



BAYLOR PSYCHOLOGY CLINIC

Consent for Therapy Services Child Client

Welcome to the Baylor Psychology Clinic of the Department of Psychology and Neuroscience at Baylor University. This consent document contains important information about our services and special conditions related to being a training clinic. Please read it carefully and ask any questions you might have. You will be given a copy to take home.

Baylor Psychology Clinic Purpose and Mission: The Baylor Psychology Clinic is a training site associated with Baylor University's doctoral program in clinical psychology. Clinicians are psychology graduate students who are managed by the clinical faculty. As a client of the Baylor Psychology Clinic, your clinician will provide you with the name of his or her supervisor. In addition to training, we also have a service mission. The Baylor Psychology Clinic is dedicated to giving high level psychological services to the nearby public at low cost. We usually have a waiting list depending upon the availability of clinicians. If you cannot consistently attend scheduled sessions, you may be placed on our waiting list so that our clinicians may serve families who are able to attend regularly scheduled appointments. If we cannot assist you, we will attempt to provide you with some recommendations.

How work is supervised: Video recording of sessions is routine. These recordings are used for giving feedback to the student clinicians about their work and to ensure that all work is skilled and qualified. These recordings are protected and are for private oversight only. The clinician will view the recordings and discuss your case with his or her supervisor. In some cases, these recordings may be observed by other students and supervisors as well. All such recordings will be erased as soon as possible and upon the end of your involvement at Baylor Psychology Clinic client, unless you agree to the contrary in writing. These recordings are for training purposes only and are not considered as part of your child's clinical record.

Services within a training clinic: Your child's clinician may share information about your child's treatment in case conferences and other treatment team meetings. When information is shared among clinic staff (i.e., supervisors and student clinicians), it is shared in an anonymous manner to the extent possible. But, this cannot be certain, mainly when direction of care is required. For instance, this may occur in cases where clinicians treating family members are part of the same supervisory team or need to consult with each other to come up with treatment plans. Please note that while information may be shared among clinic staff, it will not be shared with

other family members or friends who may be in treatment at the clinic, unless you have explicitly agreed to this in writing.

Types of services: Child clients seen for therapy usually follow this process:

1. An interview. The interview occurs during the first few sessions and includes an assessment and evaluation to determine your child's specific treatment needs. This would usually include meeting with the child and with the parents/caregivers, both together and separately. The goal of these sessions will be to clarify if the Baylor Psychology Clinic is able to serve your child's specific needs and, if so, to create a treatment plan with you and your child. This process is different than a Psychological Assessment for psychoeducational or other purposes. If it is found that the Baylor Psychology Clinic is not able to meet your child's specific needs, your child will be referred to community mental health workers or agencies.

2. The rest of the therapy sessions are usually 50 minutes in length and are often weekly. During treatment of your child, your child's clinician may meet with you and other guardians either separately or together. Please know that, always, the patient is your child – not the parents/guardians nor any siblings or other family members of the child. If your child's clinician meets with you or other family members in the course of your child's treatment, he/she will make notes of that meeting in your child's treatment records. Please know that those notes will be available to any person or entity that has legal access to your child's treatment record.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and the clinician regarding the child's treatment. If such disagreements occur, your child's clinician will strive to listen carefully so that he/she can understand your point of view and fully explain his/her point of view. Ultimately, parents decide whether therapy will continue. If either parent decides that therapy should end, your child's clinician will honor that decision, unless there are extraordinary circumstances. However, in most cases, your child's clinician will ask that you allow him/her the option of having a few closing sessions with your child to appropriately end the treatment relationship.

3. The typical length of treatment depends on your child's determined problems and the selected treatment. A typical treatment course involves around 12 to 16 sessions. If the treatment goals are met after fewer meetings, then you may stop sooner.

Due to the nature of this facility as a training clinic, child clients that require services beyond the student clinician's tenure in the Baylor Psychology Clinic will be transferred to another clinician. Typically, this would occur when a clinician completes their time at the Baylor Psychology Clinic. Such a transfer will be discussed with you and your child in advance. If your child is transferred to another clinician, your child's new clinician (and his/her supervisor) will have access to your child's old records and will try to review them as soon as possible when starting to work with your child. But, it is also possible that your child may be better served by a clinician or program other than that which can be delivered at this training clinic. Should it be decided that your child's needs would be better addressed by some other type of program, the clinician that evaluated your child will discuss this with you and your child and attempt to provide referral information for different treatment options.

Measuring change: At the Baylor Psychology Clinic, many cases include the use of outcome measures, which are short surveys given on a device such as an iPad, smart phone or computer or by paper that are finished just before or just after therapy sessions. It takes a few minutes to complete this brief assessment. This information is used by the clinician to track changes in thoughts, feelings, and behavior over time. Research has shown that both the client's treatment and the clinician's training are improved by getting this type of regular feedback. A summary of this information will be transferred to the secure health record, typically once services are complete. Normally, this information is only reviewed by the clinician and the clinician's supervisor. If the clinician is using such a measure, you are welcome to see the summary of the information yourself. Yearly summaries of this outcome data averaged across all clients will be used at the Clinic for private program evaluation purposes. This outcome data might also be used for research using large numbers of clients, but only in approved projects that have had a formal ethics review and only when the identifying information of all clients has been removed.

Confidentiality: Therapy is most useful when a trusting relationship exists between the clinician and the patient. Privacy is important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and self-sufficiency.

Your child's clinician may provide you with general information about your child's treatment, but NOT share specific information your child has disclosed to him/her without your child's agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then his/her clinician will need to use his/her professional judgment and consult with his/her supervisor to decide whether your child is in serious and immediate danger of harm. If your child's clinician feels that your child is in such danger, he/she will do this.

Even when your child's clinician has agreed to keep your child's treatment information confidential from you, he/she may believe that it is important for you to know about a particular situation that is going on in your child's life. In these situations, your child's clinician will encourage your child to tell you, and he/she will help your child find the best way to do so. Also, when meeting with you, your child's clinician may sometimes describe your child's problems in general terms, without using specifics, in order to help you know how to be more helpful to your child.

In some situations, your child's clinician is required by law or by the guidelines of his/her profession to disclose information, whether or not he/she has you or your child's permission.

Confidentiality cannot be maintained when:

- Child clients tell the clinician they plan to cause serious harm or death to themselves, and clinician believe they have the intent and ability to carry out this threat in the very near future. The child's clinician must take steps to inform a parent or guardian or others of what the child has told him/her and how serious he/she believes this threat to be and to try to prevent the occurrence of such harm.

- Child clients tell the clinician they plan to cause serious harm or death to someone else, and clinician believes they have the intent and ability to carry out this threat in the very near future. In this situation, the child's clinician must inform a parent or guardian or others, and he/she may be required to inform the person who is the target of the threatened harm [and the police].
- Child clients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, the clinician will need to use his/her professional judgment and consult with his/her supervisor to decide whether a parent or guardian should be informed.
- Child clients tell clinician, or the clinician otherwise learns that, it appears that a child/elder/vulnerable adult is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, your child's clinician [may be] required by law to report the alleged abuse to the appropriate state protective agency.
- Your child's clinician is ordered by a court to disclose information.

Potential Risks and Benefits of Psychological Services: Psychotherapy is intended to help improve emotional wellbeing, help changes in behavior, and improve relationships. However, psychotherapy can sometimes be emotionally tough, and the outcomes might not be as originally expected. This is normal and is something you can discuss with your child's clinician. Some specific risks include going through an increase in uncomfortable feelings or an increase in symptoms as hard and upsetting issues are addressed in treatment. Psychotherapy has been shown to be helpful. Psychological services involve a joint effort between clinician and client, the results of which cannot be guaranteed. For example, progress in therapy depends on many factors including motivation, effort, and other life circumstances.

Court Involvement: We are committed to providing psychological services to your child in an emotionally-safe setting. To this end, we require your agreement that our plan of services through the Baylor Psychology Clinic will be strictly limited to giving therapy that will benefit your child. Our clinicians do not provide forensic or custody evaluations, nor do our clinicians recommend custody or visitation arrangements. Also, our clinicians and supervisor do not participate in court proceedings unless required to do so in accordance with a lawfully-issued subpoena. To this end, we are unable to provide services to clients seeking these services.

In some cases, family conflict arises during the course of treatment. When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although the clinician's responsibility to your child may require him/her helping to address conflicts between the child's parents, the clinician's role will be strictly limited to providing treatment to your child. You agree that in any child custody/visitation proceedings, neither of you will seek to subpoena the clinician's records or ask him/her to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing his/her opinion about parental fitness or custody/visitation arrangements.

Please note that your agreement may not prevent a judge from requiring the clinician's testimony, even though he/she will not do so unless legally compelled. If your child's clinician is required to testify, he/she is ethically bound not to give his/her opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad*

litem, or parenting coordinator, your child's clinician will provide information as needed, if appropriate releases are signed or a court order is provided, but he/she will not make any recommendation about the final decision(s).

Fees and Payment Policy: Therapy services are charged based on a family's home income. You will discuss this rate and agree on a fee with your child's clinician. Therapy services should be paid to your clinician or the clinic's staff before the start of each session. You will be charged a "**failure to cancel**" fee (equal to your child's usual session rate) if you fail to cancel his/her scheduled appointment at least four hours in advance. The clinic may use and share your information to bill for your services if payment is not received.

How to reach your clinician: You can reach your clinician by calling 254-710-2470. If your clinician is in the office and available, you will be connected with him or her right away. Because this is a training clinic and your clinician is involved in coursework, research, and clinical training at other locations in the community, it is often the case that you will need to leave a message with the clinic's administrative assistant. If you leave a message, please allow 48 hours or two business days for a return call from your clinician. If you have an emergency, you may call 911 or take your child to the nearest emergency room.

It is against Baylor Psychology Clinic policy for clinicians to communicate with clients and their parents via email, text messaging or via any form of social media. These policies are based on the lack of privacy afforded by email, text messaging, and social media sites. Because of this policy, if you email your clinician, he/she will not respond.

Legal authority to provide consent: In order to authorize mental health treatment for the child client, you must be a legal guardian. If you are separated or divorced from the other parent of your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify your child's clinician immediately. Your child's clinician will ask you to provide him/her with a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child.

If you are separated or divorced from the child's other parent and documentation shows that you have joint authority to authorize treatment, please be aware that it is the BPC's policy that you notify the other parent of your child's services in our clinic. It is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving mental health treatment.

Statement of consent:

Parent/Guardian of Minor Child:

Please initial after each line and sign below, agreeing to the privacy limitations:

I understand my rights of confidentiality and the legal and ethical limits of confidentiality as described above. I know this decision to breach confidentiality in these circumstances is up to the clinician's professional judgment, unless otherwise noted above. _____

I understand that it is not appropriate or effective to conduct assessments or treatment when an individual is under the influence of alcohol, under the influence of a mind-altering substance, or otherwise impaired. I know that if I appear to be impaired, a scheduled session may be rescheduled; should this occur, I will be charged for the original and the rescheduled appointment and actions deemed necessary by my clinician to ensure my safety will be taken.

I understand, that firearms or other weapons are not permitted in the clinic. If I am observed to have a weapon in my possession, I will be asked to leave the building and secure the weapon. I may be permitted to return once the weapon is secured.

I understand that if a client is in possession of a weapon or commits or threatens to commit a crime while on clinic premises, staff may seek the assistance of an appropriate law enforcement agency or report the crime. Staff may provide the law enforcement with the circumstances of the crime, the suspect's name, address, last known whereabouts, and status as a client of the Clinic.

By signing below, you show that you have read and understood the policies described above. If you have any questions as the assessment progresses, you can ask the clinician at any time.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Clinician Signature _____ Date _____

Child/Adolescent Client:

By signing below, you show that you have read and understood the policies described above. If you have any questions as therapy progresses, you can ask your clinician at any time.

Minor's Signature _____ Date _____