UNBC Clinic of Care:
Clinic Manual and Marketing Plan

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ABSTRACT

The purpose of this project was to develop two documents that will become the framework for the proposed establishment of a clinic of counselling that would meet the training needs of graduate students in the University of Northern British Columbia's (UNBC), Masters of Education, Counselling Specialization program, and the needs of community members of Prince George. The two documents include a marketing plan for the implementation of the proposed clinic and a manual for the operation of the clinic.

The clinic manual is a document that forms the foundation on which to build a safe, ethical, professional, and organized clinic through detailed clinic policies and procedures. This manual is comprehensive enough to give people all the required information needed to run the clinic. The marketing plan provides those who work on implementation a framework for how to deliver competent services, address financial needs, raise funds, and do risk an assessment.

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CHAPTER 1: INTRODUCTION

Documents Supporting the Establishment of a Counselling Clinic

Initial Concept

Counselling Clinic and Supervision Needs

Supervision of counselling students in graduate training programs is a key component in the development of counsellor competency. Counselling clinics that are associated with graduate counselling programs provide the vital link to direct supervision of counsellors-in-training. Clinics give counsellors-in-training opportunities to receive immediate supervision from experienced counselling supervisors using varying methods to engage students in reflective practice. Some supervision techniques include: in-session supervision with supervisor present, direct supervision through one-way mirrors, and reflecting teams (Hipple, 2007).

Counsellor training is a central component of proposing a counselling clinic at the University of Northern British Columbia (UNBC). The development of competent counsellors through supervision was the initial concept behind the idea of implementing a clinic at the university. In discussions with clinical directors, faculty members, practicum site supervisors, and students it became apparent that supervision of skills through observation of authentic counselling sessions is a much needed part of any academic training program including the Counselling Specialization program at the UNBC.

Students in UNBC's Counselling Specialization program are required to enroll in a community based practicum. Previous to their placement, they have had limited opportunities for clinical supervision in an actual counselling setting. Because students enter the program with varying levels of competence and experience, the community practicum

helps students to develop along a competence continuum. The practicum can bridge the gap between counsellor-in-training and clinical competence through supervised practice with real client issues. In 2008, 14 students in the Masters of Education Counselling Specialization program were required to secure practicum placements that would allow for suitable practice as counsellors with adequate supervision. Several of the students in these placements met with our faculty practicum supervisor for supervision of their practicum, because there was a shortage of supervisors who held Masters Degrees at their practicum, a common situation in smaller communities.

Obtaining a proscribed amount of supervision hours is an essential requirement for students and counsellors who want to register with counselling associations. The UNBC Counselling Specialization programs practicum makes it possible for students to receive certification with the Canadian Counselling Association (CCA) a national counselling association by requiring 120 hours of direct client time. To work in some agencies in British Columbia, a designation of registered clinical counsellor with the British Columbia Association of Clinical Counsellors (BCACC) is required. In order to be eligible for this designation, a student requires a minimum of 100 hours of supervision, including 25 hours of directly observed hours. In 2008, only 4 out of the 14 students in practicum received the number of supervision hours required to fulfill BCACC requirements within the timeframe of their practicum.

Proposed Clinic

In order to address the need for more supervised practice for counselling students and to prepare the Counselling Specialization for accreditation with the Canadian Counselling Association (CCA), Dr. Linda O'Neill, UNBC School of Education faculty member began to look at the idea of an on-site clinic at the university that would serve counselling students and community members. In the early phase of information gathering, communication with directors of existing clinics was initiated. The information they shared on operations and policies provided a framework to build on in going forward to propose and develop the idea of a counselling clinic at UNBC.

In my work as a research assistant, I visited two on-site clinics in Canada and was in communication with four clinical directors. Through this process, I generated the idea of producing a clinic manual and marketing plan as a project in partial fulfillment of my M.Ed., Counselling Specialization degree. This plan allowed me to contribute to the process of proposing and establishing an on-site clinic at UNBC. It also gave me the opportunity to pursue my passion of furthering supervision opportunities for counselling students. In my own graduate experience as a counselling student, I found the supervision experience to be a revealing and powerful tool to be used in my progression as a professional. I understand the impact it has had on my professional development and wished that I had even more supervised practice opportunities within the program.

Purpose and Rationale

The purpose of this project is to develop two documents that will become the framework for the proposed establishment of a counselling clinic that would meet the training needs of graduate students at the UNBC Masters of Education Counselling

Specialization program and the counselling needs of community members of Prince George. The two documents include a marketing plan for the development of the proposed clinic and a clinic manual for the operation of the clinic. These two documents will support the larger proposal for the counselling clinic.

The establishment of an on-site clinic would serve many positive and important functions for graduate counselling students in-training at the university. The perceived positive outcomes include: the opportunity for counselling students to become more competent in their chosen profession through direct supervision and the opportunity to work with real client issues; additional counselling services to those community members whose issues do not meet the criteria of other community agencies; and a new area of collaboration between UNBC and the community of Prince George. Through the development of this new relationship, the proposed clinic could generate stronger relationships and growth with the university, students, and community members.

Overview of the Project

In Chapter 2, literature on the supervision of counselling students is presented. There is minimal literature available on the development and running of on-site clinics at colleges and universities in Canada and the United States, resulting in a more general focus on the supervision and training of counsellors.

The background work on the proposed clinic that initiated this project and the subsequent development of the two documents is discussed in Chapter 3. This work featured discussions with clinical directors in Canada and the United States who provided information regarding the configuration and running of their clinics.

The two documents that are presented in Chapter 4 of this project include the clinic manual and the marketing plan for the establishment of the proposed counselling clinic. The manual provides a framework of policies and procedures for the safe, organized, and competent administration of the clinic and the student counsellors. The second document is a marketing plan that contains a framework for the implementation of the clinic. This document includes a marketing strategy that will be used to bring awareness of the benefits of the clinic to university, community, and public partners.

CHAPTER 2: LITERATURE AND INFORMATION

Counselling Supervision

Introduction

Supervision plays a significant role in counselling and especially in the training of student counsellors during their academic years. Supervision has proven to be a positive and effective model for the training of counsellors (Spencer, 2006; Wheeler & Richards, 2007). Literature shows that through adequate and effective supervision, a greater feeling of competency is possible for trainees (Allen, Folger & Pehrsson, 2007; Eagle, Haynes, & Long, 2007; Hipple & Beamish, 2007; Pearson, 2006). The purpose of this chapter will be to discuss what supervision consists of, various models of supervision, the effectiveness of supervision, limitations to use, and why supervision is important for the beginning counsellor.

Definition

Supervision is a major component in training counsellors and assisting them in acquiring the skills needed for working with clients. It is a unique and challenging process that helps facilitate the supervisee's development (Spencer, 2006). Supervision is essential in creating an atmosphere of support and encouragement that can lead to the growth and transformation from a student counsellor to a practicing counsellor (Eagle et al., 2007; Spencer, 2006). Supervision can be focused on the supervisee and his/her growth as a counsellor, or focus on the client by helping supervisees understand client issues (Pearson, 2006). According to Eagle et al. (2007), the focus of supervision is to change a supervisee's inexperience to one of experience that can be reflected on and learned from. This type of supervision explores what is happening for the trainee as supervisors support clients. Other

supervision frameworks shift from a trainee focus to a client focus that mirrors the counselling itself. In a study on play therapy and supervision Allen et al.'s (2007) focus is on the supervisors' ability to use a model of counselling to help the trainee provide specific counselling to the client. These two frameworks of supervision tend to overlap and influence each other throughout the literature and are important structures for understanding the enhancement supervision provides to counsellor training. This environment of growth, support, and learning can be encouraged by the models of supervision that a supervisor may use.

Models of Supervision

Supervision can be a positive and motivating construct for the training of counsellors through the use of various supervision models (Wheeler & Richards, 2007).There are varying types and methods of supervision that can be used in the training of supervisees, such as the reflective model of triadic supervision, the working alliance model and the discrimination model. The reflective model of triadic supervision reflects on the therapeutic alliance between supervisor, supervisee, and client (Stinchfield, Hill & Kleist, 2007). The working alliance model, based in psychoanalytical theory, uses the relationship between supervisor and supervisee to share goals, accomplish tasks, and build relational bonds (Bordin, 1979). The discrimination model focuses on the supervisee's skills of intervention, conceptualization, and personalization and the role the supervisor plays for the trainee (Bernard & Goodyear, 2004).

Bernard & Goodyear (2004) list three general models of supervision that include: developmental, psychotherapeutic, and social role models. Developmental models look at the changes that supervisees go through as they gain experience and training (Bernard &

Goodyear, 2004). Social role models describe the roles the supervisor takes on with the supervisee including the teacher, counsellor and consultant roles. Psychotherapeutic models of supervision use psychotherapeutic techniques from cognitive therapy, play therapy, narrative, and person-centered therapy, as interventions within the supervisor and supervisee relationship (Allen et al., 2007; Bernard, 1992; Pearson, 2006; Speedy, 2000). Developmental, psychotherapeutic, and role-based models of supervision are commonly used and the literature presented will focus on the general distinction between these three models.

Developmental Model

The developmental model of supervision focuses on beginning counsellors' change process through experience and training (Bernard & Goodyear, 2004). Developmental models of supervision present linear stages of supervisee development and discuss the appropriate response of the supervisor at these differing levels. These stages focus on dynamics for the trainee, achieving skills, conflict resolution, learning environments, and psychosocial development (Bernard & Goodyear, 2004). Examples of developmental models discussed in Bernard and Goodyear's (2004) text on supervision, include: the integrated developmental model, the Rønnestad and Skovholt model, and the Loganbill, Hardy and Delworth model. The integrated developmental model describes counsellor development through four stages. The Rønnestad and Skovholt model focuses on counsellor development throughout the life span. The Loganbill, Hardy and Delworth model involves three stages of development and eight supervisory issues that may come up in supervision. All three of these models attempt to frame the supervisory relationship as one that develops with the supervisee.

Psychotherapeutic Model

Psychotherapy-based supervision is grounded in major theories of psychotherapeutic counselling (Bernard, 1992; Pearson, 2006). Techniques from person-centered, solution-focused, cognitive-behavioral, and narrative theories are used within the supervision model (Speedy, 2000). These techniques offer supervisees some of the same benefits that clients gain in a therapeutic relationship. The supervisor uses the specific counselling techniques to work with their supervisee to encourage counsellor growth and development as well as strategies for supporting the client (Presbury, Echterling & McKee, 1999). The strengths of these approaches are found in their fundamental concepts, assumptions, and guiding principles. Examples include the importance of empathy, genuineness, and warmth offered by a person-centered approach (Pearson, 2006), or the focus on finding solutions to challenges in a solution-focused supervision model. For cognitive approaches, Pearson (2006) describes how goal-setting, evaluation, and raising awareness with the supervisee all help the process of working with clients. Narrative approaches involve the supervisor focusing on the story of the client and supervisee, and attempting to allow for more connectedness in the supervisory process (Speedy, 2000). These approaches help make supervision not just an evaluative process, but a tool to promote personal growth in both clients and counsellors (Pearson, 2006).

Along with the strengths of psychotherapeutic models come their limitations and possible incompatibility with supervision in general (Bernard, 1992; Pearson, 2006). The incompatibility may be found in the blurring of the counsellor, supervisor role (Bernard, 1992). Questions may be raised regarding how a supervisor remains firm in their role while using techniques of counselling with the supervisee in a session. Bernard (1992) expands this

challenge by questioning how supervisors can assume a non-judgmental framework and at the same time offer evaluation of the supervisee.

Role-based Model

A role-based model is widely used by supervisors. Bernard and Goodyear's (2004) study, explains that in this model the supervisor assumes the role of teacher, consultant, and counsellor. The uses of these roles are key components to this approach to supervision (Pearson, 2006). The teaching role allows the supervisor to teach, guide, and evaluate the supervisee as they would a student. The role of counsellor allows the supervisor to encourage growth and self-awareness in the supervisee (Pearson, 2006). This counselling role allows the supervisor to focus on how the supervisee is feeling, reacting, or thinking about his/her work as counsellor. The third role is that of consultant where the supervisor embraces the idea that the control of the interaction is given to the supervisee so that the supervisor and supervisee become colleagues in helping the client face their challenges (Pearson, 2006). The roles the supervisor plays can be a combination of these three roles or exclusive to one.

The limitations of this model are specific to the role taken on by the supervisor. The teacher role may be detrimental because it is evaluative for the student and not focused on the client. It may also limit the sense of control the supervisee feels, as the supervisor takes on the role of "expert" (Pearson, 2006). The reverse may be true as a consultant; the development of a collegial relationship may result in missed opportunities for important skill acquisition because the focus is on the client instead of the supervisee. Finally, the counselor role may be too personal in focusing on the supervisee when the supervisee is not ready for intense self-reflection or personal work. Whatever the limitation, Allen et al., (2007) suggest

that supervision is effective, no matter what type is used, when the potential results are continued growth and assessment on the part of the supervisor and supervisee.

The Importance of Supervision

The importance of supervision is found in the role it plays in the growth of trainees. Some specific concepts used to describe the effects of supervision found in the research include: awareness (Goodman, 2005); validation, connection, contact, and support (Gregory, 2008; Stafford & Henderson, 2008); competency (Pearson, 2006); and standards, skills, and self-efficacy (West & Clark, 2004; Wheeler & Richards, 2007). In a literature review of supervision research from 1980 until the present, Wheeler and Richards (2007) found that supervision was consistent in showing positive outcomes for students and practitioners who received it. De Stefano et al., (2007) found in a study of trainee impasse with clients and the impact of supervision that trainees experienced supervision as a useful tool in formulating new ideas for overcoming impasse with a client. This study has particular significance for the proposed clinic because the study was done within the established counselling training clinic at McGill University.

Other factors that make the use of supervision with trainees so important is that it helps trainees confront, question, and rearrange their own assumptions and beliefs concerning their clients in counselling (Eagle et al., 2007; Goodman, 2005; Magnuson & Norem, 2002; Gregory, 2008; Spencer, 2000). This awareness adds to the continued self-assessment that counsellors-in-training need in order to facilitate professional growth (Allen et al., 2004). The supervision found in clinic settings help supervisees deal with real situations that have the potential to challenge and motivate them to change (Eagle et al., 2007). Such change experiences can help student counsellors build competency through

increased self-confidence and effective skills acquisition (Allen et al., 2004; Eagle et al., 2007; Goodman, 2005; Hipple, & Beamish, 2007; Pearson, 2006; Spencer, 2000; Williams, Judge, Hill & Hoffman, 1997; Wood & Rayle, 2006; Woodside, Oberman, Cole, & Carruth, 2007). Supervision ultimately results in trainees who progress as more accountable, ethical, effective, and self-monitoring professionals (Crocket, 2006).

Limitations of Supervision

Research indicates that supervision is difficult to manage when there are differing styles of counselling styles between supervisor and supervisee (Allen et al., 2007; Bernard, 1994; Spencer, 2007). These differences can detract from the work that is done in the supervision relationship; trainees begin to feel less positive about supervision and the training they receive (De Stefano et al., 2007). Another limitation is that not all supervision is consistent from one supervisor to another. There are a number of agencies that use self-report of the student instead of direct supervision. Self-reporting or note supervision can be a weak form of supervision for counsellors if the goal is to increase awareness of the abilities of counsellor trainees (Bernard & Goodyear, 2004, Hipple, 2007). The goal for future research into supervision then can be seen as an inquiry into how supervision will be used to train, effective, competent counsellors.

Competency

Supervision is an essential component of training but doesn't automatically ensure counsellor competence. Bernard and Goodyear (2004) point out there is a need for more research into the effectiveness of various methods of training counsellors. Many researchers continue to study supervision and its effectiveness for student trainees. Bernard (2005) provides one interpretation of supervision: "at the end of the day, supervision was, is, and

will be defined by the realization of our supervisees that they understand the therapeutic process and themselves at least a tad better then when they entered supervision..."(p.18)

Competency in the literature is defined as a continual assessment of self and client (Allen et al., 2007), and an application of accountability, self-awareness, ethical and effective practice (Crocket, 2007). Competency is more of a continuum of training that incorporates the existing qualities of the person into that of a practicing counsellor. Competency may simply be the practice of overcoming challenges such as self-doubt, anxiety, lack of skills, and differences between client, counsellor, and supervisors (Eagle et al., 2007; Spencer, 2000; Williams, et al., 1997; Woodside, 2007).

Therefore, the goal is for a counselling trainee to overcome these challenges and assert themselves as they leave the safety of training for actual practice. There is overwhelming evidence in the research that suggests that to reach this goal, they will have been better off to have had supervision in one form or another (Bernard, 1992; De Stefano et al., 2007; Goodman, 2005; Wheeler, & Richards, 2007). Supervision then becomes a necessity for student counsellors as they begin and finish their training in whatever institution they may be in.

Conclusion

The literature has shown that supervision is a necessary component in the training of counsellors. Through the overview of the models, strengths, importance, and limitations of supervision, it has become apparent that supervision is a major component in the field of counselling. Supervision can assist the development of beginning counsellors through an exploration of personal obstacles like self-doubt, fear, and lack of experience. Supervision allows trainees to better understand, encourage, and support clients. Through this process,

working counsellors become more ethical, skilled, and competent in practice. My hope is that the proposed UNBC Clinic of Care will incorporate supervision models that offer appropriate and effective methods to bring about change and growth in clients and student counsellors. Future practitioners who facilitate the proposed clinic and supervise students will find that supervision is "fundamentally a generative enterprise that enhances the supervisor only through the enhancement of the supervisee" (Bernard, 2005, p.17). This awareness can guide supervisors and counsellors alike as they build opportunities for change and growth with clients.

CHAPTER 3: PROCESS

Background of the Project

Existing Clinic Information

Beginning

The first step in my work was to obtain information on university affiliated counselling clinics. I managed to locate little of published information on the development of counselling clinics in university settings. This apparent gap in the literature forced me to access primary sources found in universities that have implemented and are currently supporting counselling clinics. Through discussions with my supervisor it was decided that talking to directors at a variety of clinics would be an effective way to gather information and firsthand knowledge of counselling clinic policy and make comparisons to what we have here in our northern setting.

In my preliminary work, four Canadian clinics were found and contacted: Fraser River Counselling (FRC) housed at Trinity Western University in Langley, B.C.; McGill Clinic at McGill University in Montreal Quebec; the UBC Clinic at the University of British Columbia in Vancouver, B.C.; and the University of Winnipeg's partner clinic, the Aurora Family Therapy Center in Winnipeg. I also contacted the clinic developer of Idaho State University's (ISU) Boise Counselling Clinic in Boise, Idaho. All of the clinical directors contacted provided policy information on the functioning and usage of the clinics including information on client populations served; monies used and generated; and the need that the clinics fulfill for students and clients in the various communities.

Acquired Clinic Information

The clinical directors from FRC, UBC, and the developer of the ISU Clinic provided key background information on clinic policy for this project. Throughout the conversations, I found that the clinics offered a variety of services depending on numerous factors that related to their communities and the expertise of faculty and staff. These services included counselling (on a sliding-scale or reduced fee payment plan) for individual, group, and couples, offered by supervised students in Masters in Counselling or Clinical Psychology programs. Clinics also offered counselling workshops to other community agencies. All the clinical directors discussed topics such as student participation, supervision, community involvement, funding and expenditures, strengths and weaknesses of the clinic, procedures and policies, and longevity of the clinic. A selection of the topics we discussed is briefly summarized in the following section.

Student Participation

The supervision of the graduate students working with real clients appeared to be the main focus of the clinics. It was through students' growth in training that allowed them to enter into their internships and practicum as stronger counsellors, prepared to respond to the needs of their clients. Counselling students with weaker skills were also allowed more time to work in the clinics and given more supervision to help increase competency.

Supervision Format

The format of supervision varied with the differing approaches used by faculty members that supervised the graduate students in the clinics. In the UBC clinic, faculty supervisors would supervise students but were also encouraged to bring in some of their own clients for private work. This brought money into the university and allowed the faculty to

still be active in counselling. At the FRC, peer consultation led by faculty members is used to give timely feedback on recorded or immediate sessions.

Referrals

The numerous services offered and the policy of liaising with referring agencies allowed the clinics to function as viable, competent sources of counselling for community referred children, youth, and adults. Community referrals came from various sources including private, not-for-profit counselling agencies, the Ministry of Child and Family Development, churches, and school districts. These agencies all referred to the counselling clinics at the various universities.

Community Involvement

The most impressive example of community involvement was the school district in Langley, B.C., who built the FRC a satellite-counselling centre at one school to serve community members. The FRC is also in the process of creating another satellite centre in a nearby city in partnership with several community agencies. This hub will provide additional hours for onsite student supervision and additional opportunities for second year field placements.

Funding and Expenditures

This area of discussion provided information on the kind of funding that is generated from the actual services of the clinic and what was needed for the initial development of a counselling clinic. Initial expenses included funds allocated for site building and for general office equipment, with the most significant expense coming from allocation of space for a clinic. The remaining expenditures of the clinics were comparatively minimal and several clinics brought in a significant amount of their own monies. This was achieved in two

clinics, the FRC in Langley and the ISU clinic in Idaho through a minimal fee of ten dollars to the clients, providing the clients could afford it. Other ideas of generating funds were workshops put on by the supervisors, guest speakers, or students of the clinics.

The developer of the clinic at ISU brought money from a private foundation with the proposal for the clinic to the university, so that the start-up costs and beginning operations were covered for a period of time. This gave strength to the clinic proposal and allowed for a quick transition to a fully operating counselling center.

Policies, Procedures, and Manuals

Two Clinical Directors also provided clinic manuals that contained the policies and procedures that are used to run the clinics. These manuals set forth policies and procedures for: safety, liability, clinical teams, practicum, and clinical activities. The developer of the clinic at Idaho State University was able to provide me with the marketing plan that was used to implement the clinic there. This marketing plan describes market research and an innovative, cost-effective, step-wise plan for establishing the clinic.

The information gathered by talking with the clinical directors or founders demonstrated to me that the community of Prince George has similar needs and that the UNBC Counselling Specialization program in the School of Education have the ability and opportunity to create a clinic that can fulfill these needs. These needs include providing training for students to be more competent professional counsellors, while allowing people to access timely, quality, and affordable counselling services. Without the clinic policy information from the directors, the future goal of establishing a counselling clinic with the assistance of this project would have taken longer to implement. The information from the

directors and developers of counselling clinics has provided a framework on which to implement a counselling clinic at UNBC in a more appropriate timeframe.

Information Specific to UNBC

To move the proposal for the clinic to the next phase after completing discussions with the clinic directors, I began to have meetings with faculty members in the School of Education at UNBC. Faculty members who teach and supervise in the Counselling Specialization program provided information on the needs of student counsellors and the structure of the present program. They also provided input on supervision issues and the importance of community input. In these discussions, various ideas for the operation of the clinic were presented. One area of concern was that of liability. To address this concern, I approached the UNBC Risk Management department to learn about specific liability coverage for the clinic. The staff in this department inquired after information from the insurance provider. This information will be used in the clinic manual to inform clients and students of the protection they have. The support of these people continues to influence the development and successful implementation of the clinic.

Developing the Marketing Plan

The marketing plan contains a number of different topics, which outline the procedures to be taken to implement a counselling clinic. The topics will include: a summary and overview of the proposed clinic, client population, phases of implementation, operational issues, risk and outcomes and a financial projection. The marketing plan incorporates a phased in approach to marketing the clinic to prospective funders, referral agencies, the university, and the public. The structure of this plan is adapted with permission from Joseph

Curtis's (1998) Idaho State University's Marketing Plan and is informed from many conversations with various faculty members at UNBC.

Developing the Clinic Manual

The clinic manual developed provides a foundation on which to build a safe, ethical, professional, and organized counselling clinic. Topics found in the manual include: policies and guidelines; faculty, staff and student responsibilities; clinical placement and activities; emergency procedures; and clinical forms. This manual is informed by the Fraser River Counselling Center Manual (2000) used in the operation of the Fraser River Counselling Center in Langley, B.C., by permission of the Clinical Director, and by dialogue with my supervisor and Dr. John Sherry from the School of Education who was the director of a clinic serving a community college for 15 years. Building on this framework and information, the manual will address the specific needs of UNBC's Counselling Specialization program and the needs of Prince George community members.

Future Use of Project

The limit of this project is the presentation of the marketing plan and clinic manual, but it is my hope that this project will help propel the process of developing a clinic to adequately serve the community of Prince George and counselling students from the Counselling Specialization program. This future development will enlarge the vision of what the Masters of Education Counselling Specialization program can do for the community that it serves through a clinic of counselling. My vision is that this training clinic will become a place where adequate, competent, and timely services can be offered to the community. It is primarily a training facility that allows research, supervision, and student skills to be

developed over time. The priority of the clinic will be in training its students to be better prepared for their practicum and future work with clients in the community.

The marketing plan has incorporated ways for the community, clients, and students to have a voice in the process of growth so that this clinic is responsive to their needs. In order to gain this input from students, Prince George agencies, and other community members, the marketing plan and manual will be used in information sessions on the proposed clinic. I have conceptualized three other initial ideas for gaining input from the community. The first idea is the formation of an advisory committee that will include university faculty, community agency representatives, the Clinical Director, and student representation. This committee would help to inform the Counselling Specialization program as to what the needs of the community are and how best to serve community members. The second idea is that professionals from the community who would be willing to work with the graduate students to supervise their sessions would be invited to participate in the clinic. This would be vital for counselling specializations such as couples and family counselling work. The third idea would be to allow feedback from clients to the counsellors and the counselling clinic itself, so that the clients can influence how and what services are offered.

Those working on the proposed clinic might also suggest that if there is a need to put on workshops, symposiums, or presentations on issues that affect the needs of our community, students in the Counselling Specialization program could serve as facilitators. This would increase the knowledge level of our students and allow them to take a more active role in the community of Prince George. These activities would also help market the clinic to the community and possibly generate funding.

Summary

From conversations with the clinical directors contacted, it was apparent that there were many benefits to the clinics and the services offered. The clinics allowed student counsellors more sessions with actual clients; helped community members have access to counselling that they might not have had access to previously; and helped build strong relationships between the clinic and the community. I believe that a counselling clinic would have a positive effect on students and how they view their abilities and skills as they are trained and supervised before they are placed into the community practicum. These benefits and the training students receive will give them more confidence as they enter the counselling profession.

CHAPTER 4: CLINIC MANUAL AND MARKETING PLAN

Presentation of Project Documents

Clinic Manual Outline

Overview of Clinic Manual

The Clinic Manual is a document that provides the UNBC Clinic of Care (CLOC) a foundation on which to build a safe, ethical, professional, and organized clinic. This comprehensive manual gives students and faculty the required information needed to facilitate the operation of the clinic. The manual will be reviewed yearly by the Clinical Director and advisory committee to see what changes need to be made.

The manual covers the policies and procedures of the clinic. The manual is organized under the headings of: policies and guidelines; clinic hours; faculty, staff, and student responsibilities; clinical activities; emergency procedures; and clinical forms.

Policies and guidelines. This section includes such items as the organization of the clinical team, clinical hour requirements, usage and priority, safety policy for students, insurance information, and criminal record checks.

Clinical hours. This section explains the amount of practice hours students will need for completing the course requirements connected with the clinic.

Faculty, staff and student responsibilities. Responsibilities of those who are part of the clinic and the clinic's operation are described in this section. Duties of the Clinical Director, Coordinator, and Supervisor, are outlined as well as the responsibilities of the student counsellors.

Clinical activities and materials. Protocol for dealing with intakes, scheduling, record keeping, and documentation fall under this heading. Legal issues and Freedom of

Information requests are addressed to ensure confidentiality for the client. Material that is standard for tracking and following up with clients and potential research activities will also be addressed to ensure confidentiality.

Emergency procedures. This is an essential section to have in the manual for the protection of students, clients, and anyone attending the clinic. Protocol for client crises, suicide assessment and procedures, potential danger to others, and reporting suspected abuse, are provided in this section.

Clinical forms. This section includes copies of the forms that students will become familiar with and use appropriately in the clinic.

Overview of Marketing Plan

The marketing plan outlines the purpose and rationale for the counselling clinic inception, how the clinic will be funded, and all phases of development. The sections include: summary of the proposal and populations served; marketing plan and strategies; operational issues; risk outcomes; and financial projections.

Summary of the Proposal. This section details the relationship between the university and the clinic and the current state of readiness to implement the clinic.

UNBC's Clinic of Care. This section presents the proposed clinic and the reasons why it is being proposed at the present time. The location of the clinic is also discussed as well as descriptions of the staff and the services provided to the community.

Proposed Client Populations. This section describes what specific services that will be provided to community members and the rationale for focusing on this client base. Client challenges will be matched to the abilities of the students by supervisors working with the students.

Marketing the UNBC CLOC. An overview of a phased-in approach to implementing the counselling clinic at UNBC is presented in this section. The overall information plan and activities that will be undertaken to inform the university, the public, referral sources, and the media on the purpose of the clinic are described under this heading. This section includes time-frames for the phases and details of how marketing will be implemented.

The first phase of this plan will deal with developing presentations for the university senate committee and other schools. Meetings will be arranged with faculty, and potential funding sources to present the counselling clinic proposal. The process of developing a clinic advisory board is also outlined.

The second phase will develop promotional materials and presentations for community referral agencies. This stage will focus on setting up Memorandums of Understandings between different agencies in the community.

The third phase of the marketing plan will continue with the development of the clinic and a focus on increasing the capacity and referral sources for the clinic. In this phase, tracking materials, presentations, and follow up emails would continue to be developed.

The fourth phase of the marketing plan will be to bring more visibility to the clinic, through increased public awareness. This would necessitate a public relations plan for talking to media and the development of a website off the main university website. The marketing plan will detail these phases and set forth a time frame for implementation. The marketing plan will also contain a section on financial projections for the clinic.

Throughout all phases of the development and implementation of the clinic, one of the clinical directors who was contacted for information mentioned that to keep the clinic connected with the community you have to drink a lot of coffee, (B. Begalka, personal

communication, January 2009) referring to the need to attend many meetings with community agencies and other key contributors.

Operational issues. This section describes in detail the key staff for the clinic's administration and day-to-day operations. Facilities and equipment needed to operate the clinic are also described.

Risk and outcomes. Possible risks that may be encountered throughout the inception and running of the clinic are highlighted in this section, as well as plans or responses to such issues. This section also discusses the procedure through which committees, supervisors, and students will deal with possible risks.

Financial projections. The final section includes a break-down of the financial needs and proposed funding that will be required for facilitating the clinic. By securing funding in advance of proposing the clinic to the university, it is hoped that the implementation will be able to move forward in a timely manner.

This marketing plan gives the Counselling Specialization program a starting point to connect with those who will be involved in the building of the proposed clinic. The marketing plan provides those who work on implementation a framework for how to deliver competent services, address financial needs, raise funds and do risk assessment. The goal of the marketing plan is to confidently present the clinic in a manner that will allow people to feel assured that the plan we are undertaking is solid and well considered.

UNBC Clinic of Care

Clinic Manual

Statement of Purpose

The M.Ed. Counselling Specialization program in the School of Education upholds the principles of respect, integrity, equality, and dignity, in all areas of human engagement. Our goal is to train professional counsellors to support the psychological, social, and physical well-being of individuals and families in communities. The UNBC Clinic of Care (CLOC) upholds these principles through offering appropriate supervision to students as they train and work in the clinic. The clinic will become a place where counsellors-in-training can gain experience, knowledge, and strength in counselling through the modeling of techniques and direct feedback from supervisors. The clinic also offers the community a place where members can receive counselling services to which they might not otherwise have access.

Training

The Counselling Specialization program is designed to prepare counsellors to provide professional services and leadership in counselling and psycho-educational programs offered in community mental health organizations, schools, social service agencies, post-secondary institutions, and other various agencies.

The objectives of the program are the development of professional counsellors who understand and demonstrate:

1. the philosophy of counselling psychology
2. current and classic theories, models, and approaches to counselling
3. change process as it relates to human development and developmental challenges
4. competency in interviewing, intervention, and assessment skills in counselling
5. awareness of cultural and social diversity
6. the role and expectations of practitioners working in counselling psychology settings
7. ethical decision-making

Students begin the counselling practice component of their training in the Clinic of Care (CLOC) in order to ensure that they have experience with clients in a supervised environment. The supervision they receive in the clinic allows students to build their skills and confidence before going into their practicum. Students then have the opportunity to focus upon and to complete periods of supervised clinical practice in community-based practicum settings that are relevant to their interests, based on availability. The students who have finished the internship will have the opportunity to come to the clinic as advanced student counsellors and complete additional hours of supervision.

Research

The UNBC Clinic of Care in collaboration with UNBC faculty members in supporting programs offers clients the opportunity to participate in various research studies approved by the Office of Research and the Research Ethics Board. Clients may consent to participate in research projects that are generally advertised through pamphlets in the clinic, but are under no obligation to do so. Student counsellors are also given the opportunity to participate in research studies involving the training of counsellors, but are under no obligation to do so.

UNBC CLOC Policies and Guidelines

The UNBC Clinic of Care (CLOC) is a graduate training clinic that provides quality supervision opportunities to counselling students in the Counselling Specialization program in the School of Education. CLOC also gives community members in Prince George an opportunity to receive fee-reduced services for various concerns and situations they may encounter in day-to-day living. The clinic's guiding philosophy is one of serving clients with sensitivity and respect, ensuring that their issues are addressed with a bio-psychosocial, multicultural approach that considers all aspects of clients' contexts.

In order to ensure and increase clinic staff members' and students' ability to serve community members in a professional, ethical, safe, and effective manner, the following policies and guidelines have been established. Students' participation in learning and implementing these guidelines will help make the CLOC a productive service for the community of Prince George.

The Clinical Team

The clinical team is comprised of two Counselling Specialization program faculty members and one full-time certified counsellor holding the minimum of a M.Ed. in Counselling.

Clinical Coordinator (faculty member)

Clinical Director (faculty member)

Clinical Supervisor (new staff hire)

The clinical team generally meets on a weekly basis to discuss items such as:

1. Students' progress and concerns; client issues and concerns; referral services; community involvement, facility issues; and any other issues related to student and client requirements.
2. Clinical Supervisor concerns and needs.

The clinical team also reports to the Chair of the School of Education (Graduate Programs) and to the CLOC Advisory Committee once every four months.

Clinical Hour Requirements

Students are required to complete the following client hours at the clinic in their first year of study:

1. 50 directly supervised individual client hours.

Required hours for off-site practicum:

1. Previous to accreditation: 120 direct client and group hours.
2. After accreditation: 200 direct individual and group client hours.

** Note: The UNBC Counselling Specialization program plans to go through the Canadian Counselling Association, Counsellor Education Program Accreditation process. A requirement for this accreditation process is additional practicum hours. Currently the hours needed for practicum is 120 hours.*

The total hours for clinic and practicum are presently 170 client hours and will become 250 client hours after accreditation.

The completion of the clinical hours of supervision helps fulfill the required hours for certification in counselling associations across Canada.

Clinic of Care Usage and Priority

The UNBC CLOC is a community counselling training clinic that enhances the training of graduate students in the M.Ed. Counselling Specialization program at the University of Northern British Columbia. The counselling clinic will be used for the following purposes (by order of priority):

1. For the CLOC Clinical Team
    a. To ensure confidentiality for our clients the entire area will be off-limits to other faculty or students during clinical times (except with special consideration or permission from the Clinical Coordinator or Clinical Director).
2. Supervised Student-delivered Counselling.
3. Counselling In-Service
    a. Any teaching done by a lecturer or other professional that is approved by the Clinical Director.
4. Other Student or Faculty use
    a. Students or faculty who do not fall into the aforementioned groups may book space in the clinic (e.g., for thesis interviews, research, etc.) upon approval from the CLOC Clinical Director or Clinical Coordinator.

5. Clinical Activities

    a. The Clinical Director or Clinical Coordinator must approve other types of clinical use (e.g., private counselling by faculty or alumni), prior to booking the CLOC centre.

UNBC Safety Policy for Students

For safety of clients and students, no student will use the clinic for counselling or any other clinical purpose without the Clinical Supervisor or a supervisor/faculty member on the clinic premise.

Insurance & Criminal Records Check

The UNBC has a policy for liability insurance for UNBC faculty and students under their supervision. This would ensure that student counsellors are covered in case of liability issues as long as they are under the direct supervision of a faculty member. This policy will ensure that the students, faculty, and staff, have adequate legal protection as they counsel, assess, interview, or supervise those in the clinic. The students will also need to become student members of CCA and procure individual liability insurance through the association while they are counselling community clients. Students can access the Counselling Student Handbook for contact information on the various counselling associations.

Each student requires a Criminal Record check as part of working at the clinic; this is a requirement of acceptance into the Counselling Specialization program at UNBC.

Faculty, Staff and Student Responsibilities

Responsibilities of the CLOC Clinical Coordinator

1. Report to the Chair of the School of Education (Graduate Programs).
2. Monitor students' knowledge of the CLOC polices and guidelines.
3. Provide consultation and supervision for the Clinical Director.
4. Develop clinic policies and revise clinic guidelines and student requirements.
5. Attend advisory committee meetings and meet with the Clinical Director.
6. Deal with issues arising from the clinic brought forth by Clinical Director, Clinical Supervisor, or students (i.e., Critical incidents).

Responsibilities of the CLOC Clinical Director

1. Report to the Clinic Coordinator on the progress of the clinic and its functions.
2. Monitor knowledge of, and adherence to, the CLOC policies and guidelines by students and staff.
3. Supervise the Clinical Supervisor.
4. Develop and evaluating policies for the manual of the clinic.
5. Supervise students and counselling clients when required (i.e., in case Clinical Supervisor is ill or on holidays).
6. Community liaison with referral agencies, media, and other public organizations.
7. Advertise the CLOC.
8. Audit archived clinical files.
9. Respond to the inquiries of the public and community partners.
10. Director of in-service training (e.g. Safety, Ethics, Crisis).

11. Track Budget and funding requirements.

Responsibilities of the CLOC Clinical Supervisor

1. Supervise counselling students.
2. Provide direct supervision through in-session participation, one-way mirror, or through audio/video recordings of counselling sessions with clients' permission.
3. Give timely feedback to student counsellors on their sessions with clients.
4. Teach special skills to student counsellors.
5. Give feedback on concerns of student counsellors or challenges they may face.
6. Screen of clients for clinic.
7. Work with the Clinical Director and Clinical Coordinator on policy or clinic manual changes.
8. Meeting with Clinical Director and Clinical Coordinator to discuss learning needs and progress of student counsellors.
9. Counsel clients that are not able to meet with student counsellors.

Responsibility of Student Counsellors

1. Student counsellors need to familiarize themselves with the clinic manual, program guidelines, and ethical standards as found in the Canadian Counselling Association (CCA) Code of Ethics. These guides will help the student gain a strong foundation as a counsellor. The following guidelines must be adhered to so that the students, clients and the clinic can function in a safe, competent, and ethical manner.
    a. Ethical Standards: In case of ethical dilemmas students should follow these steps:
        i. Talk to Clinical Supervisor or Clinical Director.

ii. Follow steps of ethical decision making found in the CCA Ethical guidelines manual.

iii. Discuss decision with Clinical Supervisor

iv. Implement decision.

b. Ethical Violations: In case of a ethical violation by a student counsellor, the following steps will be taken:

i. Discussion between the Clinical Supervisor, Clinical Director, and Clinical Coordinator.

ii. Supervisor will meet with counsellor to discuss any minor ethical violations and provide guidance.

iii. Depending on severity of violation a number of outcomes may occur: (a) immediate dismissal from clinic; (b) failing grade for clinical hours; (c) dismissal from the School of Education Counselling Program. It is the responsibility of the students to understand ethical procedures to ensure competent counselling.

2. Students will be in charge of scheduling their own appointments with clients at the clinic. They will ensure that clients are aware of where the clinic is and how best to get there. If there is a conflict with times or appointments, students will talk to the clinic supervisor.

3. Student counsellors will ensure confidentiality of clients. The students will be responsible for client files and confidential information for the clients. They will also be responsible for the confidentiality of any observed sessions that they have participated in with other student counsellors.

Students should also be sensitive to any other confidential materials when presenting in class, workshops, or teaching sessions. Techniques for ensuring the confidentiality of the clients in the clinic must be used. These techniques may include the use of pseudonyms, differing identifiers (e.g., gender change, content change, etc.), and any other form of masking confidential information.

The process of informed consent for clients of the clinic will be used. All clients will be asked to consent to the videotaping, audio taping, or observation of their sessions. Clients will be informed that those sessions they give taping consent for will be viewed/heard only by the supervising team.

4. All clients must give their consent to participate in counselling with students at the CLOC at the UNBC. If they decline services, alternatives will be presented.
5. Students should present themselves in a professional manner. This aspect of professionalism includes appropriate dress, grooming, and behavior.
6. When working in the clinic the following guidelines should be adhered to:
    a. Doors to all observation rooms should be closed when in session;
    b. All client materials should be removed after each session, and the room prepared for next session.
    c. Students may have to assume the role of clinic receptionist when on-site and assist in managing the clinic (i.e., answering telephones, greeting clients, giving/receiving forms, assigning rooms).
    d. All equipment (video/audio) should be set-up prior to client arriving for session. Technical problems should be reported to the Clinical Supervisor or Clinical Director.

6. Lines of Communication for Student Concerns with clients:
    a. Student concerns should be taken to the Clinical Supervisor, if not resolved;
    b. Clinical Supervisor will take the concern to the Clinical Director.
    c. The Clinical Director will deal with the concern and report to the student and supervisor or will bring the concern to the Clinical Coordinator or Clinical Team for action.
7. Lines of Communication for Clinical Supervisor Concerns:
    a. Clinical Supervisor will take concerns to Clinical Director
    b. Clinical Director will then take concern to Clinical Coordinator or meet as Clinical Team
8. Student counsellors will not see clients unless the Clinical Supervisor or Clinical Director is on-site. No counselling occurs without a supervisor on-site.
9. If a client becomes dangerous (including intoxicated (drugs or alcohol), physically violent, or verbally aggressive), students should contact the Clinical Supervisor or other staff immediately. The student will not be required to complete such a session.
10. Student counsellors will keep a log of their clinical hours on a practicum timesheet and log.

Clinical Placement

Clinic Hours

The students will begin working at the clinic as soon as they complete the prerequisites for the course Educ 712, Counselling Practice. The clinic hours will be a component of the evaluation for the Counselling Practice course. The requirements for successfully completing the clinic component are as follows:

1. Complete 50 hours of supervised direct individual counselling with clients from the community
2. Demonstrate professional and competent work through in-session notes, growth in supervision, and growth in skills and abilities.

**Note: During their practicum, students will have the opportunity to complete additional hours of counselling work at the clinic. Priority will be given to those students in Educ 712 Counselling Practice. The Clinical Supervisor will suggest to the Clinical Director any placements outside of the Counselling Practice class.*

Clinical Activities

To offer timely service, the Clinical Supervisor and clinic team will book appointments and arrange to get clients in as soon as possible based on client load.

Intake Protocol and Scheduling Client Appointments

1. Telephone intakes – The telephone intakes at the clinic will be handled by the Clinical Supervisor who will intake the client if his or her presenting issues are appropriate for student counsellors. If client's issues do not fall within the mandate of the CLOC, the client will be referred to another agency.
2. The Clinical Supervisor will assign the client to the student counsellor who will contact the client for an initial appointment. This process should occur as quickly as possible.
3. Client assignments – All clients will be assigned a student counsellor to take them through their sessions. The Clinical Supervisor will decide on the number of clients served in the clinic. The Clinical Supervisor will ensure that all sessions are supervised.
4. Counselling Load – Student counsellors will see clients only after they have completed the required courses to enter Educ. 712 Counselling Practice. Students initially will work with one client and then once he/she have been assessed by the Clinical Supervisor for the quality and level of their counselling abilities, she/he will be given more.
5. Waitlists – If there are waitlists, the Clinical Supervisor will pool clients by date and the students will draw from that pool. If the client drops out of counselling, he or she

will be contacted by the Clinical Supervisor with a suggested course of action (i.e., referral, termination, or possibly another counsellor). Clients may request referrals to other agencies at anytime.

Student Counsellors Process

Once the Clinical Supervisor has assigned clients to the student counsellors, the following guidelines will be applied:

1. The student counsellor will call the client to make an appointment, recording the booking. It will be the responsibility of the student to arrange all appointments with his or her assigned client.
2. If the student counsellor cannot meet with the client in a timely manner, the client is will go back to the waitlist pool. The will be placed in the pool so that they can be seen in a timely fashion.
3. Each student counsellor is responsible for managing her or his own client list. They will draw from the waitlist pool if they are without clients.
4. Limits of confidentiality and informed consent will be reviewed in the first session. Clients will be continually informed of any interventions that may be used in the session (see informed consent in *Counselling Ethics: Issues and Cases*, Schulz, Sheppard, Lehr, & Shepard, 2007).
5. Clients will be informed of any term breaks or holidays.
6. Students will be intimately familiar with process steps to use with clients who are in crisis, as well as the protocols set for suicidal clients or emergencies.

Feedback & Termination

The student counsellor will be responsible for terminating the sessions in a responsible, competent manner with the client. This will include:

1. Informing the client in advance of final counselling sessions.
2. Setting up follow-up with referral agencies if transferring care.
3. Giving clients feedback forms to fill out and return to the clinic if desired.
4. Completing a Closing Session form or Transfer of Care form.

Clinical Record Keeping and Case Management

Process of Record Keeping:

1. Write session notes before leaving the Clinic site each day.
2. The Clinical Supervisor will read and sign all session notes.
3. Ensure all case files are up to date and kept in locked filing cabinet.
4. Review appointments with Clinical Supervisor.
5. Follow up with clients about missed appointments or cancellations.

Session notes. After each session student counsellors should complete in-session notes for that appointment. Session notes should be done for each appointment, even if the client cancelled or did not show up. These notes should be clear and concise and counsellors should be aware of any notes that give indentifying information on the client. These notes are for tracking what work is done in session and for evaluation purposes.

Log notes. Each student counsellor is required to complete a reflective process form after each session. These forms make-up the students' counselling logs. These logs are for educational purposes for the student counsellor and should not contain any identifying

information on clients. For a description of reflective process notes, refer to Educ 712 Counselling Practice course outline.

Record Storage

All the records for clients will be kept in separate files in a lockable filing cabinet. All the files concerning clients will remain on-site at all times, including video, audio, or written materials concerning a session. Students will have their own filing system that can be locked to hold video, audio, or written materials for current sessions. All written material from older or terminated sessions will be kept within the locked filing cabinet for the required timeframe. Student counsellors will erase video and/or audio tapes as soon as supervision of the session recorded is complete.

File Management

Active client files will be kept for 7 years. The client files will be destroyed after that time by shredding.

Files of clients that participated in a single session will be kept for 5 years and then destroyed by shredding or deleted from computer files.

Children and youth files will be kept for 7 years after they reach the age of majority. All other contact files for clients (phone logs, intakes with no-shows, etc.) will be kept for 12 months then destroyed.

Clinical Documentation

Student counsellors will need to submit the following forms at the end of their clinic hours:

1. Log Book
2. Total Clinic Hours
3. Closing Session/Transfer of Care Forms

Legal and FOIPPA Requests

Client Access to Records

Clients have the legal right to have access to all of their files. In keeping with the Freedom of Information and Protection of Privacy Act (FOIPPA), found at http://www.qp.gov.bc.ca/statreg/stat/F/96165_01.htm, the following guidelines should be used when processing a formal request for information by clients, parents, or guardians.

1. Clients should be informed about how to complete a Freedom of Information request. They must make their request in writing for access to their records. It is recommended that the request be made via the Request for Access to Records form. They should be notified that they will be charged a handling fee of $10 per request plus 25 cent per photocopied page. They should also be informed that the Clinical Director and Clinical Co-ordinator will review all requests for information
2. Requests will be processed within 30 days of receiving the formal request
3. Either a court ordered subpoena or attestation of power of attorney must accompany requests from anyone other than the client. Parents or guardians of children under twelve can make requests on behalf of their children
4. The supervisor will make photocopies of the records the client has requested. The Clinical Supervisor will assist the student counsellor to edit third party information from the client's photocopied records with a black felt marker
5. The request from all other documentation should be sealed in an envelope and submitted to the Clinical Director
6. The Clinical Director will review the request and documents to ensure conformity to CLOC policy and FOIPPA guidelines. He or she will sign and date the FOI request

form, photocopy the records, and return the document to the Clinical Supervisor in a sealed envelope to distribute to the client via the counsellor. It is important that the original edited documents not be given the client. Instead, the original documents should be placed in the client's file, along with the signed FOI request form

7. Clients making the request for information should not be given the requested documents until payment has been received for the $ 10 fee and photocopy charges
8. Clients may also make a request to correct any personal information contained in CLOC records
9. The Clinical Supervisor submits fees and any reimbursement requests to the Clinical Director

Access to Clinical Records by Third Parties

Requests by Lawyers

Normally client lawyers' requests are accompanied by a release of information form signed by the client. With this signed release, acknowledgement that the person was a CLOC client is not appropriate. If the request cannot be completed within two working days, receipt of the request should be acknowledged and logged. Following receipt of a request the client should be contacted by the CLOC Clinical Director (for closed files) and by the Clinical Supervisor for current clients.

a. Verbal confirmation of the written permission for release of records should be obtained
b. Remind the client of the contents of his or her file and third party limitations to the information that will be released

Clients then have three options: (1) Full release of their file contents not including third party information, (2) selective release of the file contents, or (3) withdrawal of permission to release information. In the latter instance, a written withdrawal is requested of the client. This client contact should be logged and filed with the release request.

Subpoena for Client Record

1. The university lawyer should be contacted by the Clinical Coordinator through the Risk Management Office and should be provided with a copy of the subpoena
2. The client should be contacted by the CLOC supervisor in consultation with the Clinical Director and Clinical Coordinator as appropriated to inform the client of the court order, explain the implications of the subpoena, and to request that the client release the information subpoenaed if appropriate

Procedure

1. The client lawyer should be notified that the will be charged a handling fee of $50 per request, plus $60 per hour, plus 25 cents per photocopied page. Request will be processed within 30 days of receiving the formal request
2. For current cases, the Clinical Supervisor will make photocopies of the records the lawyer has requested. In compliance with FOIPPA standards, the Clinical Supervisor in consultation with the CLOC Director will edit any third party information from the client's photocopied records with a black felt marker. For closed cases, the Clinical Director will assume these duties
3. All records released will be accompanied by a cover letter explaining that the counselling was provided as part of a training program in counselling and that third party information, if any, was excluded by virtue of FOIPPA regulations. Moreover,

any dangers or risks to the client resulting from disclosure of counselling information will be addressed to the court. In such an instance, the letter will request that these records be "closed" to public access. A copy of the cover letter will be forwarded to the client as appropriate

4. The records will be accompanied by an invoice for processing fees
5. When payment is rendered, both cheque and invoice will be photocopied and any client name(s) will be blacked out on the copy of the invoices.

Emergency Procedures

The following procedures have been proposed to keep the staff, students, and clients safe in UNBC's CLOC.

Client Emergencies

If a client begins to become agitated in session, the student counsellor should:

1. Use skills to lower client affect and help client become less agitated.

If client's agitation increases:

2. Student counsellors notify the Clinical Supervisor and the client should be assured that steps are being taken to help them through this. The Clinical Supervisor can then become a part of the intervention if the client is stable enough to continue.
3. The Clinical Supervisor or other staff members may notify campus security (if possible) or police in the event of escalation of agitation to threats of violence.
4. Once security or the police have been called any other sessions that are going on in the clinic should be notified and clients and student counsellors should leave the clinic to a safe zone.
5. Safe Zones are designated areas that have been prepared for clients and student counsellors to meet where they can all go for safety from situations of harm. Because of the uniqueness of the proposed clinic's space, this has been designated as the lecture room adjacent to counselling clinic.
6. Once the situation has been handled and the all clear has been given by the police and/or security, the Clinical Supervisor will notify those in the safe area that they can leave the clinic or continue their session.

7. The Clinical Supervisor will then notify the Clinical Director or Clinical Coordinator and fill out an incident report. The Clinical Supervisor will debrief with the Clinical Director and/or Clinical Coordinator.
8. Immediately after the incident, the student counsellor who was involved will fill out the incident form and then debrief with the Clinical Supervisor.

Suicide Assessment

The CLOC will strive to deal with any intention to suicide in a competent and timely manner. The procedures that follow will assist the staff and student counsellors to help clients who find themselves at this point. Student counsellors will assess the level of intention that a client has towards suicide (i.e., ideation, formulation or planning):

1. Asking client about previous attempts to commit suicide. If "yes," ask for details.
2. Asking client if anyone else in their family attempted or succeeded to kill themselves. If "yes," ask for details.
3. Ask client directly if he or she has been thinking about killing themselves? If "yes," ask for details.
4. Ask if he or she has a plan.
5. If the answer to question 4 is "yes", ask about details. Ask about anything that would give them access to weapons, pills or information about locations that are possible means to a successful suicide. Also ask about supportive individuals who can be with this person if he or she does not have a plan but is thinking about it.
6. If the answer to question 1 or 2 is "yes" and the answer to question 4 is "no", there is a moderate risk of suicide. Counselling students should consult with the Clinical

Supervisor before the client leaves. The student should document the assessment in in-session notes immediately following the session.

7. If the answer to question 4 is "yes", then there is a high risk of suicide.

   a. This client needs to be reminded again of confidentiality issues and informed consent.

   b. The client's support systems need to be contacted and informed of the level of risk. They may need some sort of intervention or debriefing because the information can be traumatic. Information should be provided on referral services that they can access immediately. Details of the possible causes do not need to be shared, unless it will reduce the harm to the client.

   c. Inform the Clinical Supervisor of the situation and double check the steps taken with him or her

**Documentation of the steps taken in session must be done immediately.*

8. If the answer to question 4 reflects high lethality and immediate intent, then you have an *emergency.*

   a. If the high risk is immediate, then it is the student counsellor's duty to remind the client that he or she have to break confidentiality at this point because of the level of harm(i.e., "I am going to go home and shoot myself as soon as I leave here…"). *The student counsellor must inform the Clinical Supervisor or another faculty member immediately.*

   b. Encourage the client not to leave the premises but do not attempt to restrain the client (If the client does leave, call the police immediately at 911; ensure that you have all pertinent information ready.).

The next steps, should be done with the consultation of the Clinical Supervisor

c. Contact immediate support systems if available. Make appropriate arrangements for client to go to emergency or another safe, monitored area.

d. The police may be called to escort the client to the ER of the hospital.

e. Within 24 hours, ensure that a Critical Incidence form is filled out and given to the supervisor.

Child and Adolescent Suicide Procedures

The CLOC will treat adolescent disclosure of moderate to high risk of suicide as a reason to breach confidence.

1. The custodial parent/s or caregiver will be contacted and informed of the risk.

2. The client will not be able to leave with anyone other than the custodial parents, unless they are refusing to treat the client as a suicide risk than it will be treated as harm to child and child services will be notified of the situation.

3. The child or adolescent will be given same procedures if the risk is high and no parent or guardian is forthcoming.

Telephone Procedure for Caller with Suicidal Intention

1. If a prospective or current client expresses suicidal intent while on the telephone with you, assess the client for risk of suicide. Immediately alert the Clinical Supervisor while on the phone with client. Attempt to get as much information as possible about them. If the risk is high, then the client should be referred to the local hospital emergency room along with notifying the police if they have no support to take them there.

**Documentation for suicidal ideation must be clearly expressed. All steps taken when working with the client who is suicidal must be documented.*

Procedure for Potential Danger to another Person

Begin by repeating or reminding the client the limits of confidentiality.

1. To assess the intent and lethality:
    a. Ask client if he or she has a plan?
    b. Ask client how she or he is planning to hurt the intended victim?
    c. Ask who the intended victim is?
2. If the risk is high and victim is identified:
    a. The police must be called (911), and the intended victim must be notified immediately.
    b. The incident is reported on the critical incidence form.
3. If the risk is high and the intended victim is not identified:
    a. A plan of action is developed with the Clinical Supervisor.
    b. Counsellor or supervisor may contact police.
    c. Make sure process was documented in in-session notes.
4. If the risk is low (i.e., "I'm going to punch him right in the face") and victim identified:
    a. Develop a plan of action with the Clinical Supervisor.
    b. The counsellor or Clinical Supervisor must contact police (911).
    c. The student counsellor documents his or her process with in-session notes.
5. If there is a situation of danger or imminent risk of harm to someone other than the client; counsellor, client and/or supervisor work together to assess the risk and help the client take steps to report the danger to the police or other parties.

Reporting Child Abuse

Information obtained from the Child, Family & Community Services Act

Duty to Report

A person who has reasonable grounds to believe that a child is in need of protection shall report the circumstances to child protection services at the Ministry of Children & Family Development (MCFD). Monday – Friday, 8:30 am – 4:30 pm call the Child Protection office in the child's community. In Prince George this number is 250-565-6876. The after-hours number should be called if there is an emergency outside of business hours.

1. The duty to report overrides a claim of confidentiality by anyone except for privilege arising from a solicitor-client relationship.
2. Failing to report is an offense under the Act.

When to Report

The Child, Family and Community Services Act applies to Any child under 19 years of age who is in need of protection, that is, in any of these following circumstances (s. 13 of the Act):

1. If the child has been, or is likely to be, physically harmed by the child's parent;
2. If the child has been, or is likely to be sexually abused or exploited by the child's parent;
3. If the has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person, including other children, and if the child's parent is unwilling or unable to protect the child;
4. If the child has been, or is likely to be physically harmed because of neglect by the child's parent;

5. If the child is emotionally harmed by the parent's conduct;
6. If the child is deprived of necessary health care;
7. If the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment;
8. If the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care;
9. If the child is or has been absent from home in circumstances that endanger the child's safety or well-being;
10. If the child's parent is dead and adequate provision has not been made for the child's care;
11. If the child has been abandoned and adequate provision has not been made for the child's care;
12. If the child is in the care of a director or another person by agreement and the child`s parent is unwilling or unable to resume care when the agreement is no longer in force.
13. If the child is under 12 years old and has committed a serious crime.
14. If the child is engaged in physical or sexual abuse of another child, with the following exceptions:
    a. normal sexual play or exploration between children of similar ages;
    b. minor altercations or aggression between children; and
    c. any other activity that is in the bounds of normal childhood behavior.

Procedures for Reporting a Disclosure or Possible Disclosure

1. Report the disclosure to the Clinical Supervisor.
2. Determine the residential location of the child.

3. Contact the MCFD office in Prince George.
4. Ask for the *Intake Social Worker.*
5. Have the child`s name, birth date, address, and phone number available to give to the *Intake Social Worker.*
6. Discuss specifics of the report with *intake social worker.*
7. Record the name of intake social worker, date, time and details of the report on the Critical incidence form, copy the form and then submit to file and Clinical Supervisor within 24 hours.

What to Report

When reporting to MCFD, attempt to have as much information as possible. You will be asked for the following information:

1. Your name and phone number.
2. Relationship to child.
3. Any immediate concerns about the child`s safety
4. The location of the child;
5. The child's age.
6. Information on the situation including all physical and behavioral indicators observed;
7. Information about the family, parents and alleged offenders;
8. The nature of the child`s disabilities, if any;
9. The name of a key support person;
10. Other child(ren) who may be at risk;

11. Information about other person or agencies closely involved with the child and/or family;
12. Any other relevant information concerning the child and/or family such as language and culture.

**Note: Aboriginal children will have particular procedures ensuring their safety through the Ministry of Children and Family Development; ensure that the Clinical Supervisor knows if the child is of aboriginal descent.*

Clinical Forms

These forms are a sample of those used by students documenting client sessions:

UNBC CLINIC OF CARE
PROGRESS NOTES

Client Name _____ Date: _____
Session#___

Goal for Session
Outcome from Previous Session (Homework/Intervention)
Summary of Session
Assessment of Client's Status
Interventions/Homework
Plans

Date: _____ Counsellor (Print & Sign)
_____

Date: _____ Supervisor (Print & Sign)
_____

UNBC CLINIC OF CARE
CLOSING OR TRANSFER SUMMARY
(circle one)
Closing----------Transfer

Clients Name_____ D.O.B _____

Address: _____ Tel:

_____

Presenting Problem:

Brief History of Counselling (include: Interventions used and treatment goals/plan

Current Status:

Transferring to (Agency name and contact):

_____

Recommendations for future service:

Date: Counsellor: (Print and Sign)_____

Date: Supervisors: (Print and Sign)_____

UNBC Clinic of Care

Marketing Plan

Summary of the Proposal

The University of Northern British Columbia (UNBC) plays a unique role in the communities that it serves particularly Prince George. For the last 15 years it has been an integral and valuable resource for local forestry, social services, education systems, and health industries in northern British Columbia. UNBC has been innovative in all these areas and with the development of a new university training counselling clinic will continue the tradition of collaboration with the community and graduate students.

This marketing plan and clinic proposal outlines the rationale for the implementation of a counselling clinic that serves as a training ground for Masters of Education students in the Counselling Specialization program. This clinic is separate from the already successful and established UNBC Wellness Centre counselling clinic that provides service to students and faculty of the university. The proposed "Clinic of Care" (CLOC), will be open to appointments from community members and referrals from agencies in Prince George. Referrals will come from the partnership with community programs that will refer clients that don't meet the agencies mandates. We believe that referrals from these various agencies will have the potential to give the student counsellors in the M.Ed. Counselling Specialization program a broad base of clients that will increase their level of competency in counselling. The clinic will have a mandate to offer timely, effective, and professional counselling services to community members who present with issues appropriate to the services offered by the clinic.

The clinic will also have the potential to be an effective research facility that will increase our knowledge on topics that deal with the counselling profession and client issues. This

focus will also increase our capacity to offer services that are deemed effective for many of the challenges that clients face. This research may ultimately help our student counsellor and the clients that enter the clinic.

Overview of the Proposed CLOC

UNBC Clinic of Care

The School of Education offers a Master of Education, Counselling Specialization as a full/part-time degree to train graduate students in the profession of counselling. The program has a record of successful students working in counselling and educational agencies in the community. The establishment of a clinic through the university will provide a training facility that allows students the opportunity to gain increased supervised sessions with real client issues. Supervision of student counsellors has been shown in research to increase skill development and general competency levels.

The M.Ed. Counselling Specialization program through the School of Education is now ready to take the next step in its growth by opening the counselling CLOC, which will increase its positive presence in the community. The location of the proposed clinic has yet to be determined, but one potential location is the UNBC building located in downtown Prince George. If this location proves to be the most viable location, potential clients will be able to access the clinic easily by foot, bus, or car. This potential location will also help the CLOC offer confidential and accessible service.

Purpose of the UNBC Counselling Clinic

The CLOC's purpose will be to offer training to the students of the M.Ed., Counselling Specialization program while serving the community of Prince George and surrounding area. Students working under clinical staff and faculty supervision will provide appropriate professional counselling to clients in the community. The supervision by clinical staff and faculty will ensure that each client is provided the best service possible.

The CLOC will also help the community by providing services that may not be available or affordable to many clients. The CLOC will help clients explore challenges of a social and psychological nature that may lower their satisfaction with life. The clinic will attempt to accomplish this goal by offering individual and group counselling, and workshops.

Description of Proposed New Program

The UNBC Counselling Clinic will offer timely, competent, and reduced-cost services to people in Prince George and surrounding area. The services at this time will be offered to children, youth, and adults for individual counselling. Group counselling will also be available as demand permits.

Location/Contact Information

The clinic location has yet to be determined. Negotiations on a possible location will commence after the clinic proposal has been presented to the university and approved.

Operation of the Clinic

The Clinic of Care will be open year round. The full-time status of many counselling students in the counselling program and the appointment of a full-time Clinical Supervisor will allow the clinic to offer counselling year round.

Professional Staff

The clinic will be staffed by a Clinical Supervisor and Clinical Director, who are certified counselors, and by graduate student counsellors. The clinic will be managed by a faculty member; the Clinical Director, and one full-time staff position: the Clinical Supervisor. The day-to-day operations of the clinic will be under the supervision of the Clinical Supervisor with assistance from the Clinical Director.

Services

Counselling: The CLOC will offer individual counselling services to the community of Prince George. The topics of counselling will be dependent on the skill level of the student counsellors and the orientation of the Clinical Supervisor. The mandate of service for the clinic will be for such challenges as; anxiety, depression, grief and loss, life transitions, relational issues and other moderate presenting issues. This is not an inclusive list, and screening provided by the Clinical Supervisor will determine if a potential client's issues are appropriate for the student counsellors' abilities. Counselling services will not be offered for severe depression, personality disorders and other serious mental disorders, or severe trauma (PTSD, Dissociative Disorder.)

Group counselling: The UNBC clinic will also offer interpersonal process groups, theme groups, and psycho-educational groups addressing a variety of psychological and developmental concerns. For example, some of the themes that we will possibly address using a group modality include: self-esteem building, anxiety reduction, communication skills, conflict resolution, and parental support. Clients interested in group treatment will meet with a counsellor to assess the match between individual needs and available groups.

Client Fees

Clients' fees will be set at $10 for individual sessions and a small additional fee for group therapy based on each session. Clients will pay at the time of services and the UNBC clinic will not be involved in 3rd party billing, EFAP programs, or insurance claims. If clients are unable to pay due to financial hardship, services will be provided on a sliding-scale fee distribution.

Capacity

Depending on the final location of the clinic, we propose to build capacity to support between 30-40 clients per-semester. The staff is not in place at this time to support this number of clients so a phased-in approach to the implementation of the clinic will be deployed over the 12 months following opening.

Proposed Client Populations

Definition of Population

The clients of counselling at the UNBC clinic would be individuals from the surrounding community who don't fit the mandate of other community services in Prince George. It is not the intention of the UNBC counselling clinic to compete with local agencies when providing services but rather to partner with them in providing competent, timely, and reduced-fee services.

Our ideas for reaching clients begin with but are not limited to: 1) letters of support or agreement from community referring agencies (i.e., private practitioners, MCFD, and schools); 2) counsellors and social workers in the Prince George area; 3) and local mental health agencies in the Prince George area (i.e., Northern Health).

Evidence of Readiness

The results of our communications within the community suggest that there is demand among our referral groups for timely counselling in the Prince George area for clients whose issues do not meet their agency criteria. Among the findings of our informal feasibility discussions, agency directors report that clients requesting timely, reduced-fee services are prevalent and having the CLOC as a referral source for such clients would be beneficial.

Possible Referral Relationships

In the community of Prince George there are a number of government, non-profit, private, and referring agencies that deal with the clients that would fit the mandate of the CLOC. The clinic will reach out to these agencies to build a client load for the training of students and

the provision of services. A goal of the clinic will be to help alleviate an overburdened system in our community and not be in competition with the referring agencies.

UNBC CLOC Marketing Plan

Marketing the UNBC CLOC

Marketing the CLOC to the referring agencies and the community at large will be assisted through the following steps:

1. *On-site presentations in mental health agency staff meetings.*

   All mental health agencies hold regular staff meetings or rounds, where staff can be educated about the clinic's services.

2. *Forming MOU (Memorandums of Understandings) with referring agencies.*

   The opportunity to work in partnership with these agencies will give the clinic a foundation to build a client load for student practitioners and to build stronger relationships in practicum agreements.

3. *Personal one-on-one and follow-up contact with agency directors*:

   Agency directors will inform their agency counsellors of referral sites and options for clients that fall outside of their agencies mandates. If the clinic is proposed to them, it is our hope that a trickle-down effect will happen and those counsellors who are made aware will make referrals to the clinic.

4. *On-site presentations with private agencies*:

   Presentations will be geared toward specific agencies on what the clinic can offer. It will provide information regarding the clinic's mandate, referral process, and services offered.

5. Promotional materials.

Business cards, pamphlets, and other sources of basic information on the clinic will be produced to give to prospective referral agencies and counsellors.

6. P*resentations to local associations.*

We will contact local associations (CMHA, NH, SOS, etc.) so that they might have access to our referral process and present them with our mandate so they may be able to steer other potential referral sources to the clinic.

Marketing Plan Phases of Implementation

Phase 1: Introduce the new UNBC Counselling Clinic of Care (CLOC) to the University for approval through the senate and begin to generate awareness of services offered and build a base of clients.

Phase 2: Begin to build referral relationships and raise awareness in the community.

Phase 3: Broaden the introduction of the clinic and expand client base.

Phase 4: Full clinic program launch and formal announcement within the community.

*Note: *The following marketing activities will be completed for each phase*

Phase 1:

1. *Develop Promotional Material for University Senate*

Have the promotional material and presentations ready to present to senate committee:

a. CLOC statement of purpose and values, with instructions on how referrals will be made

b. Information on the university's Counselling Specialization program and full description of counsellor training

c. Services of the clinic

d. What the mandate of the clinic is and what client issues will be accepted as referrals

2. *Meeting with UNBC Campus Faculty and Staff*

Linda O'Neill, faculty representative of the counselling program will attend regular faculty and staff meetings to present the Counselling clinic proposal and discuss the opening of the CLOC, describe services provided and how to access them.

Phase 2: Following approval of the Senate:

1. *Contact Local Agencies, Face-to-Face Meetings and Presentations*

Begin to connect and meet with agencies and provide information and presentations where needed.

2. *Meet with Supervisors of Northern Health's Mental Health and Addiction Programs*

Arrange meetings with the supervisors of Northern Health's mental health programs to discuss the CLOC, secure partnerships, and plan communication strategies for referrals. Strategies include both face-to-face presentations at meetings that will include different programs that may refer clients to the clinic (i.e., Community Response Unit, Community Acute Stabilization Team)

3. *Develop Email Communication*

Make a standard email communication that can be used as follow up with the different agencies that have been contacted. Send these out.

4. *Ask to be published in the Community Book of Reference for Prince George.*

5. *Begin to develop a clinic advisory board*

This board will be made up of the UNBC faculty and clinic staff, community, and student representatives. The board will function to advise the clinic on policies or changes needed to keep the clinic up to date on the needs of clients and referring agencies in the community.

6. *Actively Pursue External Funding for Clinical Supervisor Position*

This process will be ongoing until a suitable source of funding can be acquired to secure a supervisory position. This may be filled by the Clinical Director on a part-time basis but there will be a need for a full-time staff position at the clinic.

Phase 3:

1. *Broaden the Search for potential Referrals by presenting to other agencies*

This step will continue the work of Phase 1 but to a broader range of referral sources. This will begin after evaluation of capacity is reached at the clinic.

2. *Identify Prospective Referral Contacts*

Use variety of sources to identify and prioritize prospective local agency contacts for referral sources.

3. Contact Local Agencies for Face-to-Face Meetings and Presentations

We will continue to offer presentations and information meetings with potential referral agencies and their staff.

4. Develop Update Email Communication (semi-annually):

As a process of communication with agencies and our referral sources, a group email can be produced to inform agencies of any changes in the clinic and its functions. This process will eventually be under the direction of the Advisory Committee.

5. Form a UNBC Counselling Clinic Advisory Committee

The advisory committee will be formed during this phase. The advisory committee will be made up of community contacts which represent the agencies of referral sources in the community. Participants will also include members of the university and student bodies, clinic managers, community counsellors and other interested participants. An initial meeting will be organized to help define the role of the clinic in the community. It will be important to have ongoing projects for the committee to work on so membership will be considered worthwhile.

Phase 4:

1. *Create a UNBC Counselling Clinic Website off the Main UNBC Site*

Build a website that will define and give information for referring to the clinic along with times, location, and what services are offered.

2. *Host an Open House Event at the UNBC Counselling Clinic*

The university and community partners that have contributed to the establishment of the clinic as well as all interested community members will be invited to the open house. Students and faculty will be invited to give short presentations on what the clinic will do. Refreshments will be provided and people will be shown around the space.

3. *Develop a PR Plan*

A plan will be developed that will highlight the clinic and its services. This plan could bring more awareness to what the university is doing to support those in its community in combination with training counselling students. Media outlets will be

used if this does not detract from other services. The university web page will also be used for raising awareness of the implementation of the program.

Operational Issues

Key Staff for the UNBC Clinic of Care

The CLOC will be overseen by two current Counselling Specialization faculty and supervised by a clinical supervisor. The graduate students will staff the counselling services of the CLOC

Clinical Coordinator

The Clinical Coordinator will be a Counselling Specialization faculty member who will work closely with the Clinical Director. The Clinical Coordinator and Clinical Director will be involved in all executive decisions concerning the operation of the clinic. The Clinical Coordinator will be involved in policy and procedure changes and will act as the liaison person between the university and the clinic.

Clinical Director

The Clinical Director will oversee all the operations of the clinic. The Clinical Director will be responsible for the advisory committee and will serve as direct supervisor of the Clinical Supervisor. The Clinical Director will be in charge of administrative policy, insurance, and funding concerns. In the event that the Clinical Supervisor is not available for supervision duties due to illness or other unforeseen circumstances, the Clinical Director will be responsible for all clinic activities.

Clinical Supervisor

The Clinical Supervisor will be responsible for day to day operations of the clinic. The supervisor will be a skilled, knowledgeable, personable, counsellor who will engage in a thorough orientation in UNBC CLOC's philosophy, policies and procedures, fees, screening

and intake process, and scheduling format. The supervisor will also become knowledgeable about the clinic and distinctions of services offered. The main responsibility of the Clinical Supervisor is to supervise the student practitioners, screen potential clients, and organize the schedule.

** Note: For a full list of the staff responsibilities refer to the UNBC Clinic of Care Manual*

Advisory Committee

The Advisory Committee includes members of the community, university, clinic staff, and students. The committee, in cooperation with the Clinical Director, will function as an advisory board to help the clinic be responsive to the needs of the community. The advisory board will be in place by the official opening of the clinic.

Clinical Staff

This plan is predicated on the assumption that counselling services will be delivered by the Counselling Specialization program's graduate level counselling students as a component of the required counselling courses including Educ 712 Counselling Practice, Educ 714, Group Counselling, and Educ 719, Counselling Practicum plus supplemental hours during practicum.

At any given time there will be a minimum of ten master's level students who have completed courses that are prerequisite to work in the clinic. Some of these courses include: Educ 613, Interpersonal Counselling Skills, and Educ 711, Counselling Theories.

As the program expands counselling students will be required to staff a specified number of hours at the Clinic. This will be necessary to meet the expected demand for services as we near the Clinic's client capacity and to meet the requirements of the CCA Accreditation process.

Facilities

The facility is yet to be determined but must have the potential to have a waiting room, observation room, and reception area and a minimum of four private counselling offices.

Equipment

The equipment needs of the Clinic are fairly limited and include the following:

- 1 – Locking File Cabinets
- 2 – Video recording devices
- 3 – Desktop Computer with internet access (for reception area and each staff office)
- 1 – Laptop Computer
- 1 – Mono laser Printer
- 3 – Telephones for each staff office and reception area
- 2 – Digital Audio recorders
- 1 – Baby Monitor or Intercom
- Cell phone with 900 min local plan
- Scheduling Software

Risks and Outcomes

There are risks associated with the implementation of this proposal. The following are some of those risks and corresponding responses:

Risk 1: We may discover that there isn't a need for the services of the clinic in the community and the clinic does not do what it has proposed.

Response: We feel there is a great need for the clinic's services from information from community providers of services and we hope to be able to build on the need that is indicated. However, if the need was not great, we would have to generate clients and begin to advertise our services more widely.

Risk 2: The process of building referrals and marketing the clinic builds too much capacity.

Response: The referral sources will be informed that the first six months of the clinic will be a pilot phase to help the staff better understand the demand and capacity of the clinic as well as evaluate our program. This will help set the expectation that capacity may not meet the level of need established by early contacts with agencies. The Clinical Supervisor will be a full-time employee who will ensure timely service for clients who are accepted for service and will refer clients out to other agencies if demand exceeds capacity.

Risk 3: Changes of service needed.

Response: If there is a change in our community that calls for a change in the services that we provide, we hope that through our advisory committee we will be able to

adequately assess the need and respond to change in a timely and adequate fashion.

Financial Projections

The UNBC Clinic of Care (CLOC) requires start-up funds for the establishment of the Clinic. These funds should carry the Clinic through its first year of operation. Fees collected from clients will help offset some of the financial requirements of the Clinic.

It is our hope that continuing funding can be found to support the required position of the Clinical Supervisor.

Table 1: September 2009 – October 2010 Budget

Item	Budget
Staff	
• Clinical Supervisor (Hired from to)	
Equipment	
• 1 – Laptop Computer	
• 3 – Desktop Computers	
• Software for tracking clients	
• Printer	
• Cell Phone (1-year, 900 min, local)	
• Infrared translators	
• Locking filing cabinets	
Facilities	
• Decorating (observation rooms)	
• Plaques for observation rooms	
• Scheduling software (need to verify)	
Marketing Phase 1	
• Information packet printing	
• Business Cards	
Marketing Phase 2	
• Information packet created and printed	
• Business Cards	
Marketing Phase 3	
• Website Development	
• Open House	

• PR Campaign	
Total Budget	

Summary Statement

It is my hope that the clinic manual and marketing plan will strengthen the Counselling Specialization Program's ability to present the clinic to referring agencies, the university, and potential funders who will play an integral part in supporting the clinic and its purpose. The marketing plan and clinic manual will serve as the foundation of UNBC's Counselling Clinic of Care. This proposed clinic will train competent counsellors and also become an invaluable community resource for people who need timely counselling for issues that do not fit the criteria of other community agencies.

The future growth of the proposed clinic will be built on the quality of service that the community receives, relationships with community agencies, and support from faculty in the Counselling Specialization Program in the School of Education. Growth will also depend on the university's ability to embrace the idea of the proposed clinic as an opportunity to work with the community. Our community and students deserve the opportunity to grow with each other and find strength in what they can accomplish together.

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