

**Transitional Care Clinic (TCC)  
at UT Health, San Antonio  
Counseling Higher Risk Patients  
Rotation Description  
2019–2020**

**Rotation Goals**

**I. Patient Care:**

1. Build skill in providing brief, coping-based crisis counseling for patients with psychiatric disorders.
2. Establish competence in the Crisis Response Planning approach to suicide assessment and safety planning with the emphasis on coping strategies.
3. Gain experience in brief assessment and triage of post-acute patients with psychiatric diagnoses.
4. Expand counseling skills in one or more of the following areas: Solution-Focused Brief Therapy, Motivational Interviewing, Cognitive Therapy, Client Centered Therapy, Dialectical Behavior Therapy, Mindfulness-based therapy, Cognitive Processing Therapy.
5. Consolidate ability to engage patients in care and develop effective therapeutic alliance with patients who are highly diverse with respect to socioeconomic status, cultural background, medical and substance use comorbidities, and psychiatric diagnosis.

**II. Evidence-Based Practice:**

1. Build awareness of the evidence-basis of the therapeutic techniques that you use.
2. Utilize evidence-based therapeutic techniques that are suitable for the needs of patients.

**III. Interpersonal and Communication Skills:**

1. Communicate effectively, and in a HIPAA compliant manner, with patients, family, collateral sources, and external healthcare professionals.
2. Collaborate effectively with other health care professionals within an interdisciplinary training and treatment environment.

**IV. Professional Development:**

1. Demonstrate ability to work collaboratively with other therapists, social workers, psychologists, students, nurses, psychiatrists, residents, and administrative staff.
2. Appropriately seek supervision from your peer supervisor, Dr. Roberts, or Pisinee when working with high-risk patients to ensure quality of care.
3. See patients in a timely manner appropriate to their needs.

4. Follow clinic policies and protocols including those pertaining to procedures for coordinating absences and coverage, and prompt attendance.
5. Follow through on patient care, documentation, and administrative responsibilities.

### **Overview of Activities**

Detailed information on clinic procedures is available in the TCC SOP manual, and also the Living Room SOP materials. Pisinee or Dr. Roberts can direct you to these documents. All interns will be responsible to complete training requirements of the TCC. Pisinee, Dr. Roberts, and your peer supervisors will oversee this process together.

### **Counseling interns' activities in the TCC rotation consist primarily of (but are not limited to):**

1. Individual and Group Psychotherapy: Interns will spend approximately 50% of their time providing psychotherapy, with the majority being individual psychotherapy. For individual therapy, you will be expected to use an engagement-focused, person-centered approach to psychotherapy initially, with the mindset that you do not initiate any intervention until you understand deeply, from the client's perspective, the nature of the problem(s). This may take 10 minutes or 10 sessions. This process usually involves deep, reflective listening with a de-emphasis on diagnostic considerations. Your supervisors will help you develop this approach. That said, while at the TCC, you are encouraged to explore your own orientation and development as a counselor. **See "Living Room" section below regarding scheduling individual therapy patients.**

For group therapy, you will have the opportunity to shadow a Dialectical Behavior Therapy (DBT), Anxiety and Depression, or Mindfulness group. Note that if you want to shadow a DBT group, it may be necessary to attend a Tuesday 5-6:30 group or Thursday 5-6:30 group. The expectation is that you will develop the ability over your rotation to become a co-leader of whatever group you attend.

2. Living Room: This is the TCC's innovative crisis counseling service that is run primarily by the counseling interns. TCC patients are encouraged to come to the Living Room when they are having a mental health crisis, such as suicidal thoughts or a panic attack. Counseling interns receive specialized training during the first month of their internship in crisis counseling skills. Pisinee will be responsible for this training. Once trained, each counseling intern will be scheduled to staff the Living Room for approximately 75% of their time at the TCC each week.

**Interns should schedule their individual therapy cases during approximately one third of their Living Room time.** For example, if you are at the TCC for 15 hours per week, you will be assigned to cover the living room for approximately 10-12 hours of this time. You will then schedule individual therapy patients for roughly 3-4 of these hours. For each of your

- Living Room shifts, provide Victoria Chavez, a medical assistant, with a list of the times that you will be available vs. in individual therapy sessions. **Please note that LR sessions must be prioritized above other activities in the clinic with the exception of your individual therapy sessions.**
3. Access Group: This is the TCC's unique group intake process. During the first two to three weeks of your rotation, you will shadow and learn the procedure. During the remainder of your rotation, you will function as an Access team member one or two days per week. Access Group includes patient chart review, group orientation to the clinic, brief group or individual patient interviews, explanations of and recommendations for specific TCC services, Access team triage (truddle), coordination of appropriate same-day services (e.g. meet with social work, Crisis Response Plan, Living Room encounter), and check-out assignments of TCC appointments. You will learn to perform all Access Group roles.
  4. Care Coordination: Interns assist their therapy clients in meeting basic living needs (food, housing, etc.) and in transition planning for post-TCC treatment. Interns are expected to manage these needs for clients with relatively simple needs and to coordinate with TCC social workers for more complex needs. Up to 15% of your time may include participating with TCC social workers in case management for clients for whom you are not also providing counseling.
  5. Crisis Response Planning (CRP): To maximize the autonomy of the TCC's high-risk population and to decrease clients' need for hospitalization, all interns and staff clinicians use CRP, a form of suicide risk assessment and safety planning. This includes developing plans with new patients immediately after Access group, with your own individual therapy patients, and helping other clinic patients to develop CRP's as needed (for example, when referred from a psychiatry resident during a time that you have availability). CRP training will be provided for all interns at the beginning of their rotation.
  6. Psychotherapy Lab meets each Monday from 12–1. It is used to provide group supervision, to workshop psychotherapy techniques, to troubleshoot therapy-related program issues at the clinic, and to develop and implement new therapy initiatives at the clinic. This is a mandatory meeting. You have responsibility to notify Dr. Roberts or Pisinee if you are not able to attend the meeting.
  7. Peer Supervision: You will receive weekly supervision from a staff clinician (Roberts, Dangwung or Busanet), and in most cases you will also receive weekly peer supervision from a doctoral candidate in clinical psychology.
  8. DBT Consultation team meets each Wednesday from 12-1. It is a part of DBT program at the TCC to help improve our ability to care for highly suicidal and parasuicidal patients, as well as helping staff clinicians and interns to engage in self-care and the utilization of DBT skills. This is not a mandatory meeting. Notify Pisinee if you would like to join the team.

### **Leave Requests, Absences**

Please alert the clinic as early as possible (preferably 30 days) prior to any absences. **Do not assume that telling one person about a planned absence is the**

**same as telling the whole clinic. Different arrangements need to be made for Access Group coverage, to ensure that no patients are scheduled for you in your absence, for therapy group coverage, and for Living Room coverage).**

- If you are going to miss a window of time in which you typically provide Living Room coverage, coordinate with other interns who are present during the same time AND with Pisinee or Dr. Roberts to ensure coverage.
- If you are going to miss time in which you are scheduled for Access group, email all staff and interns who are generally involved in Access group to ask for coverage. If you are unable to find a volunteer, please discuss with Dr. Roberts.
- If you are going to miss time in which you typically see patients in individual therapy, inform Becky Perez AND Amanda Mares AND Monica Pereida that you should not be scheduled for patients on the day in question.
- If you are going to miss a therapy group that you usually co-lead, coordinate with the co-leader and determine if you need to seek coverage.
- If you must miss a scheduled clinic day unexpectedly due to sickness or other reason, please email Roberts, Fredrick, Pereida, Dangwung, Mares and Perez ASAP so that the front desk can begin alerting patients immediately.

**Evaluation & Policy for Termination of Internship/Practicum**

TCC clinic supervisors will evaluate interns using the evaluation system of each intern's home institution. The intern's peer supervisor (clinical psychology resident) or TCC staff supervisor will be your primary evaluator and will complete the evaluation in collaboration with Dr. Roberts.

Interns who fail to fulfill their commitment to the rotation in line with this rotation description, practice ethics, professionalism and/or their home institution's policies may be terminated prior to completing the internship. **Specifically, because the care of high-risk patients depends upon intern availability, we emphasize professionalism through maintaining agreed-upon attendance schedule.** If an intern is at risk of termination, Dr. Roberts will contact their clinical supervisor at their home institution to address to concern.