Youth Services Department
Palm Beach County

Practicum Trainee
2019-2020

Handbook

100 Australian Avenue, Suite 210
West Pam Beach, FL 33406
(561) 233-4460

http://pbcgov.com/youthservices/EducationCenter
http://highridgecenter.com

Table of Contents

Introduction

Youth Services Department

Mission Statement: Growing brighter futures by providing quality services, education, and access to resources and opportunities.

Vision: Empowering youth and families to realize their full potential and be the driving force of a thriving community.

The clinical training program at the Youth Services Department is offered through the Residential Treatment and Family Counseling Division, which offers specialized programs to families who need professional support in their efforts to raise healthy functioning children. The Division strengthens families through competent, caring, and comprehensive services. The Division is committed to fostering healthy individual and family functioning in families where youth have been exposed to various forms of danger, harm, or loss. Without adequate protective factors, these youth are often at higher risk of entering the juvenile justice system, dropping out of school, getting involved with gangs, running away from home, substance use, and entering the child protective system. This goal is accomplished through family, group, and individual therapy, psycho-education, parent training, psychological evaluation, consultative services, and community outreach offered across community-based, office, and residential settings. Services are provided free to Palm Beach County residents.

The Division employs psychologists, clinical social workers, marriage and family therapists, mental health counselors, residential counselors, and nurses. The agency is also an interdisciplinary training site for psychology postdoctoral fellows, psychology doctoral interns, psychology practicum students, social work interns, mental health counseling interns, and marriage and family therapy interns.

RTFC Division Structure

The Residential Treatment and Family Counseling Division (RTFC) is comprised of three sections: Highridge Family Center (residential), Education and Training (outpatient, training, and outreach), and Youth and Family Counseling (outpatient and school-based).

Highridge Family Center

Highridge Family Center is a 60-bed residential facility serving at-risk youth between the ages of 11 and 16 who reside in Palm Beach County. Typically, the families seeking services through Highridge have been struggling with conflicted family relations, poor academics, disruptive school behavior, drug experimentation, poor peer group choices, minor law infractions, and emotional difficulties. In conjunction with the School District of Palm Beach County, residents of Highridge are provided alternative education while they are enrolled in the program. Referral sources include schools, parents, prevention and diversion programs, as well as former clients. The facility is divided into five (three male and two female) dormitory-style "houses," each with the capacity for 12 residents. The residents live at the facility Monday through Friday, returning to their homes on weekends and school holidays to practice newly learned skills with their families. A therapist provides family, group, and individual therapy, and three residential counselors (two day shift, one night shift) provide behavior management and therapeutic milieu activities for each house.

Education & Training Center

The Education & Training Center is a community resource for primary prevention through education, training, and professional development, providing free services to parents, children, families, school personnel, and mental health professionals in Palm Beach County. Clinical staff includes licensed psychologists.

The Education & Training Center serves as a training site for doctoral interns, postdoctoral fellows, and doctoral level practicum students. Family, individual (only age 18-22), and group therapy services are offered to families and youth up to age 22 utilizing brief therapy models. Parenting is also offered in individual and group formats. In addition, psychological evaluations may be provided to youth already involved in the agency's clinical services. Families seek services for a variety of reasons, including behavioral disorders, school/academic problems, parent-child relational problems, adjustment to parental separation or divorce, grief/loss issues, abuse or neglect, and to fulfill requirements for diversion programs.

The Education & Training Center trainees and staff are also responsible for developing and implementing trainings, workshops, and community outreach activities and are approved to offer continuing education units to licensees in various mental health and nursing disciplines. Trainings are provided to schools, community agencies, as well as Bachelor's level counselors and Master's level therapists from the other Youth Services outpatient offices located throughout the county.

Youth and Family Counseling

The Youth & Family Counseling (YFC) Program is a three to four month community-based program that provides family, individual, and group therapy, parenting, psychoeducational school based groups, and on-site school based services for families with children and youth up to age 22 years of age. Families seek services to address many concerns, including behavioral disorders, school/academic problems, parent-child relational problems, adjustment to parental separation or divorce, grief/loss issues, abuse or neglect, and to fulfill requirements for diversionary programs. There are several area offices and satellite offices located throughout the county. YFC collaborates with community agencies, such as the School district of Palm Beach County and the 15th Judicial Circuit Courts (Family Violence Intervention Program). Clinical staff includes Master's level therapists from various mental health fields.

Goals and Objectives of the Training Program

The overall goal of the doctoral psychology internship program at the Youth Services Department is to support the development of graduate student psychology interns into professional psychologists. Psychology interns will develop fundamental skills consistent with the mission of the Youth Services Department. The internship program incorporates a developmental training model and a strengths-based perspective, which has been a cornerstone in the Division's philosophy of training as well as prevention and intervention work with children, adolescents, parents, and families. Additionally, Palm Beach County is a culturally, ethnically, and socioeconomically diverse area, and psychology interns will have opportunities to work with a range of diverse populations with a variety of presenting issues.

It is expected that by the end of the training year, trainees will have accomplished the following goals:

<u>Goal 1</u>: Trainees will achieve competence appropriate to their professional developmental level in the area of *evidence-based practice in intervention*
<u>Objectives</u> related to this goal include the achievement of competence in the following:

- Case conceptualization and treatment planning
- Implementation of therapeutic interventions
- Crisis Intervention
- Therapeutic Skills

<u>Goal 2</u>: Trainees will achieve competence appropriate to their professional developmental level in the area of *evidence-based practice in assessment*
<u>Objectives</u> related to this goal include the achievement of competence in the following:

- Diagnostic Skill
- Instrument selection, administration, and scoring
- Test Interpretation
- Clinical Formulation
- Report Writing
- Communicating Results

<u>Goal 3</u>: Trainees will achieve competence appropriate to their professional developmental level in the area of *interprofessional and interdisciplinary consultation*
<u>Objectives</u> related to this goal include the achievement of competence in the following:

- Multidisciplinary collaboration
- Theories and Methods of Consultation

<u>Goal 4</u>: Trainees will achieve competence appropriate to their professional developmental level in the area of s*upervision*
<u>Objectives</u> related to this goal include the achievement of competence in the following:

- Theories and Methods of Supervision
- Effective use of supervision
- Develop knowledge and skills providing clinical supervision

Goal 5: Trainees will achieve competence appropriate to their professional developmental level in the area of *individual and cultural diversity*
Objectives related to this goal include the achievement of competence in the following:

- Cultural awareness
- Effects of cultural considerations on clinical activities
- Evidence-informed approach to cultural considerations

Goal 6: Interns will achieve competence appropriate to their professional developmental level in the area of *research*
Objectives related to this goal include the achievement of competence in the following:

- Application of scientific knowledge to practice

Goal 7: Trainees will achieve competence appropriate to their professional developmental level in the area of *ethical and legal standards*
Objectives related to this goal include the achievement of competence in the following:

- Knowledge of ethical, legal, and professional standards
- Adherence to ethical principles and guidelines

Goal 8: Trainees will achieve competence appropriate to their professional developmental level in the area of *professional values and attitudes*
Objectives related to this goal include the achievement of competence in the following:

- Professional awareness
- Interpersonal relationships
- Self-awareness
- Clinical documentation
- Case Management

Goal 9: Trainees will achieve competence appropriate to their professional developmental level in the area of *communication and interpersonal skills*
Objectives related to this goal include the achievement of competence in the following:

- Provides clear and effective written communication
- Exemplifies respectful and professional interpersonal skills
- Presents scholarly information to an audience

Training Model

The training program integrates a practitioner-scholar model with psychological training and service delivery that is sequential, cumulative, and graded in complexity. The practitioner-scholar training model emphasizes the integration and application of critical thinking and skillful reflection across a broad range of experiential activities. By the end of the training year, trainees will be prepared with the knowledge, awareness, and skills of a practitioner specializing in youth and families. Our trainees are well prepared for professional careers working with children and their families in an outpatient setting who present with a wide range of concerns.

Training Activities

The following is a list of the major training activities that take place at the Youth Services Department. For specific information on the requirements and expectations for each type of Trainee (Postdoctoral Fellow, Doctoral Intern, Practicum Student) and the training location (Outpatient or Residential) please refer to the Requirements and Expectations section of each respective Handbook.

<u>Therapy</u>
Therapy is provided throughout the Division in a variety of treatment modalities, including family therapy, group therapy, individual therapy, and milieu therapy. Therapy takes place in outpatient (Ed Center/YFC) and residential (Highridge) settings and includes individuals from a diverse range of age ranges, racial and ethnic groups, and socioeconomic levels. Individual therapy is reserved for youth between the ages of 18-22 in the outpatient office setting. Therapy may also be conducted by some trainees at sites of collaborative partners, such as the Youth Empowerment Center. Trainees will develop treatment plans with specific goals and objectives for each of their therapy cases.

<u>Parenting</u>
The Youth Services Department offers a variety of parenting services that can be provided via an individual or group format. Curriculums developed from evidence-based programs aimed at helping caregivers raise children in a safe, stable, and healthy environment may be utilized. Behavioral parent training for select families of younger children may also be offered through an evidenced-based treatment, in which parents learn behavior management strategies to increase their child's engagement in desirable behaviors while learning effective discipline procedures to reduce engagement in disruptive behaviors. Parent support groups are also offered depending on need.

<u>Psychological Evaluation</u>
Referrals for psychological testing come from within the Division. Trainees may also make referrals for their therapy clients to be tested. Full batteries include clinical interviews and assessment of intellectual, behavioral, and personality/social functioning. Psychoeducational testing may also be included in the full assessment batteries. With supervisor approval, less inclusive partial batteries determined by the needs of the family may be completed. The evaluation process involves consultation with referring therapists, administering and scoring measures, obtaining peer review of scoring accuracy, writing integrated reports, and holding feedback sessions in a timely manner.

Intake Assessment

Intake assessments involve developing interviewing skills and gathering pertinent clinical information during intake interviews. All clients are seen for an initial intake interview to assess their eligibility and need for services and/or to make appropriate referrals.

Risk Assessment, Abuse Reporting, Crisis Intervention, and Safety Planning

With close supervision, trainees will facilitate risk assessments and treatment of crisis situations. Safety planning and abuse reports will be implemented when necessary.

Multidisciplinary Consultation

Consultation takes place on an ongoing basis with staff, administrators, the Division's collaborative organizations, school personnel, case managers, psychiatrists, and/or other collateral sources. Onsite consultation at the Highridge School is also performed regularly.

Case Management

Ongoing case management is provided for all families/clients served, as determined by each family's needs.

Didactic Activities

Didactic activities include attending and presenting at weekly Youth Services Department formal trainings. Trainings take various forms, including lecture and demonstration, formal continuing education workshops, and presentations from practitioners and agencies that work in collaboration with the Youth Services Department. The goals of these trainings are to maintain awareness of recent empirical literature, to inform clinical practice with evidence based findings, and to develop skills in making professional case presentations. The didactic training schedule is intended to compliment clinical supervision, assist professional development, and promote peer relationships. A tentative schedule is distributed at the beginning of the training year and updated periodically. Some topics include laws and ethics, professional development, intervention strategies, diagnostic issues, psychological testing, child maltreatment, domestic violence, diversity considerations, and supervision. Many of the trainings offer continuing education units because the Youth Services Department is an approved CEU sponsor of the American Psychological Association (APA), the State of Florida Department of Health's Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, and the Florida Department of Health's Board of Nursing. Opportunities to attend and present at local workshops and conferences are also available.

Community Outreach

Opportunities to preset trainings on a variety of mental health topics arise and involve developing and providing such presentations at county-sponsored events as well as various community agencies. Outreach may also include discussing the services offered at the Youth Services Department at resource events/fairs in the community.

Supervision

Interns may provide mentorship to practicum trainee(s) as needed. Interns will also provide peer supervision to another intern. A psychologist licensed in the state of Florida provides individual supervision to psychology doctoral trainees of all levels. Moreover, a minimum of 2 additional hours is provided weekly in a group supervision format with the clinical team at each office location. Trainees are expected to present and discuss therapy and evaluation cases at group supervision meetings. Trainees are expected to present session audio/video recordings during these presentations and, at times, be observed through a one-way mirror.

Training Requirements & Expectations

Education and Training Center: Practicum-Specific

1) Complete 8 months of training (minor variances may be approved).
2) Complete a minimum of 20 hours per week.
   - Schedules will be determined by the supervisors before the start of the training year based on the direct hours each trainee needs, office space availability, and client needs.
   - Full workdays are generally from 8:30 a.m. to 7:00 p.m. with 1/2 hour for lunch.
   - A minimum of two evenings are required to meet direct contact hour expectations.
3) Complete a minimum of 320 hours with at least 50% being direct service (at least 160).
   - On average, practicum trainees should carry a therapy caseload of 3 to 6 cases. This caseload will vary based on several factors including requests for services and time of the year. Caseload will also build at a rate corresponding with the strengths and prior experience of the trainee, as well as the direct service hours required.
   - Trainees are expected to monitor their hours and take the initiative to seek out additional activities to ensure their hour expectations are met.
4) Complete a minimum of 3 psychological evaluations. Based on client demand and training needs, more testing cases may be assigned at supervisor discretion.
5) Participate in a minimum of 1 hour weekly face-to-face individual supervision with a licensed psychologist. Supplemental audio/video recordings should be reviewed.
6) Participate in supervision provided by an assigned psychology postdoctoral fellow. Supplemental audio/video recordings should be reviewed.
7) Attend weekly didactic trainings (2 hours) and submit evaluation forms for each.
   - If a didactic is missed due to illness or pre-approved vacation, the trainee is expected to obtain/read the handouts and discuss the content with his/her supervisor the following week.
8) Submit a log of hours each month when requested by the supervisor via email, or more often if requested.
9) Pass mid-year supervisor evaluations on all competencies provided by the trainee's graduate program. Passing criteria will be determined in conjunction with graduate training program requirements.
10) Pass final supervisor evaluations on all competencies provided by the trainee's graduate program. Passing criteria will be determined in conjunction with graduate training program requirements.

Education and Training Center: All Trainees

1) Provide therapeutic activities that emphasize family therapy, but may also include parenting, group therapy, and individual therapy (18-22 year olds).
   - Most cases will require incorporation of psychoeducation related to parenting skills and child development.
   - Risk assessment and safety planning will be conducted on an as-needed basis.
2) Attend 3 days of orientation trainings and submit evaluation form.
   - If any part of orientation training is missed due to illness or pre-approved vacation, the trainee is expected to obtain/read the information and find a time to review the content with trainee supervisor as soon as possible.
3) Complete pre- and post-assessments of each family therapy case (with family consent) to monitor treatment outcomes.

4) Complete intake assessments.
   - Assignments will vary based on demand and schedule.
5) Complete all documentation in a timely manner.
   - Case notes must be entered within 2 business days.
   - All phone calls, significant interactions, and information about clients should be documented within 2 business days.
   - Intake reports must be submitted within 2 business days.
   - Genograms must be provided to supervisor before the 2nd session.
   - Psychosocial summary drafts must be submitted to supervisor before the 4th session.
   - Treatment plans must be submitted to supervisor before the 4th session.
   - Closing summaries must be completed within 5 business days of the final session.
6) Complete psychological evaluations in a timely manner.
   - Consultation with referring therapists regarding psychological evaluation referral questions is expected prior to testing.
   - Parent interview should be completed prior to testing session(s) with youth.
   - All interviews and administration of evaluation measures should be completed within 2 weeks (or 3 weeks under special circumstances and with supervisor approval).
   - Evaluation reports are to be completed in a timely manner, with an initial draft due no later than 2 weeks after administration of assessment measures are complete. Awaiting return of self-report measures should not delay this timeline. Second drafts should be completed no more than 1 week after the initial draft is returned with feedback.
   - Subsequent revisions should be turned in within 24 hours.
   - Feedback session with the family regarding evaluation results and recommendations should be scheduled within 1 week of the signed final report.
7) Send case notes to supervisor for approval until permission is granted to finalize notes independently.
   - Psychosocial summaries, treatment plans, and closing summaries are automatically sent to supervisor for approval.
8) Attend, participate in, and present cases with supplemental audio/video recordings during weekly group supervision (2 hours).
   - A minimum of <u>2 case presentations</u> is expected.
9) Conduct a minimum of <u>2 live sessions</u> with at least one clinical supervisor observing.
   - Other team members may be invited to observe the live session, depending on availability.
10) On occasion, the trainee may be expected to help with duties of a clerical or statistical nature.
11) Learn and comply with policies and procedures, confidentiality, and ethical guidelines.
12) Complete all evaluation forms (e.g., self, supervisor, and program).
13) Submit a final hours log on the last day of practicum.
14) Satisfactorily complete any due process and/or remediation plans.

Highridge Family Center: Practicum-Specific

1) Attend 3 days of orientation trainings and submit evaluation form.
    - If any part of orientation training is missed due to illness or pre-approved vacation, the trainee is expected to obtain/read the information and find a time to review the content with trainee supervisor as soon as possible.
2) Complete a minimum of 20 hours per week.
    - Schedules will be determined by the supervisors before the start of the training year based on the direct hours each trainee needs, office space availability, and client needs.
    - Full workdays are generally from 9:30 a.m. to 8:00 p.m. with 1/2 hour for lunch.
    - A minimum of one evening is required to meet direct contact hour expectations.
3) Complete a minimum of 320 hours with at least 50% being direct service (at least 160).
4) Provide clinical services including family therapy, individual therapy, intake assessments, behavioral observation and interventions at Highridge School, group therapy, and crisis intervention.
5) Orient to assigned dorm with immediate goal to gain working knowledge of the Highridge program and Sanctuary Model of trauma-informed care.
6) Send case notes to supervisor for approval until permission is granted to finalize notes independently.
    - Psychosocial summaries, treatment plans, and closing summaries are automatically sent to supervisor for approval.
7) Complete all documentation in a timely manner.
    - All case notes (therapy, phone calls, etc.) must be entered same day or the next business day. Notes related to risk or abuse must be entered immediately.
    - Intake assessments must be submitted within 2 business days.
    - Genograms must be provided to supervisor before the 2nd session.
    - Psychosocial summary drafts must be submitted before the 3rd session.
    - Treatment plans must be presented to the family by the third session.
    - Closing/Discharge summaries must be completed within 5 working days of the final session.
8) Case management of all assigned intakes to include appropriate communication with others involved in case including Highridge team members.
9) Conduct a minimum of 1 live session with at least one clinical supervisor observing. Live session may include risk assessment, group therapy, or family therapy session.
10) Participate in a minimum of 1 hour weekly face-to-face individual supervision with a licensed psychologist
    a. Supplemental audio/video recordings should be reviewed.
    b. Additional supervision will be provided by a postdoctoral fellow.
11) Submit monthly hour logs to supervisor, or more often if requested..
12) Learn and comply with policies and procedures, confidentiality, and ethical guidelines.
13) Attend weekly didactic trainings (2 hours) and submit evaluation forms for each.
    a. If a didactic is missed due to illness or pre-approved vacation, the trainee is expected to obtain/read the handouts and discuss the content with his/her supervisor the following week.
14) Pass midyear supervisor evaluations on all competencies provided by the trainee's graduate program. Passing criteria will be determined in conjunction with graduate training program requirements.
15) Pass final supervisor evaluations on all competencies provided by the trainee's graduate program. Passing criteria will be determined in conjunction with graduate training program requirements
16) Complete all evaluation forms (e.g., self, supervisor, and program).
17) Submit a final hours log on the last day of practicum.
18) Satisfactorily complete any due process and/or remediation plans.

Professional Conduct Expectations

The Palm Beach County Youth Services Department Training Program is committed to the professional growth of trainees. To help achieve this commitment, it is everyone's responsibility to nurture and maintain a work environment of honesty, trust, and respect. Some basic expectations with regard to professional conduct include:

1. *Adherence to a professional dress code*. Trainees are expected to dress in business casual attire. We understand that everyone has their own unique style; however, certain items are simply inappropriate. Please refer to the 'Dress, Grooming, and Hygiene Guidelines' for more detailed information and consult with supervisors when any questions remain.
2. *Act with care and diligence in the course of job performance*. Trainees are expected to adhere to the schedule agreed upon with their supervisor at the start of their rotation. Punctuality, whether or not a client is scheduled, is of utmost importance. Additionally, forgetting about appointments or double booking clients is unacceptable and poor customer service. These errors can be avoided by keeping Outlook and CMP calendars up to date. Trainees must abide by agency office hours and request from/notify their supervisor when there will be any change to their schedule.
3. *Communication with supervisors and office staff when absent*. If a trainee expects to be absent from the office due to illness or another cause, communication with supervisors and office staff is essential to ensure clients are properly and ethically served. When a trainee is to be absent from or late to the office, a telephone call to the main office phone line is necessary. Emails, text messages, or calls to supervisor cell phones may be missed if a supervisor is in another meeting. A telephone call to the main office phone line will ensure that a person has been notified about absence. Clients can then be contacted regarding their sessions. Personal cell phones should never be used to contact clients.
4. *Behave honestly and with integrity at all times*. Trainees are required to behave and conduct themselves in a professional business manner. Any conduct that is considered to be hostile, verbally offensive, disruptive to the work environment, or is perceived to be intimidating or undermining will not be tolerated. Office etiquette includes avoiding the use of profanity or speaking loudly in the hallways. Turn the volume on cell phones off when you are in the office, as ring tones can be loud and disturbing to clients and staff.
5. *Cooperation with colleagues is essential*. Trainees and staff consist of a variety of disciplines and must work together in the best interests of the youth and his/her family. Disagreements about an intervention or course of treatment are to be expected, and should be resolved in a respectful and professional manner. Trainees may be asked to share office space with their fellow trainees or other staff members. Trainees are expected to work together to resolve scheduling and decorating conflicts related to office space in which to conduct therapy, store personal belongings, and share voicemail.
6. *Clients deserve undivided attention while they are here for services*. Do not answer office phones or cellular phones during a therapy session. Do not read or respond to emails or text messages during a therapy session.
7. *Confidentiality and dual relationships.* If a client of Youth Services is known to the trainee from another field placement, another agency where employed, or from other life roles (e.g., realtor, child care, etc.), care must be taken to maintain confidentiality and honor ethical guidelines regarding dual relationships. It is prohibited to initiate or solicit any contact outside of the therapeutic work environment with any current clients. It is unethical and against Palm Beach County policy to continue services with your clients upon termination from the Youth Services Department.

Supervision

Individual Supervision Description

Practicum Trainees receive a minimum of 1 hours of individual clinical supervision each week by licensed psychologist. This is routinely supplemented by brief and spontaneous discussions between supervisors and interns.

Supervisor Selection Standards. Minimum standards for appointment as intern supervisor are as follows. The same standards are followed for supervision of our practicum trainees.

1. Doctorate in psychology from an APA accredited institution.
2. Completion of an APPIC-member internship in clinical or counseling psychology.
3. Licensure under Florida statute as “Psychologist” or a Psychology Resident under the supervision of a licensed psychologist, with the Resident’s supervision of the intern being the focus of the licensed psychologist’s supervision time with the Resident.
4. Knowledge and experience in the activities to be supervised.

Term. Supervision assignments are for the duration of the practicum, with the exception of extenuating circumstances. If a supervision assignment is made after the start of the training program, the assignment will end at the completion of the program.

Supervision Sessions. Individual supervision can take two forms. One of these is in-vivo supervision, with the supervisor present to coach and observe during the provision of services by the intern. The other is scheduled, one-to-one, face-to-face self-report of relevant professional clinical activities and progress toward training goals as well as review of audio/video recordings. Unscheduled supervisory consultation may be utilized as needed.

Work Products. Supervisors will review and approve intake assessments, psychosocial reports, genograms, treatment plans, substantive case notes, written correspondence, closing/discharge summaries, and evaluation/assessment reports. Supervisors co-sign closing/discharge summaries and evaluation/assessment reports. Trainees with receive ongoing instruction/feedback on documentation and will be expected to produce documents that meet agency and professional standards. All written work products must be completed in a timely manner as determined by the supervisor.

Recording Sessions. Supervisors require trainees to audiotape or videotape evaluation or treatment sessions for supervision purposes, with the consent of the client. Trainees are expected to record at least one therapy session for each case. Audio/video records are used both as an assessment tool in the evaluation of client’s responses within the treatment process and in the ongoing monitoring of the trainee’s work. They are essential to the work of the therapist both in reflective process and in their use within supervision. If clients do not wish to sign for audio/video recordings, they are not recorded but then must be open to participating in a live supervision observation.

Site Mentors. Role models are available at each rotation site, including other psychologists as well as staff from other disciplines (i.e., social work, mental health counseling, marriage and family therapy, nursing) and non-licensed psychology staff. While not appointed clinical supervisors, these site mentors are available for counsel and instruction in their particular professional areas of competence. The individual supervisor may incorporate professional peer-consultation into a trainee’s individual supervision.

Group Supervision Description

Within each six-month rotation, the intern will attend a minimum of 2 hours per week of group supervision with a minimum of one licensed psychologist and the therapists working at each site. Initial group supervision sessions may include training on various topics to acclimate students to YSD, such as CAFAS administration, assessment skills and interpretation, Sanctuary Model, and diversion programs. The group may also be asked to read articles/book chapters for discussion during group supervision. Interns are expected to present and discuss therapy and evaluation cases at group supervision meetings. They are expected to bring audio clips to accompany their presentation. Live sessions may also be scheduled. Group supervision case presentations should include:

- Question to the team, reason this case is being presented
- A complete genogram (Ideally three generations)
- Reason the family initiated services
- Description of the family
- Cultural considerations (e.g., race, ethnicity, sexual orientation, religion, SES, etc.)
- The presenting problem from the perspective of
  - the referral source
  - the family
  - the therapist
- Number of sessions attended
- Diagnoses considered
- Treatment goals
- Sources of stress for the family
- Family's strengths and resources
- Course of treatment
- The family's response to intervention
- A self-evaluation of your effectiveness
- Rationale and evidence-based support for case conceptualization
- Alternate case conceptualization
- Recording of a session, cued to a relevant segment
- Comments
- Reiterate question to the team, reason why case is being presented

Telesupervision Description

The Youth Services Department (YSD) uses telesupervision, or the supervision of psychological services through a synchronous audio and video format for supervision on occasion. YSD recognizes the importance of supervisory relationships. Given the geographical distance between training sites, this model allows trainees to form a greater connection to the entire training faculty and training cohort than would be experienced otherwise. It is expected that the foundation for supervisory relationships will be initially cultivated during orientation and subsequently during other in-person meetings and interactions. When feasible, supervision is scheduled face-to-face; however, when scheduling does not permit, telesupervision may be used instead. Trainees involved in peer supervision may also utilize telesupervision when they work at different training sites.

Telesupervision is utilized in accordance with the Guidelines and Principles set forth by the American Psychological Association. Telesupervision is only utilized when in-person supervision is not possible. This form of supervision is regarded as consistent with the YSD's overall model of training in that it best approximates the in-person format of supervision and ensures continuity in the supervisory experience.

When more than one supervisor is assigned, the primary rotation, on-site supervisor maintains full professional responsibility for the clinical cases under the care of the intern unless arrangements are made with at least one other licensed psychologist to cover for non-scheduled consultations, time-sensitive issues, and crisis situations. When utilizing telesupervision, both the intern and supervising psychologist assure that privacy and confidentiality for both the client and trainee are maintained. Finally, telesupervision can only be viewed as a legitimate form of supervision if it is determined by both the supervisor and the intern that both the audio and video quality of the connection is adequate for the proper conduction of supervision.

All telesupervision utilized by YSD occurs over a secure network. Supervision sessions using this technology are never recorded. A webcam and Jabber software may be set up at the trainee's computer. Trainees are provided with instructions regarding the use of the webcam equipment at the outset of the training year. In addition, a Jabber account is established for each trainee and they are instructed on how to use this software. Technical difficulties that cannot be resolved on site are directed to the Network Operations Center at (561)355-HELP or by submitting an online request for IT support.

Licensed Psychologists at the Youth Services Department

Shayna Ginsburg, Psy.D., Training Director/Chief of Clinical Services, Education & Training
Twila Taylor, Psy.D., Chief of Residential Clinical Services, Highridge Family Center
Amanda Terrell, Psy.D., Psychologist, Highridge Family Center
Loren Berry, Psy.D., Psychologist, Education & Training
Laura Cruz, Ph.D., Psychologist, Education &d Training
Tony Spaniol, Psy.D., Director, Residential Treatment & Family Counseling Division

*All psychologists are licensed in the state of Florida.

Formal Evaluations

The evaluation process is continuous and mutual. The Training Director is responsible for ongoing systematic evaluation of trainee progress and program quality.

Rating of Trainee Performance

Clinical supervisors may formally or informally evaluate trainees at any time during the training year, and submit assessment of trainee performance to the Training Director. Clinical supervisors formally evaluate the performance of their assigned trainees in writing at the midpoint and end of year. Trainees complete a self-assessment baseline at the beginning of the training year, and then assess their performance on the same schedule as supervisors.

Rating of Trainee Experience

Trainees rate their clinical supervision at the midpoint and end of the training year. A Program Evaluation is also completed at the midpoint and end of the training year to evaluate the overall experience of the intern during each rotation. Ratings of weekly didactic trainings are provided after each training.

Communication with Graduate Programs

The Training Director, or designee, is responsible for informing each doctoral program's Director of Clinical Training about the performance of each trainee. For interns, a letter from the Training Director is sent to the graduate program detailing the trainee's progress at midpoint and end of the training year.

Selection and Academic Preparation Requirements

Application Process
To be considered for the Youth Services Department practicum program, trainees must meet the following requirements before the start of practicum:

- Receive doctoral training in clinical psychology from an APA-accredited doctoral program
- Complete coursework in intellectual assessment, intervention, and ethics (may be concurrent with practicum)
- At least 1 year of experience in face-to-face clinical contact (i.e., conducting intakes, biopsychosocial interviews, and some form of therapy)
- Demonstrate potential for a career in clinical psychology with an emphasis on child, adolescent, and/or family clinical assessment and intervention
- Demonstrate cultural sensitivity
- Exhibit good interpersonal and organizational skills, flexibility, and ability to handle multiple tasks

Interested trainees should submit the following materials to the Training Director:

- Cover letter
- Current Curriculum Vita
- A de-identified child or adolescent psychological evaluation report (preferably non-neuro)

Interview Process
Interested trainees (applicants, those assigned by the graduate program, etc.) will be invited for in-person interviews. Depending on which setting (outpatient or residential) the applicant it interested in, psychologists from either the Education & Training Center or Highridge Family Center will conduct interviews.

The Youth Services Department practicum training program will base its decision to accept students on the interview, materials provided, and criteria noted above. The following is also considered when making this determination:

- Experience working with children, adolescents, and families
- Training and/or class(es) in family and systemic theory
- Psychological/psychoeducational testing experience (for the outpatient placement)
- Experience working in a residential facility (for the residential placement)
- *Individuals with Spanish bilingual skills are strongly encouraged to apply*

The timeline of the interview process and notification of acceptance is determined by the trainee's graduate program's deadlines.

Training Director Contact Information
Shayna Ginsburg, Psy.D.
phone: (561) 233-4460 / fax: (561) 233-4475
email: sginsbur@pbcgov.org
website: http://www.pbcgov.com/youthservices/EducationCenter

Diversity and Non-discrimination Policy

The Youth Services Department strongly values diversity and believes that diversity promotes and enhances the training experience. As a department, Youth Services embraces diversity in the workplace and fosters an atmosphere that promotes respect and acceptance. Practicing mutual respect for qualities and experiences that may be different from our own and celebrating the rich dimensions of diversity is a priority of the training program. Trainings and educational opportunities are offered over the course of the year, which are aimed to broaden and deepen trainees' cultural humility and appreciation of diversity issues.

Youth Services welcomes applicants from diverse backgrounds and believes that a diverse training environment contributes to the overall quality of the program. Youth Services provides equal opportunity to all prospective trainees and does not discriminate because of a person's race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, genetic information, or any other factor that is irrelevant to success as a psychology trainee. Applicants are individually evaluated in terms of quality of previous training, clinical experiences, and fit with the program's mission.

The goal of incorporating diversity into various trainings at Youth Services is to ensure that trainees develop the knowledge, skills, and awareness necessary to provide competent psychological services to all members of the public. To this end, the Youth Services training program expects a competency in diversity training and strives to ensure that psychology trainees demonstrate acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals. Diversity experiences and cultural humility trainings are interwoven throughout the training program to ensure that trainees are both personally supported and well trained in this area.

Clinical Staff Job Descriptions

Education and Training Center

Chief of Clinical Services, Education and Training

The Chief of Clinical Services at the Education and Training Center requires a Doctoral degree in psychology and license to practice in the state of Florida. As the administrator of the Education Center, responsibilities include supervising the clinical and clerical staff, overseeing therapy and psychological evaluation services, program development, evaluating services provided, maintain the electronic system of agency clients, and serving on the management team developing and implementing the Division's policies and procedures. The Chief of Clinical Services provides clinical supervision to graduate and post-graduate level trainees completing clinical placements. As the director of the Education and Training Center, the Chief of Clinical Services is responsible for facilitation of training for staff, trainees, and community members, and maintenance of continuing education sponsor approval. As Training Director, the Chief of Clinical Services ensures compliance with standards of the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC), serves as the liaison between trainees and school programs, and provides clinical supervision to graduate and post-graduate level trainees.

Youth Services Psychologists

The Youth Services Psychologists require a Doctoral degree in psychology and license to practice in the state of Florida. The psychologists provides family, group, and individual therapy services to youth and their families who are experiencing emotional and/or behavioral difficulties, family discord, school or academic difficulties, problems with peers, and other presenting issues. In addition to working with families, the psychologists interact with schools, social service agencies, and other professionals in order to provide client-needed services. The psychologists may also conduct psychological evaluations with children in order to identify and diagnose areas in need of improvement and offer recommendations. In addition, the psychologists provide psychoeducational services to parents, community groups, and mental health professionals, including parenting skills, professional development seminars, continuing education trainings, and community outreach. The psychologists also provide clinical supervision to graduate and post-graduate level trainees completing clinical placements, and serve as assistants to the Training Director for training-related matters.

Youth and Family Counseling Program

Chief of Community Based Clinical Services

The Chief of Community Based Clinical Services is responsible for developing, managing, and delivering care to the community through the administration of outreach services and clinical services in Palm Beach County. The Chief of Community Based Clinical Services is responsible for supervising Youth Services Coordinators, and directly or indirectly supervising clinicians and support staff at Youth and Family Counseling offices (Belle Glade, Delray and West Palm Beach) and satellite locations. As the administrator of Youth and Family Counseling, responsibilities the Chief of Clinical Services serves as is responsible for facilitation of training and intern placements at Youth and Family Counseling locations.

Youth Services Coordinator

The Youth Services Coordinator is responsible for planning, coordinating, supervising and providing clinical services to clients of Youth and Family Counseling. Additionally, the Youth Services Coordinator is responsible for the supervision of clinical and clerical staff within each office and consults with the Chief of Community Based Clinical Services regarding training, supervision, intern placements, client cases, special problems, crises, or emergencies.

Program Coordinator

The Program Coordinator is responsible for coordinating referrals and supervising clients involved the Family Violence Intervention Program (FVIP). The Program Coordinator is responsible for supervising the FVIP Court Case Advisors. Referrals for Youth Services FVIP Services are accepted by the FVIP Program Coordinator. Additionally the Program Coordinator consults with the Chief of Community Based Clinical Services training, supervision, intern placements, client cases, special problems, crises, or emergencies.

Therapist/Licensed Therapist

The Licensed Therapist has a Florida state license in their field of study. The Therapist requires a Master's or Doctoral degree in social work, marriage and family therapy, mental health counseling, or psychology, and experience working with families and youths. Both Therapists provide family, individual, and group therapy services to the youth and family in a variety of crisis and non-crisis situations. Therapists perform a psychosocial interview, develop a treatment plan with the family, work with the family for approximately 90 days, and develop a case summary with recommendations at the end of treatment. Therapists also provides School Based Services and interacts with social service agencies and other professionals in order to provide client-needed services. Referrals and follow-up may be required. Therapists are able to meet with adolescent self-referral clients age 13 to 22.

Court Case Advisor

The Court Case Advisor contacts/meets with the family after receiving the referral from the State Attorney's Office and offers the family the choice to participate in the Family Violence Intervention Program (FVIP) diversion program to avoid adjudication. The Court Case Advisor is the point of contact for families involved in the FVIP Program and monitors the family's progress with Case Plan and the completion of the FVIP Program. Referrals for Youth Services FVIP Services are only accepted by the Court Case Advisors after consultation with the Program Coordinator.

Highridge Family Center

Chief of Residential Clinical Services

The Chief of Residential Clinical Services is a licensed psychologist who serves as the administrator of the Highridge Family Center. The Chief is responsible for the day-to-day operations of Highridge Family Center and supervises the Residential Counseling Coordinator, the Residential Nurse Manager, and clinical staff; evaluates program efficacy, program development, adherence to policies and procedures; as well as consults with alternative education/school board personnel, the 15th Circuit Court Juvenile Division, and various social service agencies. The Chief of Residential Clinical Services provides individual and/or group supervision to graduate and postgraduate psychology trainees.

Residential Counseling Coordinator

The Residential Counseling Coordinator is a licensed clinician and is responsible for managing, planning, coordinating, and directing the residential services provided to residents at Highridge. Additionally, the Residential Counseling Coordinator is responsible for the supervision of the residential youth counselors who work on the dorms and the interviewing and selection of such staff. Other responsibilities include providing staff training hours and consulting with counseling, residential, therapy and trainee staff as special problems, crises, or emergencies arise within the milieu. The Residential Counseling Coordinator is available as an additional resource and support person during the evening hours.

Psychologist, Sanctuary Coordinator

The Psychologist and Sanctuary Coordinator is responsible for the ongoing implementation of the Sanctuary Model and trauma informed services at Highridge. This includes coordination and provision of training and the utilization of trauma informed tools at the facility. The Sanctuary Coordinator ensures that facility staff continue to provide trauma informed programming that meets recertification standards of The Sanctuary Model. The Sanctuary Coordinator collects data through surveys, measures, interviews, and meetings to drive program change and improvement. The Psychologist and Sanctuary Coordinator also provides individual and/or group supervision to graduate and postgraduate psychology trainees.

Licensed Family Therapist

The Licensed Family Therapist requires a Master's or Doctoral degree in social work, marriage and family therapy, mental health counseling, or psychology, in addition to a Florida state mental health license, and experience working with families and youth. The therapist works as part of the treatment team, providing family, group, individual therapy, crisis intervention and risk assessments to the youth and family. The therapist develops a treatment plan with the family, makes recommendations regarding the youth's progress on the milieu, works with the family throughout the child's stay at Highridge, and writes a discharge summary with recommendations at the end of treatment.

Residential Youth Counselor

Residential Counselors are Bachelor's level counselors responsible for providing daily care and supervision to the residents of Highridge Family Center. Residential Counselors work as part of the treatment team, assisting the adolescents with the development of coping skills such as emotional regulation, conflict resolution, facilitating community groups, and developing the therapeutic milieu using the Sanctuary Model.

Juvenile Residential Technician

Juvenile Residential Technicians have an Associate's Degree and are responsible for providing daily care and supervision to the residents of Highridge Family Center. Juvenile Residential Technicians are primarily assigned as behavioral staff at the school or work at night on the dorms. They are part of the treatment team and assist youths in emotional regulation, conflict resolution, and development of a therapeutic milieu using the Sanctuary Model.

Residential Nurse Manager

The Residential Nurse Manager supervises 2 LPNs, the school behavioral staff, the night shift and is on call for nursing, clinical, and behavioral consultations. Additionally, the Residential Nurse Manager attends treatment team meetings to provide staff with updates regarding medication changes, issues, or concerns and to address any questions the staff may have regarding a child's medical condition. The nursing team ensures open communication with the child's parents and treating physician regarding any medication side effects and when refills are needed. The Residential Nurse Manager is considered the supervisor on duty when present, unless otherwise specified.

Nurse

Highridge Family Center has a team of two Licensed Practical Nurses and a Registered Nurse to provide 24-hour nursing coverage while the youth are in residence. The nursing team is responsible for initial routine medical screens, medication administration, sick calls, and any urgent matters. For emergencies, 911 is called. The nursing team ensures all staff maintains up to date certification in CPR and First Aid and is available for consultation on any resident-specific issues and staff training necessary, such as having a child in residence with diabetes or food allergies.

Trauma-Informed Care at the Youth Services Department

Adversity and challenges are universal in the human experience. Repeated trauma-related stress responses can impair a family's functioning and lead to problematic long-term health outcomes. The Youth Services Department emphasizes the importance of trauma-informed care within our organization and with the families we serve. Trauma-informed care also places great importance on the physical, psychological, and emotional safety of our families and staff members, and helps survivors rebuild a sense of control and empowerment.

During August 2016, the Youth Services Department began a three-year process to initiate implementation of the Sanctuary Model, an evidence-based trauma informed care model. This included training, education, and changes to department and program policies. In May of 2019, Highridge Family Center became certified in the Sanctuary Model, an evidence-supported model of trauma informed care. Highridge is the first child and adolescent residential facility to be certified in Florida.

The Sanctuary model was created by Sandra Bloom a psychiatrist, Joseph Fodereo, a social worker, ad Ruth Ann Ryan, a nurse manager. Around 1985, the treatment team began to realize that most of the people they were treating in an inpatient setting and in outpatient treatment had survived overwhelmingly stressful and often traumatic experiences, usually beginning in childhood. The Sanctuary Model was created to harness the healing power of relationships to help overcome adversity and decrease the more punitive aspects of treatment in an acute care psychiatric unit in a general hospital north of Philadelphia. To help us ask the question "What happened to you" instead of "What's wrong with you?" The model also acknowledges restorative practices, in that it is about working ***with*** people instead of doing things ***to*** them or ***for*** them. The model is based upon the following commitments to youth and their families, as well as fellow staff, and as a wider organization: nonviolence, emotional intelligence, social learning, open communication, social responsibility, democracy, growth, and change.

Trainees will receive training at the beginning of the program and throughout the year, which will include attendance at meetings and events related to the Sanctuary Model. In particular, trainees will become familiar with Community Meetings (see Community Meeting Guidelines for more details) and participate in these meetings each week. Specifically, while at Highridge, trainees will expand their skills in trauma-informed practice and begin to view families through a trauma lens utilizing the SELF framework in treatment planning and consultation with the treatment team. Additionally, trainees will become more familiar with trauma conceptualizations and utilize the ten tools of the Sanctuary toolkit.

Family Therapy Overview

Family Therapy Outline

I. Initial Stages – Sessions 1-3
   a. Genograms
   b. Joining – observation
   c. History
   d. Hypothesis Formation
   e. Goal Formation
   f. Treatment Strategies (Process/discharge planning)

II. Middle Stages – Sessions 4-8
   a. Overcoming resistance
   b. Implementation of strategy
   c. Reformulate hypothesis
   d. Renegotiate treatment goals
   e. Noticing reinforcing changes
   f. Stuck Points
   g. Prepare for discharge

III. Final Stages – Sessions 9-12
   a. Discharge planning – linkages
   b. Validity/Nurturing change
   c. Maintaining change
   d. Saying goodbye
   e. Recap/Sharing observations

Documents on <u>family therapy modalities</u> and <u>major marriage and family therapy models</u> are available on the common drive with detailed information on specific forms of family therapy.

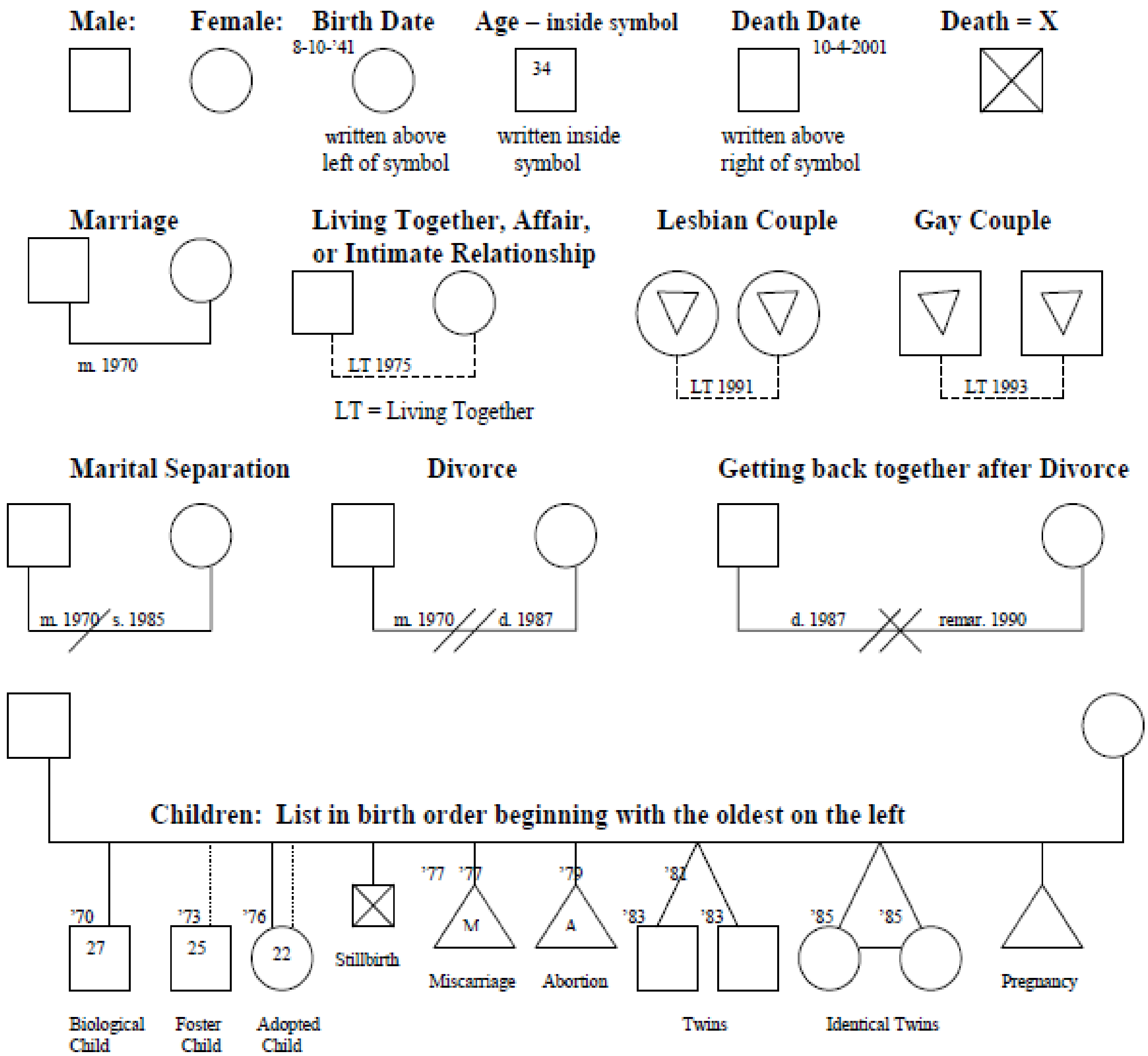
Family Therapy Deadlines

1.) Genogram – Completed by 2nd session
2.) Psychosocial Summary – Due to supervisor before 4th week
3.) Pre-CAFAS – Completed before 4th session
4.) Treatment Plan – Completed and signed by family by 4th session
5.) Treatment Plan Review – Completed between 6-8th week of treatment
6.) Satisfaction Survey – Completed before last session (at least 4 sessions of therapy required)
7.) Post-CAFAS- Completed within 1 week of final session (at least 6 sessions required to complete)
8.) Closing Summary- Due to supervisor within 5 days of final session

Please utilize the Case Tracker spreadsheet found in the Student-Trainee Folder in the common drive to keep track of above deadlines.

Genograms

The Basic Genogram Symbols

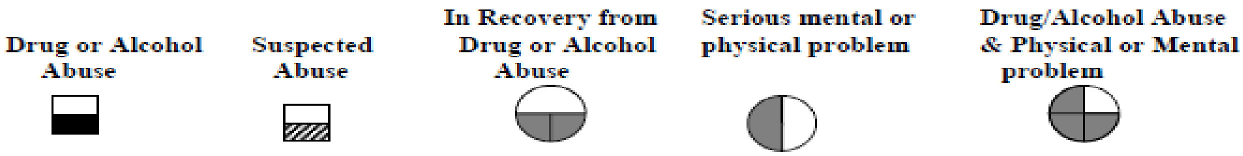


- Two people who are married are connected by lines that go down and across, with the husband on the left and the wife on the right.
- Couples that are not married are depicted with a dotted line.
- Children are drawn left to right, going from the oldest to the youngest.

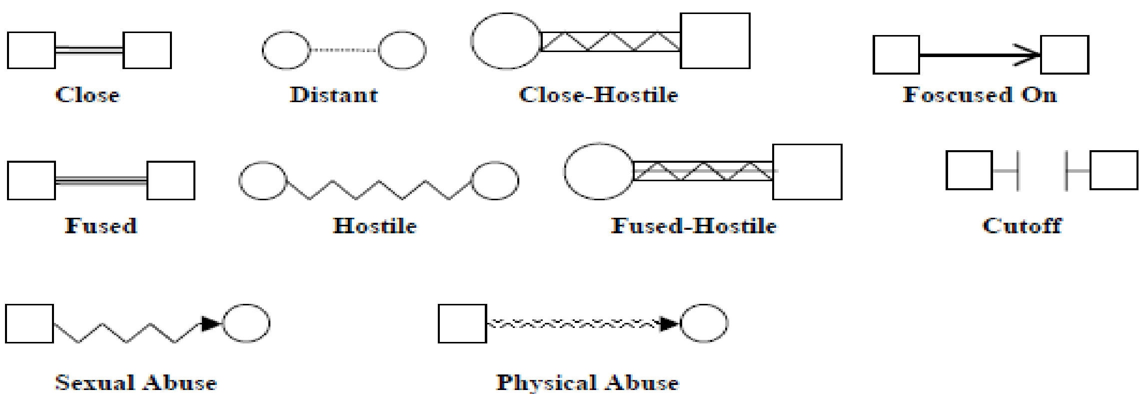
CMP 105
Family / Child Assessment
12/2005
SJ

Adapted from: Power, Thomas A., ACSW.
Family Matters: A Layperson's Guide to Family functioning. Hathaway press, New Hampshire, 1992

Symbols Denoting Drug, Alcohol, and/or Mental Problems



Symbols Denoting Interactional Patterns between People



Parenting Overview

The Youth Services Department offers a variety of parenting services that can be provided via an individual or group format. Curriculums developed from evidence-based programs may be utilized, including Systematic Training for Effective Parenting (STEP), which includes psychoeducation on child/adolescent development and parental stress management. Behavioral parent training for select families of younger children may also be offered through an evidenced-based treatment known as Parent-Child Interaction Therapy (PCIT), in which parents learn behavior management strategies to increase their child's engagement in desirable behaviors while learning effective discipline procedures to reduce engagement in disruptive behaviors. Parent support groups are also offered depending on need.

During the intake process, families are screened to determine the best parenting intervention based on the presenting problem. Factors that may influence the determination of the appropriate parenting intervention recommended for a family may include: when a group is being offered, parent's level of cognitive and mental health functioning, child's age, if the child is residing outside of the caregiver's home, and primary language spoken by the parents.

Referrals for parent education, parent support, and parent training services come from a variety of sources, including, but not limited to, Youth Services therapists, caseworkers from the Department of Children and Families (DCF), probation and parole officers from the Department of Corrections (DOC), agencies working with prospective adoptive parents, and previous attendees.

Referrals can be made for parenting services at either the Education & Training Center or at one of the Youth and Family Counseling offices. Below is an outline of each of the parenting services, noting which offices can provide the particular services as well.

Systematic Training for Effective Parenting (STEP)

STEP parenting services are offered in an individual or group format. This service is appropriate for parents of children ages 0-18. Individual STEP can be provided at the Education & Training Center or at one of the Youth & Family Counseling offices. Group STEP is offered at the Education & Training Center. Check with a team member from the Education & Training Center to determine group days and times.

The individual and group formats follow the same outline. STEP can be offered to parents in Spanish or English. Parents in the group complete a Pre-Survey and Post-Survey and attend 7 sessions, for a total of 10.5 hours of parent education instruction. Parents attending individual sessions will complete a Pre-Survey and Post-Survey and attend 7 sessions, for a total of 7 hours of parent education instruction. STEP chapter outlines for group attendees are completed during group and chapters from STEP book are provided to review throughout the week. The chapters correspond to weekly sessions broken down by the modules listed below. After all sessions have been attended, parents complete a Post-Survey and may receive a certificate of completion.

Outlines and handouts for group facilitators and attendees can be found on the Common (G:) drive, EDUCATION and TRAINING CENTER folder, Parenting folder, STEP Parenting Outlines & Handouts folder. Scanned copies of STEP book chapters in English and Spanish are available on the Common (G:) drive, EDUCATION and TRAINING CENTER folder, Parenting folder, Parenting Book folder. The certificate of completion can be found on the Common (G:) drive, EDUCATION and TRAINING CENTER folder, Parenting folder, Certificates folder. Remember to delete the client's name once the certificate has been printed.

Outline for STEP Sessions

- Session 1: **Introduction and Overview of STEP Curriculum**
  - pre-survey
  - review confidentiality, Bill of Rights and Consent for Treatment, and Release of Information
  - parenting goals and challenges
  - parenting styles
  - influences on children's development
  - four goals of misbehavior
  - ingredients of a strong parent-child relationship
- Session 2: **Misbehavior and Belief Systems**
  - steps/responses to misbehavior
  - development of children's beliefs systems
  - family values
  - models and modeling of appropriate behavior
  - birth order characteristics
- Session 3: **Self-esteem and Praise versus Encouragement**
  - how can you build self-esteem in your children through praise and encouragement
  - loving and accepting your child and self
  - having faith in your child and self
  - noticing effort and improvement
  - appreciating your child, self and others
- Session 4: **Communication and Stress Management**
  - respectful communication
  - reflective listening
  - I messages
  - verbal and non-verbal communication cues
  - relaxation techniques
- Session 5: **Cooperation**
  - how to gain cooperation from children and others
  - problem-solving techniques
  - deciding who owns the problems
  - developing and structuring family meetings
- Sessions 6: **Discipline versus Punishment**
  - discipline vs. punishment
  - discipline strategies for younger children
  - discipline strategies for older children
  - natural versus logical consequences
  - building resiliency
- Sessions 7: **Emotional and Social Development**
  - understanding emotional development
  - emotional development challenges
  - understanding social development
  - social development concerns
  - post-survey

Parent-Child Interaction Therapy (PCIT)

PCIT is a dyadic parenting intervention aimed at improving the family system by modifying the behavior of both the parent and the child (Kennedy et al., 2014). PCIT services are offered in an individual format but can include more than one caregiver involved in parenting a child at a time (i.e., two parent household). PCIT services can only be provided by a trained provider and as such PCIT is only available at the Education and Training Center. The service is available for parents of children between the ages of 2-7, although children up to 12 years old may be considered for the intervention based on their developmental and socio-emotional functioning. Both parents and children participate in this parenting service together. PCIT can be provided in English or Spanish.

PCIT services are offered following a selective prevention model, which typically entails 10-12 sessions. Child behavior progress is monitored each session by having parents complete the Eyeberg Child Behavior Inventory (ECBI) at the start of each session. Parent acquisition of parenting skills is also monitored regularly via in session coding of parent application of skills. PCIT is divided into two phases of treatment, Child Directed Interaction (CDI) and Parent Directed Interaction (PDI).

- CDI Focus:
  - Decrease child's frequency, severity, and/or duration of tantrums
  - Decrease child's engagement in hyperactivity
  - Decrease child's engagement in negative attention-seeking behaviors (i.e., whining)
  - Decrease parental frustration
  - Increase child's feelings of security, safety, and attachment to the primary caregiver
  - Increase child's attention span
  - Increase child's self-esteem
  - Increase child's engagement in pro-social behaviors (i.e., sharing)

- PDI Focus:
  - Decrease child's frequency, severity, and/or duration of aggressive behavior
  - Decrease child's frequency of destructive behavior (i.e., breaking things)
  - Decrease child's defiance
  - Increase child's compliance with adult requests
  - Increase child's respect for house rules
  - Improve child's behavior in public
  - Increase parental calmness and confidence during discipline

Diversion Programs

Palm Beach County School Police Youth Court

Youth Services and the Palm Beach County School Police Youth Court Program have developed a collaboration to provide services to school-age children and adolescents up to 18 years of age who have been charged with a crime in Palm Beach County. Youth offenders who accept Youth Court as a diversionary program avoid criminal prosecution in the state courts which might lead to a criminal record. Typical offenses include theft, battery, and possession of marijuana under 20 grams, loitering, disorderly conduct, or trespassing. These offenders are diverted to Youth Court by the State Attorney's Office or participating police agencies. These children must be first-time offenders if referred directly by police agencies. Those clients referred to Youth Court are sent to Turning Point Academy (1950 Benoist Farms Road, Community 1, West Palm Beach, Florida 33411). Subsequent trials and arbitrations are held at the North County, South County, or Belle Glade Courthouse, or at Forest Hill Elementary School. Some cases that are processed by Youth Court will receive an order to come to Youth Services for counseling as part of their sanctions. The consequence of the client failing to complete the Youth Court sanctions is typically removal from the program and legal prosecution for the offense.

Youth Court clients are typically considered appropriate for treatment at Youth Services. Clients may be excluded from treatment if they are on probation, psychiatrically or medically unstable and in need of a higher level of care, or in need of residential substance abuse treatment. If a client was arrested while carrying a weapon, a decision as to whether or not the client may enter the program is made. If it is determined that the weapon was being carried because the client had safety concerns or was afraid of aggression by others, he/she may be admitted; if the weapon was being carried for malicious reasons (i.e., to instill fear or hurt someone), a case-by-case analysis will determine admission into the Youth Services program.

Youth Court clients are referred via a faxed copy of the Court Referral for Services form as well as a Case Journal. Youth Services contacts the family, sets up and completes an intake, and transfers the case to the appropriate Youth Services office for services.

Treatment at YSD

- If the client is referred for residential treatment at Highridge Family Center, the family's participation in treatment will be monitored by consulting with the therapist and treatment team in order to verify that the child is complying with all sanctions.
- Families are expected to complete the standard treatment protocol of 12 family therapy sessions unless a variation is determined as clinically appropriate or necessary by the therapist, in concurrence with his/her supervisor. It is explained to the family that Youth Court clients are expected to attend all therapy sessions. The therapist should make it clear that unless the sessions are attended regularly and the client participates in the process of therapy, no notification indicating compliance with the Youth Court program will be provided. If an emergency arises and the family misses a session, they are expected to call and reschedule within the week.
- Youth Court is to be notified when any Youth Court Client is not attending consistently. If the child is being seen at Youth and Family Counseling Program or the Education and Training Center, contact with Youth Court will be made by the therapist. If the child is at Highridge, the court liaison will keep Youth Court informed. This allows Youth Court to further reinforce the need for appropriate attendance.

- Issues addressed in session are left to the therapist to determine the course of treatment based on the needs of the client and his/her family. If a family complies and attends therapy on a regular basis, it is not necessary to contact Youth Court during treatment.
- During the course of treatment, possible consequences of the child's behavior will be reviewed. In addition, the possible consequences should the client fail to complete the Youth Court sanctions are processed. These include removal from the program and legal prosecution.
- Other objectives are designed by the therapist to meet the needs of the specific child and family. Treatment goals may include decreasing impulsivity, learning anger management skills, improving relationships, increasing positive school behaviors, improving school participation, learning parenting skills, building self-esteem, and not reoffending. At the end of successful treatment completion, the Youth Services Client Summary (located in the CMP Tasks) will be provided to Youth Court indicating their completion of this sanction. The Youth Services Client Summary is also faxed to Youth Court at 561-434-8356.
- For Ed Center team members, a full "Discharge Closing summary" should also be added to the client's chart and completed.
- If a family is noncompliant with treatment, the therapist should notify his/her supervisor and also report it directly to Youth Court.
- After discussing the case with Youth Court staff, the decision will be made if the client will be given another opportunity to comply or if the client will be sent back to the Youth Court without issuing a confirmation of having completed treatment goals. When Youth Court clients contract to attend therapy as part of their agreement with Youth Court, non-compliance with that contractual obligation is typically addressed by the client's case being sent back to the State Attorney's Office by the Youth Court. Those families that do not complete therapy have a copy of the Youth Services Client Summary provided to Youth Court indicating that this sanction was not completed. The Client Summary should be faxed to Youth Court at 561- 434-8356.

Contact Personnel:

Youth Court Contacts		Youth Services Contact
Officer Scott Dean	Officer C. Wagner	Yaritza Pagan
Phone: (561) 681-0071	Phone: (561) 681-0080	Phone: (561) 681-0075
Fax: (561) 434-8356	Fax: (561) 434-8356	Fax: (561) 434-8356
deans@palmbeach.k12.fl.us		yaritza.pagan@palmbeachschools.org

Family Violence Intervention Program (FVIP)

Family Violence Intervention Program (FVIP) History

The Family Violence Intervention Program (FVIP) was initiated in 1999 through a grant to the Palm Beach County Juvenile Court. This is a diversionary program with the goal of keeping youth out of the Juvenile Justice System and help encourage healthier ways for families to communicate without violence. Under the jurisdiction of Juvenile Court, youth charged with the offense of Domestic Battery are removed from the home by law enforcement and placed in a secure Juvenile Detention Facility.

If the parent or guardian is unwilling to take the juvenile home, and there is no family, friend or respite facility then the juvenile can remain in a secure Juvenile Detention Facility for a short period of time. The age range for the youth is typically 9 to 18 years. A Court Case Advisor contacts/meets with the family after receiving the referral from the State Attorney's Office and offers the family the choice to participate in the FVIP diversion program to avoid adjudication. If the family agrees to participate, the FVIP staff member arranges for the youth to return home or stay with a relative and refers the family for services, usually preventing the youth from remaining in detention. A mediation conference is conducted where the case plan is developed and the appropriate services are recommended and agreed upon.

The Youth Services Department (YSD)'s Residential Treatment and Family Counseling Division (RTFC) programs: Education & Training Center, Youth & Family Counseling, Highridge Family Center, and FVIP work closely together to determine appropriate services (group, individual, and/or family therapy or residential services) for youth arrested for domestic battery and their parents/guardians. Participants are families where youth up to the age of 18 are alleged to have committed domestic violence, typically against their parent(s), caretaker(s), or sibling(s). Youth are considered first-time offenders, as this is the first time there was involvement with law enforcement for family violence. Parents/guardians must also participate in the group sessions and/or the family therapy sessions.

Youth Services FVIP Client Referrals and Intake-Assessment Process

Referrals for Youth Services FVIP Services are only accepted from the FVIP Program Coordinator and Court Case Advisors. FVIP clients/referrals will be scheduled for an intake within 10 business days of the referral. All Youth Services Clerical/ staff scheduling the appointment will inform FVIP clients to bring their FVIP case plan to the intake session. The following forms will be completed at intake: Bill of Rights and Consent for Treatment, FVIP Group Therapy Contract, FVIP Family Therapy Contract, Family Information Form (FIF) and all other tasks/paperwork under the Intake FVIP Service.

After completing the intake, the Youth Services staff member, and their supervisor determine whether the family will be placed in group therapy or family therapy. Factors to consider for placement in group or family therapy include: group capacity (i.e. maximum 10 teens/youth in a group) and client availability (ex. youth/family are need of an appointment on specific day and time and declines other appointments offered) for either service. When an immediate opening for group, individual or family therapy is available, the family will be notified and scheduled for the first appointment. FVIP will be notified of the scheduled appointment via the CMP FVIP report. The FVIP Court Case Advisor is also notified and recommendations for a random drug screening are made:

- If the youth has substance abuse problems which have been noted in the FVIP case plan.
- The youth has informed the YSD therapist/case manager of the substance use, and/or;

- The YSD therapist/case manager has observed the youth's behavior as being under the influence of drugs/alcohol.

If substance abuse is not indicated in the case plan and the youth and/or parents indicate in the intake, group, or family therapy session that substance abuse is occurring, the parent is advised to call the FVIP Program Coordinator and/or their Court Case Advisor; a random drug screening will be administered at the courthouse Tuesday through Friday from 9:00 a.m. – 4:00 p.m. for a cost of $25.00 or with a private provider.

Attendance Requirements

A family may start in group therapy and change to family therapy or vice versa. Additionally, a family may participate in both family therapy and group therapy. Clinical consultation with a supervisor should occur in these instances. Once a family completes 14 sessions of family or group therapy they are to be informed to contact their FVIP Court Case Advisor to set up an exit interview to determine a successful completion of FVIP program or if other services are needed. The **FVIP Court Case Advisor(s) should be notified prior to terminating with the family and closing the client's case, if the family has been non-compliant with treatment.**

The family/client is informed by their Court Case Advisor and it is written on the FVIP case plan which family members are required to participate in FVIP Therapy Services. Exceptions should be discussed with supervisor and in consultation with the client's FVIP Court Case advisor.

A group attendance sign-in sheet for both the teen and parent groups are completed for each group session and provided to the YFC Program Liaison after each group session. At all YFC offices as well as the Education and Training Center, a weekly CMP FVIP attendance form is compiled and provides the date of intake, family therapy session or group session and whether the client attended, no showed, or canceled the session scheduled for the week. FVIP attendance reports for intake, family therapy sessions, and group therapy sessions are obtained weekly via CMP by the FVIP Program Coordinator and FVIP Court Case Advisors.

If a family/client misses a standing individual, group or family therapy session without notifying the YSD staff member (therapist/group facilitator) the YSD staff member contacts the family to let the family know that if they miss another session (cancellation or no show) the case will be closed. The FVIP staff will be notified about attendance in a weekly FVIP Report in CMP. If the family either no shows or cancels (misses) 2 sessions the family may be discharged from the YSD FVIP services.

The FVIP Program Coordinator and the **FVIP Court Case Advisors must be notified prior to terminating with the family and closing the client's case. For YFC cases, the YFC Program Liaison will be notified prior to case closure and for follow-up with FVIP staff.** A consultation must be arranged when a teen and family are being considered for termination from the program or transfer from one intervention to another. The consultation should include the therapist, **YFC Program Liaison**. FVIP Program Coordinator, group facilitators, and the Court Case Advisor. The family will then be notified of the team's decision. These clients are mandated to attend therapy. The consequence for not attending therapy is that the client's case may be sent back to the court.

The FVIP Client Summary is a CMP document that contains information related to client attendance, treatment goals, and progress related to communication and conflict resolution/anger management. Upon completion of individual, group and/or family therapy, the FVIP Program

Coordinator and Court Case Advisors are notified via email that the FVIP Client Summary has been completed.

Recommendations for Group and Family Therapy

Group therapy is recommended when the youth is 13 to 18 years old, when there has been an isolated incident of family violence and the teen and parent would benefit from psychoeducation and learning new conflict resolution, communication and emotion regulation skills. **In families where the violence occurred between the youth and a parent, that parent is strongly encouraged to attend all sessions.** The other parent or caregivers can also attend the parent group. Youth under the age of 13 may be accepted in group therapy after clinical consultation with a supervisor.

Family therapy is recommended when the youth is 13 to 18 years old, the youth has cognitive impairment, a learning disability, trauma history, has been physically, emotionally, or sexually abused. In families where the violence occurred between the youth and a parent, that parent must attend all sessions. Family therapy may also be recommended when the family violence has occurred between siblings, when there have been recurring incidents of family violence, or when the youth has been aggressive with peers, at school, or in the community.

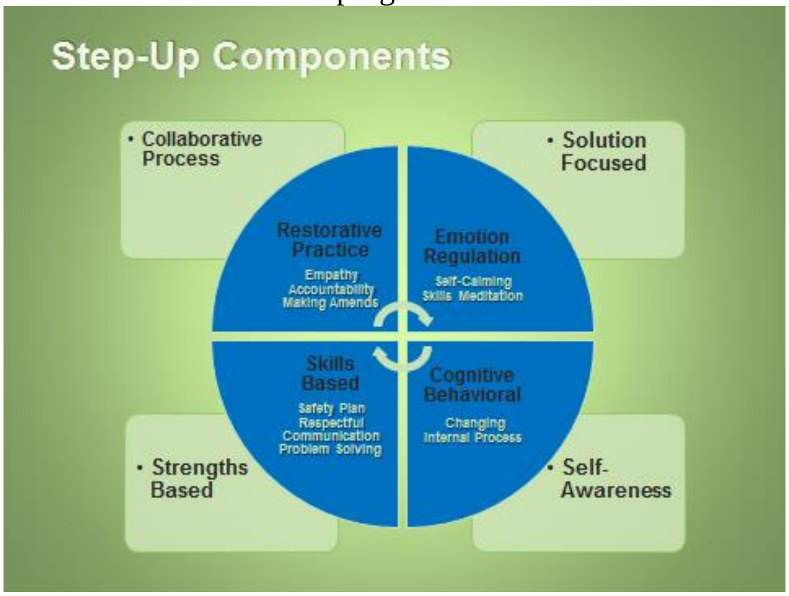
FVIP Family Therapy and FVIP Individual (18 years or older) Therapy Services Overview

Families and clients 18-22 years of age are required to complete 14 family therapy sessions in order to meet the requirements of the FVIP. However, fewer sessions may be provided if improvement is made within the family unit and **there is consensus between Youth Services therapist, Supervisor, and FVIP Court Case Advisor and/or the FVIP Program Coordinator**. If additional family therapy sessions are necessary, the therapist must request an extension from their supervisor. The youth and parent and/or sibling who were involved in the incident are required to attend each therapy session, but the other parent is encouraged to also attend. The family/client is informed by the Court Case Advisor and it is written on the FVIP case plan which family members are required to participate in therapy sessions. Exceptions should be discussed with supervisor and in consultation with the client's FVIP Case advisor.

Treatment goals may include: no further incidents of physical violence, improve impulse control, greater respectful communication between parent and youth and develop healthy coping skills. The objectives for family therapy include anger management and impulse control for the youth, improvement of family relationships, and improved communication among family members. Parenting skills are addressed, including setting boundaries and assisting parents to determine logical rewards and consequences for behavior. Awareness of possible legal consequences of the youth's behavior will be reviewed, particularly the consequence of re-offending, which can be removal from the program and legal prosecution.

FVIP Group Therapy Services Overview

The Youth Services FVIP Group Curriculum is adopted from the Seattle Cook County Step- Up program.



Step-Up developed a unique 21 sessions of cognitive behavioral, skills and restorative practice based curriculum used in a group setting with youth and parents. The Youth Services FVIP group curriculum has been condensed to12 sessions. Teens and parents both come to group once a week for 90 minutes.

The Step-Up Curriculum employs practices that have been researched and are considered best practices for behavioral change. These include cognitive behavioral learning, skill development, solution focused and motivational interviewing techniques to help youth move from external to internal incentive to change. The objectives for the group program include anger management and impulse control for the youth, improvement of family relationships, and improved communication among family members. In the parents' group sessions, parenting skills are addressed. These are likely to include setting boundaries and assisting parents to determine logical rewards and consequences for behavior. Awareness of possible legal consequences of the youth's behavior will be reviewed in the teen and parent group components, particularly the consequence of re-offending, which may be removal from the FVIP program. A restorative practice approach is used with teens and parents together to address violent incidents that have occurred. A restorative inquiry process is used to help youth take responsibility for their behavior, cultivate empathy and make amends for hurtful behavior. The restorative process is enhanced by taking place in a community of other families where they support and learn from each other as they go through the restorative steps to facilitate change. Family safety is a priority of the intervention with development of a 'Safety Plan' followed by weekly check-ins within the family group to assess the youth's progress in staying non-violent and safe with family members. Weekly goals related to non-violence and respect are set by the youth with progress reported each week in group, fostering accountability for behavior and keeping a focus on using the skills they have learned at home (http://kingcounty.gov/courts/superior-court/juvenile/step-up/about/Program.aspx).

Teens work in a youth group to learn skills to prevent the use of violent and abusive behavior and gain understanding about violence, abuse and power vs. respect, trust and safety in family relationships. Parents attend a parent group where they learn safety planning and parenting skills to support their youth in using nonviolent behavior. In a combined parent/teen group, families learn a respectful family model for addressing conflict. Together, parents and teens learn and practice skills for respectful communication and problem solving (http://kingcounty.gov/courts/superior-court/juvenile/step-up/about/Program.aspx).

The youth and the parent who were involved in the family violence incident must participate in group therapy. The family/client is informed by their Court Case Advisor and it is written on the FVIP case plan which family members are required to participate in therapy sessions. Exceptions should be discussed with supervisor and in consultation with the client's FVIP Case advisor. Families must complete 14 group sessions to complete the FVIP group. The group is an "open" group so members may join at any session. New families may enter the group each week. Every effort is made to maintain a group no larger than 10 teen participants. Each parent and teen signs a group contract consenting to the requirement that they will be on time **(arrive at 5:30pm sharp)** for the group session. Families are given a pass for the first time they are tardy. If the family is tardy a second time they are given a choice of staying in the group for that session, with no credit for that group, or returning to group the following week. Refer to the FVIP Group Parent/Teen Group Contract.

There are two FVIP group locations:

- **YFC-South** office provides group services on **Tuesdays** from **5:30pm to 7:00pm.**
    - This group takes place at 345 South Congress Avenue Delray Beach, FL 33445; 561-276-1340

- **YFC- Four Points** office provides group services on **Wednesdays** from **5:30pm to 7:00 pm.**
    - This group takes place at 50 South Military Trail, West Palm Beach, FL. 33415; 561-242-5714

Families from Education & Training and Highridge who are recommended for group therapy can attend an FVIP group at the YFC- South or YFC- Four Points office. Refer to the group curriculum below for the weekly topics covered.

Contact Personnel

Natalie Macon, LCSW, Youth Services Coordinator/ YFC Program Liaison (561) 276-1340.

Stacey King, MA-FVIP Program Coordinator- (561) 355-2678. In general, the FVIP Program Coordinator is contacted if a decision is made to recommend that the client be referred back to the Court.

FVIP Court Case Advisors include:

- **Tiffany Phillips, BS (561) 355-4655**
- **Stephanie Jones, BS (561) 355-1662**

Court Case Advisors may be contacted directly, and will contact the Youth Services personnel directly when communication is needed about a family.

FVIP Parent Group Description

Session #1 – **Introduction, Strengths, Challenges, Changes and Making a Safety Plan**

- Meet and Greet

- Expectations of group members/what they expect to get from the group
- Begin the process of building supportive relationships in the group
- Identify strengths and challenges as a parent (Use parent curriculum workbook session). Group rules and punctuality.
- Making a Safety Plan and Safety Plan Rules
    - Exercise: Strengths, Challenges, Changes
- Discussion: Changing Your Own Behavior
    - Exercise: What Happens When We Try to Make Our Teens Change
- Discussion: Goal Planning
    - Exercise: Goal Planning
- Discussion: Overview of the Safety Plan
    - Exercise: Make Your Personal Safety Plan
    - Exercise: Share Safety Plans with the Group

Session #2 – **Understanding Warning Signs**

- Identify Personal Red Flags
- Identify Self Calming Thoughts
- Discussion: Red Flags
    - Exercise: Identifying Red Flags in Your Teen
    - Exercise: My Own Red Flags: Identifying Parent Red Flags
- Discussion: Self-Calming Thoughts
    - Exercise: My Self-Calming Thoughts

Session #3– **Combined– Understanding Feelings**

- Identify Relationship Between Power and Anger
- Discussion: Using Anger to Justify and Gain Power
- Discussion: Identifying Feelings
    - Exercise: Identifying Feelings
    - Exercise: Anger Scenarios

Session #4 – **Understanding Self-Calming**

- Discussion: Review Progress
- Gain Understanding About How the Brain and Nervous System Function in Relation to Emotion, Anxiety and Stress
- Learn Specific Strategies to Calm the Nervous System and Improve Mood
- Discussion: You Can Change Your Brain
- Discussion: Understanding your Brain and Nervous System
- Discussion: Brian's Story
- Discussion: Calming Strong Emotions
    - Exercise: How Can We Activate Our Pre-frontal Cortex?
    - Exercise: My Self-Calming Plan
    - Exercise: Mindfulness Meditation

Session #5 – **Combined- Understanding Self-Talk and Beliefs**

- Discussion: Review Progress Understand Self Talk and Beliefs
- Meditation / Relaxation Activity
- Discussion: Who Controls Our Behavior Discussion: Self Talk

- Discussion: Changing Negative Self Talk Into Helpful Self Talk
    - Exercise: Changing Negative Self Talk Into Helpful Self Talk

Session #6 – **<u>When Your Teen Is Abusive: Effects on Parenting</u>**

- Discussion: Review Progress
- Understand How Living With A Teen Who Becomes Abusive or Violent Can Impact Parenting
- Discussion: Parenting A Teen who Becomes Violent or Abusive
- Discussion: Challenges for Parents
    - Exercise: Feelings, Thoughts and Responses to Your Teen's Behavior
    - Exercise: Changing Your Thinking

Session #7 – **<u>How to Respond When Your Teen is Violent</u>**

- Discussion: Review Progress
- Help Parents Think About Their Priorities When Their Teens are Becoming Violent
- Understand That Safety is the First Concern When Anyone is Using Violent Behavior
- Discussion: Your Priorities When Your Teen Becomes Violent
- Discussion: How to Respond When Your Teen Becomes Violent
- Discussion: What To Do After: Addressing Violent Behavior
- Discussion: Safety Planning
    - Exercise: Safety Plan for Our Home
- Discussion: Prevention Strategies- Disengaging from Power Struggles with Your Teen

Session #8 – **<u>Combined – Assertive Communication/Using "I" Statements</u>**

- Discussion: Review Progress
- Examine Different Styles of Communication
- Learn Skills for Assertive Communication
- Learn How to Use "I" Statements
- Discussion: Styles of Communication
    - Exercise: Styles of Communication Scenarios
    - Exercise: Practicing Assertive Communication

Session #9 – **<u>Guiding Change in Your Teen with Restorative Parenting and Safety Plan Review</u>**

- Discussion: Review Progress
- Learn About Restorative Process
- Discussion: Reframing Consequences
- Discussion: The Purpose of Consequences
- Discussion: Restorative Parenting
- Discussion: Applying Restorative Parenting to a Scenario
- Practice: Applying Restorative Parenting Role Plays
- Review Safety Plans and help with revisions, if needed.

Session #10 – **<u>Combined- Accountability through Restorative Practice</u>**

- Discussion: Review Progress
- Understand the True Meaning of Accountability Recognize How We Avoid Accountability
- Discussion: What is Accountability

- Discussion: What People Do Instead of Being Accountable
    - Exercise: Avoiding Accountability Scenarios
- Discussion: Taking Responsibility for Behavior Using Six Restorative Steps
- Practice: Applying the Six Restorative Steps

Session #11 – **Empowering Teens to Be Responsible for Their Behavior**

- Discussion: Review Progress
- Identify Parent Responsibilities and Teen Responsibilities
- Help Teens Take Responsibility for Their Behavior
- Discussion: Who is Responsible for What?
    - Exercise: Giving My Teen Responsibility
- Discussion: Empowering Teens to Be Responsible for Their Behavior

Session #12 – **What Kinds of Messages Are You Giving Your Teen**

- Discussion: Review Progress
- Recognize How You Give Underlying Messages Whenever You Talk To Your Teen
- Realize How These Messages Affect Your Teen's View of Himself Herself
- Discussion: What Kind of Message Are You Giving Your Teen?
    - Exercise: Messages We Give Our Teens
    - Exercise: Giving Our Teens the Message That They Are Capable

Session #13- Combined – Guidelines for Respectful Communication and Problem Solving Together

- Discussion; Review Progress
- Learn and Practice Talking About a Problem
- Learn and Practice How To Listen and Say Back What You Heard
- Apply Respectful Communication Skills Learned to Solve A Problem
- Discussion: Guidelines for Respectful Communication
    - Exercise: Respectful Communication Exercise
- Discussion: What Is Problem Solving?
- Discussion: Tips for Problem Solving.
- Discussion: Ten Steps for Solving A Problem.
    - Exercise: Problem Solving Practice.

Session #14- **Listening To Your Teen**

- Discussion: Review Progress
- Discussion: What Is Not Listening
- Discussion: How to Listen
- Discussion: Acknowledging Feelings
- Exercise: Acknowledging Feelings Scenarios
- Discussion: Tips for Acknowledging Feelings

Session #1 – **My Family Relationship and Making a Safety Plan**

- Discussion: What things about your family are good (strength)?
    - Exercise: My Family Relationships
- Discussion: What Behaviors Strengthen Family Relationships? Which Behaviors Damage Them?
- Discussion: How can Conflict Strengthen Family Relationship?
- Discussion: Goal Planning
    - Exercise: Goal Planning
- Discussion: Overview of the Safety Plan
    - Exercise: Make Your Personal Safety Plan
    - Exercise: Share Safety Plans with the Group

Session #2 – **Understanding Warning Signs and Understanding Violence**

- Identify Personal Red Flags and Self Calming thoughts
- Define Violent and Abusive Behaviors and the Payoffs, Outcomes and Consequences of Violence and Abuse
- Discussion: Red Flags
    - Exercise: My Red Flags
    - Exercise: My Own Red Flags: Identifying Parents Red Flags
- Discussion: Self- Calming Thoughts
    - Exercise: My Self-Calming Thoughts
- Discussion: Violent and Abusive Behavior
- Discussion: Payoffs, Outcome and Consequences of Violent and Abusive Behavior
    - Exercise: Payoffs, Outcomes and Consequences
- Discussion: Choices

Session #3 – **Combined Session – Understanding Feelings**

- Identify Relationship Between Power and Anger
- Discussion: Using Anger to Justify and Gain Power
- Discussion: Identifying Feeling
    - Exercise: Identifying Feelings
    - Exercise: Anger Scenarios

Session #4 – **<u>Learning Self Calming</u>**

- Discussion: Review Progress
- Gain Understanding About How The Brain and Nervous System Function
- To Learn Specific Strategies To Calm The Nervous System and Improve Mood.
- Discussion: Review Progress
- Discussion: You Can Change Your Brain
- Discussion: Understanding Your Brain and Nervous System
- Discussion: Brian's Story
- Discussion: Calming Strong Emotions
  - Exercise: How Can We Activate Out Pre-Frontal Cortex? How Can We Activate Our Para-Sympathetic Nervous System
  - Exercise: My Self-Calming Plan
  - Exercise: Mindfulness Meditation

Session #5 – **<u>Combined – Understanding Self-Talk and Beliefs</u>**

- Discussion: Review Progress
- Understand Self Talk And Beliefs
- Meditation / Relaxation Activity
- Discussion: Who Controls Our Behavior
- Discussion: Self Talk
- Discussion: Changing Negative Self Talk Into Helpful Self Talk
- Exercise: Changing Negative Self Talk Into Helpful Self Talk

Session #6 – **<u>Hurtful Moves/Helpful Moves</u>**

- Discussion: Review Progress
- Learn To Identify Feelings, Self-Talk And Beliefs Experienced During Difficult Situations
  - Exercise: Turning Hurtful Moves Into Helpful Moves
  - Exercise: Turning Your Own Hurtful Moves Into Helpful Moves

Session #7 – **<u>Understanding Power and Respect (Wheel Handout)</u>**

- Discussion: Review Progress
- Identify Personal Power
- Identify Negative and Positive Uses of Power
- Discussion: How We Use Power In Positive And Negative Ways
- Discussion: Ways We Have Personal Power Using Our Strengths And Skills.
  - Exercise: Identifying Our Personal Strengths And Skills
  - Exercise: Using Personal Power

Session #8 – **<u>Combined – Assertive Communication/ Using "I" Statements</u>**

- Discussion: Review Progress
- Examine Different Styles Of Communication
- Learn Skills For Assertive Communication
- Learn How to Use "I" Statements
- Discussion: Styles Of Communication
  - Exercise: Styles Of Communication Scenarios
  - Exercise: Practicing Assertive Communication

Session #9 – **<u>Making Amends and Safety Plan Review</u>**

- Discussion: Review Progress

- Learn To Show Accountability By Identifying Specific Things That Can Be Done To Make Amends For Abusive/Violent Behavior
- Discussion: Making Amends
  - Exercise: Making Amends Scenarios
  - Exercise: Making Amends Worksheet
- Review Safety Plans and Make Revisions, If Needed.

Session #10 – **Combined – Accountability through Restorative Practice**
- Discussion: Review Progress
- Understand The True Meaning Of Accountability
- Recognize How We Avoid Accountability
- Discussion: What Is Accountability
- Discussion: What People Do Instead of Being Accountable
  - Exercise: Avoiding Accountability Scenarios
- Discussion: Taking Responsibility for Behavior Using Six Restorative Steps
- Practice: Applying The Six Restorative Steps

Session #11 –**Understanding Responsibility**
- Discussion: Review Progress
- Compose a Responsibility Letter To The Victim Of The Teen's Violence
- Discussion: What Is A Responsibility Letter
- Discussion: Sample Responsibility Letter
  - Exercise: Two Versions of What Happened.
  - Exercise: Practice Responsibility Letter
  - Exercise: Writing the Responsibility Letter

Session #12 – **Understanding Empathy**
- Discussion: Review Progress
- Define Empathy And How It Can Have A Positive Impact On Relationships
- Discussion: Empathy And Its Impact On Relationships
  - Exercise: Empathy Letter

Session #13- **Combined- Guidelines for Respectful Communication and Problem Solving Together**

- Discussion; Review Progress
- Learn and Practice Talking About a Problem
- Learn and Practice How To Listen and Say Back What You Heard
- Apply Respectful Communication Skills Learned to Solve A Problem
- Discussion: Guidelines for Respectful Communication
  - Exercise: Respectful Communication Exercise
- Discussion: What Is Problem Solving?
- Discussion: Tips for Problem Solving
- Discussion: Ten Steps for Solving A Problem
  - Exercise: Problem Solving Practice

Session #14- **Healthy Dating Relationships**

- Discussion: Review Progress

- Discussion: How does observation of Abuse and Violence Affect Dating Relationships?
- Discussion: How might it carry over into conflicts with boys/girls friends?
- Discussion: Healthy and Unhealthy responds to difficult situations
- Discussion: How can you change your behavior and become more assertive and less aggressive?
- Discussion: How Have your changes affected your relationship with your family?

Session	Teens	Combined	Parents
1.	**My Family Relationships Making a Safety Plan**		**Introduction to Parent Group: Strengths, Challenges, Changes Making a Safety Plan**
2.	**Understanding Warning Signs Understanding**		**Understanding Warning Signs**
3.		**Understanding Feelings**	
4.	**Learning Self-Calming**		**Understanding Self-Calming**
5.		**Understanding Self - Talk and Beliefs**	
6.	**Hurtful Moves/Helpful Moves**		**When Your Teen is Abusive: Effects on Parenting**
7.	**Understanding Power and *(Respect Wheel Handout)***		**How to Respond When Your Teen is Violent**
8.		**Assertive Communication/ Using "I" Statements**	
9.	**Making Amends Safety Plan Review**		**Guiding Change in Your Teen with Restorative Parenting Safety Plan Review**
10.		**Accountability through Restorative Practice**	
11.	**Understanding Responsibility**		**Empowering Teens to Be Responsible for Their Behaviors**
12.	**Understanding Empathy**		**What Kinds of Messages Are You Giving Your Teen**
13.		**Guidelines for Respectful Communication and Problem Solving Together**	
14.	**Healthy Dating**		**Listening to Your Teen**

******Topic- **Moving Forward** will be given as homework on an as needed basis for those group members leaving the group****** Introductions, Group Rules, Attendance and Punctuality discussed/reviewed in each session. Based on King County Step-Up Program, Seattle, WA

Youth Firesetter Intervention Program (YFIP)

Youth Services has developed a memorandum of understanding with Palm Beach County Fire Rescue for families with children or adolescents who set fires/bombs or who present with an interest in fire. The program is available as a diversionary program for youth who have been apprehended by police, firefighters, or Fire Marshalls for criminal firesetting behavior, including but not limited to setting fires, setting off incendiary devices, being present when another person sets a fire, or making bombs. The program is also available as a prevention program for youth who demonstrate an interest in fire and firesetting.

The program requires attendance at a Firesetter Education class provided by Fire Rescue for the youth and his/her parents and siblings. At the class, information is given to the families in order to prevent repetition of firesetting behavior, to prevent property damage, injury, and/or death, and to keep first time offenders out of the Juvenile Justice system. Once the Firesetter Education class has been attended, the youth and his/her caregiver(s) attend a clinical intake assessment with Youth Services. The assessment is completed in order to screen for emotional, behavioral, and social difficulties that may benefit from intervention. The clinical assessment must be completed by youth attending YFIP as a diversionary program. Upon completion of the class, clinical assessment, and any recommendations derived from the assessment, a certificate of completion is issued by Fire Rescue.

Diversionary

- For families with children or adolescents through age 17 who are caught engaging in criminal firesetting behaviors, such as setting fires, setting off incendiary devices, being present when another person sets a fire, and are apprehended by the police, firefighters, or State Fire Marshalls. When the Firesetter Education class and clinical assessment are both completed, any pending charges are not filed for prosecution with the State Attorney's office.
- These children/adolescents must be first-time offenders. Often there is another agency involved, including Palm Beach County School Police Youth Court, Palm Beach Sheriff's Office, or Juvenile First Offender Program, as well as sanctions that must be completed.

Prevention

- For families with children or adolescents through age 17 who may have an unhealthy interest in fires, matches, lighters, etc. In order to participate in the program, the parents may call Fire Rescue directly, or may be referred into the program by a counselor, therapist, teacher, physician, or acquaintance that is familiar with the program.

Youth Services Firesetter Assessment procedure

- In addition to the required forms signed at intake, a Releases of Information YFIP should also be signed, allowing Youth Services to provide Fire Rescue with information related to client status and any recommendations generated from the assessment.
- An ROI Youth Court may also need to be completed if the referral came through Fire rescue via Youth Court.
- Interviews should be completed with both the child and parent/guardian.
- Document attendance and completion of the Firesetter Assessment using the Firesetter Assessment/Office note and contact type in CMP.
- An Intake Report is generated in CMP.
- A separate document, Assessment Recommendations, is generated enumerating **only the enforceable recommendations**, including but not limited to family therapy, residential

services, or a psychological evaluation. Assessment Recommendations are sent via fax to Fire Rescue 616-7084 and/or Officer Dean at Youth Court 494-1558.

- If additional clinical services through Youth Services are recommended, a new appointment is scheduled at the time of intake. If the family is unable to schedule at that time, the family is responsible for following up.
- When all Firesetter Assessment tasks have been completed, a Supervisor Request to end the service should be made in CMP.
- At the end of treatment, those families that complete family therapy will have a copy of the Client Summary (located in CMP) provided to the referral source (which is always Fire Rescue and may include Youth Court as well) indicating their completion of this sanction.
- Once the family successfully completes all recommendations, Fire Rescue will issue a certificate of completion to the family.

Treatment

If a recommendation is made for a family to participate in family therapy services, they may contact any Youth Services office to schedule sessions. Families are expected to complete the standard treatment protocol of 12 family therapy sessions unless fewer are determined as clinically necessary by the family therapist, in concurrence with his/her supervisor. It is explained to the family that YFIP clients are expected to attend all therapy sessions. The therapist should make it clear that unless the sessions are attended regularly and the client participates in the process of therapy, no notification indicating compliance with the YFIP program will be provided. If an emergency arises and the family misses a session, they are expected to call and reschedule within the week.

Issues addressed in session are left to the therapist to determine the course of treatment based on the needs of the client and his/her family. Treatment goals for firesetter clients participating in family therapy services vary greatly according to the family system as well as the circumstances that motivate the firesetting behavior. Treatment goals for a family that includes a child/adolescent firesetter may include: improving positive self-esteem, increasing impulse control, developing emotional regulation skills, handling peer pressure, developing adaptive coping skills, using problem solving skills, improving parenting skills, and improving family communication. Reference materials related to firesetting may be found on the common drive.

Evaluation

If further evaluation is determined to be necessary, the family may contact the Youth Services Education Center to schedule an appointment. Ideally, the evaluation will be completed by the same person who completed the clinical intake assessment. A parent must sign consent forms and participate in a clinical interview, as well as complete self-report measures to be used as part of the evaluation. The family must attend a feedback session to review the results of the evaluation. Enforceable recommendations will be sent to the referral source.

Contact Personnel

Shayna Ginsburg, Psy.D.
YFIP Project Manager
Youth Services Department
(561) 233-4460
sginsbur@pbcgov.org

Captain Bob Smallacombe
Community Education Coordinator
Palm Beach County Fire Rescue
(561) 616-7024
bsmallac@pbcgov.org

Sample First Week Schedule

Outpatient – Education and Training Center

Palm Beach County Youth Services Department
Residential Treatment and Family Counseling Division
Education and Training Center

Outpatient Track Sample Schedule

	Monday 8/6/2018	Tuesday 8/7/2018	Wednesday 8/8/2018	Thursday 8/9/2018
8am		Parent Education Group 8:30-10:00		Psychological Evaluation
9am				
10am	Psychological Evaluation		Didactic/Training Highridge Family Center 9:30 am -11:30 am	
11am				
12pm	Lunch	Lunch	Lunch	Lunch
1pm			Group Supervision 1:00 - 3:00	
2pm	Supervision	Supervision		
3pm				
4pm	Family Session	Family Session	Family Session	Family Session
5pm	Family Session	Family Session	Family Session	Family Session
6pm	Family Session	Family Session	Family Session	Family Session

*Unmarked spaces in the schedule are devoted to intervention planning, case management, consultation, scoring and report writing, documentation, and other miscellaneous clinical activities.

Residential – Highridge Family Center

Palm Beach County Youth Services Department
Residential Treatment and Family Counseling Division

Residential Track Sample Schedule

	Monday 8/6/2018	Tuesday 8/7/2018	Wednesday 8/8/2018	Thursday 8/9/2018
9am			Didactic Training 9:30-11:30	Group Supervision 10:00-12:00
10am	Supervision			
11am	*Small Girls' Tx Team*	*Large Girls' Tx Team*		
12pm	Lunch	Lunch	Lunch	Lunch
1pm				Supervision
2pm	*Weekend Wrap Up Group*	*Therapy Group*	*Anger Mgmt Group*	
3pm	Individual Session	Individual Session	Individual Session	Level Meeting
4pm	Individual Session	Individual Session	Individual Session	*Level Process Group*
5pm		Individual Session		
6pm	Family Session	Family Session	Family Session	
7pm	Family Session	Family Session	Family Session	Family Session

*Unmarked spaces in the schedule are devoted to intervention planning, case management, consultation, scoring and report writing, documentation, and other miscellaneous clinical activities.

Didactic/Training Schedule

Didactic Schedule 2019-2020				
DATE	TIME	LOCATION	TOPIC	SPEAKER
8/5/2019	8:00am-4:00pm	Ed Center	YSD Orientation for Psychology Trainees	Ed Center Team, Chiefs, etc.
8/6/2019	8:00am-4:00pm	Ed Center	YSD Orientation for Psychology Trainees	Ed Center Team, Chiefs, etc.
8/7/2019	8:00am-4:00pm	HRFC	YSD Orientation for Psychology Trainees	Ed Center Team, Chiefs, etc.
8/8/2019	8:30am-4:30pm	Manatee Lagoon	YSD Employee Retreat	YSD
8/14/2019	9:30am-11:30am	HRFC	Paper Tigers	Documentary and Discussion
8/21/2019	9:30am-11:30am	HRFC	Diversion Programs: FVIP & Youth Court	Stacey King, MA & Officer Scott Dean
8/28/2019	9:30am-11:30am	Ed Center	Psychological Evaluations	Shayna Ginsburg, PsyD
8/28/2019	1:00pm-3:00pm	EdCenter	Select Review of Best Practices in Psych Assessment	Laura Cruz, PhD
9/4/2019	9:30am-11:30am	HRFC	Genograms	Kelly Everson, PsyD
9/11/2019	9:30am-11:30am	HRFC	Structural Family Therapy	Kelly Everson, PsyD
9/18/2019	9:30am-11:30am	HRFC	Strategic Family Therapy	Kelly Everson, PsyD
9/25/2019	9:30am-11:30am	HRFC	Florida Laws & Rules	Shayna Ginsburg, PsyD & Loren Berry, PsyD
10/2/2019	9:30am-11:30am	HRFC	Ethics: Maintaining Professional Boundaries	Shayna Ginsburg, PsyD & Loren Berry, PsyD
10/9/2019	9:30am-11:30am	HRFC	Trauma 101	Loren Berry, PsyD
10/16/2019	9:30am-11:30am	HRFC	Suicidality	Kelly Everson, PsyD
10/23/2019	9:30am-11:30am	HRFC	Self Injury	Stephanie Larsen, PsyD
10/30/2019	9:30am-11:30am	Ed Center	Professional Development: Postdoc, Licensure, Loans	Shayna Ginsburg, PsyD & Loren Berry, PsyD
11/6/2019	9:30am-11:30am	HRFC	Motivational Interviewing	Shayna Ginsburg, PsyD
11/13/2019	9:30am-11:30am	HRFC	Compassion Fatigue	Loren Berry, PsyD
11/20/2019	9:30am-11:30am	HRFC	Group Therapy	Amanda Terrell, PsyD & Twila Taylor, PsyD
11/27/2019			HAPPY THANKSGIVING	
12/4/2019	9:30am-11:30am	HRFC	Your Brain on Poverty	Amanda Terrell, PsyD
12/11/2019	9:00am-11:30am	Ed Center	Psychology Internship AAPI Review	Training Committee
12/18/2019	9:30am-11:30am	HRFC	Foundations of Clinical Supervision	Shayna Ginsburg, PsyD
12/25/2019			HAPPY HOLIDAYS	
1/5/2020			INTERVIEWS	
1/15/2020			INTERVIEWS	
1/22/2020			INTERVIEWS	
1/29/2020	9:30am-11:30am	Ed Center	Rank List Meeting	Training Committee
2/5/2020	9:30am-11:30am	HRFC	Children's Exposure to Domestic Violence	Danniella Jones, PsyD
2/12/2020	9:30am-11:30am	HRFC	Promoting Socio-Emotional Regulation: Applied & Evide	Laura Cruz, PhD
2/19/2020	9:30am-11:30am	HRFC	Bullying	Loren Berry, PsyD
2/25/2020	9:30am-11:30am	HRFC	Incorporating Evidence Based Practices in Treating Youn	Laura Cruz, PhD

Office Closure Dates

Holiday Schedule for Year: 2019 County Offices will be closed on these dates	
Holiday Name	**Holiday Date**
New Year'S Day	Tuesday, Jan. 01, 2019
Martin Luther King, Jr. Day (3rd Monday In January)	Monday, Jan. 21, 2019
President'S Day (3rd Monday In February)	Monday, Feb. 18, 2019
Memorial Day (Last Monday In May)	Monday, May. 27, 2019
Independence Day	Thursday, Jul. 04, 2019
Labor Day (1st Monday In September)	Monday, Sep. 02, 2019
Columbus Day (2nd Monday In Oct)	Monday, Oct. 14, 2019
Veterans Day	Monday, Nov. 11, 2019
Thanksgiving Day	Thursday, Nov. 28, 2019
Floating Holiday	Friday, Nov. 29, 2019
Floating Holiday	Tuesday, Dec. 24, 2019
Christmas Day	Wednesday, Dec. 25, 2019

Holiday Schedule for Year: 2020 County Offices will be closed on these dates	
Holiday Name	**Holiday Date**
New Year'S Day	Wednesday, Jan. 01, 2020
Martin Luther King, Jr. Day (3rd Monday In January)	Monday, Jan. 20, 2020
President'S Day (3rd Monday In February)	Monday, Feb. 17, 2020
Memorial Day (Last Monday In May)	Monday, May. 25, 2020
Independence Day	Friday, Jul. 03, 2020
Labor Day (1st Monday In September)	Monday, Sep. 07, 2020
Columbus Day (2nd Monday In Oct)	Monday, Oct. 12, 2020
Veterans Day	Wednesday, Nov. 11, 2020
Thanksgiving Day	Thursday, Nov. 26, 2020
Floating Holiday	Friday, Nov. 27, 2020
Floating Holiday	Thursday, Dec. 24, 2020
Christmas Day	Friday, Dec. 25, 2020

Tracking Hours

Hours Log

Training Year: August _____ - July _____ **only use .25 intervals*													
*only write in the white boxes (all grey boxes are Auto Sums)	Aug Hours	Sept Hours	Oct Hours	Nov Hours	Dec Hours	Jan Hours	Feb Hours	Mar Hours	Apr Hours	May Hours	Jun Hours	July Hours	TOTAL HOURS TO DATE (Auto Sums)
DIRECT SERVICE													
Intervention													
Client Consultation (includes													
Co-therapy													
Crisis Intervention													
Family Therapy													
Group Therapy													
Individual Therapy													
Intake/Structured Interview													
Milieu Therapy													
Outcome Assessment of													
Program Dev/Outreach													
School Consultation/Direct													
School Observation													
School Other													
Supervision of Other Students													
Sys. Interv./Org. Consult/Perf.													
Other-Interventions													
Intervention Total (Auto Sum)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Assessment (Face-to-Face Only)													

Providing Feedback to Clients/Patients													
Psychological Test Administration													
Assessment Total (Auto Sum)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Direct Total (Auto Sum)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
INDIRECT SERVICE													
Support													
Assessment Report Writing, Case Mgmt, Chart Reviews, Clinical Writing/Notes, Didactic trainings/Seminars/Workshops, Intervention Planning, Professional Development, Psychological Assessment Scoring/Interpretation, Reading/Research/Preparation, Video-Audio-Digital Recording Review, etc.													
Support Total (Auto Sum)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Supervision													
Individual Supervision- Licensed Psychologist													
Group Supervision- Licensed Psychologist													
Supervision Total (Auto Sum)													
Indirect Total (Auto Sum)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

Trainee Leave Request Form

Name ________________________________

From Date	Time	Through Date	Time	Total Hours
_______	_______	_______	_______	________
_______	_______	_______	_______	________
_______	_______	_______	_______	________
_______	_______	_______	_______	________

Hours already taken off to date (prior to this request): _____
Hours requesting off (on this form): - _____
Hours off remaining (after this request): = _____

In the event that you need to be contacted for emergency client situations while you are out, please provide your contact information:

Email: ______________________ Phone: ___________________________

I understand that it is my responsibility to notify clients in advance of my planned absence. It is also my responsibility to reschedule supervision if I will be missing a scheduled meeting. If I am an intern or postdoc and I miss a didactic, supervision series, or journal club due to illness or pre-approved vacation, I am expected to obtain/read the information and discuss the content with my supervisor the following week.

____
Trainee Signature Date

____
Approved by Supervisor Date

____
Approved by Training Director Date

Community Resources

Frequently Called Agencies

FREQUENTLY CALLED AGENCIES	CONTACT	PHONE	FAX
Alliance for Eating Disorders Awareness		561-841-0900	561-653-0043
Alpert Jewish Family & Children's Service		561-684-1991	None
Big Brothers, Big Sisters Mentoring of Palm Beach		561-727-3450	None
Boy's Town of South Florida		561-366-9400	561- 366-4848
Catholic Charities, Diocese of PBC		561-775-9500	None
Center for Child Counseling	Reneé Layman, MS, LMHC	561-244-9499	561-345-3800
	Clarissa DeWitt, MS, LMHC,RPT		
Center for Family Services	Lynne Bernay-Roman, LCSW	561-514-0564	None
Children's Home Society (CINS/FINS)		561-868-4300	None
Easter Seals Florida, Inc.		561-471-1688	None
Employee Assistance Program (EAP)	Marcy Weiss, PhD	561-233-5461	
Families First of PBC	Lynn Varela	561-721-2802	561-721-2893
Firesetter (YFIP)	Bob Smallacombe	561-616-7074	561-616-7084
	Terry Lazor	564-616-7017	561-616-7088
Florida Department of Children & Families IX (DCF)	Administrative Offices	561-837-5078	561-837-5378
	Service Ctr.-Riviera Beach	561-841-2100	(561) 882-3575
Florida Sheriff's Youth Ranches, Inc.		800-765-3797	None
Hospice of Palm Beach County		561-848-5200	None
Lutheran Services Florida		561-233-1600	
Multicultural Community Mental Health Ctr.		561-653-6292	561-653-6297
Multilingual Psychotherapy Center, Inc.		561-712-8821	561-712-8070
National Alliance on Mental Illness (NAMI)		561-588-3477	None
Project Access Program - Palm Beach Medical Society	Lauren Stoops	561-433-3940	561-433-2385
Parent Child Center		561-841-3500	None
Safe Harbor Runaway Center		561-868-4300	None
Safe Kids (Center for Family Services)		561-616-1222	
Sheriff's Department		561-688-3000	Non-emergency
Veteran's Administration (VA)		561-422-8262	
Victim's Services		561-355-2418	
West Palm Beach Fire Rescue		561-616-7000	
West Palm Beach Police Dept		561-822-1600	Non-emergency
Youth Court	Main	561-494-1567	561-494-1558
	Officer Scott Dean	561-494-1561	
	Officer Chantres Allen-Smith	561-494-1560	
SUBSTANCE ABUSE			
CARP, Inc.		561-844-6400	None
Children's Services Council of Palm Beach County		561.740.7000	
Drug Abuse Foundation (DAF)		561-732-0800	None
Drug Abuse Treatment Assn. (DATA)		561-844-3556	None
Kelly Center (School District of PBC)		561-494-0040	561-494-0001

Crisis Contact Numbers

Emergency	911- ask for a CIT officer
Crisis and Information- 24 hours	211
Mobile Crisis- North County	(561) 383-5777
Mobile Crisis- South County	(561) 637-2102 or (877) 858-7474
National Suicide Prevention Lifeline	(800) 273-TALK or (800) 273-8255
Florida Abuse Hotline	(800) 96ABUSE or (800) 962-2873
Teen Hotline	211 or (561) 930-8336
JFK Medical Center North Campus	(561) 881-2670
Jerome Golden Center	(561) 383-8000
South County Mental Health	(561) 737-8400 in north/central county
South County Mental Health	(561) 495-0522 in south county
Victim Services – 24 hours	(561) 833-7273 or (866)891-7273
Elder Hotline	(561) 214-8600
First Call for Help (Broward)	(954) 537-0211
National Center for Missing & Exploited Children	(800) 843-5678 or (800) THE-LOST
National Runaway Safeline	(800)786-2929

Link to Child Abuse Reporting Numbers for other states
https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=%205

Toll-Free Crisis Hotline Numbers
https://www.childwelfare.gov/pubs/reslist/tollfree/

Clinical Procedures and Guidelines (alphabetical order)

Community Meeting Guidelines

WHAT IS IT?

A Community Meeting is a deliberate, repetitive transition ritual intended to psychologically move people from some activity that they have been doing into a new group psychological space preparing the way for collective thought and action. For all members of any group it provides a predictable bridge that directly and indirectly reinforces community norms. It is not a therapy group – although therapeutic things are likely to happen during it – and for the purposes of the Sanctuary Model it is meant to be brief and meaningful in a way that does not interfere with the logistics of the meeting or the day ahead.

For Community Meetings to be most effective they must be inclusive of all members of whatever community is having the meeting and the meeting itself must embody the Seven Commitments of the Sanctuary Model and therefore be enacting the group norms on a regular basis. As people become accustomed to the form they actively can demonstrate concern for others, interpersonal safety, open communication a sense of social responsibility, a willingness to learn and to listen, and a shared commitment to the well-being of the whole group. The form in physical space of the meeting, and the opportunity for everyone to have a voice, represents the concept of democracy at its most basic.

WHAT'S THE PURPOSE?

The regular and repetitive enactment of Community Meeting is a necessary practice for deep democracy. In the form and content of the meeting, people nonverbally and overtly pressure each other to conform to community norms and expectations. Rules are made and administered by authority figures and are likely to be broken. Norms emerge out of a group and most people are influenced by group norms. Community Meeting gives everyone a voice and offers a safe and nonthreatening environment within which people can begin finding words for feelings on a regular basis and it conveys to the community that emotional intelligence is important while at the same time recognizing that feelings are "no big deal" because everyone in the community can watch feelings, even distressing feelings, come and go, wax and wane even over the course of a fifteen minute meeting. The leveling of hierarchy that is expressed in the group through the form of it tells everyone in the community that "we are in this together" and reinforces the notion of social responsibility while keeping the importance of relationship in the forefront. Once the skill and safety of Community Meeting is established, then it becomes a natural and spontaneous process that any member of the community can use when trouble is brewing, tension is rising, or an untoward event has occurred. In this way, Community Meeting becomes an extremely effective tool for creating and sustaining an atmosphere of nonviolence.

WHAT MAKES COMMUNITY MEETING "TRAUMA-INFORMED"?
Community Meeting is trauma-informed because of the format of the questions. The first question is "*Who are you*?" and even in a group where everyone knows everyone else, the question is an affirmation of identity, a particularly important issue for people who are being or have been hurt a lot, when they feel their very sense of identity has been jeopardized.

"What are you feeling today?" requires people to focus internally on what they are actually feeling and then find a word for it. We know that children are just learning how to do this and traumatized children and adults have especially difficult time putting words to feelings – it's called "alexithymia". It's well established that people who cannot talk about their feelings are more likely to show what they feel through behavior including physical symptoms, without even knowing that is what they are doing.

"*What's your goal for today*?" (or this class, or this meeting) is the future-oriented question. People who are exposed to situations that are repeatedly frightening often are spending too much time in the immediate here-and-now because of the impact of fear. They may lose or never gain the capacity to be calm enough to anticipate future action. Pausing for a moment in a safe environment and asking this question allows the exercise of this vital function and helps develop the capacity for self-control, planning, and reflection, all necessary for living and working in complex settings.

"*Who can you ask for help – someone here with us to day – if you need it*? This is the norm setting question for the entire group. The question emphasizes the social responsibility we have to be concerned about the well-being of everyone in the group all the time. It's important that each person chooses someone present, not someone who they may be able to see later, or not see at all. This is the question that connects the group together as a whole.

**PLEASE NOTE: If someone gives a response that is not preferred according to this information, for example, if someone says "good" in lieu of a feeling, or says the person that can help them is someone not in the room, please remember to gently urge them, or ask "is there anything else you're feeling" or "is there anyone in this room that you can ask for help" instead of correcting. We want to be nonjudgmental in our approach to community meeting as much as possible.*

DCF Reporting Procedures

Telephone: 800-962-2873
This toll free number is available 24/7; counselors are waiting to assist you.
http://www.myflfamilies.com/

Phone Options
Press 1 to report suspected abuse, neglect or abandonment of a child
Press 2 to report suspected abuse, neglect or exploitation of the elderly or a vulnerable adult
Press 3 to verify the identity of a child protective investigator who recently visited you
Press 4 for information/referrals to other services in your local area.
Be prepared to provide specific descriptions of the incident(s) or the circumstances contributing to the risk of harm, including who was involved, what occurred, when and where it occurred, why it happened, the extent of any injuries sustained, what the victim(s) said happened, and any other pertinent information are very important. Information callers should have ready includes:

- Name, date of birth (or approximate age), race, and gender, for all adults and children involved.
- Addresses or another means to locate the subjects of the report, including current location.
- Information regarding disabilities and/or limitations of the victims (especially for vulnerable adult victims).
- Relationship of the alleged perpetrator to the child or adult victim(s).
- Other relevant information that would expedite an investigation, such as directions to the victim (especially in rural areas) and potential risks to the investigator, should be given to the Abuse Hotline Counselor.

For a complete list of information please see the What We Need to Know page.

Fax:

To make a report, via fax, please send a detailed written report with your name and contact telephone or FAX contact information using the Florida Abuse Hotline's fax reporting form to:
800-914-0004
*This form is available in PDF Format, (requires that you use Adobe Acrobat to view and print).

NOTIFICATION OF REPORT:

- Telephone reporters will always be told prior to concluding your conversation, whether the information provided has been accepted as a report.
- Fax reporters will only be notified if they request notification in the designated area on the fax reporting form.

Please do not fax multiple allegations of abuse or neglect for multiple families at a time. By submitting them **one** at a time, they will likely get processed **faster**.

Be Prepared to Provide:

- Reporter name (this is required for professionally mandated reporters).
- Victim name, possible responsible person, or alleged perpetrator name(s).

- Complete addresses for subjects, including a numbered street address, apartment or lot number, city, state, and zip code and/or directions to their location.
- Telephone numbers, including area code.
- Estimated or actual dates of birth.
- A brief, yet concise, description of the abuse, neglect, abandonment, or exploitation, including physical, mental or sexual injuries, if any.
- Names of other residents and their relationship to the victim(s), if available.
- A brief description of the victim's disability or infirmity (required for vulnerable adults).
- The relationship of the alleged perpetrator to the victim.

When contacting the Florida Abuse Hotline, please have as much of the information listed below available before you call. This information is important to know no matter who is reporting or what method they choose to report. If you are unable to obtain some of the information below, you may still call the Hotline and a counselor will assess the information available to see if it meets statutory criteria for the Department of Children and Families to initiate a protective investigation.

Baker Act Form

Certificate of Professional Initiating Involuntary Examination

ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND LEGIBLE (PLEASE PRINT)

I have **personally examined** (printed name of person) ______________________ at (time)______ ☐ am ☐ pm (time must be within the preceding 48 hours) on (date)__________ in ______________ County and said person appears to meet criteria for involuntary examination.

☐ CHECK HERE if you are a physician certifying non-compliance with an involuntary outpatient placement order and you are initiating involuntary examination. (If so, personal examination within preceding 48 hours is not required. However, please provide documentation of efforts to solicit compliance in Section IV on page 2 of this form.)

This is to certify that my professional **license number** is: ______________________ and I am a licensed *(check one box)*:

☐ Psychiatrist ☐ Physician (but not a Psychiatrist) ☐ Clinical Psychologist ☐ Psychiatric Nurse
☐ Clinical Social Worker ☐ Mental Health Counselor ☐ Marriage and Family Therapist ☐ Physician's Assistant

Section I: CRITERIA

1. There is reason to believe said person has a mental illness as defined in section 394.455, Florida Statutes:

"Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

Diagnosis of Mental Illness is: List all mental health diagnoses applicable to this person.		DSM Code(s) (if known)

AND because of the mental illness (check all that apply):

☐ a. Person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **AND/OR**

☐ b. Person is unable to determine for himself/herself whether examination is necessary; **AND**

2. Either (check all that apply):

☐ a. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **AND/OR,**

☐ b. There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both) ☐ **self** ☐ **others** in the near future, as evidenced by recent behavior.

Section II: SUPPORTING EVIDENCE

Observations supporting these criteria are (including evidence of recent behaviors related to criteria). Please include the person's behaviors and statements, including those specific to suicidal ideation, previous suicide attempts, homicidal ideation or self-injury.

Certificate of Professional Initiating Involuntary Examination

Section III: OTHER INFORMATION

Other information, including source relied upon to reach this conclusion is as follows. If information is obtained from other persons, describe these sources (e.g., reports of family, friends, other mental health professionals or law enforcement officers, as well as medical or mental health records, etc.).

Section IV: NON-COMPLIANCE WITH INVOLUNTARY OUTPATIENT PLACEMENT ORDER

Complete this section if you are a physician who is documenting non-compliance with an involuntary outpatient placement order: This is to certify that I am a physician, as defined in Florida Statutes 394.455, F.S. and in my clinical judgment, the person has failed or has refused to comply with the treatment ordered by the court, and the following efforts have been made to solicit compliance with the treatment plan:

Section V: INFORMATION FOR LAW ENFORCEMENT

Provide identifying information (if known) if requested by law enforcement to find the person so he/she may be taken into custody for examination:

Age: _____ ☐ Male ☐ Female Race/ethnicity: ______________________

Other details (such as height, weight, hair color, what wearing when last seen, where last seen):

If relevant, information such as access to weapon, recent violence or pending criminal charges:

This form must be transported with the person to the receiving facility to be retained in the clinical record. Copies may be retained by the initiating professional and by the law enforcement agency transporting the person to the receiving facility.

Section VI: SIGNATURE

Signature of Professional ______________________ Date Signed __________ Time __________ ☐ am ☐ pm

Printed Name of Professional ______________________ Phone Number (including area code)) ______________________

By authority of Rule 65E-5.260, F.A.C.
CF-MH 3052B, Jun 2016 (Mandatory Form)

BAKER ACT Page 2 of 2

Intake Assessment Guidelines

Outpatient Offices

(Education & Training/Youth & Family Counseling)

1. Prior to the intake, obtain referral information by opening client in CMP, double clicking on Appointment Service, and finding the referral source information in the box that opens. Refer to documentation written by clerical team when scheduling appointment for additional information. If applicable, review closing/discharge summary from previous episode(s) of care.
2. When the client arrives at the Youth Services office, a clerical team member will end the Appointment Service and open the appropriate Intake Assessment Service. When this is completed, tasks associated with the Intake Assessment Service are populated on the lower right side of the screen.
3. Check that the FIF has been filled out properly by the parent/guardian. If there is missing data, ask the family to complete it during intake. If information shared during intake differs from information on the form, make the change and add your initials.
4. Ensure that ACEs Questionnaire has been completed by the youth (age 10 and older) or parent on behalf of youth (age 12 and under).
5. Verify that Release or Transfer of Student Information has been signed by the parent/legal guardian and that the *student ID* has been included. The end date should be the date the child will be 18 years old.
6. Review consent forms and explain confidentiality and its limits.
    a. Bill of Rights and Consent for Treatment (includes Consent to Work with Students and Consent for Audio/Video)
    b. Consent and Assent for Research
7. Obtain appropriate Releases of Information (ROI) to allow for correspondence between other agencies/individuals and Youth Services.
    a. School
    b. Referral Source (Youth Court, FVIP, YFIP, etc.)
    c. Relevant service providers currently or formerly involved with the family, such as psychiatrist, therapist, etc.
    d. Legal (DCF, DOC, etc.)
    e. Non-legal guardians or other adults that may be involved in treatment, such as a step-parent, aunt/uncle who lives in the home, adult siblings, etc.
8. Conduct intake interview.
    a. Use Intake Outline as a guide
    b. Determine presenting issues (assess reasons for seeking treatment and goals for therapy)
    c. Collect notable information regarding household family members (e.g., Medical, School, Behavior, Substance Use, Legal, Emotional, Social, Family relationships, Abuse/Neglect, Trauma, prior psychiatric/psychological services, and behavioral observations)
    d. Ensure there are no immediate safety concerns
    e.
        i. If necessary, conduct Risk Assessment. Always consult with a supervisor regarding concerns.
        ii. If necessary, create safety plan with youth/family (use YSD safety plan form on common drive and add/complete Safety Plan task)

        iii. Always include a statement about abuse, neglect, suicidal/homicidal concerns, even if the family denied.

9. Explain how treatment works:
    a. Family therapy-one parent/legal guardian MUST be present.
    b. Typically 12 weeks (variance allowed with supervisor approval)
    c. Two missed sessions (no show/cancellation) and case will be closed (unless supervisor approval to continue is obtained)
10. Explain other treatment options if appropriate:
    a. Individual Therapy (18-22)
        i. Youth between the ages of 18-22 may consent to their own individual therapy
        ii. If a parent will participate in any of these sessions, the youth must sign an ROI allowing that participation.
    b. Highridge
        i. For adolescents ages 11-16.
        ii. Residential facility that provides PBC residents with 3-4 months of services, including family therapy, group therapy, individual therapy, and milieu therapy, as well as alternative PBC school.
        iii. Reside at the facility during the week and return home on Friday afternoon (Thursday night during summer) for the weekends with the family.
        iv. Two $75 fees (Application & Activity).
        v. Call Highridge at 625-2540 to schedule a tour of the facility and complete paperwork.
            1. 4200 North Australian Ave, WPB, FL 33407
            2. (561) 625-2540
    c. Parenting: *group days/times subject to change
        i. Groups at Ed Center: (7 weeks; 1 to 1 ½ hr. sessions, Dates TBD as needed)
        ii. Individual Sessions may be provided at all offices
    d. Healthy Connections Group (offered rarely):
        i. Dates TBD as needed
    e. FVIP Group
        i. Offered at 2 YFC locations:
            1. **YFC-South** office provides group services on **Tuesdays** from **5:30 p.m. to 7:00 p.m.** This group takes place at 345 South Congress Avenue Delray Beach, FL 33445; 561-276-1340
            2. **YFC- Four Points** office provides group services on **Wednesdays** from **5:30 p.m. to 7:00 p.m.** This group takes place at 50 South Military Trail, West Palm Beach, FL. 33415; 561-242-5714
        ii. Step-Up Curriculum (anger management group) is offered over the course of 12 group sessions. Additional information on the group content can be found in the FVIP section of the Handbook.
        iii. Group is recommended when the youth is 13 to 18 years old, when there has been an isolated incident of family violence and the teen and parent would benefit from psychoeducation and learning new conflict resolution, communication and emotion regulation skills.
        iv. If the group is required by FVIP, the family/client is informed by their Court Case Advisor and it is written on the FVIP case plan which family members

are required to participate in therapy sessions. The youth (offender) and at least one parent (preferably the victim) are required to participate.

11. Discuss Custody.
    a. If necessary, gather appropriate consent documentation. You will be responsible for custody related case management prior to case being approved for continued services. Refer to Documentation Manual for additional information. Consult with supervisor as needed.
    b. Follow up with family regarding custody documentation no later than 1 week after intake
    c. Provide deadline of 1 more week to provide documentation or case will be closed
12. Ensure that address and phone numbers are correct and complete.
13. If there are additional household members not already listed, obtain info for those individuals.
14. Make sure family chooses Yes or NO for ALL items in the Questionnaire section. DO NOT leave blank.
15. Obtain days/times family/client will be available for services. .Note availability on the Intake Report and inform clerical verbally upon completion of intake if the client can be scheduled immediately.
16. Provide completed FIF and other intake forms to clerical for entry into CMP.
17. Complete intake notes and task:
    a. Intake Assessment/Office/Attended: "Family attended and completed intake assessment." (If Family does not attend intake, enter Intake Assessment note indicating that family No Showed.). The note should reflect the time that was allotted for paperwork, appointment, and documentation (typically 2 hours).
    b. Write up Intake Report using the dynamic form listed under Tasks in CMP. Make sure that all sections of the dynamic form are completed. Also write a case management note for the time it took to complete the Intake Report.
    c. Update demographic information in CMP.
18. Write a final note when the Intake Report has been entered into CMP and all Tasks have been completed:
    a. Supervisor Request/Office: "Intake complete. Case is ready for assignment" or "Intake complete. Service is ready to be ended." Save this note and mark as "Waiting for Approval."

Residential Intake Assessment Guidelines

Highridge Family Center

- Informed Consent confidentiality and overview of the purpose of the Session

Overview of the Program

- 3-4 month residential program, ages 11-16 (can turn 17 in program but must be admitted at 16)
- 12 residents per dorm maximum - 3 male and 2 female dorms
- Drop off is Monday Morning (6:30am) and pick up is Friday afternoon (as soon as school lets out); Summer and holiday hours vary
- Referrals come from schools, outpatient, community, and court system
- Philosophy of care is trauma informed and family systems based
- Residents are on a point level system; parents to complete cards on the weekends
- Family therapy is mandatory one time per week; 2 missed family sessions may result in dismissal from program
- Immediate pick up for serious disciplinary violations (OPI) or illness
- Residents receive individual, group, and family therapy
- On-site school is a PBC School District public school – grades transfer in and transfer out when they leave. Provide contact # for school, 504/IEP, and credit questions, etc. Guidance Counselor: Lisa Keough 561-494-0007, Assistant Principal-Shelia Lawrence 561- 494-0015
- Program is "voluntary" – Assess willingness to attend program, if they ***ARE*** willing, proceed with the rest of intake (if child is adamant about not coming, pull parents in without child to explain voluntary nature of the program).
- Cost-$75 APPLICATION FEE to be collected by Ms. Pat at time of intake and $75 ACTIVITY FEE (for rewards and incentives for youth in the program) to be collected upon admission.

Intakes for Highridge Family Center

1. Check that parent has signed the FIF, which serves as the consent for intake.
2. Check that parent has agreed to have intake conducted by a student.
3. Informed Consent confidentiality and overview of the purpose (information gathering as opposed to therapy) of the Session
4. Check to ensure that School Data Release Form has been filled out completely to include the child's school ID #. Also, advise that the dates for the release are from *TODAY'S DATE until DATE OF CHILD'S 18TH BIRTHDAY*. This allows the school district to provide longer term data for program evaluation

Forms for Signature

Tasks/Forms Needing Signatures
1. Bill of Rights/Consent for Treatment **PRINT COPY FOR PARENT** **2. Highridge Parent/Guardian Agreement** **PRINT COPY FOR PARENT** **3. Consent for Psychological Evaluation** **4. Consent for Research** **5. Assent for Research** **6. Community Response Team Permission** **7. Emergency Contact & Transportation List** **8. Medical Care** **PRINT COPY FOR PARENT** **9. Consent for Emergency Medical Treatment** **10. ROI School- if attending Public School, if not add ROI general and add name of school** **11. All other ROI's as indicated during Intake i.e.**

ROI's must be completed for any and all adults participating in family session that are not the biological/adoptive/legal guardians.
ROI for any recent/current therapist, psychiatrist, pediatrician, community agency.

Intake Questions

- Custody
- Presenting Problems (reasons for seeking treatment)
- Medications – Past & Current (name, dosage, prescribing doctor)
- Hospitalizations – How many? When? Circumstances?
- Medical Concerns
    - Allergies/Health Issues
- History of Traumatic Experiences
- Risk Assessment - Suicidal or Homicidal Ideations, self-harming behaviors, abuse
- Legal Involvement/DCF Involvement
    - FVIP or court charges
- Substance Abuse – How often? How much? What specific substances?
- Family relationships
- School (Special classes? Grades? Suspensions/Expulsions? For what behaviors?)
    - Retention
    - Special Education Services/504 Accommodation Plan
- Prior counseling services or other mental health services?
- Social Interests
- Strengths

After Intake is Completed with the family

"Take home" Information – Give them the Highridge application packet/supply list and the school registration form. The school form can be completed and brought to orientation. Plus provide all Medical and/or Psychiatric Clearance forms, Diet and Allergy Forms as indicated below.
Copies - Make a copy of guardian's identification and potential resident's insurance card.
Tour - Complete a tour of the facility
Admission Approval/Denial - Inform the family that the Clinical Director makes all admissions decisions. Highridge Secretary will call when a decision has been reached.

Case Management

Fax releases and forms to psychiatrist or doctor, follow up with any necessary paperwork, scan FIF, parent ID, and forms, then attach to file electronically. Alert John to any potential issues or questions as well as your supervisor.

When all is complete, put an end date for self as case manager in Intake-Residential and Appointment-Residential services and add Twila Taylor and Shaneisha Arrebato as case managers.
Place FIF packet in appropriate admission mailbox (outside Pat's office) depending on status.

- Initial FIF: Use as central location so as not to have FIF's in individual offices
- Pending: When information has been faxed and we are awaiting documentation
- Nursing Review: When medical/medication information is received, nursing needs to review for clearance
- Ready to Approve: All documents completed, all paperwork submitted, cleared by nursing.

Tasks/No Signatures Needed	Rationale
1. Assess Custody, Upload Proof of Custody	Adoption, Guardianship
2. Scan and Attach DL and Insurance Card	Need ID of parent on file
3. Scan and Attach FIF, Medical History, School Data Request, ACEs Questionnaire	Allows for data entry by clerical
4. Complete Intake Report	Informational Report
5. Write Intake Service Note	Tracks Direct Service Hours
6. Provide School Registration to Family	Add form to “take home” info re: orientation *CMP: “Upon Admission”*
7. Complete Referral Source Info (Appt-Res Service only)	To ensure we capture referral source info – ONLY ONCE
8. Data enter FIF and complete client and family member details 9. (Clerical can do this)	Additional information not captured at initial phone call (i.e. race, ethnicity, school id, etc. plus family members listed on FIF)
10. Review FIF, medical history, School Data Release Form and ACES to ensure all are complete.	
11. Fax all Requests for Information (to include ROI, form, and fax cover sheet)	Med/Psych Clearance, Diet/Allergy Forms
12. Follow up to ensure all requested information is received to complete case for review	

ACEs Questionnaire

TO BE COMPLETED BY YOUTH

Your Name: ____ Today's Date: ______________________

Parent's Name: ____ Date of Birth: ______________________

Many children have stressful life events that can affect their physical, social, and emotional health and development. The results from this form will help us with your treatment. Please read the statements below. Count the number of items that apply to you and write the total number in the box provided.

Please DO NOT mark the items that apply to you – We just need the number.

1) Of the items in section 1, HOW MANY apply to you? Write the total number in the box.

Section 1. *At any point since you were born…*

- Your parents or guardians were separated or divorced
- You lived with a household member who went to jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

2) Of the statements in section 2, HOW MANY apply to you? Write the total number in the box.

Section 2. *At any point since you were born…*

- You have been in foster care
- You have experienced harassment or bullying at school
- You have lived with a parent or guardian who died
- You have been separated from your primary caregiver through deportation or immigration
- You have had a serious medical issue or life threatening illness
- You have often seen or heard violence in the neighborhood or in your school neighborhood
- You have been detained, arrested or incarcerated
- You have often been treated badly because of race, sexual orientation, place of birth, disability, or religion
- You have experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)

Release or Transfer of Student Information

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
THE DEPARTMENT OF SAFE SCHOOLS

Release or Transfer of Student Information

This form is used to facilitate communication of student information to authorized individuals.

Student ID # (Opt)	Student First Name	Middle	Last	Birth Date

Parent/Legal Guardian Name	School Name

Request for: ☒ release of student records ☐ discussion of student/student records

Agency/Individual/Advocacy					
Palm Beach County Youth Services Department					
Contact Name	**Phone #**	**Ext.**	**E-mail**		
Marlene E. Etienne	242-5752		metienne1@pbcgov.org		
Mailing Address	**City**			**State**	**Zip Code**
50 S. Military Trail, Suite 203	West Palm Beach			FL	33415

Send Records To *(if address is different from above)*					
Contact Name	**Phone #**	**Ext.**	**E-mail**		
Mailing Address	**City**			**State**	**Zip Code**

List the specific information requested *(medical, psychological, psychiatric, educational records or student information)*

All records of prior enrollment/attendance, grades, GPA, graduation, W10, WGA, WGD, absences, in school suspension, out of school suspension, foster care status, schools attended and number of days in attendance, homelessness status, 504 plan status, EBD status, and ESE status.

I understand the the purpose of this release is to facilitate the communication of student information to authorized individuals. The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, protects the privacy of education records, and student related information. I understand and agree that this information will not be disclosed to any third party without the express consent of the parent or adult student.

Signature of person receiving records ______________________ Date __________

I authorize: ☒ The School District of Palm Beach County ☐ other to

☒ release

☐ receive the following medical, psychological, psychiatric, and/or educational records of the above named student

☐ discuss student records or other student related information

This release is active from: date __________ to date __________ unless otherwise specified by the parties.

______________________________ __________

Signature of Parent/Legal Guardian *Date*

______________________________ __________

Signature of Student if 18 Years of Age or Older *Date*

The following is to be completed by the person releasing records

______________________________ __________

Print name of person releasing records *Phone No./PX*

PBSD 0313 (Rev. 10/7/2015) ORIGINAL - School COPY - Parent/Legal Guardian

PLEASE NOTE: Student ID# box is ***not*** optional. It must be entered on the form above.

Missed Appointment Documentation and Extension Request Procedures

Guidelines for Documenting Missed/Cancelled First Appointments

Intake No Show/Cancellation Steps:

1) Go to "Appointment" service
2) Write a note = Intake assessment, Office, No Show or Cancelled (Client or YSD), 120 minutes
3) Write "No-Showed" or "Cancelled" next to client name on CMP calendar
4) Email clerical staff that the client no-showed so he/she can follow up with the client
5) If a client cancels or no shows for a second appointment, trainees will notify supervisor so service can be ended.

First Therapy Appointment No Show/Cancellation Steps:

1) Go to "Appointment" service
2) Write a note = Family Therapy, Office, No Show or Cancelled (Client or YSD), 60 minutes
3) Write "No-Showed" or "Cancelled" next to client name on CMP calendar
4) Email clerical staff that the client no-showed so he/she can follow up with the client

If a client cancels or no shows for a second appointment, trainees will notify supervisor so service can be ended.

Psychological Evaluation No Show/Cancellation Steps:

1) Go to "Psychological Evaluation" service
2) Write a note = Psychological Evaluation, Office, No Show or Cancelled (Client or YSD), (time of scheduled appointment, e.g.: 09:00am-11:00am)
3) Write "No-Showed" or "Cancelled" next to client name on CMP calendar
4) Assigned clinician is responsible for calling the client for follow up and attempt to reschedule. Inform client that if a second appointment is missed the service will be ended and they will be removed from the waitlist.
5) If unable to reschedule, trainee enters supervisor request for case to be closed.

Extension Requests and Missed Appointments

An Extension Request is needed any time therapy services (e.g., group, individual, or family therapy) will continue past 12 weeks. *This is based on the length of time the client is receiving therapy services and* ***not*** *based on the amount of sessions attended.* The following steps should be followed when monitoring client appointments in CMP to ensure Extension Requests are appropriately requested and documented:

1. Any time a client is not seen for a period of time that exceeds 7 days, a service note (e.g., Group Therapy, Family Therapy, or Individual Therapy) should be written documenting whether the original scheduled appointment for that week was Cancelled, Rescheduled, or a No Show appointment. Please refer to the options below for each note status type:
    a. Cancelled Client – To record when a client cancels session and provides notification prior to the session (e.g., client informs therapist of sickness or a planned vacation). This is only used if the session is not reschedule within the week.
    b. Cancelled-YSD – To record instances when a session is cancelled by a therapist (e.g., due to illness) or when county offices are closed (e.g., holidays).
    c. No Show- To record when a client does not show for a session and does not provide prior notification.
    d. Rescheduled – To record when a missed appointment will be made up within the same week period.
2. YSD provides services according to a brief therapy model. If the therapist feels the client/family could benefit from continuing past 12 weeks for any reason, the therapist should consult with a supervisor to determine the need for an extension. This request should be thoughtful, and should therefore occur before the originally scheduled 12 weeks expire. Please note the following when making an Extension Request note in CMP:
    a. Extensions can be requested and approved by a supervisor in increments of up to, and no more than, 4 weeks.
    b. In rare cases, multiple extension requests may be needed. In these cases, an Extension Request note with supervisor approval is needed for each extension increment. (e.g., if a 2 week extension was requested and another 4 weeks is needed, then another Extension Request note is needed before the 2 week extension expires).

Professional Presentation Guidelines

Psychology interns and postdoctoral fellows will be required to develop and present a professional training(s) to Youth Services Department's Residential Treatment and Family Counseling Division staff and trainees. Other trainees are encouraged to present as desired to enhance their professional development. The topic should be relevant to the mission and population served by the Division. It is usually acceptable for the presentation to be the trainee's dissertation topic, provided the topic relates to the Youth Services mission. A two-hour presentation is expected. Trainees should determine with their supervisor and/or training director if the presentation will be appropriate to present to the public, in addition to YSD staff and trainees. Trainees should also determine with their supervisor and/or training director whether or not the presentation will be appropriate to offer Continuing Education (CE) credits to attendees. Standards set forth by the American Psychological Association (APA) should be followed. Appropriate visual aids, such as a PowerPoint presentation, are required. Recent professional references from the past five years must be included. No more than two to three learning objectives should be addressed. Guidelines for writing learning objectives appear below.

When preparing a presentation, please refer to the following guidelines:

- The Presenter Info Form should be completed and returned to Dr. Ginsburg for review at least 4 weeks prior to the scheduled presentation date.
- PowerPoints and handouts should be emailed to your supervisor and/or Dr. Ginsburg the week prior to a presentation so feedback/support can be provided as needed.
- The PowerPoint version that you want printed and any other handouts need to be emailed to Ed Center clerical staff by the day before your didactic (Tues) at 3pm so there is sufficient time to make copies.
- The final version of your PowerPoint should be emailed to Dr. Ginsburg by the day of your presentation (Wed) at 6am so that it can be set up at Highridge in the morning.
- Please arrive at presentation location 30 minutes early in order to ensure that everything is set up and working correctly. Bring your presentation on a jump drive to ensure access to your presentation (in case of technology issues).

Learning Objective Guidelines

Behavioral Objectives Describe the expected learner outcomes in behavioral terms that are attainable, measurable and relevant to current practice. Clearly indicate what the learner will do, and when.	**Subject Matter** Adjacent to each objective, outline the subject matter that corresponds to the objective. Content should be current, accurate and listed in logical order.
○ In stating behavioral objectives, use words that describe actions that can be observed and measured. ○ At the completion of the program, the participant will be able to: *write, choose, contrast, select, explain, state, recite, identify, construct, compare, solve, list, differentiate, demonstrate, find, etc.* ○ Words that describe something happening in the learner's head are difficult to quantifiably measure. **<u>The following terms should be</u>**	○ Subject matter must correspond to each objective and reflect appropriateness for continuing education for that target audience. ○ Material outlines must be consistent with the time allotted to meet objectives. ○ Currency and accuracy of the subject matter must be documented by the reference list or bibliography materials published within the last five (5) years and must be referenced from professional literature.

<u>AVOIDED:</u> *know, learn, be familiar with, think, recognize, understand, comprehend, be aware of, have knowledge of, be acquainted with, perceive, have empathy for…*	
Teaching Strategies List methodologies and learning activities. Utilize principles of adult education.	**Evaluation Methods** Identify methods used to evaluate whether the stated behavioral objectives have been met.
o Principles of adult education indicate that participants learn better with interactive experiences than with a straight lecture format. Adults need auditory, visual and hands-on learning techniques to better integrate the content that the presenter is delivering. Lecture alone is not acceptable. Methods that support adult learning include use of case studies, games, question and answer periods, pre and post-tests, group exercises, use of workbooks/handouts/onscreen presentations, interactive discussions, etc.	o Evaluation for this purpose is the means to determine that the learner has gained the desired knowledge in the context of this offering, i.e., that she/he has met the objectives. This is not an evaluation of the methods of instruction, presenters, physical facility, or other criteria generally included on a program evaluation tool. This is directed toward the provider and faculty member determining whether the learner is indeed able to: *Define, state, list, describe, compare, relate, etc.* o Methods for evaluation can include pre and post-tests, evaluation of case studies, and competent performance on a skills assessment, result of individual or group activities, questions/answers.

Examples

Topic: Communication
Objectives:

- Explain four basic principles of communication (verbal and non-verbal) and active, empathetic listening
- Outline four barriers and bridges to communication
- List at least four ways communication skills which encourage staff involvement will help create a positive work environment

Topic: Parent Child Interaction Therapy
Objectives:

- Demonstrate a general understanding of the theoretical underpinnings of Parent Child Interaction Therapy (PCIT)
- Explain the utility of PCIT in treating disruptive behaviors in young children
- Identify PCIT skills that can be used across therapy sessions to improve child behavior

Standards and Criteria for Continuing Education

Presenters who intend to offer Continuing Education (CE's) for their trainings should refer to Standards C and D from the Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists (APA, 2015).

STANDARD C

EDUCATIONAL PLANNING AND INSTRUCTIONAL METHODS

PRINCIPLE

Successful continuing education in psychology requires: (1) careful educational planning that results in a clear statement of educational objectives; (2) the use of appropriate educational methods that are effective in achieving those objectives; (3) a clear connection between program content and the application of this content within the learner's professional context; and (4) the selection of instructional personnel with demonstrated expertise in the program content.

CRITERIA

1. Sponsors must develop educational objectives that clearly describe a) what participants are expected to learn; and b) how participants can apply this knowledge in practice or other professional contexts.
2. Sponsors must include instructional methods that actively engage the learner to enhance acquisition of knowledge and, where appropriate, facilitate translation into practice.
3. Sponsors must select instructors with expertise in the program content and who are competent to teach this program content at a level that builds upon a completed doctoral program in psychology.

Educational and Technical Assistance

Every program offered for CE credit must have predetermined learning objectives. Rather than a description of topics to be covered, learning objectives should clearly define what the participant will know or be able to do as a result of having attended the program, and these objectives must be stated in measurable terms. When determining how many Learning Objectives (LO) should be established, the following guidelines should be utilized (please note that the quality and quantity should be considered of LO for all programs, particularly for those longer than 8 hours):

- *2-3 LO for 1-3 hours*
- *3-4 LO for 4-6 hours*
- *5-6 LO for 7-8 hours*

CE activities can be delivered via numerous methods which include, but are not limited to: workshops, seminars, conferences, conventions, grand rounds, lectures, books, videotapes, audiotapes, CD-ROMs, and web-based activities. All CE activities, regardless of the delivery method, must adhere to the Standards of the APA Approval of Sponsors of Continuing Education for Psychologists.

Although it is not required that instructors be psychologists, they must have expertise and be competent in the areas in which they teach. Expertise might be demonstrated by some combination of the following: relevant educational experience such as holding a doctoral degree in psychology, review of records of previous teaching experiences, years of clinical experience, publications in areas relevant to the content being taught, evaluation forms from previously offered programs, personal knowledge of the instructor's teaching ability, and references.

For additional application support materials, please refer to our Resources page.

CURRICULUM CONTENT

PRINCIPLE

The content of continuing education is the crucial component intended to maintain, develop, and increase conceptual and applied competencies that are relevant to psychological practice, education, and science. All CE programs offered for CE credit for psychologists must comply with Standard D criteria. CE programs must be grounded in an evidence-based approach. CE programs that are focused on application of psychological assessment and/or intervention methods must include content that is credibly supported by the most current scientific evidence. CE programs may also provide information related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychology.

CRITERIA

1. Sponsors must document that the content of each CE program meets one of the following:
   - 1.1 Program content focuses on application of psychological assessment and/or intervention methods that have overall consistent and credible empirical support in the contemporary peer reviewed scientific literature beyond those publications and other types of communications devoted primarily to the promotion of the approach;
   - 1.2 Program content focuses on ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychological practice, education, or research;
   - 1.3 Program content focuses on topics related to psychological practice, education, or research *other than* application of psychological assessment and/or intervention methods that are supported by contemporary scholarship grounded in established research procedures.
2. Sponsors are required to ensure that instructors, during each CE presentation, include statements that describe the accuracy and utility of the materials presented, the empirical basis of such statements, the limitations of the content being taught, and the severe and the most common risks.
3. Sponsors must offer program content that builds upon the foundation of a completed doctoral program in psychology.
4. Sponsors must be prepared to demonstrate that content is relevant to psychological practice, education, and/or science.
5. Sponsors must have a process to identify any potential conflict of interest and/or commercial support for any program offered, and they must clearly describe any commercial support for the CE program, presentation, or instructor to program participants at the time the CE program begins. Any other relationship that could be reasonably construed as a conflict of interest also must be disclosed. Individual presenters must disclose and explain the presence or absence of commercial support or conflict of interest at the time the CE program begins.

Psychological Evaluation Procedures

Psychologists, postdoctoral fellows, doctoral interns, and psychology practicum students complete psychological and psychoeducational evaluations over the course of the training year. Full batteries include clinical interviews and assessment of intellectual, academic, behavioral, and personality/social functioning. All evaluators completing the evaluations are to consult with referring therapists, properly administer and score measures, hold feedback sessions, and complete reports in a timely manner. Youth Services does not utilize a standard battery. Rather, selection of measures is determined based on the referral question, consultation, review of previous records, clinical interview(s), and information garnered during the assessment process.

Referrals are made by the Youth Services Department's Residential Treatment and Family Counseling Division team members who submit referral questions via the CMP computer case note application. The Chief of Clinical Services, Education and Training or designee reviews referrals and, if appropriate, adds them to the Testing Waitlist. When an evaluator becomes available, the Testing Supervisor assigns the case to a psychology resident, intern, or practicum student. The assigned evaluator <u>first contacts the referring therapist to consult about the reason for referral</u>. During consultation, the evaluator determines the utility and necessity of proceeding with testing. If the decision is made to proceed, the evaluator must obtain and review supporting documentation, including but not limited to prior testing reports, Individualized Education Plan (IEP), 504 Accommodation Plan, and/or Response to Intervention (RTI) documentation. It is the responsibility of the referral source to ensure that previous reports have been obtained from the family.

The evaluator then contacts the family and schedules the clinical interview(s) <u>**and**</u> evaluation sessions. The clinical interview is conducted with the child's caregiver(s) where they complete the *consent form for assessment, evaluation, and psychological testing*, appropriate *releases of information*, and provide a family history. Attempts to interview both parents/caregivers should be made. Ideally, interviews should be scheduled and completed within one week of assignment to the case. Testing should be started no later than one week after the parent interview and all testing should be completed within 2 weeks. Evaluators should consult with their supervisor if unable to meet this deadline. When scheduling an evaluation session, keep in mind that the optimal time to evaluate a child is during the morning hours. Some measures, such as the TOVA and WISC, are of questionable validity if timing of administration is not within optimal hours.

Evaluation measures and kits are located at the Education Center in the file cabinet labeled 'Testing Materials' in the file/copy room. Evaluators should reserve measures in advance when possible. All tests, manuals, and other assessment materials must be signed in and out by the evaluator.
In rare circumstances, assessment materials may be checked out overnight if not needed by another evaluator. Password protection should be used when writing and transmitting report drafts. Manuals should not be signed out to a single person for an extended period of time, as manuals are shared by all evaluators. Protocol forms should be used only as needed. Trainees must note all protocols utilized during an assessment so number of protocols used and remaining can be adequately tracked.

There is a designated testing computer on which certain psychological evaluation measures can be administered and scored, which is located in the Education and Training Center conference room. Scoring programs are available for the following measures: ARES, ASRS, BRIEF-2, CAFAS, KTEA-3, MMPI-A, RIAS-2, Rorschach, TOVA, WISC-V, and WJ-IV. The ARES requires a key fob (kept plugged into the testing computer)to be utilized for scoring. There is a specific computer located in the conference room, on which the TOVA must be administered and scored, and the Rorschach must be scored. Web based scoring and reporting software is also available for the majority of measures. Passwords for accessing specific scoring programs are provided on a spreadsheet located in the Student-Trainee folder on the Common drive. This list is updated periodically.

Important due dates regarding testing are listed in the Requirements and Expectations section of the Handbook. Raw data should be given to a peer upon completion of scoring for an interrater reliability scoring check. An initial draft of the report along with raw data is due to the designated supervisor within two weeks of the final testing administration (after all measures have been scored and checked for accuracy via an interrater reliability check). The supervisor will review the draft and provide feedback. Once the report is finalized and signed by both the evaluator and supervisor, the evaluator contacts the family to schedule a feedback session. The parent(s) is provided with an original signed report at the feedback session. The referring therapist should also be contacted and invited to the feedback session, particularly if the therapy case is still open. The referring therapist is notified that the report is complete and has been scanned into CMP for their review.

Psychological Evaluation interviews, testing sessions, and feedback sessions should be documented using the **Psychological Evaluation/Office** note type. A **Case Management/Office** note is written to document that the materials (raw data and original report) are filed at the Education and Training Center. A report is also scanned into CMP. Throughout testing, **Scoring/Interpretation/Report Writing** notes should be written to documented all time related to scoring, interpretation, and report writing. When all tasks noted above have been completed a **Supervisor Request/Office** note should be entered to end the Psychological Evaluation Service.

Psychological Evaluation Timeline

- Consultation with referring therapists regarding psychological evaluation referral questions is expected prior to testing.
- Parent interview should be completed prior to testing session(s) with youth.
- All interviews and administration of evaluation measures should be completed within 2 weeks (or 3 weeks under special circumstances and with supervisor approval).
- Evaluation reports are to be completed in a timely manner, with an initial draft due no later than 2 weeks after administration of assessment measures are complete. Awaiting return of self-report measures should not delay this timeline. Second drafts should be completed no more than 1 week after the initial draft is returned with feedback.
- Subsequent revisions should be turned in within 24 hours.
- Feedback session with the family regarding evaluation results and recommendations should be scheduled within 1 week of the signed final report.

Psychological Assessment Measures

1. **Anger Regulation and Expression Scale (ARES)**
    - Comprehensive, self-report assessment of the expression and regulation of anger for children and adolescents
    - Assesses tendencies towards inward and outward expressions of anger along with the range and duration of anger experiences.
    - Full-length version and a short version (ARES[S]).
    - 10 to 17 years
    - Administration Time : 5 minutes (Short Version), 15 minutes (Long Version)
    - Computerized scoring available
    - Requires a key fob (kept plugged in the testing computer located in the conference room) for scoring.

2. **Autism Spectrum Rating Sales (ASRS)**
    - Multi-informant measure to identify symptoms, behaviors, and associated features of Autism Spectrum Disorders.
    - Administered and scored online from any computer.
    - 2 – 18 years
    - Administration Time: Full form: 20 minutes, Short form: 5 minutes (15 items)
    - Scores/Interpretation: ASRS Scoring Software or manual scoring

3. **Beck Depression Inventory, 2nd Edition (BDI-II)**
    - Instrument for measuring the severity of depression
    - 13 to 80 years
    - Administration Time: 5 minutes

4. **The Beery-Buktenica Developmental Test of Motor Coordination, 6th Edition (Beery MI)**
    - Screens for motor coordination issues
    - 2 to 100 years
    - Administration Time: 5 minutes

5. **The Beery-Buktenica Developmental Test of Visual-Motor Integration, 6th Edition (Beery VMI)**
    - Measures the extent to which individuals can integrate their visual and motor abilities.
    - Commonly used to identify children who are having significant difficulty with visual-motor integration and to determine the most appropriate course of action.
    - Suitable for respondents with diverse environmental, educational, and linguistic backgrounds
    - 2 to100 years; Updated norms for ages 2 through 18. Adult norms are also included for age 19 and above, but were not updated
    - Short format usually used with children ages 2-8
    - Administration Time: 10–15 minutes each (Short and Full Format)

6. **The Beery-Buktenica Developmental Test of Visual Perception, 6th Edition (Beery VP)**
    - Screens for visual deficits
    - 2 to 100 years
    - Administration Time: 3 minutes

7. **Behavior Assessment System for Children, 3rd Edition (BASC-3)**
    - A comprehensive set of behavior rating scales and forms including the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Student Observation System (SOS), and Structured Developmental History (SDH). 2:0 through 21:11 (TRS and PRS); 6:0 through college age (SRP).
    - Spanish version available.
    - Administration Time : 10-20 minutes (TRS and PRS), 30 minutes (SRP)
    - Q-Global scoring

8. **Behavior Rating Inventory of Executive Function, 2nd Edition (BRIEF-2)**
    - A comprehensive measure of executive functioning including Parent, Teacher, and Self-Report
    - 5-18 years
    - Administration Time: 10-15 minutes; Scoring Time: 15 minutes
    - PAR computer scoring

9. **Child and Adolescent Functional Assessment Scale (CAFAS)**
    - Objective measure completed on computer by therapist following clinical interview
    - Measures day-to-day youth functioning across 8 Domains
    - Generates an Assessment Report and Family Report that shows gains over time and focuses on strengths and goals
    - 5 to 19 years
    - Completion Time:10-15 minutes

10. **Children's Apperception Test (CAT)**
    - Projective Personality Assessment
    - Help identify dominant drives, sentiments, conflicts and complexes
    - 3 to10 years
    - Administration Time: 20-45 minutes

11. **Children's Depression Inventory, 2nd Edition (CDI-2)**
    - Self-report scale that measures cognitive, affective, and behavioral signs of depression in school-age children and adolescents
    - Self-Rating, Parent, and Teacher versions in full length and short forms
    - 7 to 17 years
    - 1st grade reading level
    - Administration Time: 5 minutes

12. Conner's Rating Scale, 3rd Edition (CRS-3)

- Behavior Assessment
- Measure hyperactivity in children and adolescents
- Parents and teachers of children and adolescents ages 6 to 18 years
- Adolescent self-report ages 12 to17 years
- 6th–9th grade reading level
- Administration Time: Long Version: 15–20 minutes, Short Version: 5–10 minutes

13. The Devereux Early Childhood Assessment Clinical Form (DECA-C)

- Designed to support early intervention efforts to reduce or eliminate significant emotional and behavioral concerns in preschool children
- Can be used to: (1) Guide interventions, (2) Identify children needing special services, (3) Assess outcomes and (4) Help programs meet Head Start, IDEA, and similar requirements
- 2 to 5 years
- Administration Time: 10 minutes

14. Eyberg Child Behavior Inventory (ECBI)

- A measure of conduct problems in children
- Assesses the frequency of disruptive behaviors occurring in the home
- Reported by parents
- 2 to 16 years
- Administration Time: 5-10 minutes; Scoring Time: 5 minutes

15. Expressive Vocabulary Test, 2nd Edition (EVT-2)

- A measure of expressive vocabulary and word retrieval for Standard American English
- Co-normed with PPVT
- Make direct comparisons of receptive and expressive vocabulary with PPVT-III
- 2 to 90+ years
- Administration Time: 15 minutes

16. Family Adaptability and Cohesion Scales, 4th Edition (FACES-IV)

- 62-item self-report instrument
- Assesses dimensions of Circumplex Model (family cohesion, adaptability, communication) and family satisfaction
- Designed to be administered to families across the life cycle
- 12+ years
- Administration Time: 15 minutes

17. House-Tree-Person Drawings (H-T-P)

- Projective personality assessment
- Assessment of brain damage or overall neurological functioning
- Administration Time: Variable

18. Kaufman Brief Intelligence Test, 2nd Edition

- Measures verbal and nonverbal intelligence quickly
- 4 through 90 years
- Administration Time: 20 minutes

19. Kaufman Test of Educational Achievement, 3rd Edition (KTEA-3)

- Measure of academic achievement for grades pre-kindergarten through 12 or ages 4 through 25 years
- Has two independent, parallel forms (A and B)
- Criterion-referenced assessment in the domains or reading, mathematics, written language, and oral language
- Link to KABC-2 and WISC-V
- Q-Global scoring
- Administration time: 15 to 85 minutes

20. Kinetic Family Drawing (KFD)

- Projective Assessment
- Children are asked to draw a picture of "a family doing something together"
- Elicits the child's attitudes toward his or her family and the overall family dynamics.
- Administration Time: Variable

21. Minnesota Multiphasic Personality Inventory- Adolescent (MMPI-A)

- Personality Assessment
- 14 to18 years
- 6th grade reading level
- Administration Time: 45-60 minutes
- Q-Global scoring

22. Parenting Stress Index, 4th Edition (PSI-4)

- Designed to evaluate the magnitude of stress in the parent-child system,
- Three domains: child characteristics, parent characteristics, situational/demographic life stress
- Parents of children ages 1 month to12 years
- Spanish version available
- Administration Time: 20 minutes; Scoring Time: 5 minutes

23. Peabody Picture Vocabulary Test, 4th Edition (PPVT-4)

- A wide-range measure of receptive vocabulary for standard English, and a screening test of verbal ability (Co-normed with EVT)
- 2-6 to 90+ years
- Administration Time: 10-15 minutes

24. Revised Children's Manifest Anxiety Scale, 2nd Edition (RCMAS-2)

- A quick measure of the level and nature of anxiety in children
- CD available to read questions if child has reading difficulties
- 6 to 19 years
- Administration Time: Less than 10 minutes

25. Reynolds Intellectual Assessment Scales, Second Edition (RIAS-2)

- Assesses intelligence and its major components
- Optional memory and speeded processing subtests are available.
- 3 to 94 years
- Administration Time: 40-45 minutes
- PAR computer scoring

26. Roberts Apperception Test for Children, 2nd Edition (Roberts-2)

- Evaluate children's social perception (either adaptive or maladaptive/atypical)
- Free-narrative storytelling format
- Alternate versions available for Caucasian, African American, and Hispanic children
- 6 to18 years
- Administration Time: 30 to 40 minutes

27. Rorschach

- Projective assessment that examines personality characteristics and emotional functioning
- **Identifies basic personality structure and problem-solving strategies in children, adolescents, and adults**
- Exner scoring system; RIAP Computer scoring available
- 5 years and older
- Administration: untimed
- Computerized Exner scoring available
- Administration Time: 45-60 minutes; Scoring Time: 40 minutes (experienced evaluator)

28. Rotter Incomplete Sentences Blank, Second Edition (RISB-2)

- Semi-structured projective technique
- Subject is asked to complete a sentence for which the first word or words are supplied
- High School level
- Administration Time: 5-15 minutes

29. Sentence Completion Tests

- A class of semi-structured projective techniques
- Provides indications of attitudes, beliefs, motivations, or other mental states
- Child and Adolescent versions
- Administration Time: 5-15 minutes

30. Screen for Child Anxiety Related Disorders (SCARED)

- Used to screen for childhood anxiety related disorders
- 41-item self-report inventory
- Child and Parent versions
- 8-18 years
- Administration Time: 10 minutes

31. State-Trait Anger Expression Inventory, Child and Adolescent, 2nd Edition (STAXI-2C/A)

- 35-item self-report inventory
- Measures the intensity of anger as an emotional state (State Anger) and the disposition to experience angry feelings as a personality trait (Trait Anger), as well as anger expression and control
- 9 to 18 years
- 4th grade reading level
- Administration Time: 10 minutes; Scoring Time: 10 minutes

32. Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R)

- A measure of conduct problems in children
- Assesses the frequency of disruptive behaviors occurring in the home
- Reported by teachers
- 2 to 16 years
- Administration Time: 5-10 minutes; Scoring Time: 5 minutes

33. Test of Everyday Attention for Children (TEA-Ch)

- Assess the different attentional capacities in children and adolescents
- 6:0 years–15:11 years
- **Administration Time:** 55 to 60 minutes

34. Test of Variables of Attention (TOVA)

- Objective, neurophysiological screening measure of visual and/or auditory attention
- Administered and scored on the designated testing computer
- Very simple "computer game" that measures your responses to either visual or auditory stimuli.
- 4 to 80+ years
- Administration Time: 21.6 minutes long

35. Test of Visual Perceptual Skills, 4th Edition (TVPS)

- Used to determine visual perceptual strengths and weaknesses
- 4-0 through 18-11
- Administration Time: 25 minutes (untimed)

36. Thematic Apperception Test (TAT)

- Projective Personality Assessment
- Interpersonal Relationships
- Help identify dominant drives, sentiments, conflicts and complexes
- 10 years or older
- Administration Time: 20-45 minutes

37. Trauma Symptom Checklist for Children (TSCC)

- Self-report measure of posttraumatic stress and related psychological symptomatology in children who have experienced traumatic events (e.g., physical or sexual abuse, major loss, natural disaster, witnessed violence)
- 8 to16 years
- Administration Time: 15-20 minutes

38. Universal Nonverbal Intelligence Test, 2nd Edition (UNIT-2)

- Assessment of intelligence for individuals who have speech, language, or hearing problems; have different cultural or language backgrounds; and are verbally uncommunicative
- 5 to 21 years
- Administration Time: Abbreviated Battery – 10-15 minutes; Standard Battery – 30 minutes; Full Scale Battery – 45-60 minutes

39. Vineland Adaptive Behavior Scale, 3rd Edition

- Measure of personal and social skills from birth to adulthood
- 0-90 years; Interview and Parent/Caregiver Form- 0-90 years; Teacher Form- pertains to 3-21 years
- Comprehensive version and Domain-level versions
- The leading instrument for supporting the diagnosis of intellectual disability
- Q-Global scoring
- Administration Time: Varies depending on version selected

40. Wechsler Intelligence Scale for Children, 5th Edition (WISC-V)

- Intelligence test for children
- 6 to16 years
- Administration Time: 65-85 minutes
- Q-Global scoring

41. Woodcock-Johnson Tests of Achievement, Fourth Edition (WJ-IV-ACH)

- Designed to measure academic achievement
- 2 to 90+ years
- Administration Time: 60 -70 minutes for broad academic achievement
- Online scoring

42. Woodcock-Johnson Tests of Cognitive Abilities, Fourth Edition (WJ-IV-COG)

- Designed to measure cognitive processing strengths and weaknesses
- Can also be used to obtain CALP score
- 2 to 90+ years
- Administration Time: varies depending on tests selected
- Online scoring

Referral Guidelines

Competent training in evidence-based practice of psychology requires trainees to be aware of both the impact of his/her values as well as the values of the client on the competent provision of mental health services. Value conflicts will occasionally pose challenges for conducting therapy, regardless of how open minded and compassionate the clinician.

There may be times when a referral is considered because of an unresolved and interfering value conflict with a client. Clinicians are obligated to protect the welfare of their clients, which means ensuring that one is intellectually and emotionally ready to provide the best care to every client, or to see that the client has a referral option if he/she serving as the clinician is not in the client's best interest.

Some clinicians believe they should and can work with any client or presenting concern. Others may be quick to refer anyone who causes them discomfort. Somewhere between these extremes are the cases in which one's values and those of one's client clash to such an extent that a clinician may question his or her ability to be helpful. Value conflicts must be distinguished from merely discomfort treating a person from any protected class. The challenge is to recognize when a clinician's values clash with a client's values to the extent that the clinician is not able to function effectively. Merely having a conflict of values does not necessarily require a referral; it is possible to work through such conflicts successfully. It is best to consider a referral only as a last resort.

A referral may be appropriate in any of the following cases: (1) if the client wants to pursue a goal that is incompatible with your value system, (2) if you are unable to be objective about the client's concerns, (3) if you are unfamiliar with or unable to use/learn a treatment requested by a client, (4) if you would be exceeding your level of competence in working with the client (even with close supervision), or (5) if, when working with multiple individuals, you favor one person more than another due to personal biases and emotional reactions.

<u>Model for Addressing Client-Clinician Value Conflicts*</u>

1. Detection of a possible value conflict
    - Discomfort or dissonance is identified and explored.
2. Value examination
    - Identify specific value causing discomfort and articulate the associated beliefs and specific behavioral implications.
    - This may include locating the specified value within the clinician's cultural, religious, familial, or political experiences and background.
3. Categorization of the value conflict
    - Articulate the implications of the value conflict for the provision of therapy. Categorize as Preemptive, Adjacent, Operational, or Unarticulated in order to follow corresponding recommendations.
4. Recommendations for clinicians
    - For a preemptive conflict: Termination training
    - For an adjacent conflict: Focused supervision; Diversity exposure; Avoid over-interpretation; Informed Consent
    - For an operational conflict: Diversity education; Breadth in clinical recommendations
    - For an unarticulated conflict: Focused supervision; Outcome tracking; Diversity education; Values articulation; Termination training; Psychotherapy

5. Disposition of the case
    - Clinicians will continue to provide services to the client unless it can be clearly articulated how the value conflict is preemptive in nature or when the value conflict is negatively impacting the provision of competent services.
    - When referral is necessary, clinicians remain ethically responsible for the emotional welfare of the client. Clinicians should exercise discretion when informing clients about a need for a referral. Clinicians should emphasize their professional limitations in serving the client's needs and their desire that the client have access to competent services.

*Farnsworth, J.K. and Callahan, J.L. (2013). Model for addressing client-clinician value conflict. *Training and Education in Professional Psychology*, 7(3), 205-214.

Other Procedures and Guidelines (alphabetical order)

Audio and Video Recording Guidelines

The Youth Services Department follows a code of confidentiality in the treatment and observation of all clients, with the purpose of ensuring that all clients have their right to privacy protected during their episode(s) of care.

- Recordings may not be completed unless the consent for audio and video section of the Bill of Rights form or the Consent for Audio and Video form in CMP has been electronically signed by the client(s). Verbal consent is also obtained prior to recording. You are not permitted to record until each individual in the room is aware that recording will take place and has given their consent.
- Therapists should explain carefully to clients the procedure and rationale for taping.
- Clients may decide for or against recording at any time during the course of therapy.
- Families are advised that services are not contingent upon their permission to audio or video tape, but are contingent upon the supervision of all cases.
- Recordings are made for training and educational purposes only and are not considered part of the clinical record.
- Clients sometimes change their minds about their willingness to be recorded. It is also possible that a client who were previously unwilling to sign a release may now feel comfortable signing it. In either case, an addendum to the Consent for Audio and Video Recording form needs to be signed.
- All audio and video recordings are considered confidential information and are not to be listened to or viewed by anyone not immediately involved with evaluation or treatment of the client without written permission of the client.
- Audio and video recordings will be maintained in a restricted access environment and will be accessible only to authorized individuals.
- Observers of diagnostic and treatment sessions and tapes are limited to clinical staff and students in training within the Youth Services Department.
- Any other persons wishing to observe may do so only with the expressed permission of the client(s).

More details regarding audio/video recordings may be found in the section below:

Frequently Asked Questions – Audio/Video Recordings

Can I make audio or video recordings of my clients at the Youth Services Department?
Audio and video recordings of clients may only be made with specific written authorization from your client and/or their legal guardian. Please make sure that the youth and their parent/legal guardian has reviewed and signed authorization PRIOR to making any video or audio recordings. These authorizations must be updated every 12 months. Please remember that your client has the right to refuse this, and in that case, no recordings may be made.

What can I use to make audio recordings of my clients?
Audio recordings may be made with the Education and Training Center's designated audio recorder or a personal audio recorder, as long as there is no video component. Cell phones are not permitted as recording devices, even if the phone is password protected.

How do I check out the Education and Training Center's audio recorder?
The audio recorder is available to all trainees to record sessions. Please sign your name on the Audio Recorder Check-Out sheet with the date you borrow and return the recorder.

Where can I save my audio recording?
Audio files may be saved on the common drive in the EDUCATION and TRAINING CENTER folder, within the Recordings folder.

Can I save audio recordings and take/play them outside the Youth Services Department?
Ideally, audio recordings should only be played while at the Youth Services Department and must be erased immediately after they are reviewed. They may not be played in a publically audible manner in a place where unauthorized people can hear. If you must review audio data outside the clinic, you must takes reasonable steps to guarantee that the recorder is kept in a secured environment at all times, and you must ensure that your client's full name or other identifying information cannot be heard on the recording. If that is the case, you may review the recording in a private environment, making sure no unauthorized person can hear it. Erase the recording immediately after you are done.

Can I use a recording for my Clinical Competency Exam (CCE)?
Students who wish to record sessions for a CCE should first discuss this with their YSD supervisor. The previously mentioned procedures regarding consent should be followed in addition to any necessary authorization required by the student's school. Upon completion of the CCE, all recordings of the client(s) should be destroyed.

I need to make a video recording and review it after a session. How do I do this?
Our live therapy room also has a video recorder. This can be activated and controlled through the conference room. Recordings are saved to a disc provided by the Training Director. These recordings can be reviewed on a laptop or DVD player while in the office. Discs must be returned to the Training Director for destruction after use.

How do I figure out how to use the video recorder?
An instructional guide for using the video recorder is available on the common drive in the Education and Training Center's 'Recordings' folder.

May I take a video recording home to review?
Video recordings may only be viewed within the Youth Services Department office. No video recording, in any format, may be removed from the office. Exceptions to this rule maybe granted on a case-by-case basis and only for educational purposes.

Computer and Social Media

Palm Beach County Network

Trainees are provided with a username and password for access to the Palm Beach County computer network. The network is accessible at each of the Division offices. After the initial login, each user must change their password. Users will be required to periodically change the password. As the Division is part of a government agency, use of the network is monitored.

There are many computer drives for which interns have access. Most of the work will be completed on the (H:) drive, which is the individual user's network drive, available from any network computer. Use of the (C:) drive, the individual computer drive, should be minimal. The common (G:) drive (EDUCATION and TRAINING CENTER, YOUTH and FAMILY COUNSELING, HIGHRIDGE FAMILY CENTER Folders) provides access to information and materials used by many people within the Division. Trainees are provided with access to the common drive to review and print documents (although some documents require supervisor privilege for viewing). With supervisor approval, trainees may upload documents to share with others or for supervisors to review.

There is a ScannedFiles folder on the (G:) drive for each RTFC section. Once an item is scanned into the computer from the copy machine, it should be pulled from the scan folder and attached to the appropriate permanent location. The scanned document should then be immediately deleted from the scan drive. All contents of the Scanned Files folder will be deleted every Thursday at 6pm. This is in accordance with a Department PPM.

Youth Affairs Application (YA)

The Youth Affairs Application is the former electronic client filing system. On extremely rare occasions, notes from this application may need to be reviewed.

Case Manager Pro (CMP)

Case Manager Pro is the Youth Services electronic charting system. Usernames and passwords for CMP are the same as they are for the Palm Beach County Network.

Internet

Trainees are able to use the Internet for work related purposes. As the Division is part of a government agency, use of the internet is monitored.

Use of Social Media

This policy is not intended to infringe on a trainee's first amendment rights to freedom of speech. This policy is intended to give guidance to relevant general parameters based on their role as trainees at the Youth Services Department. Trainees who use social media (e.g., Facebook, Twitter, Snapchat, YouTube, LinkedIn, blogs) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, staff, and others. As such, trainees should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, trainees should set all security settings to private and should avoid posting information/photos or using any language that could jeopardize their professional image. Trainees should consider limiting the amount of personal information posted on these sites, and should never include any client, client family member or other people connected to their client as part of their social network, or include any information that might in any way lead to the potential or actual identification of a client, or compromise client confidentiality in any manner.

Trainees are reminded that, if they identify themselves as a trainee, the Youth Services Department has some interest in how they are portrayed. If trainees report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by Youth Services to determine probation or even dismissal. As a preventive measure, the Youth Services Department advises that trainees (and staff) approach social media carefully. In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: http://www.apa.org/about/social-media.aspx

Outlook

Email accounts are created for trainees and all Division staff for work-related use. To maintain confidentiality, email correspondence with clients is prohibited.

Outlook Webmail

To access your Palm Beach County email account on the internet, use the following address: https://webmail.pbcgov.org/

The Outlook Calendar is used to keep track of scheduled appointments. Each individual email account has the Calendar feature, and there is a shared Calendar ("YSD-RTFC-Central and Glades Daily Activity Log") so supervisors and clerical staff will be aware of scheduled appointments. Appointments created in CMP are automatically sent to the Outlook calendar. All items in the CMP calendar should be synchronized with Outlook by checking the 'Synchronize with Outlook' box in the CMP calendar.

Shared Outlook Calendar Scheduling

To use the shared Calendar and the New Meeting Request feature:

1. Choose 'Meeting Request'
2. To: YSD-RTFC-Central and Glades Daily Activity Log
3. Subject: is the activity being completed (therapy session with client #, psychological evaluation with client #, group supervision, etc.). Examples: Jane FT #45678; Dr. Smith supervision with Jane
4. Location: is the location of the activity (YFC-S, HRFC, Ed Center, etc.)
5. Start Time: is the start date and time of the activity
6. End Time: is the end date and time of the activity

CMP Calendar Scheduling

To schedule a *client-related service* appointment (e.g., family therapy, intake):

1. Go into the client file.
2. Double click on the service name.
3. Click on the "Calendar" button on next to "Appointments."
4. Locate the correct date and time on the calendar and double click on the desired slot.
5. Ensure that all information entered in the dialogue box is accurate.
    a. Subject: the activity being completed (this information will automatically populate if you are scheduling though the client service)
    b. Location: the location of the activity (Ed Center, YFC, HRFC)
    c. Start Time: the start date and time of the activity
    d. End Time: the end date and time of the activity
    e. If applicable, click on the 'Recurrence' icon located on the top of the dialogue box and enter the desired recurrent pattern (day, time, etc.)
6. Click Save and Close on the dialogue box.
7. Click Save and Close again on the calendar view.

    a. Make sure the "Synchronize with Outlook" box is checked so the information will populate in your Outlook calendar as well.

To schedule *non-client related* appointments (e.g., didactic training, supervision, etc.):

1. Click the "Appointment" calendar icon located at the top banner of the CMP homepage.
2. Follow steps #4 through 7 above.

Psychological Evaluation Measures

There is a designated testing computer on which certain psychological evaluation measures can be administered and scored, which is located in the Education and Training Center conference room. Scoring programs are available for the following measures: ARES, ASRS, BRIEF-2, CAFAS, KTEA-3, MMPI-A, RIAS-2, Rorschach, TOVA, WISC-V, and WJ-IV. The ARES requires a key fob (already plugged into the testing computer) to be inserted prior to scoring. There is a specific computer located in the conference room, on which the TOVA must be administered and scored, and the Rorschach must be scored. Web based scoring and reporting software is also available for the majority of measures. Passwords for accessing specific scoring programs are provided on a spreadsheet located in the Student-Trainee folder on the Common drive. This list is updated periodically.

IT Support/Helpdesk

If you are having problems with any of the programs on your assigned computer, you **MUST** send a request for assistance to the computer technicians. This is done by visiting the Home page on Internet Explorer (http://pbcgovportal.pbcgov.org). Scroll to the bottom of the page and on the right-hand side to 'IT Support.' Click on "Submit ISS HelpDesk Ticket," then click on the computer icon on the top left-hand side of the screen to submit a problem, which will allow you to describe your problem in detail. You may also reach the ISS Help Desk by calling 355-4357. You may be contacted by the ISS staff member to whom your case has been assigned. You should receive an email notification when the case has been resolved and closed.

Dress/Grooming/Hygiene Guidelines

Purpose

The Youth Services Department recognizes that the presentation of its trainees in the workplace contributes to a professional environment and the public image that has contributed to the success of the department. Therefore, the Youth Services Department expects trainees to be well groomed and professional in appearance when coming to work or engaged in work-related tasks with clients and colleagues.

These guidelines have been developed to ensure that all trainees understand the importance of appropriate dress, grooming, and hygiene in the workplace or when otherwise representing the Youth Services Department.

Procedures

Every trainee is expected to practice hygiene and grooming habits as set forth in further detail below:

- **Body** - Maintain personal cleanliness, including proper oral hygiene and absence of body odors.
- **Hands** - Hands and nails should be kept clean.
- **Hair** - Hair should be neatly trimmed or arranged. Unkempt hair is not permitted. Sideburns, mustaches, and beards should be neatly trimmed.
- **Clothing-** Clothing should be business casual. Clothing should be clean, pressed, in good condition and fit appropriately.
    - **The following items are not permitted**

- Hats
- Sweatpants or sweatshirts
- T-shirts
- Low-cut tops
- Halter tops
- Spaghetti strap tops
- Shirts or pants that expose the midriff
- Exercise pants
- Blue jeans or ripped/distressed pants
- Shorts
- Mini-skirts
- Any clothing in which an undergarment (bra or underwear) is exposed
- Any form of clothing that is generally offensive, controversial, disruptive, or otherwise distracting
- Any form of clothing that is overtly commercial, contains political, personal, or offensive messages
- Rubber/Plastic flip-flops
- Tennis shoes/Sneakers
- Clear heels

    - ***Note:*** Theme days are occasionally approved by the department that allow certain casual clothing to be worn (as long as business will not be affected). Additionally, certain articles of clothing listed above may be permitted in extenuating circumstances (such as in instances related to medical/health needs).

- **Make-Up** - Make-up must be professional and conservatively applied.
- **Fragrance** - Colleagues and clients in the workplace may have sensitivities or allergies to fragrant products, including but not limited to perfumes, colognes, fragrant body lotions or hair products. Therefore, fragrant products should be avoided or used in moderation.
- **Jewelry** - Conservative jewelry may be worn in moderation.
- **Tattoos** – Visible tattoos should not be of a provocative or offensive nature.

Violations - Every trainee is responsible for exercising sound judgment and common sense for his or her attire at all times. If a trainee is deemed to be wearing inappropriate attire, his/her supervisor is responsible for coaching the trainee accordingly. The trainee may be asked to leave work until compliant. Continued violations of this guideline will result in discipline, up to and including termination.

Exceptions - Trainees seeking an exception from any of the above standards should speak with his/her supervisor.

Due Process and Grievance Procedures

Introduction

This document provides an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and trainees to discuss and resolve conflicts informally; however if this cannot occur, this document was created to provide a formal mechanism for the Youth Services Department to respond to issues of concern.

Definitions

Trainee: Any person in training who is working in the agency, including a doctoral practicum student, doctoral intern, postdoctoral fellow, social work intern, marriage and family therapy intern, or mental health counseling intern.

Supervisor: A staff member who oversees trainees' clinical activities at the Youth Services Department.

Training Director: The staff member who oversees all training activities at the Youth Services Department. The Training Director will always be consulted prior to consulting with the Youth Services Department's Residential Treatment and Family Counseling Division Director.

Division Director: The staff member who oversees the Youth Services Department's Residential Treatment and Family Counseling Division.

Training Committee Staff: The group comprised of the Training Director and the clinical supervisors.

Working days: Days in which the office is open for business, which include Monday through Thursday from 8:00am-7:00pm (Education & Training/Youth & Family Counseling) and from 9:30am-8:00pm (Highridge), not including federal holidays.

Due Process: The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. These procedures are implemented in situations in which a concern is raised about the functioning of a trainee. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the training program identify specific procedures which are applied to all trainees' complaints, concerns, and appeals. These procedures are a protection of trainee rights and are implemented in order to afford the trainee with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive.

Problematic Behavior: Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. an inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

Professional judgment is used to identify when a trainee's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes, or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior typically becomes identified when one or more of the following exist:

1. The trainee does not acknowledge, understand, or address the problem when it is identified;
2. the quality of services delivered by the trainee is sufficiently negatively affected;
3. the problem is not merely a deficit of skills that can be rectified by training;
4. more than one area of professional functioning is affected;
5. a disproportionate amount of attention by training personnel is needed to address the problem;
6. the trainee’s behavior does not change as a function of feedback, remediation efforts, or time;
7. the problematic behavior has potential ethical or legal ramifications if not addressed;
8. the trainee’s behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts the training cohort;
10. the problematic behavior potentially causes harm to a patient; and/or,
11. the problematic behavior violates appropriate interpersonal interactions with agency staff.

Grievance: An official statement of a complaint over something believed to be wrong or unfair.

Due Process Procedures

Informal Review

When a supervisor believes that a trainee’s behavior is becoming problematic, the first step in addressing the issue should be to raise the issue with the trainee directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. This process should be documented in writing (Informal Training Plan may be used) in supervision notes and discussed with the Training Director, but will not become part of the trainee’s professional file.

Formal Review

If a trainee’s problem behavior persists following an attempt to resolve the issue informally, or if a trainee is not meeting minimal expectations on any competency area on a supervisory evaluation, the following process is initiated:

The supervisor will meet with the Training Director within 3 working days to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director is the trainee’s direct supervisor, an additional supervisor who is also a member of the Training Committee Staff will be included in the meeting.

After discussing the problem, reviewing informal steps that have already been taken, and in the case of doctoral interns and postdoctoral fellows, utilizing APPIC’s Informal Problem Consultation process, the supervisor and Training Director may determine one of the following four courses of action:

1. *Formal Training Plan* is a time-limited, remediation-oriented, closely supervised period of training designed to return the trainee to a more fully functioning state. Its purpose is to assist the trainee in responding to difficulties attaining competencies in the required areas and/or personal reactions to environmental stress, with the full expectation that the trainee will complete the clinical placement.

This period will include more closely scrutinized supervision conducted by the site supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in a Formal Training Plan. These include but are not limited to:

1. increasing the amount of supervision, either with the same or additional supervisors;
2. changing the format, emphasis, and/or focus of supervision;
3. recommending personal therapy;
4. reducing the trainee's clinical or other workload;
5. requiring specific academic coursework.

The Formal Training Plan contains an acknowledgment statement:

a) that the supervisor(s) and Training Director are aware of and concerned with the problem;
b) that the problem has been brought to the attention of the trainee;
c) that the supervisor(s) will work with the trainee to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
d) that the problem is not significant enough to warrant further remedial action at this time.

The Formal Training Plan will be developed at a meeting between the supervisor(s) and trainee, and will become part of the trainee's permanent file. It will be approved by the Training Director, and sent to the Director of Clinical Training at the trainee's graduate institution.

The length of time that the Formal Training Plan is in effect will be determined by the supervisor in consultation with the Training Director, and will be no longer than 8 working days, after which time the status is reviewed by the supervisor in consultation with the Training Director, and discussed with the trainee. If the problem has been rectified to the satisfaction of the supervisor and the trainee, the graduate institution and other appropriate individuals will be informed and no further action will be taken. If concerns remain, the Formal Training Plan may be extended, and modified if necessary, for up to another 8 working days. This process may be repeated as needed.

2. ***Probation*** is another time-limited, remediation-oriented, more closely supervised training period that is added when a Formal Training Plan has not adequately resolved the concern, and the trainee requires additional restriction from clinical and/or professional activities. Its purpose is to assess the ability of the trainee to complete the program and to return the trainee to a more fully functioning state. Probation defines a relationship in which the supervisor and Training Director systematically monitor, for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the behavior. The length of the probation period will depend upon the nature of the problem and will be determined by the trainee's supervisor and the Training Director. In the case of doctoral interns and postdoctoral fellows, APPIC's Informal Problem Consultation process should be utilized.

   A written Probation Statement is shared with the trainee and the Director of Clinical Training at the trainee's graduate institution within 3 working days of the decision for probation and includes:

   1. the specific behaviors or areas of professional functioning that are particularly problematic;
   2. the direct relationship of these behaviors to written evaluations;
   3. the specific recommendations by which the problem can be rectified;
   4. the time frame for the probation period after which a final review will be conducted prior to dismissal, if not remediated, or reinstatement if remediated; ,
   5. the procedures designed to ascertain whether the problem has been appropriately rectified; and,
   6. due process procedures available and the time frame in which the trainee can appeal the decision.

At the end of the probation period, the Training Director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the trainee's permanent file and also will be shared with the trainee and sent to the Director of Clinical Training at the trainee's graduate institution. If the probation period interferes with the successful completion of the training hours needed for completion of the program, this will be noted in the trainee's file and the trainee's graduate institution, and APPIC in the case of doctoral interns and postdoctoral fellows, will be informed.

3. *Leave of Absence* involves the temporary withdrawal of all responsibilities and privileges at the Youth Services Department. This may be recommended by the supervisor, in consultation with the Training Director, or requested by the trainee in some circumstances. The Training Director will inform the trainee of the effects the leave of absence will have on the trainee's stipend, privileges, and estimated date of completion. If the leave of absence interferes with the successful completion of the training hours needed for completion of the program, this will be noted in the trainee's file, and the Director of Clinical Training at the trainee's graduate institution will be informed. In the case of doctoral interns and postdoctoral residents, APPIC will also be informed.

4. *Dismissal* involves the permanent withdrawal of all agency responsibilities and privileges. When the aforementioned formal review steps have been attempted and specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns, and the trainee seems unable or unwilling to alter his/her behavior, the Training Committee Staff will discuss with the Division Director the possibility of termination from the training program. The Division Director will make the final decision about dismissal.

   Immediate dismissal may be necessary under extenuating circumstances, and involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked, but is not limited to cases of severe violations of the Code of Ethics, or when imminent physical or psychological harm to a client is a major factor. In addition, in the event that a trainee compromises the welfare of a client(s), the agency, or the community by an action(s) which generates grave concern from the supervisor(s) or Training Director, the Division Director may immediately dismiss the trainee from the Youth Services Department.
   This dismissal may bypass the other formal review steps identified above.

   In the case of doctoral interns and postdoctoral fellows, APPIC's Chair must be notified before dismissal takes place. APPIC acknowledges there is a formal match agreement and wants assurance that all policies including due process have been completed. When a trainee has been dismissed, the Training Director will communicate to the Director of Clinical Training at the trainee's graduate institution that the trainee has not successfully completed the training program.

   In the event of dismissal, the following steps may occur:

   a. consultation conducted by the Training Director with internal and external sources (e.g., legal consultation, APA, and APPIC);
   b. letter given to trainee reiterating probation criteria, trainee's response, and reasons for dismissal;
   c. copy of letter forwarded to trainee's academic department no later than 3 working days following the dismissal meeting with the trainee in order to ensure all parties are informed;
   d. determination of how and when the trainee's status with YSD will change, with consideration of protecting client welfare;

e. specification of due process procedures and time frame in which the trainee may appeal the decision.

Appeals Process

If the trainee wishes to challenge a Probation or Dismissal decision, he/she may request an Appeals Hearing before members of the Training Committee Staff. This request must be made in writing (an email will suffice) to the Training Director within 3 working days of notification regarding the decision made above. If requested, the Appeals Hearing will be conducted by a review panel convened by the Training Director and consisting of him/herself (or another supervisor, if appropriate), the trainee's supervisor, and at least one other member of the Training Committee Staff. The trainee may request a specific member of the Training Committee Staff to serve on the review panel. If the trainee requests the presence of a representative who is not affiliated with YSD to also serve on the review panel, this request will be considered for appropriateness by the Training Director (or another supervisor, if appropriate). The Appeals Hearing will be held within 5 working days of the trainee's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. The review panel has final discretion regarding outcome.

Grievance Procedures

Grievance Procedures are implemented in situations in which a psychology trainee raises a concern about a supervisor or other staff member, trainee, or the training program. These guidelines are intended to provide the trainee with a means to resolve perceived conflicts. Trainees who pursue grievances in good faith will not experience any adverse professional consequences. The following procedures are followed in situations in which a trainee raises a grievance about a supervisor, staff member, trainee, or the training program:

Informal Review

The trainee should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the trainee may submit a formal grievance in writing, with all supporting documents, to the Training Director. If the Training Director is the object of the grievance, the grievance should be submitted to another member of the Training Committee Staff. The individual being grieved will be asked to submit a response in writing within 3 working days. The Training Director (or Training Committee Staff member, if appropriate) will meet with the trainee and the individual being grieved within 3 working days of receiving the written response from the individual being grieved. In some cases, the Training Director or other Training Committee Staff member may wish to first meet with the trainee and the individual being grieved separately. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan will include:

1. the behavior associated with the grievance;
2. the specific steps to rectify the problem; and,
3. procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director or other Training Committee Staff member will document the process and outcome of the meeting. The trainee and the individual being grieved will meet with the Training Director (or other Training Committee Staff member, if appropriate) within an established number of working days, but no longer than 8 working days. At this meeting the plan of action will be reviewed and the Training Director (or Training Committee Staff member, if appropriate) will determine whether the issue has been adequately resolved.

Review Panel

If the plan of action fails, the Training Director (or other Training Committee Staff member, if appropriate) will convene a review panel consisting of him/herself and at least one other member of the Training Committee Staff within 3 working days. The trainee may request a specific member of the Training Committee Staff to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome. Within 3 working days, the review panel will submit a written report, which will be shared with necessary parties.

Record Keeping Guidelines

The Main Reasons To Keep Records:
(from http://www.zurinstitute.com/recordkeepingguidelines.html)

- Good records help therapists provide quality care by providing therapists with continuity where they do not need to rely on their memory to recall details of their patients' lives and the treatment provided.
- Not keeping any records is below the standard of care, is unethical and, in many states, illegal.
- In case of civil, criminal, or administrative litigation, it is often not the therapist's word against the client's, but the client's word against the psychotherapy records. Many boards make the decision of whether to pursue a case based on experts who develop their opinion from reading the clients' complaints and the therapists' records but not necessarily interviewing the therapists themselves.
- If the treating therapist becomes disabled, dies, or cannot continue to provide care for other reasons, clinical records can help the next treating therapist with information and the clients with continuity.

Content of Records Needed per APA:
(APA, 2007)

A psychologist strives to maintain accurate, current, and pertinent records of professional services as appropriate to the circumstances and as may be required by the psychologist's jurisdiction. Records include information such as the nature, delivery, progress, and results of psychological services, and related fees. For complete information on "use of language" and "content of records," please refer to the article Record Keeping Guidelines (APA, 2007).

Content of the Records Mandated by Florida law:
http://www.apadivisions.org/division-31/publications/records/florida-record-keeping-laws.pdf

Florida law sets forth specific record-keeping guidelines for psychologists at Chapter 64B19-19 of its Administrative Code. In addition, various other Florida laws set forth below address recordkeeping by psychologists who work in certain settings or health care providers generally. Neither the Florida Statutes nor the Administrative Code adopt the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct ("APA Code of Ethics") explicitly. The law, however, implies that Florida psychologists are subject to the Code of Ethics and its recordkeeping provisions.

Florida law calls for an intake and evaluation note, and progress notes. Additionally, a termination note will likely reduce exposure to arguments about continued duty of care, and reduce the risk of responsibility in a duty to protect/warn jurisdiction.

Florida Statute 64B19-19.0025 states:

To serve and protect users of psychological services, psychologists' records must meet minimum requirements for chronicling and documenting the services performed by the psychologist, documenting informed consent and recording financial transactions.

> (1) Records for chronicling and documenting psychologists' services must include the following: basic identification data such as name, address, telephone number, age and sex; presenting symptoms or requests for services; dates of service and types of services provided. Additionally, as applicable, these records must include: test data (previous and current); history including relevant medical data and medication, especially current; what transpired during the service sessions; significant actions by the psychologist, service user, and service payer; psychologist's indications suggesting possible sensitive matters like threats; progress notes; copies of correspondence related to assessment or services provided; and notes concerning relevant psychologist's conversation with persons significant to the service user.
>
> (2) Written informed consent must be obtained concerning all aspects of services including assessment and therapy.
>
> (3) A provisionally licensed psychologist must include on the informed consent form the fact that the provisional licensee is working under the supervision of a licensed psychologist as required by Section 490.0051, F.S. The informed consent form must identify the supervising psychologist.

Rulemaking Authority 490.004(4), 490.0148 FS. Law Implemented 490.002, 490.0051, 490.009(2)(s), (u), 490.0148 FS. History–New 11-23-97, Amended 10-22-98, 5-14-02

Note Writing Guidelines

- Be sure you have the right chart!
- Think about what you are going to write and formulate before you begin
- Proofread
- Use proper spelling, grammar, and sentence structure
- Document all participants referring to adults as Mr./Mrs./Ms. and referring to youth with their first name (rather than stating client, parent, etc.)
- Always document as soon as possible after the intervention/session (ideally immediately after)
- Document all contacts or attempted contacts
- Content should be **concise, consistent, and in sync with your treatment plan**
- Because no records are immune from disclosure, be careful in your documentation and do not include details that can cause unnecessary harm for clients or others, if they are disclosed or become public
- Avoid labels, personal judgements, value-laden language, or words open to personal interpretation (e.g., uncooperative, manipulative, abusive, obnoxious, normal, spoiled, dysfunctional, functional, drunk)
- Use only standard abbreviations and avoid slang. It is important that your documentation can be understood by anyone reading the health record
- Keep quotes to a minimum. Use when clinically pertinent. "The goal (of a note) is not to give a verbatim account of what the client says, but rather reflect current areas of client concern and to

support or validate the counselor's interpretations and interventions in the assessment and plan section… (Cameron, & turtle-song, 2002)."

- Give description if using the words "seems" or "appeared" in order to provide evidence for observations, such as:
  - "Client appeared dysphoric as evidenced by tearfulness."
  - "Client remains at risk for _____________ as evidenced by ___________"
  - "Client continues to be depressed as evidenced by ____________"
  - "Client continues to have suicidal ideation as evidenced by the following comment made to this writer: ____________"
- Document (as applicable), give the clinical rational and, when appropriate, ethical considerations for:
  - Gifts received, loans of books, or CDs
  - Extensive use of touch or self-disclosure
  - Recording or videotaping of sessions
  - Phone therapy or any other telehealth practices, including a special disclosure if these practices are the basic mode of therapy.
  - Dual relationship: The nature, extent, etc.
  - Out-of-office experiences, such as attending graduations, weddings, or funerals, school visits/observations, and clinically meaningful incidental/chance encounters
- Your note can be brief to the extent that you can communicate your competence, thoughtfulness, decision-making ability, capacity to weigh available options, rational for treatment selection and knowledge of clinically, ethically, and legally relevant matters
- If creating/choosing a note-writing template, make sure it works for you and your setting/ client population
- Before every session with a client, the previous two or three notes should be opened and read. This will give you a clear understanding of where you need to go in the current session. Without this type of methodology every therapy session is just a random discussion of the client's current events. The sessions don't really go anywhere productive.
- In order to be clear and concise, and present information in a succinct and coherent manner, client documentation can be easily accomplished with note types such as DAP, PAIP or SOAP.

Minimum APA Requirements for Note Therapy Note Content:

- Date of service and duration of session
- Types of services (e.g., consultation, assessment, treatment)
- Nature of professional intervention or contact (e.g., treatment modalities)
- Formal or informal assessment of client status

Different Note Types Pros and Cons:

SOAP= most commonly used, especially if notes will be shared with the medical community. Good for process-oriented therapies because it focuses more on the client's response during session and your assessment that day. However, the "*subjective*" field used as the "*S*" in *SOAP* can be related to the medical field, thus, be sure to include pertinent information about what the family reports to ensure psychological crossover. The *Subjective* field should only contain what the family tells you.

DAP= popular and possibly the most simple. Good for process-oriented therapies.

PAIP= allows you to focus in on a problem area, but also has sections for your assessment, as well as the interventions you provided. **If you use a modality where you provide specific interventions**, this may be a great template for you.

Safety Plan

PALM BEACH COUNTY
YOUTH SERVICES DEPARTMENT
RESIDENTIAL TREATMENT & FAMILY COUNSELING

This safety plan has been created for:

______________________________________ on ______________________
Client's Full Name | Date

Step 1:
Warning signs (e.g., thoughts, feelings, mood, situation, behavior) that a crisis may be developing:

☐ Crying a lot	☐ Intense worry/anxiety	☐ Death of someone close
☐ Changes in appetite	☐ Feeling angry/aggressive	☐ Anniversary of trauma
☐ Increased use of alcohol/drugs	☐ Feeling humiliated/ashamed	☐ Financial/legal problems
☐ Isolated/closed off from others	☐ Missing doctor appointments	☐ Too many responsibilities
☐ Changes in sleep	☐ Thinking "I can't cope"	☐ Health problems
☐ Poor hygiene	☐ Overreacting to minor things	☐ Family arguments
☐ Getting lost in thought	☐ Divorce	☐ Difficulty in school/work
☐ Feeling restless, fidgety	☐ Relationship break-up	☐ Being scolded or screamed at
☐ Others:		

____
____
____

Step 2:
Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (e.g., relaxation, physical activity, mental activity):

____
____
____

Step 3:
People and social settings that can provide distraction:

Name=______________________________ Phone=______________________
Name=______________________________ Phone=______________________
Place=______________________________ Place= ______________________

Step 4:
People I can ask for help (e.g., therapist, parent, family member, friend):

Name=______________________________ Phone=______________________
Name=______________________________ Phone=______________________
Name=______________________________ Phone=______________________

Step 5:
How to make the environment safe:

- ☐ Remove guns from my home and/or places I visit frequently (or have others remove them)
- ☐ Lock up medicine (or have others lock them)
- ☐ Remove drugs and alcohol (or have others remove them)
- ☐ No environment changes needed at this time
- ☐ Others:

____
____
____

Step 6:
What has kept me alive so far? What do I look forward to in the future? What things are important to me and worth living for?

____
____
____

Step 7:
Professionals or agencies I can contact during a crisis:

☐ 911		
☐ Crisis or Information	=	211
☐ Crisis Text Line	=	Text TWT to 741741
☐ National Suicide Prevention Lifeline	=	1-800-SUICIDE (1-800-784-2433)
☐ National Domestic Violence Hotline	=	1- 800-799-SAFE (7233)
☐ Florida Child Abuse Hotline	=	1-800-96- ABUSE (22873)
☐ Mobile Crisis North County	=	(561) 383-5777
☐ Mobile Crisis South County	=	(561) 637-2102 or (877) 858-7474
☐ South County Mental Health	=	(561) 737-8400 from North and Central County
☐ South County Mental Health	=	(561) 495-0522 from South County

Other:

____
____
____

AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003
(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017

http://www.apa.org/ethics/code/ethics-code-2017.pdf

Acknowledgment Statement

I acknowledge that I have received and reviewed the Youth Services Department Handbook and Documentation Manual, including all of the policies within. I agree to abide by all policies and procedures outlined in these documents. I have read and understand the following (please initial next to each):

— YSD Training Program Handbook
  — Training Requirements & Expectations
  — Professional Conduct Expectations
  — Supervision
  — Formal Evaluations of Trainee Performance
  — Stipend, Benefits, Resources
  — Diversity and Non-Discrimination Policy
  — Family Therapy Overview
  — Parenting Overview
  — Diversion Programs
  — Scheduled Meetings and Office Closings
  — Tracking Hours
  — Payroll
  — Clinical Procedures and Guidelines
    — DCF Reporting Procedures
    — Professional Presentations Guidelines
    — Referral Guidelines
    — Psychological Evaluation Procedures
  — Other Procedures and Guidelines
    — Audio and Video Recording Guidelines
    — Computer and Social Media Policy
    — Dress/Grooming/Hygiene Guidelines
    — Due Process and Grievance Procedures
    — Record Keeping Guidelines
  — APA Ethical Principles and Code of Conduct
— YSD Documentation Manual
    — Risk Assessment and Safety Planning

I also understand that I may access these documents and any updates to them on the Youth Services Department website (http://www.pbcgov.com/youthservices) and/or the Common (G:): Drive.

Print Name ________________________________

Signature__________________________________ Date____________