



Cameray Child and Family Services

Orientation Training Package for Counsellors

Revised January 2010

Counsellors - Orientation Training

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Service Philosophy

We provide a professional counselling service for children and their families consisting of weekly sessions on either a short-term (8 weeks to a maximum of 3 months) or long-term (12 sessions to a maximum of six months) basis. There is no fee for this service. Our therapeutic modalities include play and art therapy, psycho-education, and counselling for individuals, families and groups. Our primary client is the child, and we provide support to the child's family and caregivers around parenting and supporting the child. Our primary goal is to empower our clients through the strengthening of personal resources, skill and asset building, and emotional healing. We participate with other community resources in collaborative planning and integrated case management. We can accommodate clients with special needs and will make necessary adaptations to our approach when appropriate to serve these clients, including consulting with and referring to outside resources with expertise in the particular areas of special needs.

Program Overview

Cameray Child and Family Services offers a variety of programs, including short and long term programs in family, sexual abuse, and trauma counselling, Sexual Health Intervention Program for children exhibiting sexually intrusive behaviours, High Risk Youth Program and the Child and Youth (mental health issues) program. These programs are outlined in the *Program Referral Guide*. All programs are funded by the Ministry of Children and Family Development, and there is no cost for service.

In general, clients are seen for one hour sessions, once a week. Long-Term programs provide up to 12 counselling sessions for the child. Up to 12 sessions may also be provided for the parent(s), during the same time period (i.e. scheduled concurrently, not consecutively). More than one family member may be seen, so one case may constitute two or more sessions per week. Children are often seen individually for play therapy, while parents are seen separately to discuss parenting issues, either weekly or bi-weekly. We encourage parents to attend a minimum of one session per month. Family sessions also occur. The expectations regarding parental/caregiver involvement in the counselling process is to be communicated during the initial visit. Parents will be invited to participate in all case conferences involving their children. The interventions and modalities used are left to the discretion of the counsellor, based on the needs of the family, and are in consultation with the co-ordinator.

Child victims of abuse or neglect receive specialized or individualized service in the Sexual Abuse or Trauma counselling programs. The counsellors in these programs have specific training and experience in dealing with abuse issues. We provide immediate service for families with a new disclosure of abuse in the Short-Term Sexual Abuse or Family programs, and provide a package of

information around the dynamics and effects of sexual abuse and how to deal with disclosures, where appropriate. The safety of the child is always assessed and this information is included in the Assessment Report.

In the short term programs, there is no waiting list. The Short Term Family Program is designed to assist families faced with a situational crisis, i.e. an abusive incident or other traumatic event. The Short Term Sexual Abuse Program is for children who have made a new disclosure and their families. Families are contacted within 24 hours of a referral being approved, and an appointment is scheduled for within a week. Clients are then seen for up to eight sessions within a three month period. The purpose of these programs is to provide crisis intervention, support, information and referral, and to assist the family in developing some healthy coping strategies and tools to deal with their situation. If longer term therapy is recommended, they can be referred to another program at the time of termination in the crisis program.

In the long term programs, there is generally a waiting list, and counsellors book their own appointments. The Family Program is the most open program, and there is a broad range of presenting issues, such as behavioural challenges, parenting difficulties, grief and loss, ADHD, separation and divorce, etc. The Trauma Program is for children who have experienced trauma such as physical abuse, or anything which they may have experienced as traumatic. The Sexual Abuse Program (SAIP) is for children and youth who have made a clear disclosure of sexual abuse, either recent or historical. The High Risk Youth Program is for teens involved in high-risk behaviour who may not be suitable for other programs (i.e. consistency may be an issue). The Sexual Health Intervention Program (SHIP) is for children under 12 exhibiting inappropriate sexual behaviours, and the Child and Youth Program (C&Y) is for children with mental health concerns. Clients can be seen in these programs for 12 sessions to a maximum of six months. If the client is attending consistently, and actively working and making progress toward goals, but 12 sessions is not enough to complete the goals, they may be eligible for an extension.

The Intake Worker and Counsellors informs the clients of our cancellation policy. No-shows and cancellations with less than 48 hours notice count as a session. If a client no shows or gives less than 48 hours notice of cancellation, the scheduled appointment will count as one of the sessions permitted in the counselling contract. Counsellors do not claim cancelled sessions with more than 48 hours notice on their timesheets. Two no shows in a row or frequent cancellations may result in closing the client's file.

Outreach appointments are provided in special circumstances when clients have difficulty coming to the office. These may occur in schools, MCFD offices, or in the community. Counsellors go out to meet clients, but do not transport clients in their cars, due to liability and accreditation issues.

In partnership with the clients and their families, the counsellor will act as an advocate for the client, which includes providing support while the client is in the

program, mediating barriers to service and accessing outside services. As appropriate, the counsellor will make referrals upon termination.

In addition to the counselling programs, Cameray also offers an Early Intervention Parenting Program (Parent Support Program), a Transitioning Program for children moving into secondary school (ACTS), various groups, and a Child Victim Service Worker.

Caseload and Face to Face Client Hours

Caseload is based on a minimum of 4 face to face hours out of 7 hours worked. (i.e. 20 hours in a 35 hour position). Note that this is a contractual requirement of MCFD for the program, and it is imperative that we meet or exceed this minimum requirement. The first two weeks of employment are designated as training and orientation, and allows time to build your caseload. It is expected that a full caseload be booked by the third week of employment. Due to the importance of meeting this requirement, face to face is tracked throughout the year, and is reported on annually performance evaluations. Year-to-date face to face balances are provided to each counsellor quarterly.

Face to face hours include counselling sessions, telephone conversations with a client of more than 15 minutes, integrated case management meetings, or any other meeting where the client is present. No-shows and cancellations with less than 48 hours notice may be counted on your timesheet, and are counted as a session for the client.

Outreach and participation in case conferences is expected, as needed.

Resources

It is important to familiarize yourself with resources available. Each office has an extensive library which includes books on theory and interventions, self-help books, children's therapeutic story books, and various workbooks. These are available for counsellor use, both in and out of session. They are not to be given to clients to take out of the office. (If a particular book would be of benefit to give a client, it may be purchased out of the counsellor's expense money.) In addition, each office has an extensive video library for use in session. (Videos are not to be removed from the office.) There are other handouts and resources available in the filing cabinet, and each counsellor and co-ordinator has a personal collection of resources, so if you don't find information on a topic, ask around! In addition, the Red Book and local Blue Book are available for community resources, as well as a "Resource Binder" with a collection of brochures, etc. regarding community resources. *Crisis Telephone Numbers* may be of assistance for clients. The Red Book and Blue Book are also available online.

Crime Victim Assistance

Some clients are eligible for Crime Victim Assistance. If they have been a victim of a crime which was reported to the police, and the crime occurred in B.C., they are eligible. It is important to make clients aware of this. Crime Victim Assistance awards consist of provision of counselling services. Cameray can bill CVA for sessions. If a client is eligible but has not applied, it can be helpful and therapeutic for the counsellor to assist the client in the application process, or the SVAP worker may be contacted to assist with the process. If a client has CVA, they need to sign the appropriate line on the *Request for Counselling* form in order for Cameray to bill CVA. It is important to assure clients that we will still see them at no cost if they are not approved by CVA.

In order to bill CVA, the counsellor needs to be approved to provide the service. If it is likely you will be seeing eligible clients (i.e. in the Sexual Abuse Program) you will need to submit an application package. Speak to your Co-ordinator or the Executive Director about this.

Supervision

Counsellors meet with their co-ordinator for clinical supervision for one hour every two weeks. This meeting consists of both case consultation and case management. The format of the meeting is up to the counsellor and co-ordinator to decide. When a case is discussed in supervision, this needs to be documented in the Running Record of the client's file and signed by the Co-ordinator. All files must be discussed in supervision at least every 3 months, as a minimum. Short term files should be discussed at least monthly.

Opportunity to Supervise Practicum Student

The Co-ordinator has the option of supervising a practicum student or delegating the supervision of a practicum student to an interested counsellor who meets the following criteria:

- M.A., M.S.W. or equivalent
- Five years full time counselling experience
- Two years employment in good standing at Cameray
- Knowledge of paperwork requirements of relevant positions
- Demonstrated knowledge and experience with case management, crisis intervention and child protection issues
- Course work and/or experience in clinical supervision

The Board of Directors will make the final decision based on the Co-ordinator's recommendation and the counsellor's application.

Acceptance is conditional on the approval of the student's academic institution.

If accepted, the counsellor will be responsible for providing:

- weekly supervision
- review of all clinical reports (under supervision)

- participation in interview panel
- evaluations
- review of all paperwork

The counsellor will regularly brief the Co-ordinator on the practicum student's caseload and progress, and the Co-ordinator will sit in on supervision sessions with the counsellor and the practicum student on a monthly basis.

New Employee Mentors

A staff volunteer can offer to be a mentor for new employees in their office. The mentor would be responsible for helping new employees feel welcome and to show them how to find information in the Policy and Procedure Manual and Orientation Handbooks, as well as any other information they may be seeking. Any staff member interested in being a mentor should contact the Admin office.

Clinical Files

File Structure

Opening Forms Package

Other Opening Forms

Co-ordinated Care / External Referrals

Assessment and Treatment Planning Procedures

Termination Procedures

Reports

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Report Checklist

File Closing Checklist

Critical Incident Report

Suicide Risk Checklist

Client Evaluations

Closing Letters

File Locator Cards

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Clinical Files

File Structure

The Administrative Assistant prepares files for new cases. A new file will have the *Referral Form* on the left, and the *Running Record* on the right. It will also contain the *Consent Forms Package* and *Report Checklist*. The *Running Record* is used to record all activity on the file, without information regarding content. For example, all telephone calls (including messages left), meetings and sessions (including cancellations, no shows and reports written) are listed with the dates of the activities and your initials beside each entry. Running records must be handwritten in order to keep the files up-to-date. Dates of upcoming scheduled appointments should be recorded in the running record.

There are two *Progress Notes* forms, and either may be used, based on the counsellor's preference. The *Progress Notes* form is used to record content, such as session notes or records of telephone conversations. Progress Notes are to be kept brief and factual (i.e. no speculations or opinions), in case the file is ever subpoenaed, and are to be initialled after each entry by the counsellor. Progress notes may be handwritten or typed on the computer, based on the counsellor's preference. They should be printed out and added to the file whenever a page is full, and prior to peer record reviews. The coordinator needs to be provided with a password and instructions to access any progress notes not yet printed and added to the file.

All reports, consent forms and correspondence are also kept in the file. Files are to be kept neat and in chronological order, with reports at the top. This is for ease of reading and finding information in case the Co-ordinator should need to pull a file in the counsellor's absence, or for Peer File Reviewers (for Accreditation purposes). Files or reports are not to be removed from the office at any time. All files are locked in the filing cabinet when the office is closed.

File Organization

INSIDE FILE from BOTTOM to TOP:

- Intake Form
- Miscellaneous material (fax cover sheets, ICMP reports, drawings) – in chronological order
- Psychosocial Assessment Form
- Preliminary CAFAS form (N/A for Short Term files)
- Pink CAFAS form (N/A for Short Term files)
- Progress Notes (including Critical Incident Reports) – in chronological order
- Running Records – in chronological order
- Consent forms (including Release of Information)
- Goals

- Assessment Report (N/A for Short Term files)
- Progress Report (N/A for Short Term files)
- Termination Report
- Closing letter
- Report checklist

ATTACHED TO OUTSIDE

- Evaluations
- Outcomes

Opening Forms Package

This package is to be reviewed with the client and signed at the Intake session. This will be completed by the Intake Worker except in the Short Term Programs and High Risk Youth Programs. The parent generally attends the Intake session to sign the consent forms. Expectations regarding family participation is discussed and supported by having the client sign all opening form documents and the Assessment/Treatment plan. For younger children (pre-adolescent), the child generally does not attend the first session so the parent can speak freely about issues and family history. Adolescents generally attend the first session with their parent(s). If the child is old enough to understand, it is encouraged that he/she sign the opening forms as well as the parent/guardian. In cases where the child is in care, the consent forms may be faxed to the social worker (guardian) to sign.

The Opening Forms Package consists of:

Intake Form – This is a form for the client to complete which will provide the necessary demographic information to complete a demographic profile for the agency's client base. Admin will give this form to the client when they arrive for their intake session. It is the responsibility of the Intake Worker or the Counsellor to administer and collect the Intake Form when admin is not in the office. Check off on the report checklist that it has been completed and handed in to admin. The completed form will be sent to Hastings.

Client Information Sheet – This sheet outlines information the client should be aware of, and they can take it with them. It should be reviewed with the client in the intake session, with particular stress given to the sections on the limits to confidentiality and the cancellation policy.

Client Rights and Responsibilities – This is an information sheet of the client's rights and behavioural responsibilities during the course of counselling. One copy must be signed and placed in the file and another copy is to be sent with the client after the first session.

After Hours Entry – This is an information sheet for those clients who will be seen in the evenings. It outlines the procedure for entry when doors are locked in

each of the offices. It also outlines the policy regarding parents waiting for their children in the waiting room, to minimize the need for counsellors to leave the office to let people in the building.

Psycho-Social Assessment Form - Upon acceptance of the counselling contract, the Psycho-Social Assessment form will be completed and placed in the file. The information compiled from this form will be the basis upon which the Assessment Report/Treatment Plan will be developed.

Request for Counselling – Client lists all members of the family who may attend sessions. The Client Information Sheet is reviewed. Counsellor indicates whether the term of counselling is up to 8 or 12 sessions, depending on the program. Client signs consent to bill CVA if applicable.

Release of Information – This is completed by the counsellor (not the Intake Worker) with the client. Client lists any social workers or other service providers involved. The importance of collaborative planning and case management should be stressed, i.e. we are obligated to speak to these people if requested in order to contribute to collaborative planning, even if the client does not provide a release. The purpose for the collection and use of information being requested must be clear. Some time should be spent reviewing the reasons for this and assuring the client regarding confidentiality. See the chapter on “Collaborative Planning and Information Sharing” in The B.C. Handbook for Action on Child Abuse and Neglect (copy in orientation). If the client does not wish to list anyone at this time, they are to sign the appropriate section at the bottom of the form. Clients are to be given a copy of this form and the original is to be kept in the file. The release of information will be valid for up to 90 days. When a request for the Release of Information about a client is received, inform the Co-ordinator. If it is decided that the request is valid and in the best interest of the client and the client has not already provided consent, obtain written consent in the Release of Information form. If it is decided that the request is not valid, then the counsellor will deny the request for information.

Outcomes Measurement Form – This form will be given to the child, youth and parent/guardian, where applicable, to fill out on the first visit with the counsellor. This form will be completed again at termination for all programs. Completed copies are to be kept in the file until termination. When the file is closed, the completed sheets are to be photocopied, stapled together and sent to the admin office. The originals will be kept in the file.

CAFAS - is to be used as another outcome measure for all counselling programs with the exception of Short-Term (Crisis) programs and the High Risk Youth Program. Counsellors require training and certification in the use of CAFAS. Tracey Rusnak is the agency’s CAFAS training Coordinator.

CAFAS is not appropriate for children under the age of 5, or not yet in Kindergarten.

Where the use of CAFAS is appropriate, the following procedures are to be used:

- 1) A preliminary CAFAS rating is completed at Intake by the Intake Worker. The rating is based on behaviours in the past 3 months. This rating is based only on information provided by the referral source and person(s) attending intake session (caregiver or youth). It is recognized that this information may not be complete, and therefore the preliminary CAFAS rating may not be completely valid. The preliminary rating is recorded on the *Preliminary CAFAS Rating Form* and placed in the file.
- 2) The Counsellor rates the CAFAS at the time of assessment (first four sessions) and records on the pink form. This rating is based on behaviours in the past 3 months, or since the preliminary (intake) rating (whichever is longer). The CAFAS score is documented in the Assessment Report.
- 3) The Counsellor rates the CAFAS again at the mid-point of counselling (12 sessions or six months, when outcome measures are completed). This rating is based on behaviours since the last CAFAS rating (at assessment). The CAFAS score is recorded on the Progress Report, if applicable.
- 4) The Counsellor rates the CAFAS again at termination. This rating is based on behaviours since the last CAFAS rating (mid-contract or assessment). The CAFAS score is recorded on the Termination Report.
- 5) The Coordinator compiles CAFAS outcome measures and submits to Hastings.

A Guide for Parents – This is a helpful information sheet for parents on how to support their child while in counselling. It outlines such things as the counselling process for children, the child’s confidentiality, and guidelines about such things as consistency of attendance, and questioning children about their sessions. It is a good idea to review this information with all parents in the first one or two sessions.

Other Opening Forms:

The following forms are not included in the Consent Forms Package, but may be necessary in the initial session:

Consent to Treatment for Persons Under 19 Years – This form is required if a youth is being seen without a guardian’s signature. The client’s signature must be witnessed by a third party (i.e. the admin assistant or another counsellor). According to the Infant’s Act, a counsellor must be registered, licensed or certified in order to see a youth without parental consent.

Policy Regarding Child Custody and/or Access Assessments – This form is to be signed by parents who are involved in any custody or access battles. It clarifies that Cameray does not provide assessments and does not get involved in any way to “take sides” in these situations. Our client is the child, and it is generally in the best interest of the child that we remain neutral. The form also provides a phone number for the parent to call if they require a custody / access assessment.

Coordinated Care / External Referrals

When the need for case co-ordination has been identified and no other agency, nor MCFD, has taken the responsibility, the counsellor will then assume the role. The counsellor will provide case management services as appropriate, including collaboration with other professional agencies, co-ordinating and participating in relevant meetings.

The procedure for determining when clients need more intensive service or a psychiatric referral is to discuss the issue in Clinical Supervision, and to consult with the appropriate organization (i.e. Mental Health). After several sessions, if counselling does not seem to be having an effect and/or the issue/behaviour in question seem above or beyond what we typically see, proceed with the following procedure:

- Informally gauge the severity of the impact of the issue on the client’s functioning
- Connect with teachers / school counsellors for more information – if question is around potential learning disabilities, note if an educational assessment has been done
- Assess what outside support the family has already accessed
- Inform family of concerns and potential referrals
- Make appropriate referral

Assessment and Treatment Planning Procedures

A treatment plan (goals) will be written for all clients in collaboration with the client, in one of the first four sessions (second session for Short Term Program). It will contain goals, objectives, desired outcomes and service modalities, which are jointly decided upon between the client and the counsellor within a timeline given for service. The treatment plan should relate to the assessment report and sessions should relate to the treatment plan in a logical flow. The Treatment Plan is to be signed by the client or the guardian, as appropriate, by the end of the fourth session.

Counsellors will write an assessment report on each client in the Long Term Programs before the fifth session. It will be based on information gathered from the Referral Form, Intake Form, the Psychosocial Assessment Form and the

Outcomes Measurement Form (filled out by parent/guardian or social worker), as well as any other information shared in the first four sessions.

Wherever appropriate, special consideration will be given to clients regarding any aspect of their cultural background, language or special needs. Where necessary, referrals will be made to outside agencies if it is determined that we are unable to meet the client's needs.

As indicated by the client and/or the parent/caregiver during the assessment, additional plans may need to be developed to address the family's need for support, strengthening their social network, family relationships and/or any other need of the family.

In the case of expedited Short Term programs, where urgent or crisis needs of the client have been identified, the Treatment Plan will address the service modalities, the goals and objectives, and the length of service.

Termination Procedures

The anticipated termination date is communicated to the client in the initial session and is recorded on the consent forms. Termination will occur when the client achieves their treatment goals, which are set to be realistically achieved within 8 sessions in the short-term programs, or within 12 sessions in the long-term programs. Termination may also occur prior to this if the client voluntarily decides to discontinue service, or if the client fails to meet service requirements, such as in the case of frequent cancellations or inconsistent attendance, as discussed on the client responsibilities form in the Intake session.

Two weeks after the termination session, a Termination Report is due for the file, which summarizes the status of the goals and includes recommendations for future services. The counsellor notifies any collaborating organizations of the termination and this is noted in the Termination Report. If the client was terminated involuntarily (i.e. due to missed appointments or lack of contact), the client is notified of the termination in writing immediately and an evaluation form is sent. The file will be reviewed for completeness and all unsummarized notes will be expunged.

Reports

At any time a client is seen in person, even for only one session beyond the intake session, a report is required. Counsellors type the reports themselves using the report templates on the counsellors' computers. When using computers, reports are to be saved on the network drive, not on the hard drive. For confidentiality purposes all client information is to be saved with password protection. All reports are then submitted to the Co-ordinator for review and signing before being placed in the file. Reports should be succinct and meaningful. All information in the reports must be factual, with no interpretation or speculation. Only the sections with the designation "In Confidence" may

contain any opinions, i.e. counsellor recommendations. The following are the different reports required:

Psycho-social Assessment Report – due at Intake session.

Abbreviated Assessment and Termination – For all programs when the client is seen for four or fewer sessions and then closed; due within two weeks of termination.

Treatment Plan – due by the end of the fourth session. The report is to be signed by the client and/or the client's parent/guardian, as applicable.

Assessment Report – due by the fifth session, for long term programs

Progress Report – For long term programs only; due at 12th session, or six months, whichever occurs first, if extension has been approved.

Termination Report – due within two weeks of the termination session. If no termination session occurs, the report is due within four weeks of the last face to face contact.

Transfer Report – due when file is being transferred from one counsellor to another, i.e. when a counsellor leaves the position.

Request for Extension

If the client is attending consistently, and actively working and making progress toward goals, but 12 sessions is not enough to complete the goals, they may be eligible for an extension. In this case, the counsellor completes the *Counselling Extension Request* form by the 9th session, and submits the form to the coordinator. The form clearly outlines the status of the goals and the reason for the extension request. If the client is MCFD referred/involved, the request is forwarded to the appropriate MCFD Team Leader, who reviews the request in consultation with the coordinator and makes a decision. If the client is self-referred, the request is forwarded to the Executive Director and the MCFD Contract Services Manager for approval. If, in rare circumstances, a second extension is requested, it will be forwarded to the Executive Director and the MCFD Contract Services Manager for approval, regardless of the referral source.

If an extension request is denied, the counselling contract ends at 12 sessions and the counsellor writes a *Termination Report*. If the extension request is approved, the counsellor writes a *Progress Report* at 12 sessions.

Report Checklist

This form will be included in new files. It is to assist the counsellor in keeping track of paperwork due.

File Closing Checklist

This is due four weeks after the termination session or last face to face contact. This form is to be completed once a file is closed and all reports are completed. It is to be paper clipped to the top of the completed file, and the top half completed by the counsellor, and then handed in to the Co-ordinator to check.

Critical Incident Report

This report is to be completed following any critical incident such as an abuse disclosure or attempted suicide. The Co-ordinator needs to be informed and consulted regarding any critical incidents as soon as possible. If the Co-ordinator is not available, the other office Co-ordinator or Executive Director should be consulted. The counsellor then completes the "Action Taken" section of the report, indicating who they consulted with and any reports made to the Ministry or the Police. This report is due the same day as the critical incident. If a report is made to MCFD, the counsellor will fax it to the Social Worker and the Executive Director.

Suicide Risk Checklist

This checklist is to be completed any time a client presents suicidal ideation or behaviours. The purpose is to provide a snapshot of risk factors in order to make an assessment of current suicide risk, and to indicate that the Co-ordinator was consulted with and the Guardian notified, where applicable. (Guardians must always be notified if a child presents any suicide risk.) The checklist need not be handed in to the Co-ordinator, but needs to be kept in the client file.

To assist with suicide risk assessment and safety planning, there is a handout on *Adolescent Suicide Risk Assessment*, and a *Suicide Prevention Plan* that can be used with clients. (Copies of these can be found in the filing cabinet.)

Client Evaluations

A *Pre-Service Evaluation* is given out on the first session by either admin or the counsellor. All clients who have attended at least one session, including Intake session, should be provided with evaluation forms at the time of termination. The evaluation forms are anonymous and there are adult (*Parent/Caregiver Evaluation*), youth (*Youth Evaluation*) and child (*Child Evaluation*) versions. Time should be provided during the termination session for the clients to fill them out, and they can hand them in to the Administrative Assistant on their way out. If a client does not attend a termination session, evaluations should be mailed to them. Counsellors will be provided with copies of evaluations completed by their clients, a copy will go to the Co-ordinator, and the original will be sent to the Admin office.

Closing Letters

Closing letter templates are available in the filing cabinet, and these can be “customized” for individual clients by the counsellor. They are used when there is no closing session.

File Locator Cards

Client file locator cards are to be filled out and placed in the spot where the file is removed from the filing cabinet.

Transferred Files

When a file is transferred to another counsellor, opening forms do not have to be re-done. The file continues on, with the new counsellor, with the original forms, timelines, etc.

Forms

Direct Service Unit Tracking Form

Stats

CVA Tracking

Expenses

Timesheets

Weekly Schedule

Daily Schedule

Forms

Direct Service Unit Tracking Form

This form is completed and submitted to the coordinator monthly. The numbers should be checked against timesheets to see that they match.

Stats

Statistics are due on the last day of each month for every program. They are to be handed in to the Admin. See Stats FAQ document.

CVA Tracking

This form is also due at the end of each month. It lists any clients who are eligible for CVA, the status of their claim, and the dates seen. It is to be handed in to the Executive Director in order to bill CVA for our services. All eligible clients who wish to apply to CVA should be included, even if their application has not been yet completed.

Expenses

Each counsellor has an expense account, pro-rated to the number of hours they work (see your Vacation/Sick Record for your amount). This money is reimbursed monthly, to the monthly allowable maximum amount. All receipts should be stapled to this form and listed with the first name of the client (if applicable). The expense form is due at the end of the month. Examples of eligible expenses are: program supplies, books/therapeutic gifts for clients, office/desk supplies, outreach expenses (i.e. coffee/snack for the client, but not counsellor's portion).

Timesheet

Timesheets need to be handed in weekly. They are due on the first day of the week for the previous week. Timesheets outline hours worked, clients seen (first names), meetings attended, etc. as well as vacation, sick, or other hours claimed. Time is broken down into service unit categories. Both front and back of the form need to be completed. For further explanation, speak to the Co-ordinator. Km's are tracked on the timesheet for mileage driven on the job, i.e. outreach or to another office. It is not for the drive to and from work, nor to training.

Weekly Schedule

This form is circulated every week, and needs to be completed by each staff member by Thursday. It outlines each counsellor's schedule for the week (hours worked) and when they will be out of the office (i.e. at meetings or outreach).

The weekly schedule is kept at the reception desk so everyone knows when everyone is expected in. Any changes to the schedule must be made at least one work day prior.

Daily Schedule

The daily schedule will be kept at the front desk with the date, time, client name and expected return time (if an outreach). When the client arrives, check off on the schedule and if they cancel, draw a line through their name.

Administrative Issues

Building / Office Keys

After Hours Entry

Hours of Work

Staff Meetings

Office Maintenance

Media Relations Procedure

Administrative Issues

Building/Office keys

Instructions will be given specific to the office you will be working in.

After hours entry

Instructions will be given specific to the office you will be working in.

Hours of work

Hours of work are flexible and each counsellor makes their own schedule, within the following parameters:

- All hours are booked between 8 am and 8 pm, Monday to Friday.
- A minimum of four hours and a maximum of ten hours per day.
- A minimum of two early evenings per week until 7:00pm
- Team meetings on Tuesdays from 10 to 12 are mandatory

Counsellors record their schedule for each week on the Tuesday of the week prior. The Co-ordinator must be informed of any changes to this schedule one working day in advance, and the changes must be recorded on the weekly schedule.

Staff meetings

Staff meetings are held every Tuesday from 10 am until noon, and these are mandatory. Staff meetings consist of team building and check-in, administrative business, accreditation business and clinical discussion/case consultation. The last Tuesday of every month is a joint meeting with the Burnaby and New Westminster counselling teams, and the location alternates between offices. These meetings consist primarily of in-service training and presentations, either by volunteers from the staff or outside guests.

Office Maintenance

All counsellors are expected to participate in the general maintenance of the office, i.e. washing dishes, emptying garbage, and general tidying of the kitchen, waiting area and counselling rooms. In general, each counsellor is expected to tidy after themselves and clean their own dishes. There is also a cleaning schedule for washing client mugs and excess dishes.

Media Relations Procedure

All media enquiries are to go directly to the Executive Director. Staff are not permitted to speak to the media.

In order to protect the privacy of the clients, no client information, artwork, photos, or any other identifying article will be used at any organization event, fundraiser, etc.

Standards of Practice

Cancelling or Changing an Appointment with a Client

Accompanying Children to Washroom

Holding / Restrictive Behaviour Management Intervention

Professional Development

Performance Evaluation

Cameras Associates

Duty to Report Need for Protection

How to Report a Protection Concern to Social Work Office or After Hours MCFD

Child, Family and Community Service Act

Community Resources

Goals and Objectives of the CQI Process

Cultural and Socio-economic Characteristics of Clients

Collaboration

Transfers to Child and Youth Mental Health

Standards of Practice

Cancelling or Changing an Appointment With a Client

When cancelling or changing an appointment with a client, please record immediately in the running record with the date, time and who you spoke to. It will help immensely when a client still turns up for the appointment.

Accompanying Children to Washroom

In the event that the washrooms are out of the office, please have the parent/guardian accompany the child to the washroom. If the parent/guardian is not available, the counsellor must accompany the child and wait outside.

Holding / Restrictive Behaviour Management Interventions

Cameray's overall approach to behaviour support and management is that we do not utilize manual restraints or restrictive interventions, but focus on promoting positive behaviour. Clients/Parents/Guardians have the right to participate in their assessment of potential risk of harm to self or others and determine the need for behaviour support during Intake. In situations where a child is at risk of harming themselves or another, as a last resort, manual restraint (i.e.: trained holding techniques) may be used until the child is safe, based on the Lease Restrictive Intervention Model. Within 24 hours following the incident, personnel will debrief with the coordinator and any other staff members involved in the incident, write a Critical Incident report(to be reviewed at the following Board meeting) and complete the Behaviour Management Guide. Where appropriate, a meeting will be held with the parent and / or child to debrief the situation.

If problems are identified with the child's behaviour, parents will be required to remain while the child is in session.

Least Restrictive Intervention Model

This model focuses on beginning interventions with children who are having behaviour management issues from a least restrictive or intrusive model first. If the less intrusive models are unsuccessful, the therapist may move towards more restrictive techniques. For example, it is important to identify unwanted behaviours early on and provide opportunity for the child to change the behaviour. If the behaviour does not change, the therapist can move up the scale of restrictive interventions, ending in holding only as a last resort. Two very important aspects to remember when responding to behaviours are to respond immediately to unwanted behaviours and to respond consistently.

The scale of interventions is as follows (flowing from least restrictive to most restrictive)

1. **Modify the Environment.**
This may involve eliminating any problems that are causing the child distress. Eg. Remind the child of rules and consequences. I.e. If you throw that toy, it will be removed from the playroom. If doing group work, this may also involve keeping children separate who are prone to fighting.
2. **Reinforcement.**
Reinforce positive behaviours and provide consistent consequences to negative behaviours. Behaviours such as mild tantrums and whining are to be ignored. When the inappropriate behaviour stops, provide a lot of attention.
3. **Redirection**
To appropriately redirect behaviour, say the child's name, maintain eye contact and speak in a clear, non-threatening tone. Ask the child to stop the inappropriate behaviour and suggest an appropriate behaviour that can be done instead. If the behaviour continues, state why it is inappropriate and state a consequence if it does not stop. If the behaviour stops, provide reinforcement.
4. **Holding**
Only as a last resort and if the child is a danger to self or others should holding be used. Be supportive and calm, using relaxation techniques for yourself and the child. Remove any external sources of agitation. Be sure to monitor the client consistently for any signs of distress. The child is to be released as soon as it is safe to do so.

Professional Development

Counsellors are encouraged to participate in professional development activities. Each F.T.E counsellor is provided the equivalent of one paid week per year to engage in professional development activities. Out of this time, the equivalent of two days (i.e. 14 hours for a 35 hour/week position) may be used as discretionary days or "self-care" time if the counsellor chooses.

Professional Development is divided into "MCFD Approved" and "Non MCFD Approved" training on the timesheets. Only MCFD approved training counts as a service unit. Speak to the Coordinator to determine whether the training is MCFD approved.

There are limited funds available for counsellors to use for relevant courses, workshops and seminars. Funds for training will be decided annually, depending on the budget. Costs of meals during a course and other out of pocket expenses will be borne by the employee. In order to claim professional development time and or money, counsellors are to complete a "Training Request Form" in advance of the training for approval.

For in-service training, employees will be paid at their hourly rate for attending. Hours claimed are for actual training hours, not lunch breaks, to a maximum of 7 hours per day.

In the event that the Co-ordinator feels an employee needs further education in a particular area, and after collaborating with the employee, the Co-ordinator will find an appropriate training opportunity which will be paid for by the agency.

Performance Evaluation

All counsellors will receive mid probationary performance reviews at one, two and three (if applicable) month intervals. All counsellors will also receive a performance evaluation by their Co-ordinator at the end of their probationary period, and then annually thereafter.

Cameray Associates

Cameray Associates is a group of current and former Cameray counsellors who provide fee-for-service counselling outside of their regular working time. Cameray is supportive of this venture and has provided space and the Cameray name for this group. Any Cameray counsellor is welcome to join the Associates. Speak to your Co-ordinator for more information.

Duty to report need for protection

The following is an excerpt from the Child, Family and Child Services Act:

14. (1) A person who has reason to believe that a child needs protection must promptly report the matter to a director or a person designated by a director.
- (2) Subsection (1) applies even if the information on which the belief is based
 - (a) is privileged, except as the result of a solicitor-client relationship, or
 - (b) is confidential and it's disclosure is prohibited under another Act.
- (3) A person who contravenes subsection (1) commits an offense.
- (4) A person who knowingly reports to a director, or a person designated by a director, false information that a child needs protection commits an offense.
- (5) No damages may be brought against a person for reporting information under this section unless the person knowingly reported false information.
- (6) A person who commits an offense under this section is liable to a fine of up to \$10,000 or to imprisonment for up to six months, or to both.
- (7) The limitation period governing the commencement of a proceeding under the Offense Act does not apply to a proceeding relating to an offense under this section.

How to Report a Protection Concern

1. If there is any concern regarding a child's protection, consult with your Co-ordinator. If they are not available, consult with the Co-ordinator at the other office, or the Executive Director. The Co-ordinator will determine the need to report to MCFD. Document the consultation in the file, including the direction given by the Co-ordinator.
2. If it is determined a report needs to be made, call MCFD and ask to speak to the child's social worker (S/W). If the child does not have a S/W, ask to speak to a duty or intake worker. Depending on the immediacy of the need to report (based on consultation with the Co-ordinator), call After Hours MCFD if it is after 4:30. If it is not an immediate concern and it is after 4:30, call the S/W the following day.
3. If the S/W is not available, please leave a message. If the concern is immediate, ask to speak to a duty or intake worker.
4. If no duty worker is free, consult with the Co-ordinator again to determine further steps. Decisions will be made based on immediacy / severity of the concern. Further steps may involve speaking to MCFD Team Leader, and if not available, informing MCFD receptionist of the need to report and holding until somebody is available.
5. Document all steps that you have taken in the client file immediately, and let your Co-ordinator know of any difficulties.
6. Complete the Critical Incident report and hand it in to the Co-ordinator.

Child, Family and Community Service Act

Part 3: Child Protection

When protection is needed

13. (1) A child needs protection in the following circumstances:
- (a) if the child has been, or is likely to be, physically harmed by the child's parent;
 - (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent;
 - (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child;
 - (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;

- (e) if the child is emotionally harmed by the parent's conduct;
 - (f) if the child is deprived of necessary healthcare;
 - (g) 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;
 - (h) if the child's parent is unwilling or unable to care for the child and has not made adequate provision for the child's care;
 - (i) if the child is or has been absent from home in circumstances that endanger the child's safety or well being;
 - (j) if the child's parent is dead and adequate provision has not been made for the child's care;
 - (k) if the child has been abandoned and adequate provision has not been made for the child's care;
 - (l) 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.
- (2) For the purpose of subsection (1) (e), a child is emotionally harmed if the child demonstrates severe
- (a) anxiety
 - (b) depression
 - (c) withdrawal, or
 - (d) self-destructive or aggressive behaviour

Community Resources

We have an active relationship with other community resources and work closely with them. In the first week of employment, familiarize yourself with the resources applicable to this.

Goals and Objectives of the PQI Process (Performance and Quality Improvement)

The goals and objectives of the PQI process are to ensure that we comply with the policy and procedures of the Agency. It enables us to discover shortcomings or areas that need improvement and to rectify them in a timely manner. The process ensures that we are providing the best service delivery to our clients.

Cultural and Socio-economic Characteristics of Clients

The cultural and socio-economic characteristics of the clients in our service areas will be given to staff annually with the results of the Community Profile.

Collaboration

The following chapter on Collaborative Planning and Information Sharing from the BC Handbook for Action on Child Abuse and Neglect is to be followed to provide integrated service to children and their families.

Transfers to Child and Youth Mental Health

In complex cases that may require more intensive interventions, the CYMH Team Leader is consulted. When it is deemed appropriate to transfer service to CYMH, every effort is made for seamless transfer. This includes facilitating joint sessions with the Cameray therapist and CYMH therapist during the transfer period.