

Starting and Managing a University-Based Clinic That Contributes to School Psychology Program Opportunities

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BACKGROUND

There are multiple advantages to university-based or program-based clinics (referred to as university-based throughout) for school psychology programs. First, trainees work within a best practice model to offer behavioral, academic, and social–emotional interventions and assessment services to children, adolescents, young adults, and their families. As a result, faculty are more readily able to obtain firsthand knowledge and conduct observations of students’ skills, allowing for more effective supervision and teaching. Furthermore, by involving undergraduate volunteers to assist with clinic activities, the program can directly recruit students into school psychology, assisting with the critical shortage in the field.

Second, clinics can provide a centralized hub for research. When best practice models are implemented and supervised, all services may be conducted with research-level integrity. Often, student thesis and dissertation opportunities are plentiful and recruitment for faculty research is easily accessible. University-based clinics also invite opportunities for collaboration, not only with faculty from other disciplines, but with students, building their skill set while developing junior scholars. This then translates into students having increased opportunities to present research at national and international conferences and to coauthor peer-reviewed publications.

Third, a university-based clinic provides a venue to deliver service to the community. Beyond directly serving the clients and families that seek assistance through the clinic, the clinic can provide training for other programs on campus, and can support the professional community by providing state-of-the-art training and services to school districts on evidence-based practices and interventions. Such training and service may even resonate to improve policy changes that reflect best practices.

Lastly, a clinic may serve as an important revenue generator to support graduate assistantships/fellowships, student and faculty conference travel expenses, or other critical needs for the program. Funds can be generated via direct pay, sliding scales, insurance, and related research, training, and service grants.

The purpose of this technical assistance brief is to provide recommendations to support the development and implementation of a university-based clinic that can serve as a research, training, and service center.

LAYING THE FOUNDATION

Administrative support is critical. Thus, a first step to developing a university-based clinic is to schedule a time to meet with your department head/chair to seek their guidance and support. In preparation for this meeting, the program should develop a tentative plan that would help address likely questions about the purpose and value of the clinic as well as implications for staffing, resources, and funding. Consider seeking mentorship from colleagues at other school psychology programs who have been successful in developing and maintaining a clinic to bolster your presentation to administration.

If there is initial support, collaborate with administration in developing a more formal plan that addresses the following.

Purpose, Goals, and Focus

Flesh out exactly what the purpose, mission/goals, and focus of the clinic and the services provided will be. Faculty expertise and interest should drive services. Take time to consider the expertise and background of the faculty to determine what services you can offer to the community. Next, consider your community's needs, such as parent training, private evaluations, school consultation, functional behavioral assessments and behavior intervention plans, and counseling services, among others.

Staffing

Staffing needs will depend on the clinic's scope and size, and should include a clinic director, graduate assistants, faculty supervisors or clinical supervisors, and a billing coordinator (particularly if taking insurance). Regardless of scope, a clinic director will be needed. A clinic director may be a member of the core faculty in the school psychology program or could be clinical faculty hired to manage the direct operations of the clinic. Clinical directors have a primary responsibility for knowing all operations of the clinic, development of policies and procedures, and coordination of regularly scheduled meetings with graduate assistant trainees who provide metasupervision and direct treatment. When considering tenure-track faculty, negotiations should include reduced workloads in the areas of teaching, service, or research to maintain the necessary duties as clinical director.

Tiered-Training Model

Graduate assistants are a critical component to the establishment and operation of a clinic. A hierarchy of organizational leadership can allow for succession planning and easier transitions as students graduate. More advanced graduate assistants can maintain most clinic operations such as providing on-site supervision, front line coverage for emergencies within the clinic (while a faculty supervisor remains on call), and seeing a larger caseload of clients as part of their assistantship. Such a structure allows not only for hands-on, direct training and leadership, but also experience with clinical operations. Meanwhile, first and second year graduate assistants can support procedures such as scheduling intakes, determining room assignments, organizing volunteers, and so on. As a result, students are providing direct training to younger students to facilitate ease of transition.

Location and Space

Identify the location and space to house the clinic. Identifying free space on a university campus can be challenging. If this is the case, identify a location that can provide at least one or two treatment rooms, a

secure storage area, and an office for graduate students. Keeping in mind confidentiality, HIPPA, and other ethical codes, consider the feasibility of soundproofing, access to locked files and test materials, and computer/file security. Once you begin to meet your outcomes and your waiting list grows, work with the administration to identify more space. Having feedback from clients on treatment outcomes and the benefits of the clinic in the community can be extremely helpful in moving administration forward. Consider creating treatment outcome surveys to be administered at least once a semester to demonstrate effectiveness, need, and areas for improvement.

Costs and Funding

Explore university funding paths and budget lines with administration early and on an ongoing basis. Developing a business model can make a critical difference for the long-term sustainability of the clinic. Business and entrepreneurship programs may be willing to assist in developing a business model as part of their graduate coursework. Training and service grants also can be helpful “kickstarters” to building the clinic and minimizing costs to the university. Grants can cover graduate assistantships to provide direct service to the clients, faculty buy-out time to provide supervision and grow the clinic model, and travel expenses to disseminate research.

Also consider revenue generated that would offset costs, especially reimbursement for services. If someone is licensed on the faculty and has familiarity with insurance models or if support exists within the university (i.e., health center), an insurance model may be an option for reimbursement. Many clinics can find insurance reimbursement burdensome and expensive; therefore, clinics may use sliding scale fees or direct payment instead to cover costs. Typically sliding scales can be developed around the cost of a copayment.

Protecting Funds

Work with your administration to determine the best avenue to protect clinic funds. This may include maintaining funds in a program-level account within the department, with a university foundation nonprofit account, or elsewhere. Create a system for managing funds with your business managers and develop a financial plan for sustainability. It will be valuable to identify critical short and long term operational funding needs and designate discretionary funding for additional graduate students in the future, conference travel, and necessary materials for the clinic. Research dollars may also be set aside to assist students with theses/dissertations.

Service Provision

Take time to consider your students’ knowledge and skill sets (e.g., communication, ethical decision making) to determine at what point in the program they possess sufficient skills to see clients independently with supervision. Depending on the nature of services provided and the tiered training model, one option is to have younger cohorts participate in fewer cases with closer supervision; once their competency is established, additional clients can be assigned. For example, a first-year cohort may shadow and assist with data-collection on several cases although not providing direct services, then graduate to a small caseload with direct supervision. Based upon performance, students may then move into direct service with weekly supervision.

When conceptualizing service provision, it will also be valuable to determine the number of hours each week it is expected that graduate assistants will report to the clinic for duties assigned, as this will also

likely impact the number of clients that can be seen. For example, students maintaining 20 hours per week for a graduate assistantship will be able to offer more direct hours of treatment and clinical support than a student who receives only a 10 hour a week assistantship. Additionally, caseloads may be supplemented by all upper-level students carrying a small caseload of clients (i.e., two intervention clients, one assessment, or one counseling case).

Next, based on the number of clients, the size of the clinical space, the number of graduate clinicians available to see clients, and the hours available for supervision, determine how often and for what duration of time clients will be seen. This may be as few as 1 hour/week or a time-sensitive intervention for several hours weekly for 3 weeks, for example. Consider your clinic's goals and scope when making this decision.

Once your services and training model are outlined, it will be necessary to establish all intake paperwork including confidentiality forms, consent to treatment, attendance policies, HIPPA paperwork, and so on. Often, university legal counsel will review documents and provide guidance as necessary to ensure compliance. Within these documents and at intake, it is imperative that clientele are aware they are attending a university training clinic and that graduate students are intrinsically and directly involved in services while being supervised by appropriately credentialed professionals.

Gaining Recognition and Clientele

You will want to advertise only those services available and establish a referral list for services outside your scope. Advertise through free press releases in campus and local newspapers, establish a website, and create brochures to provide to local agencies (e.g., pediatricians, day care centers, youth organizations, and schools). Your university public relations office may be willing to assist with recruitment efforts and often at minimal or no cost.

Resources

Critical resources to begin serving the community will include any assessment or intervention materials necessary for the services offered, a printer/copier/scanner, phone line, website, and a mechanism for maintaining treatment plans and notes, such as Therapy Notes or Dropbox. There are several commercial products available on the market that are HIPAA compliant.

SUPERVISION

It is vital to consider your supervision needs and availability prior to beginning services. Take into consideration factors such as a feasible number of students to supervise, accreditation standards, faculty workload, expertise, and faculty and student availability. If using an insurance model for billing, carefully review requirements for supervision, including if a supervisor must be present for direct services to the client. Knowing these policies and regulations for your state will be critical to not only lay the foundation for your clinic, but also the sustainability of meeting the needs once established.

Conducting Supervision

Graduate assistants can provide on-site coverage and assist with cases, as needed. Faculty supervisors can link weekly supervision and metasupervision (conducted by graduate assistants; top-down approach) to practicum or related courses. All treatment plans, notes, and reports should be reviewed by faculty

supervisors during weekly supervision, but could be pre-reviewed by upper year graduate assistants. This model allows for graduate assistants or upper level students to also obtain training with supervisory roles.

Connecting to Coursework

Many courses may be connected directly to the clinical services provided, including practicum, supervision, assessment, and intervention courses. Students may be required to maintain a minimum caseload (e.g., one or two clients) as part of a practicum course, while also conducting a psychoeducational assessment as part of an assessment class. Attaching practicum hours to the clinic also allows for group and individual supervision to fit into the practicum course hours and minimize the need for additional external hours of supervision without course credit for faculty.

Coursework in single-subject design and research methods could also be linked to clinical services allowing for a field-based component to be uniquely built into a traditional face-to-face course.

RESEARCH

As previously highlighted, one of the many benefits of operating a university-based clinic are the research opportunities available for faculty and students. From field-based research to planned theses and dissertations, the options are multiple. Programs can also include multiple students on research projects, including undergraduates, such as conducting the same academic intervention with multiple clients or running research with social skills groups. As part of laying the foundation for research when beginning the clinic model, it is recommended that you arrange a time to meet with your office of research compliance and consider how you will notify clients of participation opportunities.

Office of Research Compliance Agreement and Standards

Given the nature of our field, many of our best practices approaches to the treatment of behavior, whether it be academic, social-emotional, or behavioral, are analogous to research questions. As such, it is possible that much of the research conducted in the clinic could be disseminated to a larger audience in paper/poster presentations, trainings, and publications. Schedule time to meet with your office of Research compliance/institutional review board (IRB) to review the work that you will be doing and how it naturally lends itself to research outcomes. A memorandum of understanding could be established for your clinical research to minimize the need for IRB submissions for each individual case. Gadke and Stratton (2016) provide guidance on how to begin building this relationship.

Informed Consent

As part of initial paperwork during intake, clients can be notified of the opportunity to participate in research through the clinic as part of the services they will be receiving. Consent can be provided to use their child's de-identified data for research purposes. Additionally, clients can be notified of independent research (such as dissertations, theses, independent studies) as events arise. Discussing both types of research during intake is encouraged. Flyers may be useful to disseminate this information and to show examples of student posters and other previous research to increase community understanding of research. Similarly, both types of research (clinical and formal) can be included on the memorandum of understanding with your university's research compliance office.

CONCLUSION/SUMMARY

The beginning of any new initiative can be challenging, and starting a university-based clinic is not without difficulties; however, the rewards can be plenty—service to the community/schools, research opportunities, recruitment, and best practice field-based experience, to name a few. Plan accordingly, garner administrative support, and continue to engage in program evaluation to meet your needs and optimize the outcomes.

REFERENCE

Gadke, D. L., & Stratton, K. K. (2016). Forming a healthy and productive relationship with your office of research compliance. Society for the Study of School Psychology: Early Career Forum. Retrieved from <https://www.sssp-research.org/forming-a-healthy-productive-relationship-with-your-office-of-research-compliance/>

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