use of trainees while working on clinical material. This makes it possible to use the client file without removing it from the clinic, and to preserve confidentiality while scheduling appointments and returning client telephone calls. A sign-out key is available from the APC assistant. A form is posted on the door to book the room on a daily basis. If you anticipate needing the room, it is a good idea to book in advance, otherwise the room will be available on a first-come-first-served basis.

Please note that because this room also houses the APC computer, it has a security lock. The door should always be locked when the office is unoccupied, and the person who signs out the key is responsible for the safety of the equipment.

D. Tests, Inventories, Scoring Materials, Books, etc.

The Centre maintains a growing collection of tests, testing materials, related articles, books, audiotapes and DVDs. The collection is located in the APC equipment room (111-51) and is available for sign-out. This resource is for the use of members of the APC.

1. Availability of materials

A catalogue of test supplies is held by the Centre assistant and is available for consultation. Only the most recent form of a test is kept. Individual files are to be kept intact so that they provide complete documentation of a particular test. Do not use scoring forms marked sample, or the last copy of a form. If you notice a depletion of any material, please notify the Centre assistant.
2. Borrowing Testing Material

You must request testing material through the Centre assistant on the sign-out request forms available from the Centre assistant. Material must be requested at least 24 hours IN ADVANCE.

Since some tests are in great demand at certain times of the year, please return them as soon as possible. When returning material, have the assistant initial the second copy of the request form indicating their return.

E. Telephone Service

The Centre’s phone number is 514-848-2424 ext. 7550 and must serve for all incoming and outgoing Centre business. If you must make long distance phone calls relating to clinical practice, these must be placed by the Centre assistant.

F. Posted Notices

Be sure to check the bulletin boards outside the Clinic entry area and near graduate students’ mailboxes in the mail room. Notes and information concerning internships, conferences, and clinic activities will be posted on a continuing basis.

G. Supplies and Equipment

In addition to testing materials, audiotapes, DVDs and books, the Clinic has a growing pool of AV equipment for training and research. However, these resources may only be used on a short-term loan basis (time to be specified) and must be signed out with the APC assistant or Administrative Director. These resources include:

   COMPUTER - An IBM-PC is now available for the use of APC faculty and students (located in 119-1). Priority will be accorded as follows -

   1) Clinical use by students - i.e. the application of software to psychological assessment procedures.
   2) Word processing by faculty and students. For the computer located in 119-1, you should book the time slot you require, no more than one week in advance, on the sign-up sheet posted on the door. A sign-out key is available from the APC Assistant. It should be noted that this room has a security lock and the person who signs out the key is responsible for the safety of the equipment.

   TAPE RECORDERS, STOPWATCHES, MINI-MIKES, AUDIO & VIDEO TAPES, SOUND SHIELDS (white noise makers), ETC.

Make sure you are familiar with the full range of equipment available to you. If you need equipment we do not have, speak to the Administrative Director.
H. Observation Area

This area is solely for use of supervisors, student observers, or consultants associated with a particular session in progress. It is not to be used for any other purpose. Unauthorized observation is in violation of legal and ethical constraints.

Observers have the responsibility for leaving the area as they found it. This should include having the curtains drawn and it must include having the small microphone power supply switched off. Observers should arrive prior to the start of a particular session. If late arrival by a supervisor or trainee is unavoidable, please be aware that the noise may distract the parties in the therapy room. Considerable care is warranted to keep noise to a minimum.

When recording a session in the observation room please close, but leave unlocked, the door to the corresponding corridor. This will assist in minimizing sound transmission from the observation room.

I. Research

The Centre has four consulting rooms and a child/family therapy room, with one way mirrors and audio-visual facilities. If you would like to conduct a research project at the Centre or use APC space for research or other purposes, you may contact the Centre Administrative Director for information.

Please bear in mind that any research project that interferes with the normal functioning of the Centre, or that is ethically unacceptable will not be considered. (Potential users should be familiar with the "Ethical Standards of Psychologists" published by the Canadian and American Psychological Associations.) During the time the clinic is in full operation, from August 15 through April 30, these facilities are well used and priority for space is given to clinical activity.

J. Child Therapy Room

Room 231-4 is equipped as a playroom to be used for therapy with families or children. It is equipped with a range of sophisticated audio-visual equipment. In case of occupancy, Room 227-4 can also be used to see small groups of people. Please note that some toys will be stored in the closet PY 231-3. A sign-out key is available from the APC assistant for the closet.

Please make sure that all toys, games, etc. are stored away in their proper place at the end of the session.

K. Kitchen

A kettle, a refrigerator, a coffee machine and a microwave oven are available in PY-148. Please leave the kitchen clean and neat after use.
L. **Smoking Policy**

As per Québec law clients cannot smoke in or around the exterior doors of the psychology building.

III. **ADMISSION AND CASE MANAGEMENT**

A. **Client Referral**

Clients in the Applied Psychology Centre come from a number of sources. It is not necessary that clients have an association with the University in order to be eligible for service. The Centre is free to accept referrals from agencies in the area and from individuals in the community who are informally aware of our services. Referrals to the Centre normally take place by telephone (514-848-2424 ext. 7550). Occasionally individuals simply walk in, although we encourage people to call before coming.

The Centre sometimes accepts referrals for evaluations when the training opportunity involved would be advantageous or requests for consultation (e.g., an agency for divorced adults wants a social skills workshop).

Every attempt is made to maintain client diversity. Our clients usually comprise a full range of diagnostic categories and age ranges, including adults, children, families, couples, etc. The decision to accept potential clients for assessment, consultation, etc., or refer them to another agency is made on the basis of the likelihood that we can help, the probable time course of the treatment and the suitability of the case for training purposes. Serious concern for professional responsibility to individuals in need of psychological services, of course, is an inescapable obligation. Some trainees mistakenly believe that, once assigned a client, they must provide that client with a full range of services. However, initial assessment meetings may lead the trainee and supervisor to conclude that the client cannot benefit from consultation in our service. The decision to refer, to continue treatment, or to terminate further client contacts is always part of the responsibility of the trainee and supervisor; ongoing treatment is not implied merely by initial acceptance to the Centre.

Sometimes individuals contact the Centre without the knowledge of a therapist with whom they are currently consulting. Professional relationships and the welfare of the patient may be seriously jeopardized unless these individuals are advised to discuss such developments with their current therapist. If a client indicates at the time of assessment that they are currently being seen by another therapist, they are advised to consult with their therapist about initiating treatment at the APC. If prospective clients assert their right to choose a new therapist or claim that their other therapist is aware of the proposed arrangement, written consent should be obtained to contact the other therapist. In such cases, the trainee should work closely with the supervisor to ensure that professional protocol and ethical obligations are met.
B. Clinic Fees

The clinic fees are $40. for therapy and $60. for assessment sessions. In circumstances of financial difficulty, the fee may be reduced, subject to the approval of the Centre Administrative Director. Requests by clients for fee reduction should be approved by the clinical supervisor and the Clinic Administrative Director or Clinic Director. Please note that clients are charged for the assessment feedback visit(s).

C. Initial Contact

A client's first contact with the Centre is usually by telephone. At that time a "Phone Intake Protocol - Short Form" is completed (see Appendix). The telephone interview serves two functions. It provides basic information regarding the problems the potential client is having so that a tentative decision about the suitability of the referral can be made. At this time the client is also given basic information about the Centre.

D. Intake Interview and Testing

If the referral seems appropriate, the client will be asked to come to an intake interview and testing session with the Administrative Director. The following evaluation procedures are carried out.

1) Client Self Report (demographic and clinical information)
2) The client is provided with an orientation letter (see Appendix).
3) Semi-structured interview
4) If client is a child: Achenbach Child Behaviour Checklist (ASEBA), Child Information Form and School Information Form or other forms as need be.

The intake interview may occur over one or two sessions. During the sessions, clients or guardians will be given further information regarding the operation of the clinic. They will be asked to sign a consent form giving permission for observation and recording, and also indicating the client has been informed that their therapist is not licensed. At the end of this session, the client is told that they will be contacted in the next few weeks about their first therapy session (assuming their suitability).

Following intake, clients are assigned to a therapist. There are 3 main criteria for assignment of clients to students: (1) the suitability of a client-therapist match based upon the needs of the client and the level and experience of the students; (2) the arrangement for supervision of the student; and (3) the requirement that students receive a varied clinical practicum experience. For example, each student is required to see at least 1 child case and at least 1 adult case in the course of their clinical training.
E. Initial Assessment

Because of the close association between assessment and therapy, detailed initial assessment will be left to the trainee and supervisor. There is an optional “Respect for Privacy” form which can be used with clients who have particular concerns about confidentiality. All existing intake information will, of course, be kept in the client's file. The assistant has a sheet in order to record appointments and fee payments. This sheet contains only the client's name.

F. Session Reports

After each session, client telephone call, or cancelled client session, each student is required to complete and give his/her supervisor a brief report on each client. This report is used to keep data on each client contact (and missed client contact) and document the course of therapy. It also contains dates of sessions, whether attended or not. The supervisor will sign the report and the student will file it in the client's file.

G. Client Files

While we wish to keep full and accurate records, students should be aware that it is possible to be disorganized or overzealous to the point that much extraneous material can accumulate in a file. Our aim is to maintain a file with the minimum amount of material necessary to manage an active case and carry on required professional communication after termination. Session reports, termination summaries, testing reports and all raw test data must be kept in the file. It is both the student therapist's and the practicum supervisor's responsibility to ensure that client files are complete. Personal notes containing your hypotheses and tentative treatment plans about the client and/or the treatment should not be kept in the clinic files. Any of your personal notes on a client which are to be discarded should be shredded to prevent others from recognizing the information.

Clinical Hours Logsheet is to be kept in each client file. This allows us to keep track of important APC and clinical program statistics, and to assist students in recording their clinical activities, which becomes important when the time comes to apply for APPIC predoctoral internships, licensure, and jobs. This form is completed on a weekly basis. It is easy to use and provides a record of the number of hours spent on certain clinical activities, basic client information, and the nature of your assessment/therapy approach. Please consult the appendix for further instructions.

H. Testing Reports

For those clients who receive formal psychological tests and/or test batteries a testing report must be written. In most cases, the client or the client's parent will receive a copy of the report. Even in these cases where the client does not require a copy of his/her report immediately, a report must be written and, a copy of the report kept in the client's file. The APC frequently receives requests from former clients asking for a copy of their report to be sent to them. All raw test data e.g. test protocols or answer sheets questionnaires, drawings, etc. must be kept as part of the client's file.
I. Emergency Procedures and In-Centre Coverage

It is a rule of the Centre that no student therapist may hold a client session without the presence, somewhere in the Centre, of his/her supervisor, a delegated clinical faculty member, or the duly notified APC Administrative Director or Director. This is to ensure that support is available in case of emergency; it is also a security measure.

Should a situation arise for which a therapist feels a need for immediate attention (e.g. an acute psychotic episode, serious suicidal intent, etc.) the supervisor should be asked immediately to evaluate the situation before the client leaves the Centre. The Administrative Director should also be notified. If necessary, the client can be escorted by taxi to the emergency department of the client’s regional psychiatric service.

J. Closing Report

Treatment is normally terminated by April 30th. If you plan to phase out therapy, this period should of course begin well before the end of April. When therapy terminates and moves to a follow-up phase (i.e., less than 2 sessions/month) the therapist must notify the Administrative Director immediately and as soon as possible, complete a “Treatment Summary”.

The Treatment Summary, to be completed by the therapist and signed by the supervisor, is a global summary of therapy treatment goals achieved, current status, and recommendations. It should contain all important information from your session and monthly notes. Together with the session notes, this report will provide a summary of the client's course of therapy. If the client will be seen for further therapy either at the APC or at another service, the student is advised to write an additional termination report describing in detail presenting problems, treatment undertaken, results effected and recommendations as for further therapy. Please note that it is the responsibility of the student therapist and supervisor to ensure that treatment summaries are duly complete, signed and returned to the client file. Client files are reviewed by the Administrative Director at the end of the year.

K. Post Therapy

As soon as possible following termination, the client will be contacted by the Administrative Director. The client's reactions to therapy will be elicited. A completed and duly signed treatment summary must be received by the Administrative Director before the post-therapy contact is carried out.

NOTE: Both Session Report and Treatment Summary forms may be obtained from the Centre assistant.

L. Follow-Up Testing

Follow-up testing (where possible) will be carried out by the Centre within a few months following termination. This will provide an evaluation of the durability of therapy outcome.
M. Maintenance of APC Files

In accordance with OPQ regulations, files will be kept for 5 years from the date of the last professional service rendered. Each year files are examined and adult files older than 5 years are destroyed. Child files will be kept for at least 10 years from the date of the last assessment/therapy contact.

Please note that a separate file will be opened for a child seen at a day care if he or she is given a formal psychometric evaluation.

N. Hours and Scheduling

Normal operating hours for the APC are 9:00 a.m. to 5:00 p.m. and one evening per week until 7:00 p.m. Scheduling clients outside these times (for example, other evenings and weekends) is discouraged because of problems of access to the building and the absence of clinical faculty and support personnel such as the secretary-receptionist. Clients may be seen at other times only by special arrangement with the Clinic Administrative Director or Director.

IV. CLINICAL PROCEDURES

A. Contacting the Client

Following consultation with the supervisor, the clinical trainee assigned to a given case is expected to contact the client within three days, to arrange an appointment in the Centre. In all likelihood, the client has been on our waiting list for some time, hence the need for promptness. Each client must have a trainee and a supervisor responsible for him or her at all times.

Appointments with clients may be arranged by telephone. When calling, the trainee should identify himself or herself by name, if asked, even when the responder is not the client. Vague responses like, "a friend" or "never mind, I'll call later" may create an uncomfortable cloak-and-dagger situation at the other end of the line. However, care must be exercised to protect the confidentiality of the client. Thus, the trainee should not reveal his/her Centre affiliation to anyone but the client. This also applies to leaving messages. It is best to call a second time rather than to leave even a number.

B. Appointments

After an appointment has been made, it must be recorded in the Appointment Book and the client given an appointment slip. Be sure to make your appointments and room reservations in advance. The trainee is responsible for notifying the APC assistant of changes or cancellations of appointments. By the same token, notice received at the Clinic of changes or cancellations will be forwarded to the trainee as quickly as possible by the assistant. Therefore, be certain the Centre has a record of your current home and office addresses and phone numbers.
In the event that a personal emergency arises and the trainee will be late or unable to see the client, he or she must attempt to reach the client. If unable to do so, contact the Centre assistant so that the client can be notified. Students are responsible for updating client files with respect to changes of address and telephone number. Such information should be entered directly into the client file, and brought to the attention of the Centre assistant.

Students are responsible for keeping track of clients' appointments (i.e., dates of appointments, whether kept or cancelled, etc.).

C. Monitoring Payments

Clinical trainees must always be aware of their client's payment status. It is important that the trainee have an up-to-date knowledge of fee status since delinquency in payment is not acceptable. Payment delays or fee problems in general should be immediately discussed with your supervisor and brought to the attention of the Administrative Director. On occasion, a client may request a change in fees. After discussing the clinical implications (if any) of this change with your supervisor, please contact the Administrative Director. APC policy is never to turn away a client because of valid inability to pay the current fee.

D. Professional Behaviour: General Comments

1. On entering a consulting room, it is imperative to switch on the "In Progress" lights. Of course, for these lights to be respected, the trainee must turn on the light only when the room is in use, and switch it off at the conclusion of the session. Please note that interview rooms have both fluorescent lights and pot lights. Some clients may feel more at ease with both sets of lights on.

2. Dress must be appropriate for both men and women.

3. Deportment throughout the Centre, especially in the waiting room and secretary's area, must be mature. Unprofessional behaviour obviously creates a poor impression of the clinic. Clients are often depressed. It can be very disturbing to them to hear loud talking and joking in the clinic.

4. Trainees should keep files and all other clinical material out of the client's view during therapy sessions. They should keep all case materials in the client's folder. Students should review case material before the client's arrival.

5. Try to schedule rooms in a staggered fashion so that delays (should they occur) will not have a deleterious effect on Centre scheduling. Scheduling conflicts which may occur when rooms are heavily booked for the assessment practicum, should be brought to the attention of the Administrative Director who can assist and negotiate in finding suitable rooms.

E. Psychological Testing

Psychological testing may be undertaken by the trainee assigned to the case, in consultation with the supervisor, possibly as part of the requirements of the assessment
practicum. If the trainee finds some important questions unanswered, additional tests such as projectives, intelligence tests, and in some cases interest and aptitude tests may be added, provided that the trainee has discussed the situation with his/her supervisor.

When testing is being conducted with children and young adolescents, the age of the child and the nature of the presenting problem may influence the evaluation procedures. The testing situation should be informal and geared to the particular child. This approach does not de-emphasize the significance of more formal testing. Tests can be a useful way of getting to know the child's individual abilities and attitudes toward success and failure. Most clients expect to receive a copy of the assessment report. Frequently requests from clients or another treating agency are received from the APC two to three years after the client was assessed. Therefore, if tests are used during the course of therapy a report of results must be written and placed in the client's file. As stated previously the testing protocol and raw data must be kept in the client's file.

Trainees are not restricted to the Centre area during either assessment or treatment. Trainees may desire to undertake varying kinds of field observations, ranging from settings such as local shopping centers to public school or college classrooms, etc. These field observations should be made in consultation with the case supervisor. At all times, care must be taken to avoid jeopardizing client confidentiality while still delivering maximally beneficial assessment and treatment services.

V. TREATMENT

Persons accepted for treatment are seen until they achieve treatment objectives or until it is necessary to make further referrals. The Clinic accepts responsibility for their psychological treatment until proper disposition has been made. The number of therapy sessions scheduled weekly for a client is determined by the student and the supervisor.

In all cases, the case supervisor will monitor the trainee's work and make sure that proper control is exercised over the conduct of the assessment and therapeutic procedures. The case supervisor will have the basic responsibility for maintaining proper treatment of the client.

A common problem arising in treatment is neglecting to formulate, with the client, a therapeutic contract. Regardless of therapeutic orientation, all therapy arrangements should be preceded by a verbalized and understood "therapy contract" regarding the expectations, commitments, and arrangements agreed on by all parties.

A. Missed Appointments

Except for emergencies, clients are expected to notify the Clinic of a cancellation at least 24 hours in advance. Clients are informed of this policy in the intake interview, in the treatment consent form they sign and in the letter of orientation given to them at their intake session. If notice of cancellation is not given, the client will be asked to pay for the missed session. This policy is enforced, unless there are truly exceptional circumstances. Repeated absenteeism and its clinical implications should be discussed with the supervisor and may be grounds for termination.
B. Clinic Purchases

Clients are expected to purchase their own books and supplies if these become a critical part of the treatment plan. If certain recommended books are unavailable in the local area, the Clinic may order them either to sell or to loan them to the client subject to approval by the Director. When recommending particular purchases, it is often reasonable to tell the client where he or she may acquire them and their cost. If the material would benefit future clients or supervision groups, APC will consider purchasing it.

C. Observation of Clients

Clinical students who wish to observe therapy other than that covered by an assigned supervision group should see the Administrative Director about available times and cases.

All supervisors in consultation with their respective therapist-trainees are responsible for assuring that observation is in accordance with the consent form routinely signed by clients, which states that observation will be by authorized clinic personnel and that confidentiality will be maintained.

Any student participating as an observer must obtain and read a copy of the "Ethical Principles of Psychologists and Code of Conduct" as well as "A Canadian Code of Ethics for Psychologist's" (see the itemized reading list on page 6 of this manual). Finally, any student observer terminating participation with a particular case should notify the Administrative Director and the case supervisor.

D. Termination

Clients are seen during the academic year. Client selection therefore normally precludes those in need of long-term continuing therapy. Although referring agencies and prospective clients are advised accordingly by the APC Administrative Director, sometimes a client's needs do not permit termination of therapy by the end of April. A number of options are available:

1. The student continues to see the client(s) with the written permission of his or her thesis advisor and the Clinic Director. The case supervisor may continue to supervise the student if he or she agrees to do so or special arrangements may be made to have the case supervised by the Administrative Director. However, it should be noted as a matter of policy that supervisory and student commitments are expected to end by May 1st.

2. The case is transferred to the clinic assistant or APC Administrative Director for continuing therapy and termination during the summer months.

3. The case is terminated for the summer months during which time the APC Administrative Director covers for the client's needs, and therapy resumes in the Fall for the next academic year. Continuity in terms of supervisor coverage will be maintained if possible. Therapist continuity, however, will be arranged only when the supervisor, the Administrative Director, and the Director agree that it is essential for client welfare.
It should be emphasized that the APC does not run a summer practicum program. During certain years there may be a clinic assistant who may be able to carry cases through the summer. Clinical services offered during the summer months are limited by the availability of supervisory coverage. Any practicum work should be coordinated with thesis research and the internship which normally become full-time commitments during the summer months.

VI. SUPERVISION

A. Structure of the Therapy Practicum Courses

Each clinical supervisor at the APC is assigned a group composed of students from different levels of the practicum experience. These levels are:

Practicum I - students in their first year of the clinical profile. The role of Practicum I students is generally limited to observation of ongoing cases in a supervision group. They will attend one supervision group for the first academic year of study. Students are required to observe one case regularly, to attend weekly supervisory sessions and participate in discussion. With the clinical supervisors' permission, they are encouraged to act in another more active role at some point during the winter term. This could include acting as a therapy or assessment aide, participating in role play or other therapeutic activities or assisting with test administration or scoring. This more active role may be more appropriate for some supervision groups than for others.

In certain years, Practicum I students will observe a clinical faculty member conducting a demonstration case for one term. The students will discuss the case for one hour with the clinical faculty member.

Practicums II, & III - these students act as primary therapists in the supervision group. They carry one (Practicum II) or more (Practicum III) clients per supervision group depending upon their level in the clinical profile and on the clinical supervisors’ permission. Practicum III students may see up to three clients concurrently, with permission from their clinical supervisor. Students should follow other clients’ progress in his/her group as well as attend the full weekly supervision session.

Students should keep in mind that unexplained absence from supervision groups may result in their failing the course.

Extramural Practicum I - typically over the summer of MA II year - 4 days/week over 16 weeks in an external setting.

Extramural Practicum II - typically external to the APC; students arrange to see clients and be supervised in an external setting.

Students are advised that they are required to achieve “breadth” in their clinical training. This is defined by meeting the criteria defined in A, as well as that defined in B or C, below. Should the student lack breadth by the end of their summer practica, the Administrative Director will assign them the requisite case with an appropriate supervisor. In requesting supervisors, students should keep in mind the need for a diversity of case experiences.
A. Students must receive training in assessment and treatment (please note that most treatment practica include some assessment).

B. Students are encouraged to see clients in more than one of the following age groups: child (0-12), adolescent (12-18), adult (18-65), older adult (65+).

C. Students are encouraged to see clients in more than one modality or theoretical orientation of treatment. These may include cognitive-behaviour therapy, psychodynamic therapy, interpersonal therapy, existential therapy, humanistic therapy, family and systems therapy, sex and/or couples therapy, group therapy and others.

Please note that the requirements in A (above) MUST be achieved along with B or C.

B. "Mechanics"

1. New trainees may expect up to two hours of supervision for each client contact hour. One of these two hours may involve a supervisor's observation or sitting in. As mentioned above, the supervision will usually be done in a group so that one or more cases may be presented and discussed. Particulars will be worked out between trainees and their respective supervisor.

2. Cases and supervisors are assigned at the beginning of the academic year. If a student's case terminates, he/she should inform the Administrative Director immediately so that another case can be assigned.

3. Arrangements for supervision times are the responsibility of each trainee and supervisor.

4. All students are also expected to attend the "Clinical Case Conference", which is usually held on alternate Tuesdays.

C. General Comments (adopted from SUNY-Binghamton Manual)

For most students, supervision in psychotherapy represents a different kind of learning experience than those in which they have typically been involved (i.e., large classes or even smaller seminars). Yet, for all the differences, many of the goals and processes of the ideal educational experiences are captured and intensified in the supervision experience.

Some of these points are perhaps best illustrated by commenting on several of the more common errors and misconceptions about supervision.

"A therapy supervisor will be most helpful by removing the ambiguity of clinical work for the novice".

In fact, despite every effort to understand, predict, control, or otherwise conceptualize a client's problems, clinical work is marked by a great deal of ambiguity at all points. While the role of supervisor may include assistance in diminishing ambiguity and the anxiety often accompanying it, trainees must learn to temper their desire to help with a realistic tolerance for ambiguity and frustration. These latter two terms are not synonymous with therapist failure.
"A supervisor will teach in seminar fashion; that is, lecturing on the client's problem, suggesting readings, and assigning particular tasks for trainee and client at each session".

It is certainly doubtful whether the role of passive recipient will enhance either a seminar or therapy supervision. While a higher degree of "spoon-feeding" may be characteristic of the early stages of therapy supervision, it is a pattern from which the trainee must rapidly be weaned. Trainees should come to supervisory sessions prepared to discuss any assessment/treatment session as two-way interactions. This should include the trainee's very recent review of the session (perhaps editing the recording), having scored and interpreted tests, done some reading, and speculated about directions. Trainees are ill-prepared to benefit from supervision or to grow professionally if their general approach to supervisory meetings can be characterized by the approaches, "Tell me what happened", or "Please, tell me what to do next".

To overcome early concerns centering on evaluation apprehension, the trainee is urged to understand that inactivity based on a fear of getting the wrong answer is a strategy doomed to failure. On the contrary, learning to generate and support or refute clinical hypotheses via treatment formulation and intervention is a goal that demands much more active involvement.

"I must review, a point-by-point, every moment of a therapy session with my supervisor. That way they can catch me in errors that may seriously harm my client".

The way you and your supervisor choose to review client sessions will vary. Early in training point-by-point, comprehensive review may be quite useful. Over time, its value will diminish, as it becomes apparent that larger, more significant issues might usefully comprise the supervisory session. The point is, that models of good supervisory practice will vary, and trainees must be alert to these alternatives and how their input can affect the supervision they receive.

D. Evaluation and Feedback

The basis for supervisors' evaluation of trainees' clinical performance can be found in the "Guidelines for the Evaluation of Clinical Competence", a copy of which is in the appendix. Guidelines in the form of a general supervisory checklist follow:

1. Nature of supervision: (client characteristics; therapy/assessment characteristics; sit-in; discussion; video, etc.)
2. Non-specific aspects: (warmth; empathy; general interviewing skills; style of communication; idiosyncratic behaviours; opening and closing interviews, etc.)
3. Treatment aspects: (assessment; conceptualization; formulation of treatment plan; follow-through of treatment plan; use of technique, etc.).
4. Extra-therapeutic aspects: (conscientiousness; ethical behaviour; responsibility; etc.).
5. Supervisory aspects: (responsivity to supervision; etc.)
7. Recommendations and suggestions for future supervisors.
Using these suggested guidelines as a basis, the clinical supervisor will complete a Student Evaluation Form of the varying strengths and weaknesses of the trainee at the course's end.

The supervisor should discuss the written evaluation with the student. A copy may be given to the student if he/she so requests. In any case, the written evaluation will be placed in the student's file, to which he/she has access upon request.

Every student is required to give at least one case conference during their time at the APC.

E. Clinical Hours Summary

A Clinical Hours Summary form (see appendix) is to be completed at the end of each practicum and will summarize all clinical activities (across multiple clinical cases, when appropriate). This form is very easy to fill out when the Clinical Hours Logsheets have been kept up-to-date. This Summary form can be consulted at the time the clinical student and supervisor meet for the student's final evaluation to facilitate the progress review. Please note that a grade for the practicum will not be assigned until the Summary form has been submitted to the APC Director.

F. Conflicts

Disagreements between trainees and supervisors do arise. Often, they focus on how to approach a client's problem. Less often they center on the supervisor's failure to keep appointments (accessibility problems), unwillingness to wean the trainee from co-therapy with the supervisor, or some such matter. To remedy conflicts or disagreements, trainees must assume a professional role and candidly discuss such problems with their supervisors. Only after such direct recourse has been taken and failed is it appropriate to seek mediation, assistance, or advice from the Director of the Centre.

G. Clinical Case Conference

The Clinical Case Conferences are typically held on alternate Tuesdays at 12:30, and are devoted to presentation of clinical cases. All clinical graduate students are expected to attend all of these presentations. A formal announcement is e-mailed to all clinical students, interested professionals and clinical faculty about the upcoming cases and it is a good time for students to become acquainted with faculty and community professionals.

The majority of the conferences are given by student therapists as an opportunity to gain practice in presenting clinical cases and receiving broad feedback. Other presenters are faculty members, job applicants and community clinicians.

In order to offer maximum available time to presenters, it is imperative that these conferences begin at the announced time. It is the responsibility of the presenters to have arranged necessary details for their own material (e.g., overhead projector, photocopied handouts, blackboard outlines, advance notice of suggested reading, etc.)
During the presentation of a case, a presenter will typically be allotted up to 30 minutes. This allows another half hour for open discussion. For case presentations, the following general format is recommended (with modifications as warranted for specific presentations):

I. Abstract (summary)

II. Source of referral and presenting problem

III. Demographic and personal information (age, sex, marital status, family structure, occupation, etc.)

IV. Historical information of pertinence (i.e., social and/or sexual development)

V. Test results

VI. Case formulation and treatment plans

VII. Outcome, problems, issues, miscellaneous

We have found it to be most useful to consider a case presentation from the point of view of both clinical and didactic issues. That is, the presenter obviously will try to offer an informative clinical case to the audience as well as try to seek expert clinical consultation. At the same time, it is often most educational to try to focus on some aspect(s) of the case that proved most educational to the therapist(s). To do this, trainees, in consultation with their supervisors, should seek to share with the audience whatever they found that may have been particularly unique. For example: the problems of working with a co-therapist or therapy aide; the heterogeneity of agoraphobia cases; client reversals, setbacks, and therapist mistakes (it's all right to admit to them); clinical tests of alternative or competing treatment models; problematic assessment or treatment; unusual or rare syndromes; etc.

Supervisors and trainees are encouraged to vary the type of case presented, and to consider alternatives to completed and terminated cases, such as cases in progress, initial evaluation and problem formulation, as well as a variety of other possibilities. Students are invited to discuss proposed topics in advance with the APC Director.

We have found that holding questions and interruptions to a minimum during the first half hour allows the presenter to clarify the major issues in an organized fashion, while introducing their own stylistic variations. Questions, debates, and audience participation are to be encouraged during the latter parts of the presentation. (All students are highly encouraged to read the classic paper by Meehl (1977) entitled "Why I do not attend case conferences" in his book Psychodiagnosis: Selected Papers, Norton).
A NOTE ON "RED TAPE"

It seems appropriate at this point, before the listing of an apparently endless number of forms, policies, etc., to comment on the notion of adherence to rules and "red tape". Most of these points have a rationale based on simplifying communication in the long run. The "long run" includes that time when, for example, the trainee is no longer at this university, but a former client's records must be used for answering release requests, for beginning further treatment with the client after an interval of time or for archival data.

In any of these situations, reports which reflect a perfunctory, sloppy, or elliptical style create serious problems, and in the case of release of information to other professionals, reflect poorly on the Centre and the training program.

To prevent such situations from arising (and the ethical and professional questions they raise), supervisors as well as trainees must demand well-written, informative, professional reports. All clinical work must be completed at times designated throughout this manual. Supervisors are expected to monitor this aspect of professional behaviour carefully. It should be obvious that, as much as poorly prepared reports create problems, delayed reports can prove equally disruptive. When legal or medical imperatives demand a quick response, there is not time for the Centre Administrative Director or Director to hunt for the trainee and plead for an updated report.

If any APC member has suggestions for simplifying required file documents, he/she should feel free to present them to the Administrative Director.
VII. CLINIC FORMS AND RECORDS

Student Progress Report

Beginning in Year II, all students must annually complete Student Progress Report in soft-copy (i.e., electronic form). Training in Clinical Psychology involves integrating new knowledge, developing interpersonal and research skills and techniques, and demonstrating research progress. This report is important for our monitoring of the effectiveness of our graduate program and as a means of providing you with feedback on your progress in these areas. Much of the information requested is needed for annual CPA and APA accreditation reports. We hope that the opportunity to reflect on your productivity and receive feedback provides satisfaction, and that the listing of goals for the next year will support your professional directions.

Detailed instructions on completing the Progress Report are provided with the report itself. However, it is important to note that this report be filled out by you in a timely manner. Each March 1st, our APC assistant will be e-mailing you your progress report which will either be filled out for the first time (students entering MA II) or updated (all other students). You must then forward the report to your thesis supervisor (cc a copy to the APC, apc@alcor.concordia.ca). Upon completion of the progress report by your thesis supervisor, a hard copy will be kept in your APC clinical file.

The following table is a summary of the forms and records in a client file.

<table>
<thead>
<tr>
<th>FORM COMPLETED BY</th>
<th>DISPOSITION</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Intake Protocol</td>
<td>Administrative Director</td>
<td>Client File</td>
</tr>
<tr>
<td>Client Self Report</td>
<td>Client</td>
<td>Client File</td>
</tr>
<tr>
<td>Letter of Orientation</td>
<td>APC</td>
<td>Given to client</td>
</tr>
<tr>
<td>Consent Forms</td>
<td>Client</td>
<td>Client File</td>
</tr>
<tr>
<td>Respect for Personal Privacy (OPTIONAL)</td>
<td>Trainee</td>
<td>Client File</td>
</tr>
<tr>
<td>Client Notes</td>
<td>Trainee</td>
<td>Client File</td>
</tr>
<tr>
<td>Clinical Hours Logsheet</td>
<td>Trainee</td>
<td>Client File</td>
</tr>
<tr>
<td>Treatment Summary</td>
<td>Trainee/Supervisor</td>
<td>Client File</td>
</tr>
<tr>
<td>Request for Information</td>
<td>Client</td>
<td>Copy in Client File</td>
</tr>
<tr>
<td>Release of Information</td>
<td>Administrative Director</td>
<td>Copy in Client File</td>
</tr>
<tr>
<td>FORM COMPLETED BY</td>
<td>DISPOSITION</td>
<td>STATUS</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Assessment Report &amp; Test Data</td>
<td>Trainee</td>
<td>Copy in Client File</td>
</tr>
<tr>
<td>CHILD FORMS</td>
<td></td>
<td></td>
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<tr>
<td>Child Information Forms</td>
<td>Parent</td>
<td>Client File</td>
</tr>
<tr>
<td>Child Consent Form</td>
<td>Parent</td>
<td>Client File</td>
</tr>
<tr>
<td>Legal Guardians Consent Forms</td>
<td>Parent</td>
<td>Client File</td>
</tr>
<tr>
<td>Biological Parents Consent Forms</td>
<td>Parent</td>
<td>Client File</td>
</tr>
<tr>
<td>School Information Form</td>
<td>Teacher or Principal</td>
<td>Client File</td>
</tr>
<tr>
<td>Daycare Information Form</td>
<td>Director or Daycare Worker</td>
<td>Client File</td>
</tr>
<tr>
<td>Achenbach Child Behaviour Checklist (ASEBA)</td>
<td>Parent</td>
<td>Client File</td>
</tr>
<tr>
<td>DAYCARE FORMS</td>
<td></td>
<td></td>
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<tr>
<td>Letter of Introduction to Daycare Director Parent</td>
<td>Trainee</td>
<td>Client</td>
</tr>
<tr>
<td>Child Consent Form - Daycare</td>
<td>Trainee</td>
<td>Client File</td>
</tr>
<tr>
<td>STUDENT EVALUATION FORMS</td>
<td>Supervisor</td>
<td>Student Clinical File</td>
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<td>Practicum/Internship Summary Sheet</td>
<td>Trainee</td>
<td>APC File</td>
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<td>Extramural Practicum II Guidelines</td>
<td>Trainee</td>
<td>APC File</td>
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<td>Clinical Hours Summary</td>
<td>Trainee</td>
<td>APC File</td>
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<td>CCPPP Form/Guidelines</td>
<td>Trainee/Supervisor</td>
<td>APC File</td>
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<tr>
<td>Student Progress Report</td>
<td>Trainee/Thesis Supervisor/</td>
<td>Student Clinical File</td>
</tr>
<tr>
<td></td>
<td>Director of Clinical Training</td>
<td></td>
</tr>
</tbody>
</table>

* NOTE: Forms which are seen by either the client or an external agency are also available in French.