

**MEETING  
MATTERS**  
**WE DEAL BEHAVIOURS!**



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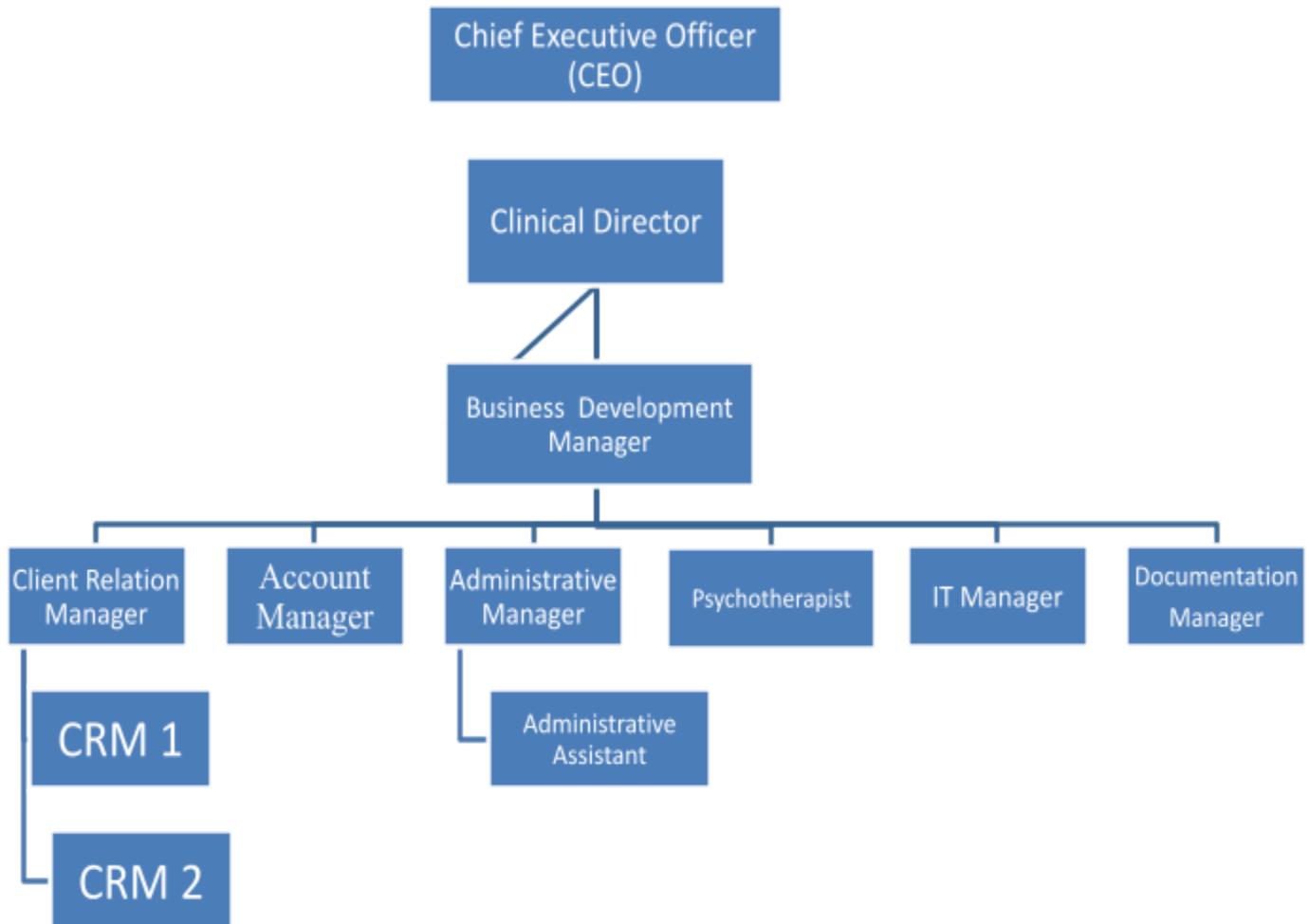
**MEETING  
MATTERS**  
Therapy & Counseling Clinic

# Policy & Procedure Handbook (2024-2025)

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## Table of Contents

1. INTRODUCTION.....	5
2. MISSION.....	6
3. SERVICES PROVIDED.....	6
3.1 Educational Services.....	7
4. HIERARCHY WISE ROLE DESCRIPTIONS.....	9



.....	9
4.1 CHIEF EXECUTIVE OFFICER (CEO).....	10
4.3 CLINIC DIRECTOR.....	10
4.4 BUSINESS DEVELOPMENT MANAGER (BDM).....	11
4.5 ADMINISTRATIVE MANAGER.....	12
4.6 ADMINISTRATIVE ASSISTANT.....	14
4.7 CLIENT RELATION MANAGER.....	15

4.8	ACCOUNTS MANAGER.....	16
4.9	IT MANAGER.....	17
4.10	HUMAN RESOURCE (HR) MANAGER.....	17
4.11	DOCUMENTATION MANAGER.....	18
5.	RULES, REGULATION AND PROCEDURE OF PSYCHOLOGISTS AND THERAPISTS.....	19
5.1	<b>RULES AND REGULATION FOR PSYCHOLOGISTS/ THERAPISTS.....</b>	19
5.10	DISCIPLINE.....	20
5.11	VACATION AND COVERAGE.....	29
5.2	<b>PSYCHOLOGISTS PROCEDURES.....</b>	29
5.21	THERAPY.....	29
5.22	CLIENT CASE FILE.....	30
5.23	INITIAL CLIENT CONTACT.....	31
5.24	BEFORE SESSION.....	33
5.25	INITIAL INDUCTION SESSION.....	35
5.26	FOLLOW UP SESSION.....	37
5.27	TREATMENT.....	37
5.28	CLIENT/ CASE TERMINATION.....	39
5.29	CLIENT/ CASE TRANSFERS.....	39
5.30	GROUP THERAPY.....	39
5.31	ASSESSMENT.....	39
5.32	ONLINE SESSIONS.....	40
6.	RULES, REGULATION AND PROCEDURE OF CLINIC.....	41
6.1	CLINIC WORKPLACE.....	41
6.11	CLINIC LOCATION AND HOURS.....	41
6.12	RECEPTION AND WAITING AREA.....	42
6.13	CONSULTING ROOMS.....	42

6.14 CLINIC WORKSPACE.....	43
6.15 CLINIC RESOURCES.....	43
6.16 CLINIC LIBRARY.....	44
6.17 PARKING POLICY.....	44
6.18 CLINIC SECURITY.....	44
6.19 CLINIC MEETINGS.....	45
6.20 SMOKING POLICY.....	45
6.21 DISCIPLINE.....	45
6.22 CLINICAL EMERGENCY.....	46
6.23 MEDICAL EMERGENCY.....	47
6.24 LEGAL EMERGENCY.....	48
6.25 ENVIRONMENTAL EMERGENCY.....	48
6.26 HEALTH AND SAFETY.....	48
6.3 CLINIC PROCEDURES.....	49
6.31 CLINIC OPENING.....	49
6.32 INQUIRY.....	50
6.32 SCHEDULING/RESCHEDULING SESSIONS.....	51
6.33 SESSION REMINDERS.....	52
6.34 FEE STRUCTURE.....	52
6.35 LEAVE PROCEDURE.....	53
6.36 INFORMATION TECHNOLOGY (IT).....	54
Software.....	54
6.37 HR AND ACCOUNTS.....	56
Client forms.....	76

## **1. INTRODUCTION**

In a rich, heavily cultured society like Pakistan's where ancestors have

enforced long standing traditions and superstitions, the importance of mental health has played little role. However over the years, the advancement of technology, medicine and the massive awareness of the western ways of dealing with psychological disorders have made its way into the developing country – Pakistan. The heavy stigma regarding psychological care has now been clouded due to the growing number of mental health issues present in the society today. Meeting Matters, a therapeutic and counselling clinic aims to play its role in contributing to target individuals with mental health distress, create therapeutic interventions and reduce the stingy stigma that still exists among many.

Meeting Matters was founded in 2010 by Mr. Muhammad Naushad Anjum (CEO) who is also a senior psychologist and counsellor at Meeting Matters clinic. He is a member of the British Psychological society (BPS), American Psychological association (APA) and Pakistan Psychological Association (PPA). He believes in a scientific approach towards therapy which shapes his style of practice. Meeting Matters consists of foreign qualified, clinical and counselling psychologists, therapists and positive motivational interviewers. Such a team is trained in providing and applying effective approaches such as cognitive behavioural therapy (CBT), psychodynamic therapy, humanistic therapy and cognitive therapy to reach an individual's treatment goal. CBT has been proven to be effective for depression and the full range of anxiety disorders whereas psychodynamic therapy can help with longer standing issues such as addictions and borderline personality disorder. Cognitive therapy or psychotherapy will deal with a client's present cognition, behaviour and communication. Humanistic Therapy on the other hand will involve a non-directive approach to deliver therapy and counselling in a way that fulfils and guides a client toward a positive perception of life.

The purpose of this policy and procedure manual is to provide a detailed description of policies and functions of the Meeting Matters Clinic and the roles and responsibilities of the clinic staff which includes the practitioners as well as the employees. The handbook states the rules and regulations, general information in regard to the role of the clinic, client-practitioner relationship and specific details on the roles of the administration.

## 2. MISSION

The Meeting Matters Psychology Clinic is a free-standing, private mental health clinic dedicated to providing high quality counselling and therapy to individuals and families suffering from mental distress and disorders. The Clinic consists of a team trained in responding to a wide spectrum of mental health problems; however, the main focus is to develop a therapeutic client relationship to enable clients to uncover or come into terms with the mental distress, blockages and frustrations caused by years of difficult situational, cultural and biological factors. Treatment or management of these unaware or guarded clients is conducted using traditional service models at the Meeting Matters clinic.

The Clinic's top most priority is to invest in their client's mental development, to create a warm, non-judgmental atmosphere allowing clients to feel comfortable to talk about their issues and being able to reach to a mutual understanding with the therapist for a positive and better cognitive indulgence on life. The Clinic strongly believes that there is always a path to recovery and it is an integral part of the collective clinician's team at Meeting Matters. Meeting Matters takes great pride in creating a rich experience for their clients, assisting them towards a positive regard toward life and enable them to show them that path.

## 3. SERVICES PROVIDED

Marital/ Relationship counselling  
Cognitive Behavioural Therapy (CBT)  
Psychodynamic Psychotherapy  
Child/ Adolescent Therapy  
Dialectical Behaviour Therapy  
Mindfulness  
Online Counselling

## 3.1 Educational Services

Psychotherapy Clinical Supervision  
Internee and new hire training

What these services entail:

### **Assessment:**

Psychological evaluation and consultation for individuals (children, adolescents, and adults) and groups (couples and families). The Clinic has the resources and expertise to provide a wide range of assessment and testing services, including intellectual evaluations, cognitive strengths and weaknesses, academic achievement and learning difficulties. The clinic also provides different diagnostic assessments for personality evaluations, ADHD testing, and identifying cognitive, behaviour and emotional needs. We do not provide neuropsychological assessment for issues related to an organic brain disorder. The Clinic provides non-medication psychological services to the community.

### **Intervention:**

Our therapists and psychologists possesses the learning of a wide range of intervention strategies directed towards various types of issues. These interventions are performed to bring about positive change with the help of evidence-based psychotherapy. Intervention also includes providing different techniques as homework to clients to further facilitate these techniques at their own comfort in their home environment.

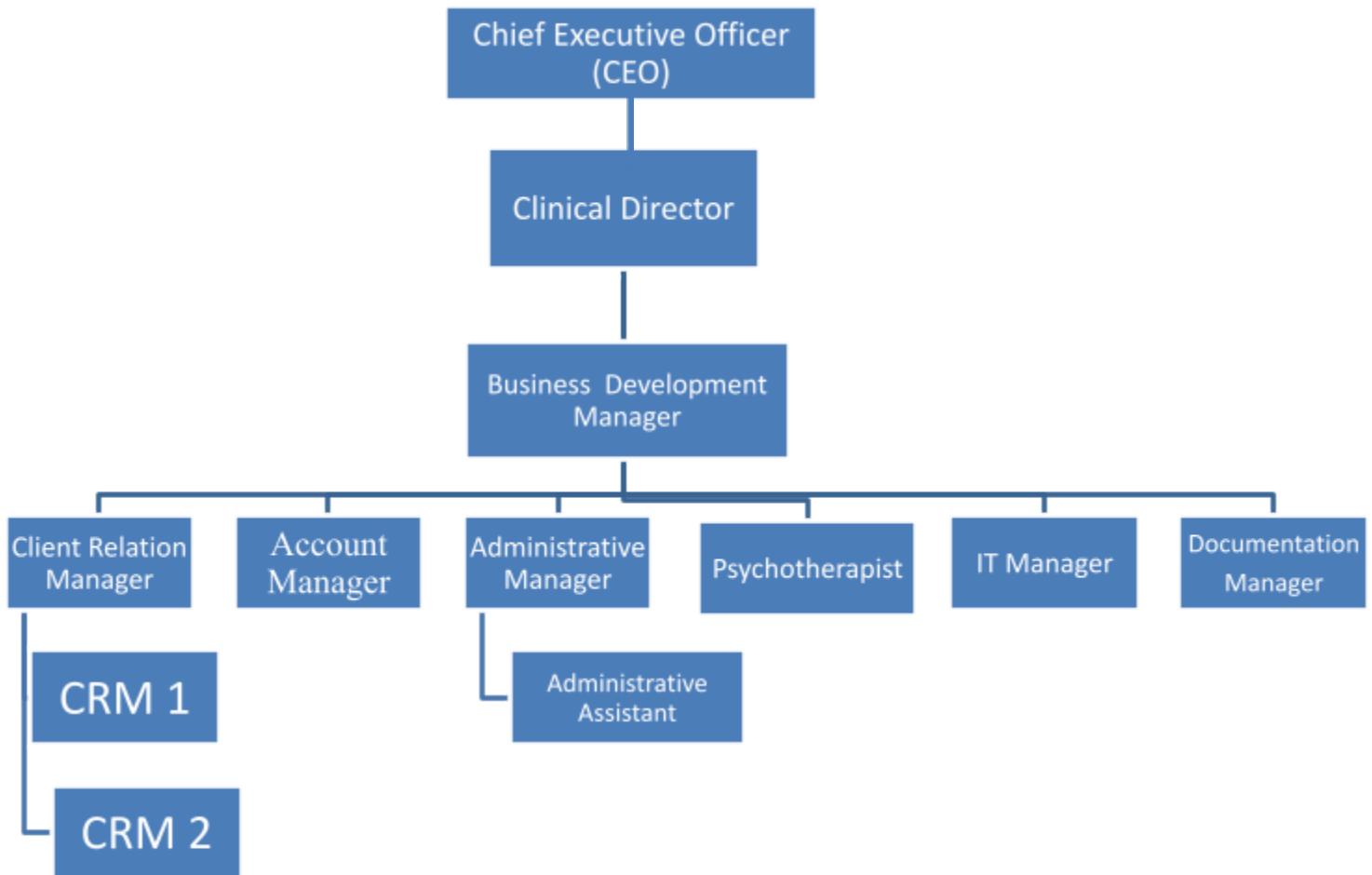
### **Training:**

The clinic provides educational opportunities for every new hire in the form of trainings which include workshops, educational seminars and scientific

research of clinical problems. Once this academic training is completed, new hires and students go through role playing and enactment of scenario's which provides them with training. Furthermore, students and trainees also attend supervised observations of induction sessions which allows them to experience the realities of the issues present in individuals and the society. Upon request and contingent upon resources the clinic will work to support mental health programs.

The clinic has a standard training schedule of two weeks for new psychology hires which includes general clinic administration training and extensive groups training for new interns. The clinic requires each new hire to know all general administration rules and procedures. The standard training schedule is for two weeks, however due to the extensive academic and practical training it can be stretched to the required pace of the new internee/ new hires. This training schedule is provided at the end of this document in the appendix section.

## **4. HIERARCHY WISE ROLE DESCRIPTIONS**



## 4.1 CHIEF EXECUTIVE OFFICER (CEO)

Mr. Muhammad Naushad Anjum is the chief executive officer, director and lead Psychologist of Meeting Matters Counselling and Therapy clinic. He is a qualified counsellor and psychologist with special interests in Personality Development, Academic Motivation, Emotional Intelligence, Child development and Family and Marital Counselling. Moreover, Mr. Naushad Anjum has an intensive background and experience with aviation sciences which enables him to present relatable examples to his clients. Due to the nature of his work, he has interacted with individuals from every culture and societal class which provides him with an edge in the field of psychology and therapy.

He has completed his education in Psychology and English Language and Literature from which he develops his profound knowledge and curiosity of the human mind. He is a member of various organizations such as the European Association of Aviation Psychology (EAAP), Human factors and Ergonomics Society (USA), Member of the Royal Aeronautical Society (UK) and a member of the International society of air crash safety investigators (ISASI). Mr. Muhammad Naushad Anjum has also taken up several courses and trainings such as motivational interviewing in psychotherapy (British Psychological society, UK), lead auditor – Quality Management system (ISO9001-2008) IRCA UK.

## 4.2 CLINIC DIRECTOR

The Clinic Director oversees the clinical and administrative activities of the clinic. Clinic director works under the direction of the CEO. Specific duties include:

- Managing day to day operations of the clinic.
- Monitoring clinic policies and procedures
- Evaluating and improving clinic procedures
- Supervising billing and collection fees
- Completing clinic paperwork to maintain standards of APA accreditation.
- Implementing the procedures to get obtain clinic insurance panels.
- Supervising the implementation and maintenance of electronic data to improve efficiency and compliance.
- Working with training program for new hires and internees.
- Supervision of assistants assigned to the clinic.

## 4.3 BUSINESS DEVELOPMENT MANAGER (BDM)

The Business Development Manager works under the direction of the *CEO* and *Clinic Director*. It is crucial for the BDM to be loyal and dedicated to the clinic and its team. The major responsibility of the Business Development Manager is to collaborate with the rest of the administration team (i.e. Accounts manager, Client relation manager, Administrative manager, Psychotherapist, IT manager and Documentation manager) and create a synchronized system for the team to further implement it. Some of the major duties of the BDM include:

- Demonstrate a dedicated and loyal attitude in the clinic, towards the staff and with the clients.
- BDM is responsible for taking a briefing of the team and their daily tasks.
- Should be able to implement the rules, regulations and procedures mentioned in the policy handbook.
- Monitor and implement, business plans.
- Create opportunities and environment to facilitate team work, enable the team to grow.
- Take into account client needs, employee interests, market strategies, Income/Expense and resources.
- Demonstrate knowledge and skills in sales, finance, marketing, Mergers and Acquisitions, legal and strategic management.
- Be able to build relationship with suppliers, technology providers, government regulators, legal experts and business expert.
- Read client response and feedback forms.
- Should be able to maintain standard, quality and reputation of clinic.
- To fulfil the demand and supply of the clinic with cost effectiveness and no compromise on quality.
- To be able to train new hires and internee's for administration duties.

### Business Development Management checklist

The following includes a checklist of tasks that should be reviewed constantly by the BDM for the proper functioning of the administration and smooth sailing of the system:

**Files:** Revenue file, Expense file, Demand Sheet, Client files, Employee files, Attendance file, Daily checklist (Administration Manager, Client Relationship Manager, Documentation Manager, Admin Assistant), Coordination checklist.

**Software:** Google calendar, Google Sheet ( Daily log, Profit and Loss sheet, Client Management sheet, Client Operation sheet, 30 Second Survey Sheet), Health wire Software ( Appointments, Financial, Accounts, Patients), Google Calendar, MS Office, Email, Google Meet, Zoom.

**Procedure Manual:** Learn and Understand, Analyze what is missing, developing the manual.

**Client Relation Management:** Coordination with CRM, Inquiry, Fee policy, specialty of therapist, scheduling of appointments, rescheduling of appointments, Contacting therapist, Contacting clients, Reminders for Induction and Follow-up sessions, Pending payments and reminders, 30 sec survey link.

**Documentation Manager:** Coordination with Documentation Manager. Induction file, Forms, Completion Files of all Therapists, ensure uploading of file on software, Clinic Library.

**HR and Accounts:** Coordinate with HR and Accounts Manager, Hiring procedure, Employee training, Salaries of Employee, Taxation of clinic, Legal Documentation of Clinic, Audit of revenue and expense, Bank Details.

**Logistics and Maintenance:** Coordination with Admin Assistant, Clinic resources, Clinic Meal and Refreshments, Record keeping of all files (Mentioned above), know the requirements of clinic (Kitchen, Stationary, electronics, Electrical, outdoor requirements).

**Clinic IT:** Website, Server Hosting, Official Email, Google Business, Google ADS, Face-book ADS and posts, PTCL, YouTube channel, Instagram, Social Media Marketing.

**Discipline:** Code of Conduct, rules and policy of clinic, Business ethics, communication ethics, Dress Code.

## 4.4 ADMINISTRATIVE MANAGER

The Administrative manager is responsible to carry operations under the supervision of the Business Development Manager and CEO of the clinic. It is the responsibility of the administrative manager to coordinate with the team and carry out administrative responsibilities assigned to him. Some of these responsibilities include the following tasks:

- **Responsible for staff attendance.**
- **Maintaining daily checklists and client files.**
- **Should be able to consume and replicate daily briefing information.**

- **Managing and updating social media accounts of the clinic (Instagram, Facebook, twitter)**
- **Make sure the cleanliness of the clinic is maintained.**
- **Should be able to take constructive criticism from CEO, Clinic Director and Business Development Manager.**
- **Responsible for attending incoming clinic calls.**
- **Documentation management.**
  - Inquiry of client (Take name, phone number) or give new induction client to *Client Relational Manager*.
  - Should be able to inform *CEO, BDM and CRM* about an important phone calls.
  - Maintaining daily call logs.
- **Attending and receiving clients, guests and officials**
  - Attending to clients, guests and officials in a professional manner.
  - Informing therapists, psychologists on the arrival of their clients.
  - Should be able to offer clients/ guests refreshments.
  - Providing clients with documents to fill out (Session rating scale).
  - Should be able to answer general queries about the clinic (e.g. clinic timings, psychologists/ therapists).
  - Setting appointments for walk in clients and informing CRM and therapist. *IF CRM* is not present, clinical director should be approached.
  - Refer incoming clients to the *Client Operation Manager*.
  - Inform the *CEO or BDM* of any incoming officials or guests.
- **Maintenance of clinic hardware and software programs.**
  - Working mobile and phone
  - The proper of functioning of computers, laptops and tablets in the clinic.
  - Maintenance of television, speakers, camera, microphones and printers.
  - Maintenance of clinic software (windows, operating systems such as health wire).
  - Updating of data on Google applications (Google Calendar, Google Sheets).
  - Updating client entries on Google Calendar (adding/removing events/sessions on the calendar and assigning date, time, therapist and room, and setting up a 3-hour prior email reminder notification for the event).
  - Maintaining client files on Google Drive folders (scan all file documents and upload on Google Drive of an inducted client. Scan

and upload only Case Notes, Applied Tests, Session Record Form and Session Rating Scale of existing clients).

- o Preparing files for new inductions; Get a new file folder from the reception desk, add 1. Intake form, 2. RISB, 3. Consent form in the file and label the file with file name (format: YY/MM/DD [A/B/C]; write A for first induction of the day, B for second or C for third. Only add date if no other client seen in that day).
- o Updating documents such as revenue sheet, expense sheet, client operation sheet, client management sheet, attendance sheet and salary sheet.
- o To maintain products for the use of the clinic (stationery, printer ink/toner, client files), such items can be procured by the clinic's logistic budget by informing the *Clinic Director*.
- o If any item malfunctions (Telephone, Internet, AC, UPS, Printer, Bell, Lights), choose the concerned specialist from the *Emergency Contacts* list located besides the Clinic landline phone, and arrange for them to fix the issue and inform the *Clinic Director*.

- **Discipline**

- o It is the responsibility of the administrative manager to monitor the language communication between the staff. Staff is required to speak in only Urdu or the English language.
- o To ensure punctuality of staff.
- o Ensure code of conduct is being followed.
- o Ensure dress code is being followed.
- o Ensure the rules, regulations and procedure are followed.
- o Must not misuse his powers.
- o Must maintain professionalism and provide code and conduct of the clinic.

- **Client Invoice**

- o Ensure billing documentation of the client.
- o Ensure billing signatures and stamp on client invoice.
- o Generating fee invoice for in clinic client record and provide one print copy to the client.

## 4.5 ADMINISTRATIVE ASSISTANT

The Administrative Assistant follows the role and aids the *Administrative Manager* in his duties. The *Administrative Manager* can assign a task to the

administrative assistant at any point regarding any of his duties. These are some of the specific tasks that the administrative assistant is responsible for:

- Maintenance of the clinic (Lawn, outdoor Reception, Therapy room, kitchen)
- Documentation management.
- Logistics (Billing related to the clinic and demand purchase of clinic goods)
- Payment Deposit in bank and deposition of consumer bills.
- Cleanliness (Cleanliness of clinic and kitchen )
- Cooking
- Should have a friendly yet professional nature.
- Supervise other clinic staff (gardener, laborers plumbers, electricians)
- Responsible for receiving parcels at the clinic.

## 4.6 CLIENT RELATION MANAGER

The Client Relation Manager is responsible for collaborating with the clients and the administration of the clinic. It is the responsibility of the CRM to coordinate with the clients via phone and communicate the information received to the administration. If the CRM is absent, then the BDM will take over the responsibilities of the CRM. Some of the tasks and procedures the CRM is responsible for are:

- **Manage and assign clients to therapists as per the number of sessions and skill set of the therapist.**
- **Approve and sign the daily session record.**
- **Take sessions as a psychotherapist per the Google Calendar scheduled sessions (Psychotherapist duties section).**
- **Responsible for scheduling/rescheduling, reminders and client appointments of the lead psychologist and CEO's clients.**
- **Documentation management.**
- **Discipline**
  - Should have good verbal communication skills.

- o Should display professionalism and be dedicated towards maintaining client relationship.
- o Must not misuse their power.
- **Attending client calls and receiving clients.**
  - o To be able to attend the Clinic's WhatsApp phone during clinic hours (receiving calls and messages of clients; phone script is available in the appendix section below).
  - o Should be able to maintain communication with admin assistant.
  - o Should be able to arrange appointments with clients.
  - o Should be able to schedule on call and walk in appointments by referring to the online software (Google Calendar).
  - o Receive updates on client scheduling/rescheduling, reminders and updates on their status (Phone script – C attached below).
  - o Saving client contacts in the clinic WhatsApp phone [Names should start with either PC (potential client; who hasn't confirmed any appointment yet) or Cl (Client; who is a confirmed client of the clinic)]. E.g. Cl (name).
- **Should be able to maintain client catalogue of the clinic for reference (Name of clients, name of assigned therapist and type of service assigned).**
- **Should be able to conduct training or assisting of internee and new hires (Training duties are mentioned below).**
- **Should be able to send clients pending payment status messages.**
  - o CRM should remind the online clients by giving time for two days after which payment reminders should be sent after a week through WhatsApp. Reminders can also be conducted through calls when scheduling next session.
- **Double check reminders and confirmation session of clients and coordinate/ inform the BDM and director of the clinic.**

## 4.7 ACCOUNTS MANAGER

The accounts manager works under the direction of the *CEO* and under the supervision of *BDM*. The duties of the account manager include of the following:

- Managing the clinic finances and accounts.
- Establishing revenue reports and audits

- Responsible for salary calculation, generating salary slips and forwarding salary summary to the CEO after receiving information from BDM.
- Updating and making changes (addition/removal) in the *Google Sheets* document as requested by any staff member in compliance with the Clinic Director
- Closing of the clinic budget at the end of the year.
- Filing returns of SECP
- Managing the clinic's bank account
- Managing salary of the staff members of the clinic which is allocated by the CEO and clinical director.
- Handling end of the year audit.
- Creating spreadsheets or miscellaneous documents/forms for clinical purposes as requested by the *Clinic Director*.
- Guiding staff members with the banking procedures.
- Filing for tax returns for the clinic.
- Compliance of any legal and tax Notices.
- Calculation of expenses and revenue of Clinic.

## 4.8 IT MANAGER

The IT manager works under the direction of the clinic director and BDM. Some of the specific duties conducted by the IT manager are:

- Managing the clinic webpage (feedback, promotion, insights, content creation , online social media queries)
- Creating and promoting the organization in a positive regard on social platforms.
- Updating the clinic's content, activities and events on social media.
- Should also be able to handle customer feedback online.

## 4.9 HUMAN RESOURCE (HR) MANAGER

The Human Resource Manager is responsible for maintaining clinic and staff decorum. He/She will also be in charge of hiring of new employees. Some of the responsibilities of the HR manager are:

- Planning, implementing and evaluating employee relations and human resources policies, programs and practices.
- Updating job requirements on the procedure manual and policy handbook.
- Responsible for updating the procedure manual and policy handbook.
- Ensure discipline is followed.
  - Check decision making and punctuality.
- Responsible for catering short and emergency leaves of staff members.
- Training and development of employees
- Benefits and relation of employees.
- Overlook Salary structure of staff.
- Ensure to maintain ethics.
- Making sure SOPs are adhered to by the clinical staff
- Understanding loopholes and gaps in the working of the clinic and making amends to bring more efficiency in the system
- Ensure the safety and health of the organization.
- Overlook daily log and employee feedback.
- To maintain quality and standard of clinic and staff performance.
- Responsible for recruitment and fulfilling staff positions.
  - Job Advertisement and approval
  - Recruitment process: Screening, interview and tests.
  - Signing of contract (Is also conducted by CEO)

## 4.10 DOCUMENTATION MANAGER

The Documentation Manager works under the direction of the Clinic CEO. Has to maintain Client Documentation of the Clinic, and the clinic library. Some of the duties are:

- Monitoring and completion of client documents which include:
  - Intake form
  - RISB form
  - Consent Form
  - Session Rating Scale (S.R.F)
  - Session Progress Form (S.P.F)
  - Checklist and Client file
- Maintenance of client file.
- Responsible for maintaining account of book receivers and purpose of it by updating book receiver list.
- Has to maintain excellent coordination with the Psychologist, Therapist, Counselor and the Administration Manager.

- Has good and sound knowledge about Clients information, which of the forms are completed or not. If not completed, Approach the Administration manager/ Psychologist.
- Submit final signed reports to the administrative manager so they can be compiled and updated on Google Sheets.
- Getting paperwork done on time.
- Keeping progress notes up to date is his or her professional responsibility (Failure to do so can adversely affect the client's treatment in an emergency).
- Clinical Case Notes of the Clients are completed and fully Documented, Attached and signed by the therapist.
- Keeping record of Survey Forms.
- Ensure that all the files are safely been situated in the Clinics Cupboard.

## 4.11 PSYCHOLOGIST/ PSYCHOTHERAPIST

It is the duty of the clinician to maintain a certain quality and standard of therapy. A good psychologist needs to be able to develop a good relationship with their client in order to have any effect on the client's cognition. Psychologists hired at meeting matters are also required to know administration duties for the proper function of the clinic and to build rapport with their clients. Some of the duties a psychotherapist is responsible for are:

- Completing client files and ensuring they are complete in accordance with the client file checklist.
- Submitting completed client files to the *Administrative manager* for storage of files in the file cabinet.
- Abiding by policies and procedures in practice, laid down and amended from time to time by the Clinic management.
- Ensuring their quality of service provided to clients is on par with the Clinical standards.
- Abiding by the APA's Code of Ethics for practicing psychotherapists and incorporating them in their practice.
- Helping in advertising of upcoming events/trainings/workshops in the clinic.
- Psychotherapist will play his/her part in training too. He/she will give few hours to trainees as well.
- Psychotherapist will give 1 hour to his secondary duties as well.
- Therapist will send 5 star link to those clients with whom she have a good Rapport and she/he will choose clients from Google sheet where there are reviews of clients mentioned.

- Therapist is not allowed to cancel or reschedule any session without the permission of director of Clinic.

The lead psychologist we have; is associated with American Society of Counseling Psychology as well as Pakistan Psychological Association. Hence, you will get expert help and advice from a therapist who has years of experience working with the difficulty that you are experiencing. We also provide you the facility of referral to a top class Psychiatrist who can discuss medication with you, if necessary. At our clinic, we are soon going to have some very latest research proven approaches such as Mindfulness and Eye Movement Desensitization Reprocessing (EMDR). People often have treatment at our clinic for everyday issues such as stress, anger and relationship problems while other people require help with more severe psychological difficulties.

## 5. RULES, REGULATION AND PROCEDURE OF PSYCHOLOGISTS AND THERAPISTS

### 5.1 RULES AND REGULATION FOR PSYCHOLOGISTS/ THERAPISTS

#### 5.10 DISCIPLINE

##### *Professional Conduct*

A psychologist at Meeting Matters therapy clinic is expected to abide the APA's Ethical Principles of Psychologists and Code of Conduct. The employee should be committed to create holistic development as a student, person and

professional. We require that our practitioners act in a manner consistent with their role as the representatives of the profession, and the clinic. Some of these include:

**Being Trustworthy:** Respecting the trust placed in the practitioner.

**Autonomy:** The client, should be self-directing.

**Beneficence:** A commitment to the client's wellbeing.

**Non-maleficence:** A duty to avoiding harm to the client.

**Justice:** Fair treatment of all clients.

**Self-respect:** The practitioner's ongoing commitment to self-awareness and integrity.

- If the practitioner has to make an ethical decision, if she can support that decision with two of these principles without contradicting another, then she is making a well-founded decision. Of course, some decisions will prove very difficult and possibly controversial, in which case careful consideration and accountability are important.
- The third pillar of the ethical framework is the personal moral qualities of the practitioner. These are grounded in the idea of 'virtues' from moral philosophy. These moral qualities are informed by the values that the individual holds, but can be worked on, considered, honed and aspired to.

**These moral qualities are:**

**Care:** Attentiveness to someone's needs & wellbeing.

**Diligence:** The conscientious use of the skills and knowledge needed to achieve a good outcome for the client.

**Courage:** Acting despite personal fears and uncertainty.

**Empathy:** The ability to understand the experience of another from their perspective.

**Identity:** The sense of self in relation to others that enables responsibility & resilience.

**Humility:** Facing one's weaknesses and acknowledging strengths.

**Integrity:** Commitment to a moral approach to relationships.

**Resilience:** Working with a client's challenges without suffering personal cost.

**Respect:** Giving due regard to others and their understanding of themselves.

**Sincerity:** A consistency between word and deed.

**Wisdom:** Displaying sound judgement.

The practitioner will always have to use personal, professional judgement, but an ethical framework gives a go-to place for more difficult or thorny issues. It also informs the work that the therapist will also be doing on themselves (and with mentors) in order to improve themselves and their capacity to guide others.

## Personal Conduct

Some of the personal aspects a psychotherapist needs to perform or take into consideration are:

- o **Prompt and Punctuality** in attending any therapy session or meeting at the clinic is expected. Psychologists should try to begin the session on time and end the session on time. Please contact the *Clinic Director or Manager* if you are ill and cannot attend, or find that you cannot avoid being late.
- o **Flexibility** is another critical quality required of clinical practitioners. Evening hours can become crowded, mishaps involving scheduling of rooms can occur, and sessions can overrun scheduled times because of clinical necessity. For these reasons, along with other unforeseeable events, cooperation and compromise become important for the Clinic to run smoothly as possible.
- o **Conscientiousness:** Return all assessment material or other items borrowed from Clinic library immediately following their use so that others may have access to them. It is vital that all components of the assessment materials of the same test be kept together and returned. Do not use the last copy of a form, booklet, or protocol; inform the administrative manager that materials need to be replenished.
- o **Time:** Practitioners are responsible for ensuring that assigned clients are contacted no later than **7 days** after Clinic staff assigned the case. Clinical practitioners facilitate scheduling the first session themselves or by arranging for the *administrative manager/Client Relations manager* to make the initial contact and schedule a client's first session.
- o **Completion of Assessments:** Assessments are to be completed in a timely manner with the fewest number of sessions necessary to complete the assessment. In other words, clinical practitioners should make every effort to schedule longer blocks of time (e.g. 3+ hours) to administer complete test batteries. The final report, or summary if the assessment is incomplete, should be completed and submitted to the administrative manager within the timeframe set by the **Clinic Director** and communicated to the client during the informed consent process. This ensures that the client's expectations for when an assessment will be completed, and a report produced, are met.
- o **Diligence:** Part of your clinical responsibility is to respond promptly to any and all memos or e-mails sent to you by the staff of the Clinic. Please check your inbox and e-mail on a regular basis. Be judicious when disclosing information in public domains (e.g., posting information on personal websites such as Facebook). In addition, refrain from posting unprofessional

statements or pictures that may be viewed by clients, supervisors or colleagues.

- o **Respect for others:** Turn your cell phone off or to vibrate while attending meetings and during therapy sessions. Abstain from inappropriate use (e.g., text-messaging, emailing) of personal computers or other electronic devices during sessions and meetings.
- o **Wellness and self-care:** If you are unable to honor a professional commitment, seek guidance with your **Clinic Director**. Doing so will often provide a more positive resolution of whatever difficulty you may be experiencing and will likely facilitate an opportunity for professional growth and development. Difficulties may include, but are not limited to illness – physical or mental. Employees who do not seek advisement in a timely manner are often disappointed by the outcome and may potentially be subject to disciplinary action.
- o **Professional Dress:** The Clinic does not have a specific policy for what types of clothes an employee should wear. A number of factors including current style, lack of knowledge or feedback, lack of a decent income, and most importantly, the therapeutic goal of the Client preclude a definitive and strict dress policy. In general, all Clinic personnel should be dressed professionally when in the Clinic. When clients come to the Clinic, they are looking for professional help. Dressing appropriately aids in giving the client confidence that you can be of help.

Dress for professional activities is based on sensitivity to client values and norms as well as consideration of the communication function of one's appearance and attire. As the focus of professional interactions is on the client, the professional's appearance and dress should be generally conservative to avoid distractions from the process of therapy or assessment. Further, appearance and attire should be respectful of the client's cultural background and sensitivities.

Sign out all assessment and treatment materials, books, manuals, etc. by completing a sign-out form provided to you by the administrative manager. Return items borrowed from the cabinets/files immediately following their use so that others may have access to them. It is vital that all assessment and treatment materials be kept in good shape and returned.

A clinical emergency is a disruption of baseline psychological functioning, which places the client or other persons at risk of harm. The clinical psychologist is responsible for handling an emergency in the course of a treatment, and he/she will confer with and include other members of the staff as necessary.

All emergencies where the client is at risk or involving use of other facilities (such as hospital emergency services) must include consultation with a clinical member immediately. Supervisors are required to notify the clinic director as soon as possible.

## *Ethical Conduct*

Ethics are moral standards that ensure that professionals provide quality services and are respectful of the rights of the people with whom they work. Acting in an ethical manner also involves following the laws and rules governing one's profession. Employees must realize that the organization they represent must adhere to the laws and rules of the profession and that they must follow standards of ethical behavior. The Clinical trainings/workshops provide the practitioners with coursework, supervision, clinical practice, and available resources by which to learn to identify ethical dilemmas, avoid potential dilemmas, and make appropriate decisions. The clinic director is available for consultation and supplementary supervision on all ethical matters. **The Clinic also maintains a comprehensive and current collection of books, chapters, and articles on the topic of ethics.**

The profession of psychology has developed ethical codes that are intended to protect the consumers. These codes provide us with assistance regarding the best action to take in challenging, confusing, or novel situations. The American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (2010) can be found on the APA Web site, <http://www.apa.org/ethics>. This code delineates basic ethical principles to which professional psychologists follow. (See also Appendix M of the Clinical Program Handbook)

**Ethical Principles:** Many ethical codes and the literature on ethics stress the importance of six basic ethical principles: autonomy, beneficence, justice, fidelity, and veracity. Below is a brief description of each of these basic principles. The practitioner is referred to Foundations of Ethical Practice, Research, and Teaching in Psychology by Karen S. Kitchener (2000) for a detailed description of each of these principles.

- A.** Autonomy: refers to the right of both the consumer and the provider to make choices and take actions, provided the results do not adversely affect others.
- B.** Beneficence: refers to the intent "to do well" by helping and promoting growth in others.
- C.** No malfeasance: can best be described in the phrase "above all, do no harm".
- D.** Justice: defined as fairness or ensuring equality of opportunities and resources for all people.

**E** .Fidelity: refers to keeping promises and being trustworthy in relationships with others.

**F**. Veracity: refers to telling the truth.

**Ethical Guidelines:** The above six ethical principles outline general rights that individuals have in therapy situations. These principles, in conjunction with APA's Code, not only help to protect clients who seek assistance in resolving problems, but also provide the foundation for practitioners with developing guidelines for addressing ethical dilemmas.

**A.** Recognize your limits. It is critical that the practitioner recognizes and practice only within the areas for which they have been trained in some fashion either through prior supervised experience, coursework, workshops, seminars, and/or under the close supervision of a competent professional.

**B.** Be honest about your qualifications. Tell the client you are in training to learn skills and do not yet have an advance degree or license.

**C.** Consult with your supervisor/Clinic Director about any possible ethical issue.

**D** .Focus on the needs of the client. Help the client understand the nature of the therapeutic relationship including educating clients about the clinic, fees, confidentiality, privacy, taping, team approach, techniques used, treatment goals, and name of your supervisor.

**E.** Understand the role of culture. Be mindful of differences among individuals and use basic therapeutic skills that reflect an understanding of the people with whom you are working with.

**F.** Be aware of your values. Utilize the supervision process to be aware of the influence of your values and beliefs in the interactions with clients.

**G.** Avoid harmful dual relationships.

**H.** Act in a virtuous manner. Virtue differs from ethics in that one is not as concerned with laws and rules as much as striving to be a person of positive moral character.

**I.** Take care of yourself to ensure that you can care for others.

## *Ethical decision making process*

Although a practitioner may not encounter many ethical dilemmas, learning how to work through these situations can be helpful so that they can be

prepared when ethical dilemmas do arise. Ethical dilemmas occur when there are competing ethical reasons to act in ways that are mutually exclusive. At times, actions that uphold one ethical principle could violate another ethical principle. For example, ethical codes often ensure a client's right to privacy and confidentiality. They also endorse the importance of working to minimize harm to others. These important standards can, at times, be in conflict with one another; an adolescent client who is threatening to kill herself but does not want the practitioner to discuss this with her parents. The following strategy is a suggested ethical decision making process that can be followed when a practitioner is confronted with an ethical dilemma.

- A** Determine that the matter or situation presents an ethical dilemma. Consult with your supervisor if have any doubt.
- B** .Consult APA's Ethics Code and other available professional guidelines that might apply.
- C**. Consider, as best as possible, any personal factors that might influence your objectivity or affect your decision.
- D**. Evaluate the rights, responsibilities, and vulnerability of all affected parties.
- E**. Generate a list of possible decisions; note which are most ethically appropriate; enumerate the consequences of making each decision.
- F** .Consult with your supervisor. Consult with the clinic director. Document all consultations.
- G**. Make the decision, per your Clinic Director's instruction.
- H** .Implement the decision.
- I**. Document the decision-making process.

Ethical dilemmas are sometimes described in terms of mutual danger and opportunity. Ethical dilemmas can be dangerous in that the welfare of the client may be compromised. However, they also present an opportunity for practitioners to reflect on what they have learned and what they value and then to act in a manner that is consistent with the morals of the profession and their personal values. Ethical dilemmas provide the unique challenge for practitioners to confront and resolve important questions and to ensure, to the best of their abilities, that clients' needs are served.

## *Ethical topics to take into consideration*

**Multiple Relationships:** A multiple relationship occurs when a practitioner is in a professional role with a client and

- (1) At the same time is in another role with the client.
- (2) At the same time is in a relationship with a person closely associated with the client.
- (3) Promises to enter into another relationship in the future with the client or a person closely associated with the client. Practitioners should refrain from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the practitioner's objectivity, competence, or effectiveness in performing his/her functions as a clinical psychologist, or otherwise risks exploitation or harm to the client. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

Because clinical practitioners perform a variety of roles in our Clinic including seeing clients, teaching students, and conducting routine clinical tasks, clinical practitioners may become aware that their friends, acquaintances, colleagues, subjects, or students are being seen at the Clinic or that some other multiple relationship issue exists. It is the responsibility of each staff person to maintain appropriate boundaries in such situations and not allow personal issues to impinge upon services received by the client. For example, a clinical practitioner should remove oneself from the team during the time a known acquaintance is being staffed or discussed. If such conflicts of interest occur, the staff member should discuss it with her/his supervisor or the clinic director.

It is worth noting that APA's Ethics Standard for multiple relationships does not prohibit such things as attending a client's family funeral, wedding, or graduation; gift giving or receiving; or from entering into a social relationship with a colleague as long as these types of interactions or relationships would not reasonably be expected to lead to role impairment, exploitation, or harm. Clinical practitioners should discuss such possible situations with the Clinic Director before taking action.

Incidental encounters with clients at religious services, town events, restaurants, health clubs, or similar places are not unethical. Nonetheless, Practitioners should always consider whether the particular nature of the professional relationship might lead to misperceptions regarding the encounter. If so, it may be wise to document such encounters.

## *Privacy and confidentiality*

- **Privacy** refers to freedom from unauthorized intrusion of others upon the identification of or information about an individual. Individuals have the freedom to choose (authorize) the time and the circumstances under which, and the extent to which, their beliefs, behavior, and opinions are to be shared or withheld from others.
- **Confidentiality** is the principle in medical ethics that the information a patient reveals to a health care service provider is private and has limits on how and when it can be disclosed to a third party.
- ✓ An extremely important legal, ethical, and clinical responsibility to our clients is confidentiality. Since the concept of confidentiality is not only important, but also varied and complex, it is discussed in detail below.
- ✓ **Overview:** The therapeutic relationship is built on trust, and confidentiality is of utmost importance in building and maintaining that trust. These policies of confidentiality apply to all activities with clients, including supervisory contact between clinical practitioners and supervisors. For example, it would be a breach of confidentiality to even indicate to an unknown caller over the phone whether an individual is a client at the Clinic.
- ✓ Cases are not to be discussed with colleagues when the possibility exists of being overheard. Case material should be discussed in private only and in rooms with doors closed within the Clinic. Discussion of cases is limited to members of the Clinical team (i.e., Supervisor, Clinic Director and the concerned Practitioners) or other supervisory consultants (i.e., professional colleagues with expertise in a particular area of psychological difficulties). Consultations should be undertaken with the express permission of the supervisor of record, except in the case of emergency (i.e. suicide threat and supervisor is unreachable).
- ✓ As a general rule, therefore, do not discuss clients in any way outside of supervision. The workroom is not a "safe haven" for such discussions because of its proximity to the waiting room, therapy room, and bathroom. If you must mention client information (e.g., requesting appointment information at the reception desk), please avoid use of the client's name, and do not discuss the case further in any way.
- ✓ It is inappropriate to discuss case material at any time with nonprofessionals (e. g., partners and roommates) or with any persons unrelated to the operation of the Clinic. If case information is used for research, case presentations, or other educational purposes, it must be carefully edited so as to disguise the identity of the client(s).
- ✓ Breaches of privacy and confidentiality often occur in a seemingly innocuous manner. For example: whether on the phone or in-person, never make your client(s) an item of casual gossip or chitchat, even when names are not mentioned. Never discuss a case in a public area, even a public area within the Clinic, since you always run the risk of being overheard. Never answer questions on the phone about your clients except when the caller is known

and clearly identifiable to you, and you have the written consent of your client to do so. In general, such matters should be done in writing and, of course, always on the basis of proper authorization.

- ✓ The principle of confidentiality requires that your client must be informed that recording devices are employed during sessions and that a colleague, assistant or supervisor may be observing prior to using recording devices. When conducting therapy or an assessment, it is incumbent on you to discuss this with your client before you begin recording and when you present the consent form explaining Clinic policy regarding confidentiality for his or her signature.
- ✓ **Therapy clients are informed by the Clinic administrative manager of the dual training/service functions of the UTPC and the use of observation and recording devices for purposes of training.** However, you are expected to also explain Clinic policy regarding confidentiality during your initial contact with your clients and answer any questions they might have. Since clients can inquire at any time who is observing them, you should always know who is observing during your sessions.
- ✓ Finally, there are several legal exceptions to confidentiality. They are listed on the consent form your clients sign. In the case where your client voluntarily consents to the release of information about himself or herself, you are responsible for assisting the client in specifying exactly what information will be released and to whom, so that only that material which will benefit the client is shared. In the case of children, parental consent is always required.

### **Minors:**

Even though parents have a legal right to information about their child's therapy, privacy in therapy is often crucial to successful progress, particularly individual therapy with adolescents. In such cases, the practitioner may request that parents agree to limit the level of information given to them. Typically, the best level of communication in individual therapy between a child's psychologist and his/her parents is general information about the progress of the child's treatment. Other communications will require child/adolescent assent, unless the practitioner feels it is a crisis situation including personal risk, self-destructive behavior, or physical danger to the minor or others. An example may be telling an adolescent that if he/she has tried alcohol at a few parties, you would keep this information confidential, whereas if they tell you that they are drinking and driving then you would not keep this information confidential from their parent/guardian. If possible, such disclosures should be discussed beforehand with the minor to minimize his/her objections and concerns.

### **Couples, Families, and Groups:**

If the clinical practitioner provides couple, family, or group therapy, she/he (in consultation with their clinical supervisor) should discuss their proposed policy regarding confidentiality. It is the baseline or default policy that the practitioner may not reveal any information revealed by any member of the client unit (i.e., the couple, the family members in therapy, or the group members) to anyone outside the client unit without prior written permission. However, it is a therapeutic axiom that open and honest communication between all individuals involved in therapy results in the most beneficial outcome. Hence, it is important that in the first session when discussing confidentiality, to identify issues that are particularly important in couples or family therapy. It is recommended in couples' therapy that partners agree to not be provided with confidentiality from one another. It is recommended in family therapy that all parties involved agree that the practitioner is allowed to convey information to other members of the client unit based on the rights and overall well-being of all members. The practitioner should always consult with their supervisor regarding any questions of confidentiality with minors, couples, or families prior to the first session. The clinic director is also available for consultation on issues of confidentiality with minors, couples, families, or groups.

## 5.11 VACATION AND COVERAGE

- Clinical practitioners are expected to discuss vacation and conference time plans with their supervisor/Clinic Director, and inform their clients of planned time away as soon as possible.
- Arrangements for back-up coverage should be made for each client and documented in the client's treatment record. Similarly, supervisors will inform practitioners of expected time-off and will work with practitioners to develop a suitable supervision plan.
- Any changes in supervision need to be documented in the client's treatment record. Clients need to be informed of any changes in supervision, including temporary changes. It is also important to notify the Clinic Staff of any expected or unexpected absences.

Clinical practitioners and supervisors should be mindful that they are obligated to keep delivery of client care and client needs as the highest priority. Maintaining continuity of treatment and assessment services is of utmost priority. Practitioners and supervisors will discuss the appropriateness of time away and vacations keeping in mind the best interest of the client.

### **Psychologist resignation procedure:**

- A Psychologist/counsellor needs to distribute client sessions to other psychologists/counsellors after consulting the chief psychologist.
- It is the responsibility of the psychologist/ counsellor to inform their clients about their leave and a change in therapist. The smooth process of transfer regarding therapists/psychologist should be conducted via a combine session of the resigning psychologist and the new psychologist. This can take place as a supervised session.
- The new psychologist should be briefed in regard to everything about the client by the resigning psychologist.

## 5.2 PSYCHOLOGISTS PROCEDURES

### 5.21 THERAPY

#### *Completion of therapy documents*

Submit final signed reports to the administrative manager so they can be compiled and updated on Google Sheets. Getting paperwork done on time and keeping progress notes up to date is your professional responsibility. Failure to do so can adversely affect the client's treatment in an emergency.

#### *Forms*

Therapist should be thoroughly familiar with the following forms, instructions, and pertinent information:

- 1) Informed Consent – Statement of Policies
- 2) Client Services Agreement
- 3) Fee Policy and client fee determination
- 4) E-Mail Permission

- 5) Medical History
  - 6) Release of information
  - 7) Documentation notes
  - 8) Progress notes
  - 9) Clients case notes
  - 10) Assessment notes
  - 11) Telephone
  - 12) Consultation
  - 13) Treatment plan form
  - 14) Quarterly summary notes termination/transfer summary
- Forms can be found in a file on the table in the Clinic Workspace and digital copies are kept in the Clinic Hard drive.

## 5.22 CLIENT CASE FILE

### *Client Case notes*

A proper format of Clinical Case notes should have to be followed by every Clinical psychologist. There is a form named 'Clients Case Notes' in which every heading is to be filled by the therapist manually. The therapists have to make sure that every heading must be filled in bullet form for the sake of record. The therapist will then make a proper typed report for the clinical record in which all the procedure has to be written thoroughly. The report should be of maximum 5-6 pages long with the full explained details. There must be two attached copies of Case notes in the file of the concerned client. One has to be briefly noted on the case note manually and other one has to be typed and in a print form. It would solely be the responsibility of each therapist to make sure that their case notes are completed and attached properly.

### *How to arrange an induction file?*

- Set the documents in file in a sequence i.e.
- o **1<sup>st</sup> form: Intake form** (This is bio data form ) (Clients under the age of 21 will have to provide their personal number and contact information for at least one family member.)

- o **2<sup>nd</sup> form: RISB form** (The Rotter Incomplete Sentences Blank is a projective psychological test)
- o **3<sup>rd</sup> form: Consent form** (A *consent form* is a signed document that outlines the informed consent of an individual for a clinical trial)
- o **4<sup>th</sup> form: SRS form** (The session rating scale form is given to the client at the end of the session to know the progress of session)
- o **5<sup>th</sup> form: Invoice** (Invoice is given at the end of the session in which the payment of session is written).

## *Additional forms for client file*

Therapist has to add these forms on the top of the file.

- 1. Session record form :**( In this form we write session date, name of therapist, time of session and payment.)
- 2. Meeting Matters checklist:** (In this form we check whether all forms are filled or not)
- 3. Session progress form :**( In this form day/date is mentioned along with Goals of session, Techniques used and outcomes)
- 4. Intake form:** Clients under the age of 21 will have to provide their personal number and contact information for at least one family member.
- 5. RISB form :**( The Rotter Incomplete Sentences Blank is a projective psychological test)
- 6. Consent form :**( A *consent form* is a signed document that outlines the informed consent of an individual for a clinical trial)
- 7. Case notes :**( In case notes therapist have to write name, date, session number on the top of it then write clients history or symptoms. Therapist should write about next session at the end of case notes). Therapist will attach case notes after every session in file.

## 5.23 INITIAL CLIENT CONTACT

Before the first session begins, it is the Psychologists/therapist responsibility to orient the client to the clinic and its procedures, and review the following forms:

- o Informed Consent
- o Fee Policy

- o Email Permission
- o Confidentiality
- o Clients under the age of 21 will have to provide their personal number and contact information for at least one family member.
- o In particular, you should make sure the client understands the privacy policy and reasons why information would be released without permission, and how to contact the clinic director for any questions/concerns.
- o

## Inquiry

- When calling the client, identify yourself by name only until you are sure the person on the other end of the line is, in fact, your prospective client. (*Hello, this is MEETING MATTERS CLINIC. My name is..... I am working here as a Clinical Psychologist.*)
- For reasons of confidentiality never reveal your Clinic affiliation to anyone but the client.
- If the person answering the phone is not the client and asks you to identify yourself, avoid vague responses like "a friend" or "never mind, I'll call later." One response might be to say something like *[I am from meeting matters, I got the call from this number, i want to talk to (clients name) if he is not available then I will call you later]*.
- If there is a client on a call then a clinicians will introduce himself or herself to a client. Qualification and previous experience (if client will ask about your previous experience). (*My name is ..... I am working here as a Clinical Psychologist.*)
- If a client wants to know about the services that we are providing then we will tell them about our services. (*We give Psychotherapy and Counseling. We have foreign qualified clinical & counseling psychologist, qualified motivational interviewer and other consultant psychologist who will help you to understand your area of difficulty and offer effective approaches such as CBT or psychodynamic therapy to help you reach your treatment goal. We deal with Depression , Mood disorder, Addiction, Childhood developmental disorder , Stress Management , Anger Management , Couple/Marital Counseling , Family counseling , Career Counseling .*)
- Then you have to ask briefly from client about his current symptoms. (*Can you please briefly tell me about your current problems?*)
- After that if client will agreed to take to a session then a clinician will ask client's availability. (*Can you please tell me about your availability? On which do you want to take a session?*)

- Clinician should try to take a session on same day when he/she received a call from a client he/she should not delay it. Give priority to induction over follow up sessions .If there is a follow up session of a clinician on same day at same time then a clinician must delay/give any other time to his/her follow up client and try to conduct an induction session at same day.
- Clinician must discuss about fee structure as well. *Clinician will say that we charge 4000/- for both induction session and for follow up sessions. If a client is a student and he/she want a concession then we will charge 3000/-.*
- If a client still wants a concession then clinician will discuss about it with a director of clinic.
- If a client confirm the appointment then we will send them 3 forms (intake ,RISB and consent form) and tell him/her:
  - *If any client wants to have an online or face to face session then we send them Intake, RISB and consent form online.*

Tell the client about timings of clinic:

- *The timing of clinic is from (9:00 am to 6:00 pm) but if any client wants a session after 6:00 pm then we will arrange his/her session accordingly.*

The call of inquiry should not exceed to more than 10 minutes.

## 5.24 BEFORE SESSION

- A Therapist should check whether room is clean or not.
- Put the necessary things in therapy room like:
  - Glass of water for him/her self and client.
  - Blank paper, pencil, Eraser and sharpener, pen.
- If Admin assistant is not present in clinic right now or on leave and client want to have a tea then ask the client for tea before session and try to arrange tea for him/her. Or put disposable glass, warm water and tea bags in therapy room before session.
- The therapy room should be arranged in a way where privacy and confidentiality can be maintained .There should be few distractions (e.g. no Mobile phone or interruptions from other staff).
- The therapy room should have Comfortable seats or Couch, try to sit at the same level)
- The therapy room should be non-threatening (e.g. a place where people can feel relaxed and comfortable).

- Always escort clients to one of the assessment or therapy rooms. In the case of client delays, it is recommended that you wait or work in Room B (if not occupied) or the workspace that is situated besides the stairs in the gallery.
- There is a table and chair that is under the stairs client have to fill his forms over there. Client should not fill his form in waiting area.
- You should expect, as part of your contact with your clients, to be available for the entire time specified for a session. After an initial wait, you may return to your work, but let the administrative assistant know your whereabouts and phone number so you can be contacted if and when your client arrives.
- When clients arrive late, they are typically seen for only the amount of time remaining for their appointment. However, if you arrive late, you will need to offer your client his or her entire time and then consult with the administrative manager to ensure that the room is or can be made available.
- Children may not be left unattended in the waiting room. The Clinic does not provide child care and it is up to the clinical practitioner to see that clients are mindful of this policy. Please communicate this policy to the parents of small children prior to their first session so that they can arrange for child care. If an adult client unexpectedly shows up with a young child for a therapy appointment, it is usually best to reschedule the session rather than try to do therapy with the child in the room. With approval from the guardian, the clinical practitioner may choose to find another clinical practitioner to supervise the child during the therapy hour. You will be responsible for explaining to your clients the Clinic's policies and procedures regarding fees, determination of their payment, establishing the contract for services, the privacy policy and directing any business related questions to the *administrative manager/Clinic Director*. This will be conducted at the client's first session.
- Before the first session begins, it is your responsibility to orient the client to the clinic and its procedures, and review the following forms: Informed Consent, Fee Policy, and Email Permission. In particular, you should make sure the client understands the privacy policy and reasons why information would be released without permission, and how to contact the clinic director for any questions/concerns.
- In regards to the email permission, if applicable, discuss with clients how that will be used, e.g., to submit homework or re-schedule appointments. It is suggested clients do not discuss therapy issues via e-mail.
- It is recommended to schedule a subsequent appointment prior to the client leaving the clinic. When scheduling an appointment, schedule the

appointment in one of the consultation rooms and double-check the time and date of your scheduled appointment.

## 5.25 INITIAL INDUCTION SESSION

### *Consent and Confidentiality*

One of the most important functions of the practitioner in the first session with any client is to provide and obtain informed consent for services. The fundamental underlying concept of the Informed Consent is that clients have the right to be informed about certain things before they consent to receive mental health services. The APA Ethics Code has long required psychologists to protect the informed consent rights of their clients. The Ohio Board of Psychology states that psychologists must inform clients of professional services, fees, billing arrangements, limits of confidentiality, and foreseeable risks before rendering services.

- ✓ The Clinic has a purposefully lengthy and detailed informed consent. Given we are a mental health clinic and a training center we want to ensure that both the clinical practitioner and client have a clear understanding of the nature and limits of our services.

**Process of Obtaining Consent:** A clinical practitioner has the ethical and legal responsibility to insure that the decision to enter into psychological evaluations or treatment with us is an “informed” decision and that the informed client gives (or refuses to give) consent to receive our services. In other words, a signature on a consent form does not, in itself, qualify as “informed” consent. Consequently, the practitioner must not only get the written consent but also have an informed consent conversation with the client. Regardless of what services are requested or provided, both a written and signed informed consent and an informed consent conversation with the client(s) must occur. As such, the process of obtaining informed consent should have the following components:

- The client is given the written informed consent, asked to read it over carefully, and to sign it if they do not have any questions.
- The practitioner must verbally inform the client about our services, elicit questions, and provide honest answers. The informed client freely gives (or refuses) consent to accept services on that basis. This understanding is documented in the initial progress note in the client’s record.

- In the case of minors, the informed consent should be signed by parent(s) or legal guardian. If the minor's parents or guardians, regardless of marital status, have joint legal custody, then every effort should be made to have both parents sign the consent for services form.
- In multiple-person therapy, the initial conversation related to consent and confidentiality can be more complex than with individuals. The practitioner, with the help of a supervisor/ the Clinic Director, is required to clarify at the outset which of the individuals is the client(s) and the relationship the clinical practitioner will have with each person. This clarification includes the role of the clinical practitioner, the probable uses of services provided or information obtained, and how records of the services will be maintained, who has access to the records, and any limits of access to the records. This client's understanding of these points is to be documented in the client record.

## *First induction session*

**Intake Interview:** All practitioners complete intakes as part of the therapy process. A psychological intake involves initial sessions that include obtaining

- Informed consent
- Identification and clarification of presenting issue's
- Data collection and information gathering
- Concluding with a case conceptualization
- Treatment plan

In general, continuity of clinical services is sought by having the same clinical practitioner provide assessment or therapy services following the completion of the intake. Exceptions to this may include assignment of cases to a different clinical practitioner in a specialized assessment or therapy practicum following the intake, but in general cases are assigned to clinical practitioners on the basis that the intake will develop into an appropriate assessment and/or therapy case for that same clinical practitioner.

- ✓ Typically intake sessions require more than one session to identify the presenting problems, gather pertinent information, and formulate a treatment plan.

Sessions should be coded in Google Sheets as “intake note” if the majority of time spent involved intake activities. Sessions where most of the time spent involved intervention activities should be coded as “progress note”. All notes should be numbered consecutively.

After each session the client is sent a web link via whatsapp which includes a 30 sec survey form sheet, this is used to have a record of feedback from the customers which we send to the customers from whatsapp. This 30 sec survey can be found here:

<https://forms.gle/5AypAiozU7Rw99XM8>

## 5.26 FOLLOW UP SESSION

- In follow up session the therapist only give SRS form and invoice at the end of the session with 30 sec survey form. Survey form is also sent through WhatsApp to all the clients whom are taking face to face or online session.
- Administrative Manager should be available at that time when client will come. He should be there to receive the client.
- If the client has not sent the forms through whatsapp then we will send give him/her a file of forms and he/she will fill it. If a client is not as educated or unable to fill a form then therapist will fill his forms.
- Admin assistant will ask them for tea or green tea.
- Admin assistant will serve the tea/green tea the client in therapy room before session. During therapy we will not disturb the client by knocking door and serving a tea.
- If there is someone i.e. attendant who will come with the client that person will wait outside in reception area. Admin assistant will offer tea or green tea to him/her as well.
- There should be some books and magazines placed on the table in reception area for attendants so that they can read them if they wants to read while waiting.

## 5.27 TREATMENT

*Treatment planning*

In accordance with the APA's Standards for Providers of Psychology Services, the first concern of treatment is the development of an established plan for the delivery of psychological services. This plan is to specify your client's problems, establish a priority of therapeutic goals, and list the procedures for working toward these goals.

- The plan, signed by you and your supervisor is to be presented to your client as soon as possible, as agreed upon by the clinical practitioner and supervisor. His or her signature on the Treatment Plan document indicates your client's agreement. Signed Treatment Plans will be scanned into Google Drive by the administrative manager. If goals or problems change as therapy progresses, addenda may be added to the original plan and scanned into Google Drive as a revised treatment plan.

**Medication:** You should know the medication status of your clients, including what medications they are taking, the intended effects of said medications, the extent to which a physician is supervising these medications, and possible side effects of said medications.

- If, in your judgment, your client might benefit from or require medication as part of his or her treatment plan and needs a psychiatric referral, first find out if they have health insurance since this may determine who your client will agree to see. If there is no health insurance, consult with your supervisor/Clinic Director who will assist you in making a referral.
- If the psychiatrist places your client on medication, your client becomes part of the psychiatrist's practice. The psychiatrist then becomes responsible for that aspect of your client's treatment. However, unless your client makes other arrangements, you remain responsible for any continuing psychotherapy. Maintain ongoing contact with the psychiatrist as needed to be fully aware of your client's condition.

## *Consultation*

When a healthcare provider refers therapy clients to the Clinic, practitioners should establish and maintain an ongoing consulting relationship with the referral source.

1. Practitioners should discuss the reason for referral with their client and agree on the extent of communication between the referral source and practitioner. It is typically good practice to make at least three contacts with the referring provider over the course of treatment (depending on the length of treatment). The first contact should occur once you've established care with the client. Inform the referral source that you have started treatment and collect additional information. Sometimes, you will likely speak with a

- provider's staff person or assistant. Leaving a message for the referring provider is usually sufficient.
2. The second contact should be made once a treatment plan has been formulated. Provide the provider with a diagnostic impression and practical recommendations.
  3. The third contact should be at termination or transfer. Lengthier treatments may call for additional contacts and communication with referring providers, which may include changes in treatment or progress updates.
- ✓ Clients who are self-referrals often ask that a report be sent to a doctor, agency, etc. Be sure to discuss with them what information they wish sent and what information they wish withheld from the report as well as when it will be sent.

All reports sent to outside agencies or professionals must first be approved and signed by your supervisor, co-signed by you, and a copy placed in the client's file. Of course, a "release of information" form must be signed by your client before the release of any information.

Once a client's problem has been thoroughly assessed, treatment as agreed upon between the client and the practitioner ensues. Cases vary widely in terms of duration. Practitioners should anticipate that different supervisors will have different approaches to the conduct of therapy. In the context of the program's philosophy, an emphasis will be placed upon scientifically based methods of therapy, or empirically based interventions.

## 5.28 CLIENT/ CASE TERMINATION

Clinician will arrange to discontinue seeing his/her client. The Clinician will discuss it with the panel then terminate his/her client.

## 5.29 CLIENT/ CASE TRANSFERS

For a transfer to occur, a Transfer/Termination Summary must be written and signed by the current practitioner, incoming practitioner, and clinic director and submitted to administrative manager who will scan it into the client's record. Any transfer must be documented in the client's file on Google Drive and our online app. If the transfer is from one supervisor to another, a supervisor change note must be added.

## 5.30 GROUP THERAPY

Experience conducting group therapy is encouraged. If you would like to form a group, you may do so by arranging for supervision and providing a brief written summary to the clinic director of the type of referrals you anticipate needing.

If your group is an open one, clients will be referred on an ongoing basis until you inform the clinic director that your group is full. Clients seen for individual therapy in the Clinic may also be referred to a group when this is clinically appropriate.

## 5.31 ASSESSMENT

**Referral Questions:** If your client is a self-referral, your supervisor will give you instruction on how to obtain information pertaining to the reason for referral. If your client has been referred by an agency, you will need to seek out how to obtain the reasons for the referral and referral questions from the referral source. Continuity of care and direct communication with the referral source is integral when completing assessments from outside referral sources.

**Completion of Assessments:** Assessments are to be completed in a timely manner with the fewest number of sessions necessary to complete the assessment. In other words, clinical practitioners should make every effort to schedule longer blocks of time (e.g. 3+ hours) to administer complete test batteries. The final report, or summary if the assessment is incomplete, should be completed and submitted to the administrative manager within the timeframe set by the Clinic Director and communicated to the client during the informed consent process. This ensures that the client's expectations for when an assessment will be completed, and a report produced, are met.

**Feedback session:** Every client who receives assessment services shall be offered a feedback session to discuss findings and recommendations from their assessment.

**Reports:** In the case of someone who has been referred, when you call the referral source to obtain the referral questions, ask how the report will be used since this may affect what recommendations you will need to make. Also inform the referral source when your report can be expected.

Professional courtesy demands that you notify the referral source immediately if the report will not arrive when expected. Inform the referral source of the reasons for the delay and when the report can be expected.

- ✓ Clients who are self-referrals often ask that a report be sent to a doctor, agency, etc. Be sure to discuss with them what information they wish sent and what information they wish withheld from the report as well as when it will be sent.
- ✓ All reports sent to outside agencies or professionals must first be approved and signed by your supervisor, co-signed by you, and a copy placed in the client's file. Of course, a "release of information" form must be signed by your client before the release of any information.
- ✓ Completed reports are to include signatures by the clinical practitioner and supervisor and scanned by the administrative manager into Google Drive..
- ✓ Inform the administrative manager when the report is completed and your assessment case is ready to be closed.

## 5.32 ONLINE SESSIONS

- Induction Online sessions cost 5000/-
- The client relation Manager when once book the session online then he/she will make sure to save its number accordingly to the date and month of suggestive client.
- The Client relation manager has to send those proper greeting messages and along with it the precious form from our app.
- After the session the session rating scale would be sent to the clients to share their response. The 30 seconds survey should also be sent to them so as to take their feedback properly.
- After online session SRS and 30 sec survey form will be sent to clients. A session will only be considered completed when following steps should be followed.
  1. Payment processed
  2. SRS Received
  3. What's app feedback received?
  4. For people who have very satisfied comments on WhatsApp survey form .They will be personally contacted by their own therapist in supervision of CRM and BDM by asking them if they think that we deserved (5) star. It's better to get it done while they are visiting for session.

## 6. RULES, REGULATION AND PROCEDURE OF CLINIC

### 6.1 CLINIC WORKPLACE

#### 6.11 CLINIC LOCATION AND HOURS

The Meeting Matters counselling and Therapy Clinic is located in G10/2, Islamabad. The location and direction of the clinic can be found online and the staff can also provide a location pin to clients and guests for convenience when necessary.

The Clinic Hours are from 10AM to 6PM, Monday to Sunday. Staff is present from 9AM to 6PM, Monday to Sunday. However scheduled appointments can be taken up to 9PM everyday depending on the client.

#### 6.12 RECEPTION AND WAITING AREA

The reception/ waiting room is a public space used upon the arrival of clients and guests. This space is also used to allow clients to fill out basic documentation / forms and also where the first interaction between the therapist and client takes place. **Hence this area should be used by personnel with the most professional regard as it is the first room the clients enter too.** It is the responsibility of the staff, specifically the administrative manager to create a welcoming and comfortable environment while clients wait for their sessions but while the clients or the attendants wait in the area its general courtesy to greet and make small talk as to make them feel welcomed.

#### 6.13 CONSULTING ROOMS

The consulting room consists of storage space that consists of academic documents which are used by the clinic's staff. Some of the rules and regulations that should be followed in regard to the clinics consulting rooms:

- Consulting rooms for assessment and therapy must be reserved in advance.
- It is extremely important that appointments are scheduled on Google Calendar and the online app for the proper functioning of the clinic systems.
- It is the responsibility of the *psychologist* and the *Client Relational Manager* to schedule appointments accurately and in advance and inform the *Administrative Manager* in order to update the Google Calendar.
- It is the responsibility of whoever has used the consulting room last to ensure to leave the room as it was found.
- The cleanliness and order of the consulting rooms is of utmost importance.
- Staff must ensure that equipment is stored and secured when leaving the clinic.
- It is the responsibility of the staff and psychologists/ therapists to create a warm welcoming environment in the consulting rooms.
- When the door of the consulting room is closed that means a session is ongoing, this therapy session should not be interrupted.
- **Psychologists or therapists should arrive for sessions 15 minutes earlier to prepare for necessary client forms and testing of hardware (audio/video devices being used).**
- It is understandable that some sessions may take longer, however **it is the responsibility of the therapist to end sessions on time to avoid taking up time of the next client's session. If your session does tend to run long, it is the therapist's responsibility to schedule longer therapy session after consulting with the head psychologist.**

## 6.14 CLINIC WORKSPACE

The Clinic workspace is an area for therapists and other staff members to sit and complete their progress which includes client files. It is also a space where further psychologist techniques are discussed with therapists. The Clinic workspace, may also be used as a consulting room from time to time and is also used for workshops, seminars and internee trainings. However it is not to be taken as a common room for idol chit chat or discussing any client openly.

## 6.15 CLINIC RESOURCES

The clinic receives a small budget each year to purchase supplies and equipment. Over the years it has acquired a number of psychological tests, a computer, programs to computer score various tests, video and audio equipment, reference books, etc. These resources are primarily for the use of the staff working in the Clinic. Some of these resources include:

- Phone and Mobile of the Clinic.
  - Computers, Laptops, Tablets of the clinic.
  - Cameras, Microphones and Printers of the Clinic.
  - Television and Speakers.
  - Audio/ video recording devices.
  - Windows and Operating Systems of the Above Stated Instruments.
- 
- Testing equipment such as psychological tests and other academic materials are located in the storage cupboard of the consulting room.
  - Expandable booklets and forms are kept in a file in the cabinet located in the hallway.
  - The Clinic also includes a small library of resources available to the staff for training purposes. The *Administrative manager* is responsible of the leasing of these materials.
  - If any materials or equipment is to be signed out of the clinic, it is your responsibility to get it signed out and signed in by the *Administrative Manager*. The borrower will be responsible of any missing or damaged equipment.
  - Materials and clinic equipment can be signed out for only a limited period of time.
  - The staff in charge of using any clinic property or equipment will be held responsible for the missing or damage and will incur the cost of replacing it.

Some of the rules that should be followed in regard to the clinic resources:

- Notify the *Administrative Manager* of any equipment or material that has been damaged or is incomplete.
- Notify the *Administrative Manager* of any materials the clinic is running low on. (Notify *Administrative Manager* on last copy or form of protocol)
- Testing manuals, reference books, materials and equipment should not be written or marked on.
- When in need of a new equipment or material, it should be requested via email or message to the *clinic Manager*, *Administrative Manager* or *Client Directors*.
- Mailing and duplicating can only be done related to clinic business. Documents unrelated to the clinic or clients cannot be copied or printed.

- Clinic telephones can only be used for business purposes. The *daily log* can be used to keep record of the calls made from the clinic.

## 6.16 CLINIC LIBRARY

The clinic library consists of various psychological tests with detailed manuals and relevant psychology academic books which will aid new hires and interns for their training at this clinic. Acquiring access to these materials can be conducted with the permission of the *Administrative Manager*, *Administrative Assistant* and *Documentation Manager*. Details of the borrowed book should be collected by the *Administrative Manager* for the clinic record. A proper record of the academic books, testing and manuals present in the clinic library will be available with the *Business Development Manager* and the *Administrative Manager*.

## 6.17 PARKING POLICY

The Clinic has available parking space located just outside the clinic. Vacant spaces marked with white lines exist along the northern boundary wall of this Clinic. The Clinic requires all clients and staff to park in these spaces.

## 6.18 CLINIC SECURITY

Staff present in the clinic hours and outside the clinic hours are responsible for the security of the clinic. Due to expensive equipment and important confidential documents, the clinic should be locked whenever the personnel of clinical psychologists are not using it. Keys to the clinic rooms can be obtained upon request by the administrative manager. All testing equipment should be turned off and locked to preserve confidentiality. If anything is damaged or stolen as a result of these guidelines not being followed, the person responsible may have to bear the financial burden of repairs or replacement.

Do not leave Clinic equipment or personal items lying around. Thefts can occur in this building. If you see anyone in the Clinic whom you feel should not be here, do not hesitate to question the person or notify Clinic personnel.

## 6.19 CLINIC MEETINGS

All clinical staffs are required to attend daily and scheduled Clinic Meetings. The primary purpose of Clinic meetings is to review Clinic policies and procedures, disseminate updates or changes, and provide a structured forum for employees to provide feedback and input regarding Clinic operations. When the meeting is in progress, Administrative Assistant shall be requested to manage the reception and the phone for the clinic.

## 6.20 SMOKING POLICY

The Meeting Matters Psychology Clinic is a smoke-free environment. Clients and staff are politely asked to honor the Clinic's policy and refrain from smoking while on the clinic premises.

## 6.21 DISCIPLINE

### *Code of Conduct*

The employee should be committed to be a competent and conscientious practitioner, with holistic development as a student, person and professional. Employees should display a consistent, professional and a positive attitude to represent and keep up with the standard and quality of the clinic. The Clinic is a professional organization. We educate psychologists to be professional, and we expect and require professional and ethical attitudes and behavior from our workforce. We recognize that no one is perfect, and that the employee is here to learn and grow continuously. The first and preferred approach to ethical issues is educational and remedial. However,

you should know that persistent or severe ethical lapses may be grounds for dismissal from practicing in the Clinic.

## *Quality policy of the Clinic*

Meeting matters is a responsible organization with an aim to provide quality psychological services to all. Meeting Matters Clinic provides a scientific, structured evidence based counselling/ therapy that aligns with various dynamics and requirements of culture specific therapeutic needs that are present in the community. Meeting Matters Clinic consider mental and physical health of public as well as their employees as an imperative part of quality health care services. Meeting Matters clinic strive to ensure that staff, clients and visitors are safe from all sort of risks at workplace.

- The personal of our clinic are committed to provide high quality services (psychological and environmental), by continuously improving client service, client relations and clinic operations.
- Top management will provide sufficient resources to continuously improve the effectiveness and quality of clinic .Each employ will be made aware of the importance of establishing the quality of the services provided within the clinic.
- Our management is committed to continuous improvement of Quality Management Services (QMS) by reviewing quality objectives for client services.
- Meeting matters clinic ensures development and maintenance of organizational policies and procedures related to environmental and occupational health and safety.
- Meeting Matters clinic will consistently provide services that meet the requirement of optimal psychological health.

## 6.22 CLINICAL EMERGENCY

The Clinic does not provide and is not equipped for emergency crisis intervention. Clients who require emergency services may be referred to Rescue Crisis or another emergency agency. While crises may arise during the course of a clinical contact with an established client, clinical staffs are required to adhere to the following guidelines:

- A clinical emergency is a disruption of baseline psychological functioning, which places the client or other persons at risk of harm.

- The clinical psychologist is responsible for handling an emergency in the course of a treatment, and he/she will confer with and include other members of the staff as necessary. All emergencies where the client is at risk or involving use of other facilities (such as hospital emergency services) must include consultation with a clinical member immediately. Supervisors are required to notify the clinic director as soon as possible.
- The Clinic does not have an answering service or an on-call person to field clinical emergencies. Clinical psychologists and supervisors should develop a contingency plan for after-hours crisis support and management for clients that are at risk for clinical emergency.
- All emergencies must be carefully documented in the client record.
- Follow-up contacts, either by phone or through other mediums, with clients following a clinical crisis must also be documented in the client record.

## *Non-client requests for Emergency Services*

A person calling the Clinic seeking immediate care is helped to find an agency which provides emergency care (e.g. Insert Hospital). Emergency contact information is posted outside the Clinic's office.

## 6.23 MEDICAL EMERGENCY

A client may arrive at the Clinic in clear need of medical attention. Moreover, a client may develop a medical problem or be accidentally injured while at the Clinic. In either instance, clinical psychologist is required to immediately involve a clinical supervisor or the administrative assistant. First aid equipment is maintained in the Clinic Storage Closet. First aid materials can be offered as a courtesy to an adult client for self-use or a parent who can administer first aid to her/his minor child. Clinical staff are not to deliver first aid or give medical advice or treatment. Clinical staff may, of course, assist in an emergency. Immediate referrals can be made for staff health emergencies by calling the (insert hospital). For transportation assistance, including transporting clients to a hospital, call the (insert). All medical emergencies or minor injuries, such as a minor fall or scrape, must be

carefully documented in an Incident Report Form obtained from the administrative assistant.

## 6.24 LEGAL EMERGENCY

If a supervisor or clinical psychologist is presented with a subpoena to provide testimony or is contacted by an attorney regarding a Clinic client, the clinical psychologist and/or supervisor should not accept the subpoena and defer all communication with the outside party to the *Clinic Director*.

## 6.25 ENVIRONMENTAL EMERGENCY

The Meeting Matters Clinic implores staff to be aware of their surroundings, report safety risks to the *Quality and Standards Manager* and the *Clinic Director*, emergencies to the Police and Fire Department (insert numbers), and eliminate or minimize safety risks on premises by working safely at all times and being knowledgeable of safety policies.

## 6.26 HEALTH AND SAFETY

It shall be the duty of every employer to ensure so far as is reasonably practicable, the health, safety and welfare at work of all his employees. The management also has a common duty to make sure that their employees must take reasonable care and not to subject his employees to unnecessary risks. The general function of Management is to ensure that all policies, decisions, instructions and advice are carried out as far as is reasonably practicable. In particular, Directors, Managers, and their most senior colleagues have the responsibility to ensure that their staffs are under those tasks which are not compromising their health.

### **Managers/Supervisors:**

The Managers/Supervisors are responsible for the health and safety of employees at work in their department. They must therefore:-

- a) Contribute to and fully support the Health and Safety Policy.
- b) Ensure their subordinates are so instructed and trained so that they fully implement the Health and Safety Policy and Procedures.
- c) Continuously monitor safety performance in their section and initiate action to reverse adverse trends.

- e) Maintain interest and enthusiasm for safe working amongst all employees. Actively seek their co-operation and assist them in resolving problems referred to them and refer to their superior any problems which they cannot safely control.
- f) Ensure access to all safety doors, alarm buttons and fire extinguishers are available.
- g) Ensure appropriate personal protective equipment is available and used.
- h) Be aware and ensure observation of site instructions imposed on all contract employees.
- i) Ensure prompt attention is given to repair and maintenance requirements.
- k) To set a good example to staff in all aspects of Health and Safety within the work place.

### **Employees:**

All employees are responsible for:-

- a) Making themselves familiar with the Company Health and Safety Policy, Safety Rules and Safety Procedures.
- b) Taking all due care for the health and safety of both themselves and their fellow employees.
- C) Observing clinics Safety Rules and Safe Working Practices at all times like locks and keys of the clinic.
- d) Wearing and using appropriate protective equipment as required.
- e) Co-operating with the Clinics in the implementation and observation of all statutory requirements.
- f) Not misusing or interfering with anything provided by the Clinic in the interest of Health and Safety at Work.
- g) Reporting all accidents or hazards outside their personal control to their immediate Supervisor.
- h) In addition to any disciplinary action which may be taken for breaches of personal responsibility for Health and Safety, in the case of breaches of statutory requirements individuals may be held personally liable under the law.
- i) In case of any emergency and health hazard, there will be a first aid box that must have all the required things needed for an emergency. It should have the immediate medicines, bandages, relevant healing creams and scissors. This box would be under the authority of administration manager who will make sure to provide this box to employees when needed.
- j) Being kind and courteous as well as welcoming to the clients or their attendants.

## **6.3 CLINIC PROCEDURES**

## 6.31 CLINIC OPENING

- Admin assistant will open and close the clinic
- Admin assistant will have the keys of clinic.
- If Admin assistant will not present then he will hand over 1 duplicate key to Administrative manager.
- Admin assistant will be at the Clinic on Holidays and Nonworking hours.

## 6.32 Receiving Guests, Clients and Phone.

- Face to face and phone communication
- Client inquiries/ messages should be responded within the hour of it being received.
- Responding to client calls and/or messages (see **phone script - B** attached below). If a call is missed, call-back must be **within the next two hours** of call receivable. Message reply must also be **within the next two hours** of receivable.
- When requested by a supervisor, call their clients to get updates on their status (see **phone script - C** attached below)
- The clinic consists of a daily call log (appendix). This is used to have a call record of the clinic, it is also printed daily at the back of daily session plan and placed in the daily session plan file.
  - Date
  - Caller Name
  - Receiver name
  - Phone / Mob
  - Time
  - Purpose

## 6.33 INQUIRY

When calling the client, identify yourself by name only until you are sure the person on the other end of the line is, in fact, your prospective client.

*(Hello, this is MEETING MATTERS CLINIC. My name is..... I am working here as a Clinical Psychologist.)*

1. For reasons of confidentiality never reveal your Clinic affiliation to anyone but the client.
2. If the person answering the phone is not the client and asks you to identify yourself, avoid vague responses like "a friend" or "never mind, I'll call later." One response might be to say something like  
*[I am from meeting matters, I got the call from this number, i want to talk to (clients name) if he is not available then I will call you later].*
3. If there is a client on a call then a clinicians will introduce himself or herself to a client. Qualification and previous experience (if client will ask about your previous experience). *{My name is ..... I am working here as a Clinical Psychologist.}*
4. If a client wants to know about the services that we are providing then we will tell them about our services.

*(We give Psychotherapy and Counseling. We have foreign qualified clinical & counseling psychologist, qualified motivational interviewer and other consultant psychologist who will help you to understand your area of difficulty and offer effective approaches such as CBT or psychodynamic therapy to help you reach your treatment goal. We deal with Depression , Mood disorder, Addiction, Childhood developmental disorder , Stress Management , Anger Management , Couple/Marital Counseling , Family counseling , Career Counseling ).*

5. Then you have to ask briefly from client about his current symptoms.  
*(Can you please briefly tell me about your current problems?)*
6. After that if client will agreed to take to a session then a clinician will ask client's availability.  
*(Can you please tell me about your availability? On which do you want to take a session?)*
7. Clinician should try to take a session on same day when he/she received a call from a client he/she should not delay it. Give priority to induction over follow up sessions .If there is a follow up session of a clinician on same day at same time then a clinician must delay/give any other time to his/her follow up client and try to conduct an induction session at same day.
8. Clinician must discuss about fee structure as well.  
*Clinician will say that we charge 4000/- for both induction session and for follow up sessions. If a client is a student and he/she want a concession then we will charge 3000/-.*
9. If a client still wants a concession then clinician will discuss about it with a director of clinic.
10. If a client confirm the appointment then we will send them 3 forms (intake ,RISB and consent form) and tell him/her:

*If any client wants to have an online or face to face session then we send them Intake, RISB and consent form online.*

11. Tell the client about timings of clinic:

*The timing of clinic is from (9:00 am to 6:00 pm) but if any client wants a session after 6:00 pm then we will arrange his/her session accordingly.*

12. The call of inquiry should not exceed to more than 10 minutes.

### **❖ Walk-in clients:**

We will give the same information to the walking clients who usually come randomly in clinic and ask these kind of questions.

### **❖ Google calendar:**

When we confirm a client we add the client by name in google calendar and set the date, time and color in it. Clinician and administrative manager both have an access of Google calendar.

### **After the confirmation of client:**

- Save the number (Format : CL name date)
- Then open the calendar and add the client in calendar
- Put same name of client in Google sheet as well.
- Now open the file of important forms i.e. intake form, RISB form and consent form and make a file of it .Put the forms in correct sequence or if you have to take an online session then send these forms through whatsapp (Sequence)
- 1 day before session the *Client relation manager* needs to contact the client to confirm session for the next day, if no response is received then the CRM will leave the client a voice note on their whatsapp.
- The CLR also needs to send reminder messages to the client an hour before the session.
- Set reminder on google calendar as well.

## **6.34 SCHEDULING/RESCHEDULING SESSIONS**

- Client sessions will be scheduled as per discussion with the client's availability, also with the confirmation of the therapist's availability and clinic therapy rooms.
- Any session that is scheduled/rescheduled should be informed to the *administrative manager* so that Google Calendar and the daily session plan can be updated for the efficacy, functioning and management of the

team and system. If this is not done properly, there may be clashes between client sessions.

- Confirmation of these sessions need to be conducted a day before the session date and a reminder needs to be sent to the client an hour before the session.
- A list of the scheduled session needs to be sent to the head Psychologist and CEO to remind them of their sessions a day before and an hour before the scheduled session.
- If a scheduled session is confirmed, then Google Calendar needs to be updated with the notification of ‘confirm’. If the session is scheduled but not confirmed then Google Calendar needs to be updated with ‘tentative’ or ‘have to be confirmed’
- Any session being rescheduled needs to also include the reason as to why the client rescheduled the session.

## 6.35 SESSION REMINDERS

### **● Confirmation message for first session**

*Thank you for booking your appointment with meeting matters counseling center. Your session is booked at (time) and (date) with Clinical Psychologist (name). The session will be approximately (duration of session). However, being your first induction session some waiting time may be kept in mind to complete registration formalities. Due to nature of work sometimes an appointment before your appointment may cause some waiting periods. Your cooperation will be requested.*

### **● Reminder message for follow-up**

*Hello. This is a MEETING MATTERS CLINIC of counseling and therapy. This is a polite reminder for your session tomorrow/today at (time) .Looking forward to see you.*

*Best regards Scheduling Team MEETING MATTERS Clinic.*

### **● Reminder message for pending payment**

*(Greetings) This is MEETING MATTERS Clinic. We hope you are doing well. You have some pending payment (amount) of (number of sessions and dates).Kindly send payment on this account number:*

*Title: MEETING MATTERS (Pvt) Ltd PK22ABPA0010072185320017*

*Allied BankSwift code ABPAPKKABRANCH code: 0581*

*Account number 001007185320017.After the payment please share the screen shot or receipt. You can also use Easy paisa or Jazz cash for payment.*

Best regards Team MEETING MATTERS.

It is responsibility of the *Client Relation Manager* to make a list of the payments that have not been made by the client. The client needs to be reminded by the team and do a follow up of any payments that need to be made.

## 6.36 FEE STRUCTURE

- The Meeting Matters Clinic is a private mental health clinic and training facility that charges fees in order to support its operations. Collection of fees is vital to maintaining and improving the work of the Clinic. **In accordance with our desire to be maximally accessible to the economically disadvantaged, the Clinic establishes modest rates at the low end of the income range, with fees increasing as the client's income increases. However, clinic fees are consistently lower than prevailing rates for similar services in the community.**
- The Clinic Director sets the fee after consultation with the assigned practitioner. Regarding billing procedures, you should review with the client their agreed upon fee and the Clinic's payment procedure. We do not accept credit or debit cards, only checks or cash. It is preferred clients pay at the time of service. Clients will submit payment to the *administrative manager* at the reception desk (privacy breach).
- We charge 4000/- for both induction session and for follow up sessions. If a client is a student and he/she want a concession then we will charge 3000/-
- Induction Online sessions cost 4000/-.
- Inform clients that upon request the *administrative manager* can provide them with invoice and balance statements. Also, if the clients are having trouble making their payments you and/or the client may discuss a fee reduction with the *Clinic Director*.
- The billing section in Google Sheets will be completed and monitored by the *administrative manager/accounts manager*.
- It is responsibility of the *Client Relation Manager* to make a list of the payments that have not been made by the client. The client needs to be reminded by the team and do a follow up of any payments that need to be made.
- The fee detail sheet on excel includes the following:
  - Client Name
  - Date

- o Month
- o Time
- o Psychologist Name
- o Induction/Regular
- o Induction Fees
- o Advance/Outstanding
- o Fee for sessions (1-10)

## 6.37 LEAVE PROCEDURE

The below mentioned Leave Procedures are for the employees working 6 days a week Full time. For Part time employees the procedure is formulated accordingly with the Approval of The CEO/ Director of the Clinic.

- 1) **Sick Leave:** It is the time off given by the clinic to the employee to recover from illness.

An employee can take 15 paid and 15 unpaid leaves in a year.

In case of fever or tiredness an employee can have 1-3 leaves without providing a medical certificate and needs to get approval from the CEO.

In case of severe condition employee has to provide a medical certificate along with the approval of the CEO.

- 2) **Casual Leave:** It is the time taken by the employee for travelling, vacations, and rest and family functions.

The employee needs to send an application to the CEO with days and time mentioned, he would be granted leave on the approval of the CEO. (Maximum 5 leaves would be considered as Paid leaves, further than that will be considered as unpaid leaves)

- 3) **Public holiday:** these are the leaves granted by the Government.

The clinic will be off these days, after the consent of the CEO.

- 4) **Bereavement leave:** if an employee loses a loved one and he takes a leave.

He has to inform to the CEO, Business Development Manager and the Client Relation Manager.

For one day BDM and CRM can approve if CEO is not available.

For more days approval of CEO is required before the first day ends.

- 5) **Unpaid Leave:** if employees leave exceed 15 days, leaves like sick leave and bereavement leave can be taken with the approval of the CEO, but with a pay cut of full day.

- Emergency Leave is only available during probation. Leave entitlement is 15 days in a year AFTER probation period.
- Leave cannot be assumed or availed without taking approval before hand.

❖ **Procedure:**

1. An employee will send an email and whatsapp message to the CEO, the CEO will reply with Approved or not Approved.
2. Both the CEO and Employee will forward the screenshot to Admin manager, the admin manager will update the Attendance sheet both on Google sheet and attendance file.
3. Admin manager will take the print of the screen shot and shall stamp the document with the Clinic stamp.
4. Admin manager will put the document into the leave attendance file.
5. Admin manager will also coordinate with the Business development Manager and Client Relation Manager to have smooth working in the absence of employee.
6. At the end of the month the Admin Manager will print the online attendance sheet of the month and going to place it in the Leave file on the prints of the months.
7. Staff and clients will be informed of the public holidays after the approval of the CEO.

## **6. Employee Resignation/ termination procedure:**

- The employee is bound to inform the CEO and BDM through email and Whatsapp about their resignation.
- The employee also needs to submit a letter 1 month prior to his last day.
- After the resignation approval, a checklist is to be created, with the duties that need to be transferred to other employees of the clinic for smooth transfer. This checklist needs to be given to the BDM.
- In the last month of employment, the leaving employee needs to train other employees in regard to their duties, responsibilities and information regarding their clients. This should be documented in the checklist.
- A Psychologist/counsellor needs to distribute client sessions to other psychologists/counsellors after consulting the chief psychologist.
- It is the responsibility of the psychologist/ counsellor to inform their clients about their leave and a change in therapist. The smooth process of transfer regarding therapists/psychologist

should be conducted via a combine session of the resigning psychologist and the new psychologist. This can take place as a supervised session.

- The new psychologist should be briefed in regard to everything about the client by the resigning psychologist.
- In the last 10 days, the employee should apply for clearance, clearance checklist shall give pending information on the behalf of the employee.
- After clearance the employee is eligible for their last salary and experience certificates.

## 6.38 INFORMATION TECHNOLOGY (IT)

### Software

#### *Google Calendar*

- ✓ Whenever a Client relation manager (CRM) add a Client in Calendar he or she should write :
- **CONFIRM** ( In front of those clients whom session is confirm)
- **TENTATIVE** ( In front of those clients whose session is not confirm)
- Write Tentative 1 in front of those clients whom we have to contact them after 5 days.
- Write Tentative 2 in front of those clients whom we have to contact them after 10 days.
- Write Tentative 3 in front of those clients whom we have to contact them after 15 days. After Tentative 3 we have to send a message to the clients that '*let us know when you want to take next session. We will not contact you further.*'
- **To be confirm TBC** ( write To be confirm in front of those clients whom a CRM have to plan a session after 2 weeks but add the name of client along with TBC.)

#### **Note for CRM:**

- o Session shall be confirmed one day before the session day.
- o If a client has replied with "OK" or with confirmation then the session should be considered confirmed, seen messages shall not be considered as confirmed.

- o If the client doesn't respond or doesn't read the message or respond to call, schedule another client who is willing to take a session.

## *Client Management Sheet*

Open browser > Connect [meetingmatters786@gmail.com](mailto:meetingmatters786@gmail.com) with google> enter <https://docs.google.com/spreadsheets> and open google sheets > Open Customer Relationship management (CRM) sheet. The Google sheet should include the following details of the client:

- o Names
- o Therapist
- o Next Session (with time mentioned)
- o Planned Time
- o Total Session
- o Last Session (with time mentioned)
- o Payment
- o Drive
- o Name
- o Gender
- o Date of Birth
- o Age
- o Marital Status
- o Address
- o Phone Number
- o City

### ● **Client Induction:**

#### **CRM:**

Open Customer Management Sheet > Enter name of client in the latest empty cell of column 1 (Names)> Enter name of therapist in the adjacent cell of column 2 (Therapist) > Using the client's intake form, enter data in cells from **I** to **P** (Name – City) > Paste Google Drive folder link in the **Drive** column.

#### **Google Drive:**

Open Google Drive > Open **Asst Manager Clients Relation** >Open **2020 clients** > Create new folder > Rename it as Client file name > Add Scanned documents in the folder > Copy link of Drive folder.

#### **Customer Operation:**

Select the first empty cell of column 1 > Choose client name from drop down list > Add date of next session under the **Next session** column > Add

planned time for the session under **Planned time** column > Enter last session details under **Last session** column (format: Day, Month, Date, Year, Time) > Select the Client In charge name from the dropdown list under the **Client Incharge** column> Enter last contact date in **Last contact date** column > Select a name from dropdown list in the **Last contact by** column > in the **Client response** column, enter “ok” if client has confirmed attendance of planned session. If client not coming, select the cell and press Ctrl+Alt+M to add comment > Choose the present status from the dropdown list in **Present status** column > Enter session dates under the corresponding session column from **M** to **AF**.

## **Revenue:**

Choose client name from the dropdown list in **Client Name** column > enter date of session in **Date** column > Enter session time in **Time** column > Enter therapist name in **psychologist name** column > enter type of session in **type Induction/Regular** column > enter amount of session fee in **Session Fees** column.

## *Client Operation sheet*

Customer Operation sheet contains the data of the clinic's current ongoing clients. The following credentials need to be filled for the client operation sheet:

- o Name
- o Next Session
- o Planned Time
- o Actual Time
- o Last Session
- o Therapist
- o Client In charge
- o Last Contact Date
- o Last Contact By
- o Client Response
- o Present Status
- o Payment
- o 1 Session
- o 2 Session
- o Total sessions

## *Email/Contact info*

Meeting Matters Official Email

[Info@themeetingmatters.com](mailto:Info@themeetingmatters.com)

Gmail:

[Meetingmatters786@gmail.com](mailto:Meetingmatters786@gmail.com)

[hrmeetingmatters@gmail.com](mailto:hrmeetingmatters@gmail.com)

[trainingsmeetingmatters@gmail.com](mailto:trainingsmeetingmatters@gmail.com)

Instagram: Meetingmatters

Twitter: Meetingmatters

## 6.39 HR AND ACCOUNTS

### *Invoice file*

The invoice file contains the invoices and payment receipts of the client. The invoice contains the following:

- Name of client
- Age/Gender
- Date
- Therapist name
- Discount
- Paid amount/ Due amount

1. The invoice is printed after the session is conducted.
2. *The Administration Manager* is going to check the client's fee from the software Healthwire and Google sheet. If it is an induction then the *Client Relation Manager* will be consulted.
3. The invoice will be printed from Healthwire software in the following steps:
  - o Click the invoice button on Healthwire dashboard
  - o Add therapist name, discount, and Paid amount proceeding to save and print.
  - o Receive Cash from client.
  - o Printed invoice should be signed by the *client, therapist, Admin Manager and Admin Assistant*. If the *Admin Manager* is not

available, it should be signed by the *Business Development Manager*.

- o The *Administrative Manager* should hand over the cash to the *Administrative Assistant*.

Healthwire link: <https://healthwire.pk/>

### **Online Payments:**

1. After the confirmation of the online payment from the clinic's email or clinic mobile the *Administration Manager* shall print the screenshot of the transaction sent by the client and attached to the back of the healthwire printed invoice.
2. This invoice should be placed into the invoice file and the invoice file should be placed into the file rack in the accounts section of the rack.
3. All the invoice data is also updated on to the software.

### *Expense file*

The Expense file contains all the bills and receipts of the purchased items of the clinic, except the electricity and gas bills.

1. After the purchasing is complete, the employee purchasing the items should submit the bill to the *Administration Manager*.
2. The *Administration Manager* will provide the name of the purchaser on the bill as well as healthwire software. Photographs of the bill will be uploaded on the healthwire software.
3. The *Administration Manager* will also update this information on Google Sheet.
4. If the bill is paid online, the purchaser will send a screenshot to the *Administrative Manager* on clinic Whatsapp. These bills will be placed in the expense file.

The following two ways can be used to view and print these billing vouchers online:

1. Click Reports – Click Financial – Click Profit and Loss – Add Custom Date on Calendar – Expenses shall be displayed with Revenue as well.
2. Click Reports – Click Accounts – Add custom date on Calendar displayed – Expenses shall be displayed of that time range set.

## *Terms and conditions of hiring*

Punctuality late by 15 minutes will cause one verbal caution for the first time if an employee is late the second time then half day salary will be deducted.

If an employee is late by one hour, full salary deduction shall be applicable, final decision shall be taken by the CEO.

### **1. Leave:**

An Employee will be entitled for 15 days annual pay leaves after spending at least six months in the organization.

These leaves can be taken in three blocks over 365 days of minimum two days to maximum five days at time any sick leave or emergency leave will be deducted from annual leaves.

Any additional leave of up to 15 or more days can be availed as unpaid leaves with a minimum of 5 days at a stretch.

A notice period of one month is required for annual leaves without one month notice leave cannot be guaranteed.

Leaves will be applied through email to director [manjum@themeetingmatters.com](mailto:manjum@themeetingmatters.com) asking for leave verbally is not required.

Manager client relations will plan the leaves and appointments accordingly.

Emergency leave is the only leave available during probation which is unpaid. Leave entitlement is 15 days in a year AFTER the probation period. Leave cannot be assumed or availed without taking an approval beforehand.

Probation period for new hires and trainee's is 3 months and can be reduced seeing the performance.

### **2. Timing**

Every employee has to work 8 hours a day for 6 days in a week. A monthly roaster will be made at the start of the month no mutual swaps will be allowed without permission of the director.

If on a given day an unexpected session is given which results in more than 8 hours of duty then those timing will be compensated as per the desire of the therapist on any chosen days.

In no case repeat, in no case a therapist or employee will choose to come late at their own wish and later offer a late pack up policy of late reporting will be implemented.

### **3. Task and duties**

Every therapist and employee will be given primary duties and task A specific deadline will be given if a deadline is not mentioned than it is duty of employee to ask for it if a task or duty is missed, not completed or partially completed will result into salary deduction from minimum one days to maximum five days it is an extreme case and usually it should not happen.

### **Note**

If an employee approaches the management before the deadline date and asks for additional time it can be given but only one extension.

### **4. Legend:**

A code 1 will be given as half salary cut code 2 for full day salary cut.

### **5. Daily Meetings:** The Meeting should be held on the clinics workspace and should be recorded and saved on Google Drive.

The HR is responsible for the up-keep of the data for the meeting presentation slides.

### **6. LMS and official emails:** HR will look over the LMS and official emails should be created and integrated by the IT Manager.

### **7. Code of conduct of staff.**

#### **Dressing Female**

- ✓ Dress code has to be modest and the culturally sensitive overlay glamorous turn out can negatively affect therapeutic processes with clients.

#### **Dressing Male**

- ✓ Trouser and shirt is the dress code for males.

- ✓ Close shoes are allowed only and sandals are forbidden, Shalwar kameez can be only worn on Friday but it must be nicely pressed and worn with a waist coat.

**This contract is binding by rules and regulations and changes from time to time by meeting matters Pvt. ltd.**

## *Salary procedure*

- Employee Monthly salary summary will be issued at the end of each month and will be forwarded to the CEO.
- Salary shall be given by approval of the CEO, whether online transfer or by cross cheque.
- Once salary is transferred by the Clinic, the Accounts Manager shall generate the salary slip.
- All Employees will sign the salary slip.
- The salary slip shall be attached to the Employees file.

## **Health and Safety**



### **A. Safety:**

It is defined as.

“Safety is a state of being protected from potential harm or something that has been designed to protect and prevent harm”

### **B. Psychological health and safety:**

“Workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways”

### **C. Hazard:**

It is defined as.

"A hazard is a potential source of harm. Substances, events, or circumstances can constitute hazards when their nature would allow them, even just theoretically, to cause damage to health, life, property, or any other interest of value."



1. **Natural Disasters**
2. **Man Made Disasters**
3. **First Aid**

Let us discuss these Hazards and there responses in Detail:

## 1. **Natural Disasters:**

It is defines as

"Natural disasters are catastrophic events with atmospheric, geological, and hydrological origins (e.g., earthquakes, floods, hurricanes, landslides) that can cause fatalities, property damage and social environmental disruption"

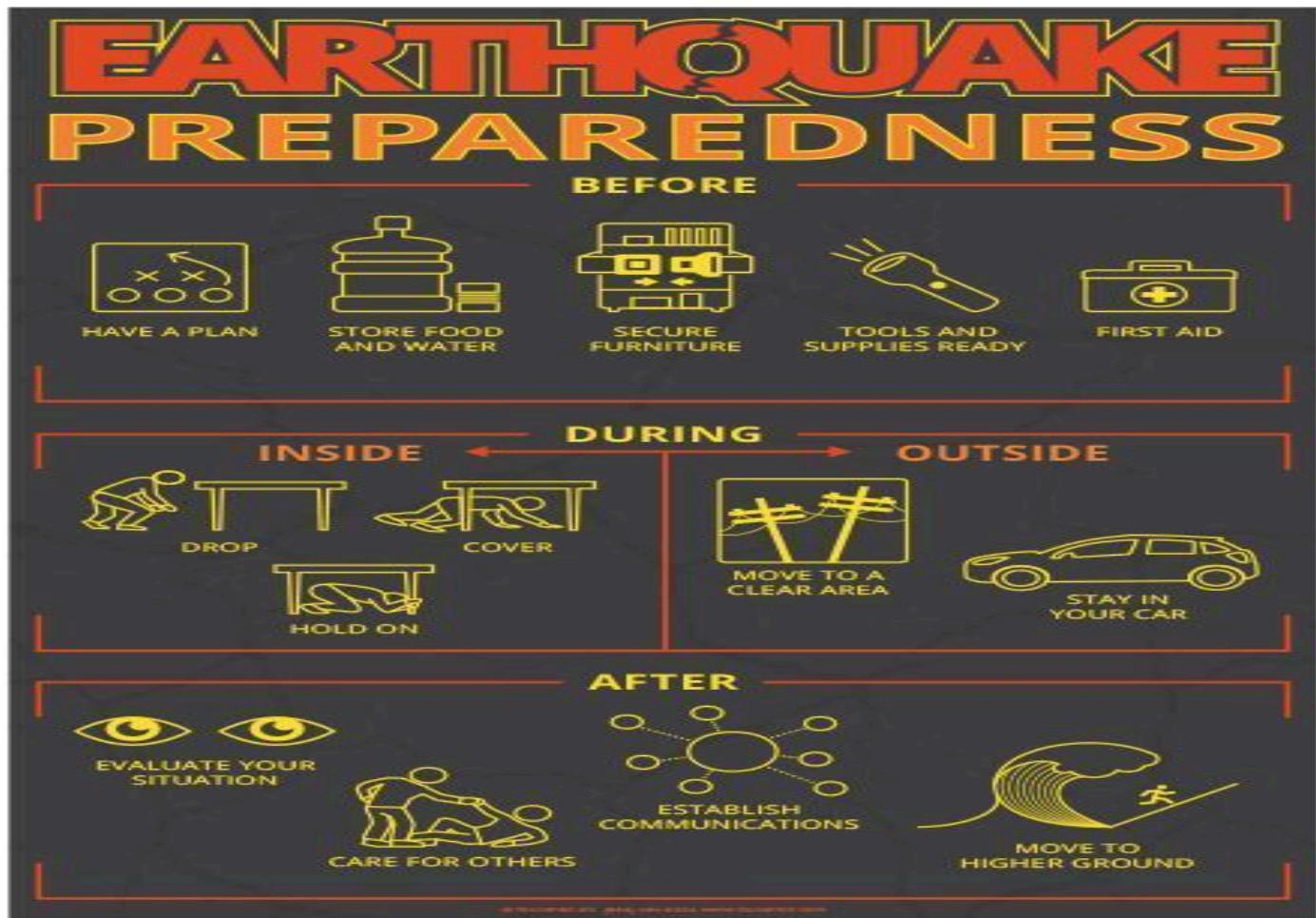
**Types of Natural Disasters:**

- a) **Earth Quack**
- b) **Working Fire**
- c) **Electric shock**
- d) **Pandemic**
- e) **Tsunami**
  
- f) **Cyclone**
- g) **Floods**

**a) "Earthquake:**

It is a term used to describe both sudden slip on a fault and the resulting ground shaking and radiated seismic energy caused by the slip, or by volcanic or magmatic activity, or other sudden stress changes in the earth."

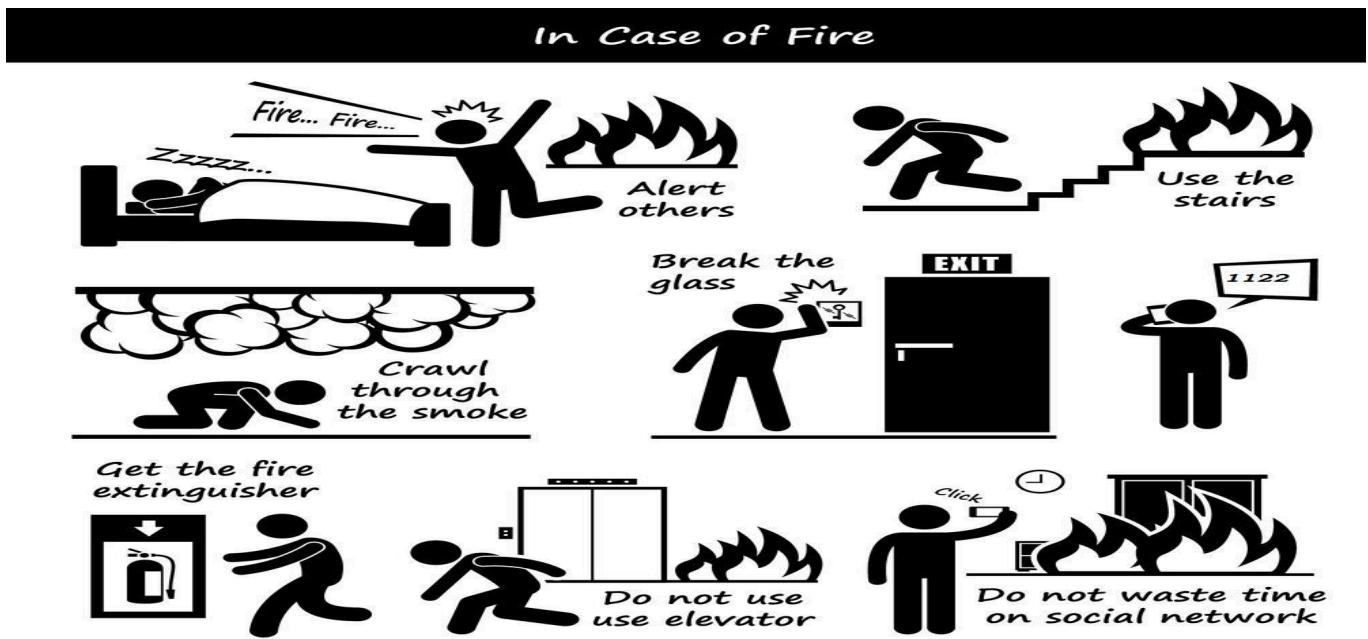
**Response and Preparedness:**



a) **Working Fire:**

It is defined as

"Fire in the office could break due to heaters, kitchen burners and electric short circuits



## If your cloths are on fire

### What to do if your clothes catch fire


**STOP!**

Don't run around, you'll make the flames worse.

Lie down and roll around. It makes it harder for the fire to spread.

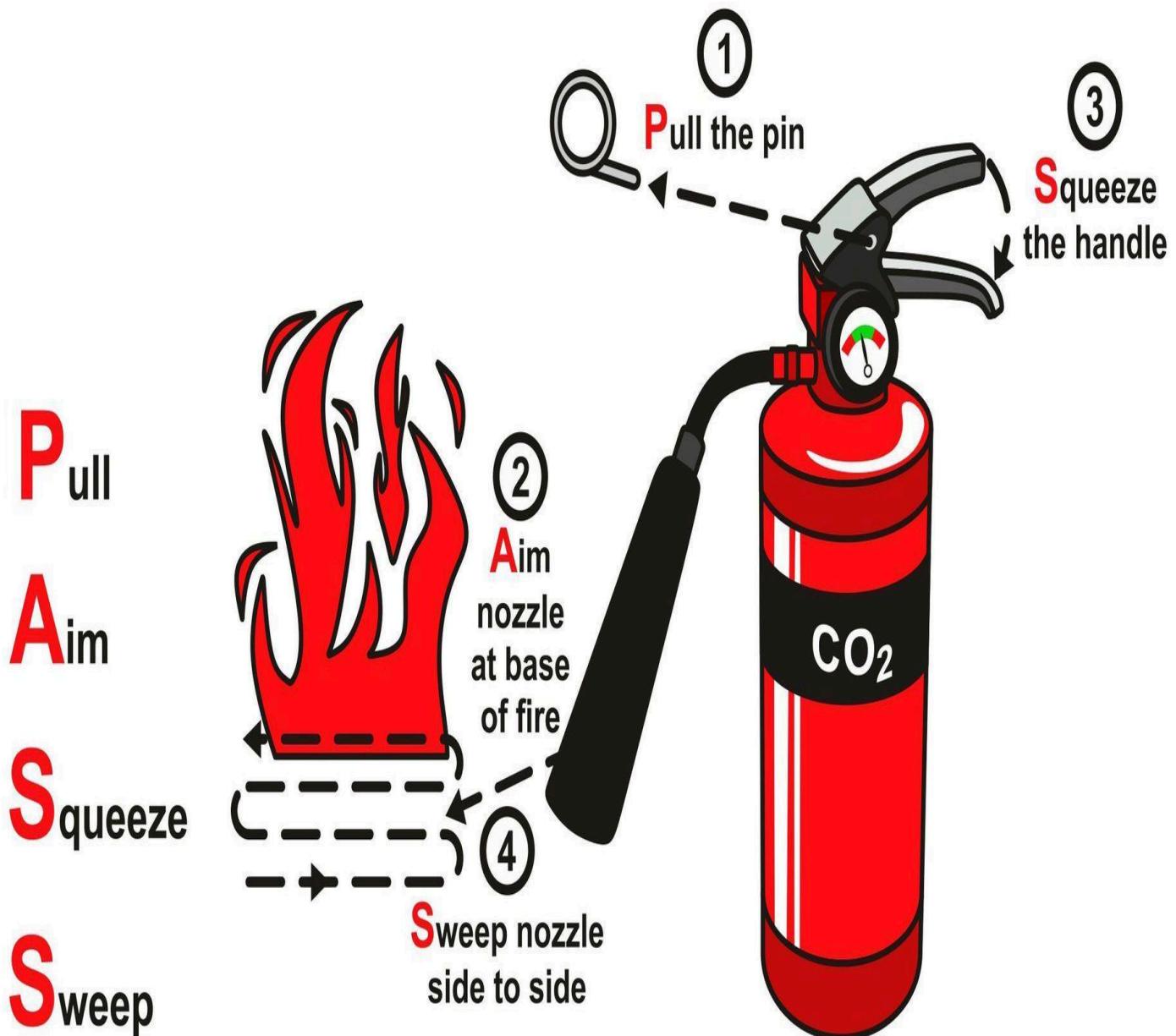

**DROP!**


**ROLL!**

Smother the flames with a heavy material, like a coat or blanket.

Remember, Stop, Drop and Roll!

## How To Operate An Extinguisher?



# Electric Shock Treatment

If you find someone collapsed and you suspect the cause to be electric shock take the following actions:



## Step 1

- Turn the power off at the mains
- If this is not possible stand on dry insulated material such as newspapers, books or rubber matting
- Push the casualty away from the power source using non-conductive items such as the safety hook, broom or chair

## Step 2

- Check the casualty response - if they respond by answering or moving, providing they are in no further danger, leave them in the position you found them
- Check for visible injuries and call for an ambulance

## Step 3

- Remove any obvious obstruction from their mouth
- Open the airway by tilting their head back and lifting their chin



## Step 4

- Check for signs of breathing by looking for the chest movements, listen at the mouth for breath sounds and feel for air on your cheek - look, listen and feel for 5 seconds



## Step 5

- Feel the pulse for 5 seconds - If the pulse and breathing are present, place in the recovery position
- If pulse is present but breathing is absent commence rescue breaths
- If pulse and breathing are absent commence CPR, whilst waiting for the ambulance. Alternate 30 chest compressions with 2 rescue breaths. Repeat this sequence if necessary



**Pandemic:**



# **Stop the spread of germs that can make you and others sick!**



**Wash your  
hands often**



**Wear a cloth  
face cover**

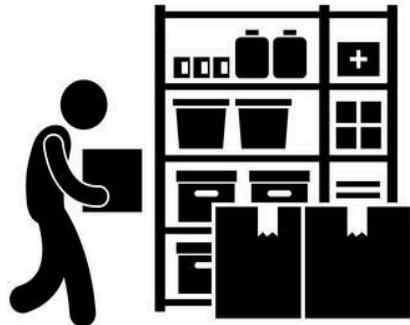


**Cover your coughs  
and sneezes**



**Keep **6 feet** of space  
between you and  
your friends**

## In Case of Hurricane



Stock food, supplies,  
and medicine



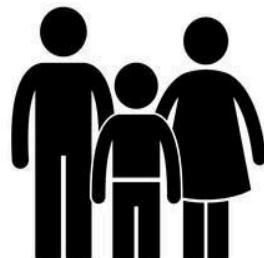
Protect your  
home



Stay on the news



Plan evacuation route



Keep your  
family close



Get a bicycle



Unplug propane  
tank



Keep a  
list of  
important  
contact



Check  
phone  
battery



Plan ahead

a) **Floods :**

It is defined as

"A flood is an overflow of water on normally dry ground. This is most commonly due to an overflowing river, a dam break, snowmelt, or heavy rainfall."

### Measures

**Flood Safety Tips**

St. Scholastica's College Manila, Philippines logo

COmm.org.ph logo

**KEEP CALM**

Ensure someone always KNOWS WHERE YOU ARE

Tune in to the NEWS

**Pack a BACKPACK**  
(emergency items)

**EVACUATE**  
(if necessary)

Shut down your ELECTRICITY

Prepare some FLOATING DEVICES

avoid contact with floodwater  
(if possible)

#rescuePH

Images include: people in a boat on flooded streets, flooded cityscapes, people walking in floodwaters, flooded Rizal Park, flooded shopping centers, and people using floating devices.

## 1. Manmade disasters:

It is defined as:

“Man-made disasters have an element of human intent, negligence, or error involving a failure of a man-made system, as opposed to natural disasters resulting from natural hazards”

**Types:**

- a) Fire arms or weapon attack.
- b) Nuclear Explosion

Now let us discuss their response in case we get into an above stated situation.

**a) Fire arms or weapon attack:**

In case of terrorist or robbery attack.

### **Terrorist Attack**

**RUN**



Run to a place of safety. This is a far better option than to surrender or negotiate. If there's nowhere to go, then...

**HIDE**



It's better to hide than to confront. Remember to turn your phone to silent and turn off vibrate. Barricade yourself in if you can. Then finally and only when it is safe to do so...

**TELL**



Tell the police by calling **15**

- ➡ Don't talk except to answer the robber's questions
- ➡ Don't stare directly at the robber
- ➡ Don't make any sudden moves.
- ➡ Prevent surprises, keep your hands in sight at all times

IN CASE OF  
**NUCLEAR ATTACK**



1. REMAIN CALM



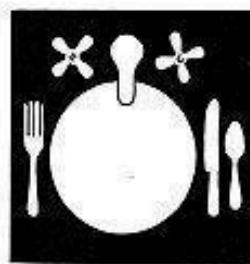
2. DUCK AND COVER



3. AVERT EYES FROM FLASH



4. PREPARE TO REMAIN WHERE YOU ARE FOR 4-6 WEEKS



5. HAVE WATER AND FOOD FOR DURATION



6. ADMINISTER FIRST AID; AMPUTATE AS NECESSARY



7. COMFORT THE DYING



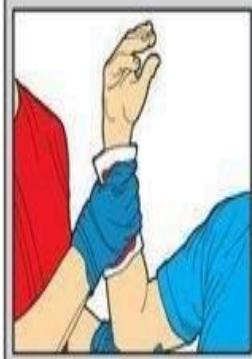
8. ISOLATE CORPSES TO LIMIT SPREAD OF DISEASE



9. REMAIN CHEERFUL TO THE END

## **Physical Health issues and there solution and response**

# FIRST AID



## BLEEDING

- Apply direct pressure to the wound using a sterile gauze pad or clean cloth.
- Elevate the injured area above the level of the heart if there is no fracture.
- Cover the dressing with a pressure bandage. If bleeding does not stop apply additional dressings.
- If necessary, apply pressure to the artery with your hand.



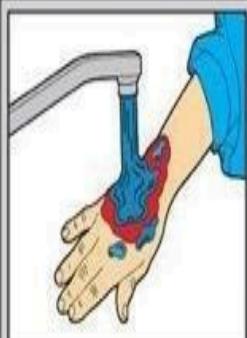
## CHOKING

### Signs of choking

- The person has hands clutching his or her throat, unable to breathe or talk; or skin, lips, and nails are turning blue.

### Perform abdominal thrusts (Heimlich maneuver)

- Stand behind the person. Wrap your arms around the waist.
- Make a fist with one hand. Position it slightly above the person's navel.
- Grab the fist with the other hand. Press hard into the abdomen with a quick inward and upward thrust.
- Perform 5 abdominal thrusts. (Heimlich maneuver)
- If you are alone, perform abdominal thrusts before calling 911. If two people are available, one can call for help while the other performs first aid.
- If the person becomes unconscious, perform CPR.



## BURNS

- Stop the burning. Remove the person from the source of the burn.
- Cool the burn. Hold burned area under cool (not cold or icy) running water or immerse for 10 to 15 minutes. Use cool compresses if water is unavailable.
- Cover the burn. Cover burn with non-adhesive sterile bandage or clean cloth.
- Prevent shock. Lay the person down and elevate the legs.



## FRACTURES

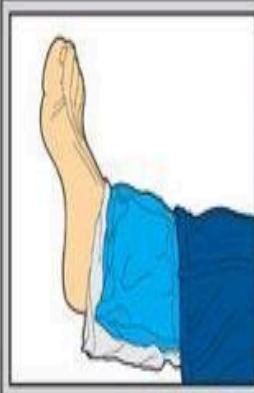
- Help the person support the injured area. Stop any bleeding by applying pressure with sterile bandage or clean cloth.
- Check for feeling, warmth and color below fracture.
- Immobilize the injured area. Apply a soft or hard splint above and below the fracture.
- Apply ice or cold packs and elevate.
- Treat for shock. Lay the person down and elevate the legs.



### Clear the airway of obese person or pregnant woman

- Place your hands a little higher than normal.
- Proceed as with the Heimlich maneuver, shoving your fist inward and upward quickly
- Repeat abdominal thrusts until the blockage is dislodged. If the person becomes unconscious, perform CPR.

# FIRST AID



## SPRAINS

- Rest the ankle or injured area.
- Apply ice or cold packs (wrap in cloth or put cloth under to protect the skin).
- Compress by lightly wrapping an elastic bandage around the injured area.
- Elevate the injured area above heart level to reduce swelling.



## CPR

- Check to see if the person is conscious or unconscious.
- If the person doesn't respond and you are alone first call 911, then begin CPR. If two people are available, one should call 911 and the other begin CPR.

### Compressions - Begin compressions

- If face down, put the person on his or her back while supporting the head, neck, and back.
- Place the heel of one hand over the person's breastbone. Place the other hand on top of the first hand. Keep your elbows straight.
- Using your upper body push straight down compressing the chest to about 2 inches. Push hard at a rate of 100 compressions per minute.



- ### Airway - Clear the airway
- If trained for CPR, after 30 compressions, open the person's airway your by placing your palm on the person's forehead and gently tilt the head back. With the other hand gently lift the chin forward to open the airway.
  - Check for normal breathing, chest motion, and listen for normal breath sounds.



## EYE INJURIES

- Don't rub the eye.
- For a foreign particle such as dirt, sand, or sliver of wood or metal have the person pull the upper lid down and blink repeatedly.
- Flush the eye with water.
- For any chemicals in the eyes immediately wash the eyes with lots of water.



## SHOCK

- Help the person lie down on his or her back.
- Elevate the feet about 12 inches. If raising the feet causes pain or further injury, keep him or her flat.
- Check for signs of breathing, coughing, or movement, and if absent begin CPR.
- Keep the person warm and comfortable.
- Turn the person on his or her side to prevent choking if the person vomits or bleeds from the mouth.



### Breathing - Breathe for the person

- Pinch the nostrils and cover the person's mouth with yours.
- Give the first rescue breath and watch to see if the chest rises. If it does rise give the second breath . If the chest doesn't rise, repeat the head tilt, chin-lift, and give the second breath.
- Resume chest compressions.
- Continue CPR until there are signs of movement or emergency personnel take over.

## *Training schedule for Psychology hires/interns:*

<b>DAYS</b>	<b>WEEK 1</b>
DAY 1	<ol style="list-style-type: none"><li><b>1. Orientation and Presentation of Clinic</b><ul style="list-style-type: none"><li>• Tour of clinic</li><li>• General presentation (Clinic timings)</li><li>• Introduction of Administration/ Team</li><li>• Introduce Policy Manual/ Handbook</li></ul></li><li>2. Assignment allocation (Reading book, testing manual and le scoring, CBT training)</li><li>3. Meeting/briefing with Sir</li></ol>
DAY 2	<ol style="list-style-type: none"><li>1. Reading book 'On being a therapist' ( 1hour 30 minutes )</li><li>2. CBT audio PART 1 (1 hour )</li><li>3. IT registration and accounts<ul style="list-style-type: none"><li>• Inform them to submit documents for employee file</li><li>• Create official email</li><li>• Google apps training/registration</li><li>• Health wire registration (Patients and appointments)</li><li>• Launch google meeting and zoom</li><li>• Social media information</li></ul></li></ol>
DAY 3	<ol style="list-style-type: none"><li>1. Documents submission and registration</li><li>2. Reading ' On being a therapist' (1 hour 30 minutes)</li><li>3. CBT audio PART 2 (1 hour 30 minutes)</li><li>4. Introduction to CLIENT FORMS<ul style="list-style-type: none"><li>• Intake form</li><li>• RISB</li><li>• Consent Form</li><li>• SRS</li><li>• SPF</li><li>• SRF</li><li>• Biodata</li><li>• Case notes</li><li>• Session rating scale</li></ul></li></ol>

	<ul style="list-style-type: none"> <li>● Other tests if applied</li> </ul>
DAY 4	<ol style="list-style-type: none"> <li>1. Reading of book ‘On being a therapist’ + test on previous reading</li> <li>2. TEST on first two chapters of ‘On being a therapist’</li> <li>3. CBT audio PART 3 (1 hour)</li> <li>4. Code of conduct of clinic and professionalism           <ul style="list-style-type: none"> <li>● How to be a team player</li> <li>● How to receive client</li> <li>● How to schedule/ reschedule follow up sessions (timings)</li> <li>● Passwords/ emails</li> </ul> </li> <li>5. Read Policy and procedure manual.</li> <li>6. Stress and anger coping technique learning.</li> </ol>
DAY 5	<ol style="list-style-type: none"> <li>1. Reading of Book ‘On being a therapist’</li> <li>2. Training of scheduled/ rescheduled follow up sessions (Call firm then VN) (CRM)</li> <li>3. CBT audio PART 4 (1 hour)</li> <li>4. Read the testing manual (RISB)</li> </ol>
DAY 6	<ol style="list-style-type: none"> <li>1. On being a therapist book reading</li> <li>2. CBT audio PART 5</li> <li>3. Read Testing Manual (HTP, HFD)</li> <li>4. Schedule and rescheduling sessions (Completed by internee)</li> <li>5. Give case studies (complete in clinic)</li> <li>6. Test on stress and anger coping techniques.</li> </ol>

## WEEK 2

DAY 1	<ol style="list-style-type: none"> <li>1. ‘On being a therapist’ book reading + test on previous reading</li> <li>2. CBT audio PART 6 (FINAL)</li> <li>3. Testing Manual Reading (RISB, HTP, HFD)</li> <li>4. Give scheduling/ rescheduling calls to trainees to conduct.</li> <li>5. How to make case/ how to write case notes</li> </ol>
DAY 2	<ol style="list-style-type: none"> <li>1. Test on CBT audio</li> <li>2. Reading book ‘On being a therapist’</li> <li>3. Read Testing Manual and understand scoring (RISB, HTF, HFD)</li> <li>4. How to make induction file</li> <li>5. Role playing part 1 (Give Scenario’s)</li> </ol>
DAY 3	<ol style="list-style-type: none"> <li>1. Reading book ‘on being a therapist’ + test on previous reading</li> <li>2. Administration work – Oral test</li> <li>3. Role playing/ Enactment</li> <li>4. RISB filled by psychologist and scored by trainee</li> <li>5. Role playing part 2 (Psychologist will become client)</li> </ol>
DAY 4	<ol style="list-style-type: none"> <li>1. Reading book ‘on being a therapist’</li> <li>2. Give case studies (complete in clinic)</li> <li>3. Learn about levels of relatability and core beliefs.</li> <li>4. Role playing follow up sessions.</li> </ol>

This	DAY 5	<ol style="list-style-type: none"><li>1. Reading 'on being a therapist' + test on previous reading</li><li>2. Make case notes on case study provided (previous day)</li><li>3. Research on values of counselling Psychology.</li><li>4. Discussion on core beliefs and levels of relatability.</li><li>5. Observing sessions</li></ol>
	DAY 6	<ol style="list-style-type: none"><li>6. Practicing skills learned</li><li>7. Presentation on learning outcome of training.</li><li>8. Feedback of training (Given by head psychologist) (Form)</li></ol>

training schedule can be modified in terms of the time schedule and the coping of each new hire.

## APPENDIX

### Forms

#### Client forms

##### Session Record Form

Client's Name: \_\_\_\_\_

Induction Session: \_\_\_\_\_

Therapeutic Session	Session Taken on	Therapist	Time	Next Session Date	Next Session Time	Payment
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

13							
14							
15							
16							
17							
18							
19							
20							
21							

## MEETING MATTERS

### CHECKLIST

Sr no	Session Record Form (SRF)	Session Progress Form (SPF)	Bio Data Form (BDF)	Rotter Incomplete Sentence Blank (RISB)	Case Notes (CN)	Session Rating Scale (SRS)	Other Tests (If Applied)	Web Feedback Link	File Upload	Payment Status
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

# Meeting Matters

2024

12											
13											
14											
15											
16											
17											
18											
19											
20											

Signature of Therapist

Signature of Manager

Director's Signature

Session Progress Form

Therapist: \_\_\_\_\_  
\_\_\_\_\_

Client:

Session no	Day/ Date	Goals of session	Techniques used	Outcomes

## Intake Form

## MEETING MATTERS CENTRE OF PSYCHOLOGICAL & TRAINING SERVICES

### Intake Form

File No. 20

Date:

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Edu: \_\_\_\_\_ Occ: \_\_\_\_\_

Email: \_\_\_\_\_

Languages: \_\_\_\_\_

Family Structure (Nuclear/ Joint): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Edu: \_\_\_\_\_  
Occ: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Edu: \_\_\_\_\_  
Occ: \_\_\_\_\_

Number of siblings: Brothers: Age: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_

Sisters: Age: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Sibling Order: (at what number do you stand among siblings)?  
\_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Edu: \_\_\_\_\_  
Occ: \_\_\_\_\_

Number of Children: Son(s): Age: 1.\_\_\_\_\_ 2.\_\_\_\_\_ 3.\_\_\_\_\_  
4.\_\_\_\_\_ 5.\_\_\_\_\_

Daughter(s): Age: 1.\_\_\_\_\_ 2.\_\_\_\_\_ 3.\_\_\_\_\_ 4.\_\_\_\_\_ 5.\_\_\_\_\_

Any Medicines being used: \_\_\_\_\_

Family History of: -Depression / -Anxiety/ -Psychotic Disorders/  
Others: \_\_\_\_\_

Expectations from Therapy: \_\_\_\_\_

## **RISB form**

Name: ..... Age: ..... Gender: ..... Date: .....

**Complete these sentences to express your real feelings. Try to do everyone. Be sure to make complete sentences.**

1. I like .....
2. The happiest time .....
3. I want to know .....
4. Back home .....
5. I regret .....
6. At bedtime .....
7. Boys .....
8. The best .....
9. What annoys me .....
10. People .....
11. A Mother .....
12. I feel .....
13. My great fear .....
14. In high school .....
15. I can't .....
16. Sports .....
17. When I was child .....
18. My nerves .....
19. Other people .....
20. I suffer .....
21. I failed .....
22. Reading .....

- 23. My mind .....
- 24. The future .....
- 25. I need .....
- 26. Marriage .....
- 27. I am best when .....
- 28. Sometimes .....
- 29. What pains me .....
- 30. I hate .....
- 31. This place .....
- 32. I am very .....
- 33. The only trouble .....
- 34. I wish .....
- 35. My Father .....
- 36. I secretly .....
- 37. I .....
- 38. Dancing .....
- 39. My greatest worry is .....
- 40. Most girls .....

## SRS Form

EVOLUTION CASE OUTCOME MEASUREMENT SYSTEM:  
A GUIDE FOR PROFESSIONALS

### **SESSION RATING SCALE (SRS):**

Case Ref. No. \_\_\_\_\_

Session No. \_\_\_\_ Date: \_\_\_\_\_

Please rate today's session by indicating the numerical value that best fills your experience:

I didn't feel  
heard,  
  
heard, understood  
  
and respected.  
respected.

#### **Relationship:**

I felt

understood  
and

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

We didn't work on or  
on or

#### **Goals & Topic:**

We worked

Talk about what I  
what I

talk about

Wanted to work on  
work on

wanted to

or talk about.  
about.

Or talk

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The therapist's

Approach is not a  
a

Good fit for me.

**Approach or Method:**

The therapist's

approach is

Good fit for me.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

There was something  
today's

**Overall**

Overall

missing in a session  
right

session was

today.

for me.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Based on the work of Scott D. Miller, Barry L. Duncan & Lynn Johnson

Institute for the Study of Therapeutic Change

## **Client Consent Form**

**COUNSELING** is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective

personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

**CONFIDENTIALITY:**

All interactions with Counseling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.

We appreciate prompt arrival for appointments. Please notify us at if you will be late. Twenty-four hour notice of cancellation allows us to use the time for others.

**I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of the Counseling Services.**

*Signature of Client:  
Psychologist / Counselor*

*Signature of*

*Date:*

**Client Name:**

Date:

Therapist Name:

## Next Session:

# Case Notes

**Additional Comments:**

## Consent and record counselling sessions form



DATE:

---

## Consent Form for Educational Purpose

---

Respected and Dear Client!

Meeting Matters is a renowned psychological institute with professional counselors and therapists, as we hire new psychologists we train and educate them to become the best and serve the clients professionally. In order to make our training program better and more understandable to our trainees we need audio recorded sessions, which will neither display your image nor reveal your profile (Bio Data).

It is requested from Meeting Matters to please allow us an audio recorded session so we can train the future psychologist's up to international level, as it is a common practice worldwide.

Thank you for trust and cooperation with us.

**Signature of Client**

**Signature of Therapist**

## **CONSENT TO OBSERVE COUNSELING SESSIONS**

I, \_\_\_\_\_, hereby give consent for counselors at the Meeting Matters-Psychological Service Center in Islamabad to observe my intake/counseling sessions. Observation of these sessions is strictly for the purpose of training and consultation among Counseling Center staff and observers are subject to the same rule of confidentiality as applies to the primary counselor/client relationship.

I understand that refusal to sign this form will not affect my eligibility for receiving services at this agency in any way.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Administration forms

Registration form for new clients/interns

## MEETING MATTERS CENTRE OF PSYCHOLOGICAL SERVICES REGISTRATION FORM

Name: \_\_\_\_\_ D.o.B: \_\_\_\_\_

Qualification: \_\_\_\_\_ Profession: \_\_\_\_\_

Institute/ Designation: \_\_\_\_\_

Contact no (Mob): \_\_\_\_\_ Landline: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Facebook Id: \_\_\_\_\_ LinkedIn Id: \_\_\_\_\_

Area of Interest (in psychology) \_\_\_\_\_

## MEETING MATTERS CENTRE OF PSYCHOLOGICAL SERVICES REGISTRATION FORM

Name: \_\_\_\_\_ D.o.B: \_\_\_\_\_

Qualification: \_\_\_\_\_ Profession: \_\_\_\_\_

Institute/ Designation: \_\_\_\_\_

Contact no (Mob): \_\_\_\_\_ Landline: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Facebook Id: \_\_\_\_\_ LinkedIn Id: \_\_\_\_\_

Area of Interest (in psychology) \_\_\_\_\_

# Meeting Matters

2024

## **Attendance sheet**

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

Name	Date	Day	Arrival time	Leaving time

## **Daily checklist form:**

## **Cleanliness:**

- ✓ Lawn and parking

- ## ✓ Dusting

- ### ✓ Entrance Mats

- ### ✓ Trash bins

\_\_\_\_\_

## **Logistics:**

- ## ✓ Stationary

- Telephone

- ## ✓ Internet

\_\_\_\_\_





## Session Plan form

Date:

Sr no	Client Name	Therapist Name	Planning Time	Actual Time	Remarks

# MEETING MATTERS

Book Receiver List

April 2021

No	Name	Date	Time	Purpose	Receiver Sign	Collector Sign

# MEETING MATTERS

Daily Caller Log

13 April 2021

No	Caller Name	Receiver Name	Phone / Mob	Time	Purpose	Signature


## Psychological Tests

## RATHUS ASSERTIVENESS SCHEDULE IDEAS TO KEEP IN MIND

**Directions:** Indicate how characteristic or descriptive each of the following statements is of you by using the options provided.

		Always	Usually	Sometimes	Once in a great while	Rarely	Never
1.	I seem to be more aggressive and assertive than most people.						
2.	I rarely hesitate to make or accept dates because of 'shyness'.						
3.	When the food served at a restaurant is not done to my satisfaction, I complain about it to the waitress/waiter.						
4.	I don't care if I hurt other people's feelings when I feel I have been injured.						
5.	If a salesman has gone to a considerable trouble to show me merchandise which is not quite suitable, I still find it easy to say 'No'.						
6.	When I am asked to do something, I insist upon knowing why.						
7.	There are times when I look for a good, vigorous argument.						
8.	I strive to get ahead as well as most people in my position.						
9.	To be honest, people rarely take advantage of me.						
10.	I enjoy starting conversations with new acquaintances and strangers.						
11.	I find it easy to talk to attractive persons of the opposite sex.						
12.	I don't hesitate to make phone calls to business establishments and institutions.						
13.	If I were applying for a job or for admission to college, I would go for an interview rather than write a letter.						
14.	I can return merchandise without being embarrassed.						
15.	If a close and respected relative were annoying me, I would express my annoyance rather than smother my feelings.						

		Always	Usually	Sometimes	Once in a great while	Rarely	Never
16.	I ask questions without being afraid of sounding stupid.						
17.	During an argument, I usually control myself.						
18.	If a famed and respected lecturer makes a statement I think is incorrect, I will have the audience hear my point of view as well.						
19.	I will argue over prices with clerks and salesmen.						
20.	When I have done something important or worthwhile, I manage to let others know about it.						
21.	I am open and frank about my feelings.						
22.	If someone has been spreading false and bad stories about me, I see him/her as soon as possible to have a 'talk' about it.						
23.	I find it easy to say 'No'.						
24.	I would rather make a scene than bottle up my emotions.						
25.	I complain about poor service in a restaurant and elsewhere.						
26.	When I am given a compliment, I know how to handle it and what to say.						
27.	If a couple near me in a theatre or at a lecture were conversing rather loudly, I would ask them to be quiet or to take their conversation elsewhere.						
28.	Anyone attempting to push ahead of me in a line is in for a good battle.						
29.	I am quick to express an opinion.						
30.	There aren't many times when I don't know what to say.						

## RATHUS ASSERTIVENESS SCHEDULE IDEAS TO KEEP IN MIND

DIRECTIONS: Indicate how characteristic or descriptive each of the following statements is of you by using the code given below.

+3 Always	-1 Once in a great while
+2 Usually	-2 Rarely
+1 Sometimes	-3 Never

1. I seem to be more aggressive and assertive than most people.
2. I rarely hesitate to make or accept dates because of "shyness."
3. When the food served at a restaurant is not done to my satisfaction, I complain about it to the waitress or waiter.
4. I don't care if I hurt other people's feelings when I feel I have been injured.
5. If a salesman has gone to considerable trouble to show me merchandise which is not quite suitable, I still find it easy to say "No."
6. When I am asked to do something, I insist upon knowing why.
7. There are times when I look for a good, vigorous argument.
8. I strive to get ahead as well as most people in my position.
9. To be honest, people rarely take advantage of me.
10. I enjoy starting conversations with new acquaintances and strangers.
11. I find it easy to talk to attractive persons of the opposite sex.
12. I don't hesitate to make phone calls to business establishments and institutions.
13. If I were applying for a job or for admission to college I would go for an interview rather than write a letter.
14. I can return merchandise without being embarrassed.
15. If a close and respected relative were annoying me, I would express my annoyance rather than smother my feelings.
16. I ask questions without being afraid of sounding stupid.
17. During an argument I usually control myself.
18. If a famed and respected lecturer makes a statement I think is incorrect, I will have the audience hear my point of view as well.
19. I will argue over prices with clerks and salesmen.
20. When I have done something important or worthwhile, I manage to let others know about it.
21. I am open and frank about my feelings.
22. If someone has been spreading false and bad stories about me, I see him/her as soon as possible to have a "talk" about it.
23. I find it easy to say "No."
24. I would rather make a scene than bottle up my emotions.
25. I complain about poor service in a restaurant and elsewhere.
26. When I am give a complement, I know how to handle it and what to say.

27. If a couple near me in a theater or at a lecture were conversing rather loudly, I would ask them to be quiet or to take their conversation elsewhere.
28. Anyone attempting to push ahead of me in a line is in for a good battle.
29. I am quick to express an opinion.
30. There aren't many times when I don't know what to say.

*SCORING: Add all the "+" responses. Add all the "-" responses. Subtract the two totals to find your score. Your score will range between -90 and +90.*

**SCORE**

-90 to -20	Very Non-Assertive
-20 to 0	Situational Non-Assertive
0 to +20	Somewhat Assertive
+20 to +40	Assertive
+40 to +90	Probably Aggressive

## Neurological Screening test

64 copies

August 1978

**QUICK NEUROLOGICAL SCREENING TEST—REVISED EDITION**  
Recording Form

NAME _____	DATE _____
ADDRESS _____	AGE _____ SEX _____
EXAMINER _____	GRADE _____
SCHOOL (and/or source of referral) _____	TOTAL SCORE _____

(Indicate letter H, S, or N in box above each subtest category)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

H = High (above 50)  
S = Suspicious (26-50)  
N = Normal (0-25)

<b>1. Hand Skill (Circle Hand Preference R L)</b>		<i>Comments:</i>	Score	
Holds pencil clumsily, tightly (circle which)	1		Total	
Prints	1		4 or above	H
Keeps eyes close to paper	1		2 or 3	S
Exhibits observable tremor	3		0 or 1	N

<b>2. Figure Recognition and Production</b>		<i>Comments:</i>	Score	
Names fewer than five figures	1			
Draws figures on horizontal plane	1			
Executes very slowly or very rapidly (circle which)	1			
Draws figures too large, too small, irregularly (circle which)	1			
Rotates paper to write or draw	1			
Biases figures left or right (circle which)	1			
Self-directs drawing orally	1			
Demonstrates poor closure	1			
Demonstrates poor angle execution	3			
Exhibits observable tremor	3			

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**3. Palm Form Recognition (Note instructions for under age 8)**

Responds with letters rather than numbers (if numbers fail, try letters)

		Score
Right Hand	3 (A)	1
	9 (C)	1
	5 (E)	1
	7 (O)	1
Left Hand	2 (B)	1
	8 (T)	1
	4 (H)	1
	6 (N)	1
<i>Comments: (Also note L-R difference in item 15.)</i>		<i>Total</i>
		7 or above H
		4 to 6 S
		0 to 3 N

**4. Eye Tracking (Circle Eye Preference R L )**

Moves head while eye tracking

Exhibits horizontal jerkiness

Exhibits vertical jerkiness, incoordination

Displays distractibility

*Comments:*

		Score
		1
		3
		3
		3
<i>Comments:</i>		<i>Total</i>
		7 or above H
		4 to 6 S
		0 to 3 N

**5. Sound Patterns**

*Motor      Oral*

*Score*

Succeeds only with rhythmic pattern

1

Misses any one sequence

1

Alternates hands, uses one hand, claps hands (circle which)

1

Affected by loudness or softness (circle which)

1

Uses reversals (e.g., does 1-3-2 for 2-3-1)

1

Reveals speech irregularities (e.g., lisps)

1

Perseverates (doesn't know when to stop)

3

Misses oral reproduction (two or more patterns)

3

Misses motor reproduction (two or more patterns)

3

*Comments:*

*Total*

10 or above	H	
6 to 9	S	
0 to 5	N	



## 6. Finger to Nose

Exhibits poor left-right discrimination (holds up mirror hand) (score in item 14; check here)

Is unusually fast or slow (circle which)

**Score**

1

Moves hand consistently to right or left of target in space (examiner's hand)

1

Moves hand consistently to top or bottom of target in space (examiner's hand)

1

Misses tip of nose by one-half to one inch

1

Misses tip of nose by more than one inch (note if consistently does so in one place)

3

Random or unsteady control of movement

3

Comments: (Note L-R difference in item 15.)

**Total**

4 or above	H
2 or 3	S
0 or 1	N

## 7. Thumb and Finger Circle

Exhibits poor left-right discrimination (holds up mirror hand) (score in item 14; check here)

Reverses pattern (goes from little finger to index)

**Score**

1

Shows overflow or slight movement in fingers of opposite hand

1

Indicates flat circle, constricted small circle, incomplete circle (circle which)

1

Holds hand facing him, concentrates intently, often with body tense

1

Registers random body movement, twitching in opposite side

3

Manifests confusion regarding next finger, skips fingers

3

Comments: (Note L-R difference in item 15.)

**Total**

6 or above	H
4 or 5	S
0 to 3	N

## 8. Double Simultaneous Stimulation of Hand and Cheek

Jerks involuntarily when cheek is touched

**Score**

1

Occasionally does not feel hand stimulation

1

Does not feel hand stimulation on both sides (normal under age 6)

3

Consistently does not feel hand stimulation on one side (abnormal at any age)

3

Displays unusual sensory behavior (names inappropriate location)

3

Comments: (Note L-R difference in item 15.)

**Total**

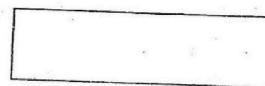
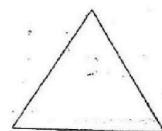
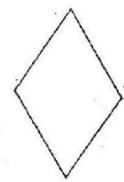
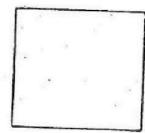
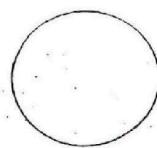
3 or above	H
1 or 2	S
0	N



# Meeting Matters

2024

<u>9. Rapidly Reversing Repetitive Hand Movements</u>		<b>Score</b>
Uses floppy rotation or finger motion	1	
Employs unusually fast or slow rate (circle which)	1	
Displays double hand bounce, rigid or tense finger position	1	
Distinct left-right difference (note also in item 15)	3	
Manifests asymmetry (one side differs from other)	3	
<i>Comments:</i>	<i>Total</i>	
	4 or above	H
	1 to 3	S
	0	N
<u>10. Arm and Leg Extension</u>		<b>Score</b>
Displays random body, hand, or tongue movement (circle which)	3	
Reveals extreme muscle tension (note hypo- or hypertonic tendencies)	3	
Unable to hold position (extremities move lower involuntarily)	3	
Unable to hold position (whole body moves forward involuntarily)	3	
Reveals unusual finger position (e.g., clawing of fingers)	3	
Demonstrates wrist dip	3	
Exhibits observable tremor or twitch (circle which)	3	
<i>Comments:</i> (Note L-R difference in item 15.)	<i>Total</i>	
	9 or above	H
	3 or 6	S
	0	N
<u>11. Tandem Walk (10 feet)</u>		<b>Score</b>
Harder to do backward	1	
Harder to do with eyes closed	1	
One hand curls in, other hand curls out	1	
Leans left or right (circle which)	1	
Takes wide steps or steps on own toes (circle which)	1	
Exhibits pigeon-toed stance and bent knees	3	
Demonstrates poor balance (note arm waving)	3	
Displays random body movement (note if more movement in upper or lower extremities)	3	
<i>Comments:</i> (Note L-R difference in item 15.)	<i>Total</i>	
	7 or above	H
	4 to 6	S
	0 to 3	N



12. Stand on One Leg (Circle Foot Preference R L)

Exhibits poor left-right discrimination (mirrors leg stance) (score in item 14; check here)

Demonstrates poor balance

Impossible to do with eyes closed

Harder to do on left or right leg (circle which and note also in item 15)

Stands with body contorted

Comments:

Score	
1	
1	
1	
1	
	Total
3 or 4	H
2	S
0 or 1	N

13. Skip

Demonstrates poor balance

Reveals left-right differences (note also in item 15)

Hops or skips on one foot

Unable to perform (significant after age 6 with girls—after age 8 with boys)

Comments:

Score	
1	
1	
1	
3	
	Total
4 or above	H
2 or 3	S
0 or 1	N

14. Left-Right Discrimination (Score from items 6, 7, and 12)

Poor left-right discrimination (mirroring) from item 6

Poor left-right discrimination (mirroring) from item 7

Poor left-right discrimination (mirroring) from item 12

Comments:

Score	
1	
1	
1	
	Total
2 or 3	S
0 or 1	N

15. Behavioral Irregularities

Demonstrates unusual behavior patterns (e.g., hair twisting, scratching)

Perseverates

Talks excessively

Exhibits withdrawal symptoms

Fidgets, touches (circle which)

Shows defensiveness, anxiety

Displays excitability, distractibility, impulsivity (circle which)

Comments: (Note S's approach to motor planning, sequencing, and rhythm throughout subtests. Circle L-R differences for items 3-6  
7 8 9 10 11 12 13.)

Score	
1	
1	
1	
1	
1	
1	
1	
1	
	Total
3 or above	H
2	S
0 or 1	N

## Speech Assessment Performa

### SPEECH ASSESSMENT PROFORMA

Speech therapist Name: \_\_\_\_\_

#### Personal History

a) Name \_\_\_\_\_

b) Age \_\_\_\_\_

c) Gender: Male/ Female \_\_\_\_\_

a) School: \_\_\_\_\_

d) Class: \_\_\_\_\_

e) Informant: \_\_\_\_\_

f) Referred by :Self-referral/ psychologist/ psychiatrist/Others \_\_\_\_\_

#### Case History c/o

a) Presenting Complaints ( in chronological order with duration)

b) History of presenting complaints \_\_\_\_\_

c) Past psychiatric history and Treatment \_\_\_\_\_

d) Relevant Medical history:

(h/o fits, head injury encephalitis H/O peri natal asphyxia neonatal complications etc)

Developmental Milestones: attained at normal age/ Delayed

Motor: Neck holding \_\_\_\_\_

Sitting \_\_\_\_\_

Walking \_\_\_\_\_

Speech: Babbling \_\_\_\_\_

Words \_\_\_\_\_

Comprehensible speech \_\_\_\_\_

Language Acquisition onset \_\_\_\_\_

Independent in day to day living skills Yes/ No

Education (Progress & any difficulties, relationship with staff and peers)

Family Structure and History. Nuclear / Joint/ Extended

Impression of family communication as well as parental relationship with child

No of siblings \_\_\_\_\_ Birth order \_\_\_\_\_

#### Pre-Speech Skills

	No problem (0)	A little Problem (1)	Quite a problem (2)	Serious Problem (3)	Critical Problem (4)	Extreme problem (5)	Scores obtained
Attention span							
Eye contact							
Sitting Span							

**SPEECH ASSESSMENT PROFORMA**

**Oral Motor Movement**

OMM	No problem (0)	A little Problem (1)	Quite a problem (2)	Serious Problem (3)	Critical Problem (4)	Extreme Problem (5)	Scores obtained
-----	----------------	----------------------	---------------------	---------------------	----------------------	---------------------	-----------------

**Hearing Mechanism**  
 Congenital \_\_\_\_\_  
 Acquired \_\_\_\_\_  
 Type of HL, Conductive \_\_\_\_\_ SNHL \_\_\_\_\_  
 Degree of HL Mild/ Moderate/ Severe/ Profound

**Articulation**

	No problem (0)	A little Problem (1)	Quite a problem (2)	Serious Problem (3)	Critical Problem (4)	Extra problem (5)	Scores obtained
Omission							
Distortion							
Substitution							
Addition							

**Stammering**

	No problem (0)	A little Problem (1)	Quite a problem (2)	Serious Problem (3)	Critical Problem (4)	Extra problem (5)	Scores obtained
Repetition							
Prolongation							
Substitution							
Blocking							

**Language**  
**A. Receptive Language**  
**B. Expressive language**  
**C. Vocabulary**  
**Follows Commands and Instructions**  
 a) 1 step \_\_\_\_\_ b) 2 step \_\_\_\_\_ c) 3 step \_\_\_\_\_

**Management Plan:**  
**Short term**

**Long term**

Signature

## Achievement Goals

Indicate with a number from 1 to 7 the extent to which each of the following statements is true about you in the class you are currently taking. A response of 7 indicates the statement is *very true* about you; 1 indicates the statement is *not at all true* about you.

- 1. It is important for me to do better than other students.
- 2. I worry that I may not learn all that I possibly could in this class.
- 3. I want to learn as much as possible from this class.
- 4. I just want to avoid doing poorly in this class.
- 5. It is important for me to do well compared to others in this class.
- 6. Sometimes I'm afraid that I may not understand the content of this class as thoroughly as I'd like.
- 7. It is important for me to understand the content of this course as thoroughly as possible.
- 8. My goal in this class is to avoid performing poorly.
- 9. My goal in this class is to get a better grade than most of the other students.
- 10. I am often concerned that I may not learn all that there is to learn in this class.
- 11. I desire to completely master the material presented in this class.
- 12. My fear of performing poorly in this class is often what motivates me.

The scale provides a score for each of the four kinds of achievement goals. Add the following answer values to obtain your scores: Mastery-Approach goals (items 3, 7, and 11); Mastery-Avoidance goals (items 2, 6, and 10); Performance-Approach goals (items 1, 5, and 9); Performance-Avoidance goals (items 4, 8, and 12). Use the following means and standard deviations obtained from college undergraduates (Elliot & McGregor, 2001) to interpret your scores:

## Emotional Intelligence Scale

### Instructions

Please read each statement and circle a number 0, 1, 2, 3, 4 or 5 which indicates how much the statement applied to you *over the past week*. There is no right or wrong answer.

The rating scale is as follows:

1 =Strongly disagree    2= Disagree    3= Neutral    4= Agree    5= Strongly agree

Item No.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1.	1	2	3	4	5
1. I have a good sense of why I have certain feelings most of the time.					
2. I have good understanding of my own emotions.					
3. I really understand what I feel.					
4. I always know whether or not I am happy.					
5. I always know my friends' emotions from their behavior.					
6. I am a good observer of others' emotions.					
7. I am sensitive to the feelings and emotions of others.					
8. I have good understanding of the emotions of people around me.					
9. I always set goals for myself and then try my best to achieve them.					
10. I always tell myself I am a competent person.					
11. I am a self-motivating person.					
12. I would always encourage myself to try my best.					
13. I am able to control my temper and handle difficulties rationally					



## Mind and Emotions

### DIFFICULTIES IN EMOTION REGULATION SCALE (DERS)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

1 almost never (0-10%)	2 sometimes (11-35%)	3 about half the time (36-65%)	4 most of the time (66-90%)	5 almost always (91-100%)
------------------------------	----------------------------	--------------------------------------	-----------------------------------	---------------------------------

1. \_\_\_\_\_ I am clear about my feelings.
2. \_\_\_\_\_ I pay attention to how I feel.
3. \_\_\_\_\_ I experience my emotions as overwhelming and out of control.
4. \_\_\_\_\_ I have no idea how I am feeling.
5. \_\_\_\_\_ I have difficulty making sense out of my feelings.
6. \_\_\_\_\_ I am attentive to my feelings.
7. \_\_\_\_\_ I know exactly how I am feeling.
8. \_\_\_\_\_ I care about what I am feeling.
9. \_\_\_\_\_ I am confused about how I feel.
10. \_\_\_\_\_ When I'm upset, I acknowledge my emotions.
11. \_\_\_\_\_ When I'm upset, I become angry with myself for feeling that way.
12. \_\_\_\_\_ When I'm upset, I become embarrassed for feeling that way.
13. \_\_\_\_\_ When I'm upset, I have difficulty getting work done.
14. \_\_\_\_\_ When I'm upset, I become out of control.
15. \_\_\_\_\_ When I'm upset, I believe that I will remain that way for a long time.
16. \_\_\_\_\_ When I'm upset, I believe that I will end up feeling very depressed.



## Midtreatment Assessment Exercise

17. \_\_\_\_\_ When I'm upset, I believe that my feelings are valid and important.
18. \_\_\_\_\_ When I'm upset, I have difficulty focusing on other things.
19. \_\_\_\_\_ When I'm upset, I feel out of control.
20. \_\_\_\_\_ When I'm upset, I can still get things done.
21. \_\_\_\_\_ When I'm upset, I feel ashamed at myself for feeling that way.
22. \_\_\_\_\_ When I'm upset, I know that I can find a way to eventually feel better.
23. \_\_\_\_\_ When I'm upset, I feel like I am weak.
24. \_\_\_\_\_ When I'm upset, I feel like I can remain in control of my behaviors.
25. \_\_\_\_\_ When I'm upset, I feel guilty for feeling that way.
26. \_\_\_\_\_ When I'm upset, I have difficulty concentrating.
27. \_\_\_\_\_ When I'm upset, I have difficulty controlling my behaviors.
28. \_\_\_\_\_ When I'm upset, I believe there is nothing I can do to make myself feel better.
29. \_\_\_\_\_ When I'm upset, I become irritated at myself for feeling that way.
30. \_\_\_\_\_ When I'm upset, I start to feel very bad about myself.
31. \_\_\_\_\_ When I'm upset, I believe that wallowing in it is all I can do.
32. \_\_\_\_\_ When I'm upset, I lose control over my behavior.
33. \_\_\_\_\_ When I'm upset, I have difficulty thinking about anything else.
34. \_\_\_\_\_ When I'm upset, I take time to figure out what I'm really feeling.
35. \_\_\_\_\_ When I'm upset, it takes me a long time to feel better.
36. \_\_\_\_\_ When I'm upset, my emotions feel overwhelming.

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Date:

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

<b>1. Sadness</b> 0 I do not feel sad. 1 I feel sad much of the time. 2 I am sad all the time. 3 I am so sad or unhappy that I can't stand it.	<b>6. Punishment Feelings</b> 0 I don't feel I am being punished. 1 I feel I may be punished. 2 I expect to be punished. 3 I feel I am being punished.
<b>2. Pessimism</b> 0 I am not discouraged about my future. 1 I feel more discouraged about my future than I used to be. 2 I do not expect things to work out for me. 3 I feel my future is hopeless and will only get worse.	<b>7. Self-Dislike</b> 0 I feel the same about myself as ever. 1 I have lost confidence in myself. 2 I am disappointed in myself. 3 I dislike myself.
<b>3. Past Failure</b> 0 I do not feel like a failure. 1 I have failed more than I should have. 2 As I look back, I see a lot of failures. 3 I feel I am a total failure as a person.	<b>8. Self-Criticalness</b> 0 I don't criticize or blame myself more than usual. 1 I am more critical of myself than I used to be. 2 I criticize myself for all of my faults. 3 I blame myself for everything bad that happens.
<b>4. Loss of Pleasure</b> 0 I get as much pleasure as I ever did from the things I enjoy. 1 I don't enjoy things as much as I used to. 2 I get very little pleasure from the things I used to enjoy. 3 I can't get any pleasure from the things I used to enjoy.	<b>9. Suicidal Thoughts or Wishes</b> 0 I don't have any thoughts of killing myself. 1 I have thoughts of killing myself, but I would not carry them out. 2 I would like to kill myself. 3 I would kill myself if I had the chance.
<b>5. Guilty Feelings</b> 0 I don't feel particularly guilty. 1 I feel guilty over many things I have done or should have done. 2 I feel quite guilty most of the time. 3 I feel guilty all of the time.	<b>10. Crying</b> 0 I don't cry anymore than I used to. 1 I cry more than I used to. 2 I cry over every little thing. 3 I feel like crying, but I can't.

For Research Purpose only

Subtotal Page 1

Continued on Back



<b>11. Agitation</b>	0 I am no more restless or wound up than usual. 1 I feel more restless or wound up than usual. 2 I am so restless or agitated that it's hard to stay still. 3 I am so restless or agitated that I have to keep moving or doing something.	<b>17. Irritability</b>	0 I am no more irritable than usual. 1 I am more irritable than usual. 2 I am much more irritable than usual. 3 I am irritable all the time.
<b>12. Loss of Interest</b>	0 I have not lost interest in other people or activities 1 I am less interested in other people or things than before. 2 I have lost most of my interest in other people or things. 3 It's hard to get interested in anything.	<b>18. Changes in Appetite</b>	0 I have not experienced any change in my appetite. 1a My appetite is somewhat less than usual. 1b My appetite is somewhat greater than usual. 2a My appetite is much less than before. 2b My appetite is much greater than usual. 3a I have no appetite at all. 3b I crave food all the time.
<b>13. Indecisiveness</b>	0 I make decisions about as well as ever. 1 I find it more difficult to make decisions than usual. 2 I have much greater difficulty in making decisions than I used to. 3 I have trouble making any decisions.	<b>19. Concentration Difficulty</b>	0 I can concentrate as well as ever. 1 I can't concentrate as well as usual. 2 It's hard to keep my mind on anything for very long. 3 I find I can't concentrate on anything.
<b>14. Worthlessness</b>	0 I do not feel I am worthless. 1 I don't consider myself as worthwhile and useful as I used to. 2 I feel more worthless as compared to other people. 3 I feel utterly worthless.	<b>20. Tiredness or Fatigue</b>	0 I am no more tired or fatigued than usual. 1 I get more tired or fatigued more easily than usual. 2 I am too tired or fatigued to do a lot of the things I used to do. 3 I am too tired or fatigued to do most of the things I used to do.
<b>15. Loss of Energy</b>	0 I have as much energy as ever. 1 I have less energy than I used to have. 2 I don't have enough energy to do very much. 3 I don't have enough energy to do anything.	<b>21. Loss of Interest in Sex</b>	0 I have not noticed any recent change in my interest in sex. 1 I am less interested in sex than I used to be. 2 I am much less interested in sex now. 3 I have lost interest in sex completely.
<b>16. Changes in Sleeping Pattern</b>	0 I have not experienced any change in my sleeping pattern. 1a sleep somewhat more than usual. 1b sleep somewhat less than usual. 2a I sleep a lot more than usual. 2b I sleep a lot less than usual. 3a I sleep most of the day. 3b I wake up 1-2 hours early and can't get back to sleep.	Subtotal Page 2	Subtotal Page 1
		Total Score	

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HTP Test

## HOUSE – TREE – PERSON (H – T – P)

### DRAWING FORM

By John N. Buck

Published by



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12011 Wilshire Boulevard  
Los Angeles California 90025-1251

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Examiner: \_\_\_\_\_ No. \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade or \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

Residence: \_\_\_\_\_ Occupation: \_\_\_\_\_

TREE

## Bar one Emotional Quotient Test

BarOn EQ-i:YV by Reuven Bar-On, Ph.D. & James D. A. Parker, Ph.D.			
Name:	Gender: Male Female (Circle One)		
Birthdate: _____ Month Day Year	Age: _____	Today's Date: _____ Month Day Year	
<b>Instructions:</b> Read each sentence and choose the answer that best describes you. There are FOUR possible answers. 1 = Very Seldom True of Me; 2 = Seldom True of Me; 3 = Often True of Me; and 4 = Very Often True of Me. Tell us how you feel, think, or act MOST OF THE TIME IN MOST PLACES. Choose one, and only ONE answer for each sentence, and circle the number that matches your answer. For example, if your answer is "Seldom True of Me," you would circle the number 2 on the same line as the sentence. This is not a test; there are no "good" or "bad" answers. Please circle an answer for every sentence.			
1. I enjoy having fun.	1	2	3
2. I am good at understanding the way other people feel.	1	2	3
3. I can stay calm when I am upset.	1	2	3
4. I am happy.	1	2	3
5. I care what happens to other people.	1	2	3
6. It is hard to control my anger.	1	2	3
7. It is easy to tell people how I feel.	1	2	3
8. I like everyone I meet.	1	2	3
9. I feel sure of myself.	1	2	3
10. I usually know how other people are feeling.	1	2	3
11. I know how to keep calm.	1	2	3
12. I try to use different ways of answering hard questions.	1	2	3
13. I think that most things I do will turn out okay.	1	2	3
14. I am able to respect others.	1	2	3
15. I get too upset about things.	1	2	3
16. It is easy for me to understand new things.	1	2	3
17. I can talk easily about my feelings.	1	2	3
18. I have good thoughts about everyone.	1	2	3
19. I hope for the best.	1	2	3
20. Having friends is important.	1	2	3
21. I fight with people.	1	2	3
22. I can understand hard questions.	1	2	3
23. I like to smile.	1	2	3
24. I try not to hurt other people's feelings.	1	2	3
25. I try to stick with a problem until I solve it.	1	2	3
26. I have a temper.	1	2	3
27. Nothing bothers me.	1	2	3
28. It is hard to talk about my deep feelings.	1	2	3
29. I know things will be okay.	1	2	3
30. I can come up with good answers to hard questions.	1	2	3

*Items continued on back page...*



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## BarOn EQ-i:YV

by Reuven Bar-On, Ph.D. & James D. A. Parker, Ph.D.

**Instructions:** Read each sentence and choose the answer that best describes you. There are FOUR possible answers. 1 = Very Seldom True of Me; 2 = Seldom True of Me; 3 = Often True of Me; and 4=Very Often True of Me. Tell us how you feel, think, or act MOST OF THE TIME IN MOST PLACES. Choose one, and only ONE answer for each sentence, and circle the number that matches your answer. For example, if your answer is "Seldom True of Me," you would circle the number 2 on the same line as the sentence. This is not a test; there are no "good" or "bad" answers. Please circle an answer for each sentence.

	Very Seldom True of Me	Seldom True of Me	Often True of Me	Very Often True of Me
31. I can easily describe my feelings.	1	2	3	4
32. I know how to have a good time.	1	2	3	4
33. I must tell the truth.	1	2	3	4
34. I can come up with many ways of answering a hard question when I want to.	1	2	3	4
35. I get angry easily.	1	2	3	4
36. I like doing things for others.	1	2	3	4
37. I am not very happy.	1	2	3	4
38. I can easily use different ways of solving problems.	1	2	3	4
39. It takes a lot for me to get upset.	1	2	3	4
40. I feel good about myself.	1	2	3	4
41. I make friends easily.	1	2	3	4
42. I think I am the best in everything I do.	1	2	3	4
43. It is easy for me to tell people what I feel.	1	2	3	4
44. When answering hard questions, I try to think of many solutions.	1	2	3	4
45. I feel bad when other people have their feelings hurt.	1	2	3	4
46. When I am mad at someone, I stay mad for a long time.	1	2	3	4
47. I am happy with the kind of person I am.	1	2	3	4
48. I am good at solving problems.	1	2	3	4
49. It is hard for me to wait my turn.	1	2	3	4
50. I enjoy the things I do.	1	2	3	4
51. I like my friends.	1	2	3	4
52. I do not have bad days.	1	2	3	4
53. I have trouble telling others about my feelings.	1	2	3	4
54. I get upset easily.	1	2	3	4
55. I can tell when one of my close friends is unhappy.	1	2	3	4
56. I like my body.	1	2	3	4
57. Even if things get hard, I do not give up.	1	2	3	4
58. When I get angry, I act without thinking.	1	2	3	4
59. I know when people are upset, even when they say nothing.	1	2	3	4
60. I like the way I look.	1	2	3	4

Thank you for completing the questionnaire.



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EQYV3/EQYV4 (03/02)

**BarOn EQ-i:YV Scoring Page**  
by Reuven Bar-On, Ph.D. & James D. A. Parker, Ph.D.

Name:	Gender:	Male	Female
Birthdate: _____	Month	Day	Year
Age: _____	Today's Date: _____		
Month	Day	Year	

**Instructions:** Transfer the circled numbers into the boxes across each row, as indicated at the top of the scoring grids. Each circled number will be copied once. To obtain raw scores for scales A, B, C, D, E, and G, add the numbers in each column and enter the sum in the box at the bottom of the column.

See instructions below for scoring scale F.

Transfer each circled number below into the box that looks like this: 

Transfer each circled number below into the box that looks like this: 

Item #	A	B	C	D	E	F	G	Item #
30	4	3	2	1				1
31	4	3	2	1				2
32	4	3	2	1				3
33	4	3	2	1				4
34	4	3	2	1				5
35	1	2	3	4				6
36	4	3	2	1				7
37	1	2	3	4				8
38	4	3	2	1				9
39	4	3	2	1				10
40	4	3	2	1				11
41	4	3	2	1				12
42	4	3	2	1				13
43	4	3	2	1				14
44	4	3	2	1				15
45	4	3	2	1				16
46	1	2	3	4				17
47	4	3	2	1				18
48	4	3	2	1				19
49	1	2	3	4				20
50	4	3	2	1				21
51	4	3	2	1				22
52	4	3	2	1				23
53	1	2	3	4				24
54	1	2	3	4				25
55	4	3	2	1				26
56	4	3	2	1				27
57	4	3	2	1				28
58	1	2	3	4				29
59	4	3	2	1				30
60	4	3	2	1				

To calculate "F," divide each of the scale totals (A to D) by its corresponding number beneath the column, calculate the difference in the box provided, and write the result in the box marked "F." (round to one decimal place)

**Inconsistency Index** (round to one decimal place)

Copy the circled scores for the specified items into the appropriate boxes. For each pair of items, subtract the lower value from the higher value and write the difference in the box beneath. Sum the differences and write the total in the Inconsistency Index TOTAL box. Refer to the Inconsistency Index Guide to the right. If the Inconsistency Index Total is 10 or greater, there may be some inconsistency in the responses. This results should be interpreted with caution.

Raw Score	Item 56	Item 60	Item 3	Item 11	Item 7	Item 31	Item 19	Item 22	Item 17	Item 45	Item 20	Item 31	Item 26	Item 35	Item 28	Item 48	Item 40	Item 47	Item 55	Item 59	Inconsistency Index TOTAL
Absolute Difference	$\boxed{+}$																				

**Inconsistency Index Guide**

Is the Inconsistency Index TOTAL 10 or greater?  yes  no

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## Bar One Emotional Quotient Test scoring sheet



# Meeting Matters

2024

## BarOn EQ-i:YV Profile for Females

Name: \_\_\_\_\_ Gender: Male Female  
(Circle One)

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year

F1 = Females 7 to 9 years of age  
F2 = Females 10 to 12 years of age  
F3 = Females 13 to 15 years of age  
F4 = Females 16 to 18 years of age

A. Intrapersonal Scale  
B. Interpersonal Scale  
C. Stress Management Scale  
D. Adaptability Scale

E. General Mood Scale  
F. Total EQ  
G. Positive Impression Scale

	A				B				C				D				E				F				G								
SS	F1	F2	F3	F4	F1	F2	F3	F4	F1	F2	F3	F4	F1	F2	F3	F4	F1	F2	F3	F4	F1	F2	F3	F4	F1	F2	F3	F4	SS				
130	23+	23+	23+	24					47+	48	48	48	40	39	38+		74+	73+	72-	72+	24	22+	21+	20+	130								
129	-	22							47								73	72	71	71	23	-	20	-	129								
128	-	-							46	47	46	47	40	39	38	-				72	71	70	-		128								
127	-	-	22	23					48																		127						
126	22																											126					
125	-	21							45	46	45	46				37													125				
124	-	-											39	38	37	-	56	56	71	70	69	22	-	-	19		124						
123	-	-	21	22					47	48	44	45	44	45							69	-	20	19	-		123						
122	21																55	55	70	69	68						122						
121	-	20							48	48			44	43	44	39	37	36		55			68					121					
120	-	-							46	47	43								56		69	68	67					120					
119	-	-	20	21					43	-	43					35	35		54	54		67						119					
118	20								47		42		42			37	36		56		68	67	66	21	19	10	10	118					
117	-	19								45		42		42				55	-	53		66						117					
116	-	-	20	46	46	-	46	41		41	-			35	34	34		55	53	67	66	65						116					
115	-	19								41	41			36				54	-	52		65						115					
114	19								44		40		40					54	52		66	65	64					114					
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109	-	17								38	-	38				38					50			62						109			
108	-	-	17						43					38	38					51	49	63	61	62	19					108			
107	-	-	-	-					43	42			37	37			33	32	31	31	51	49		61			17	16	16	107			
106	17									43				37	37					48		62	60	61						106			
105	-	16							42				36	36					50	50		61	60						105				
104	-	-	16						42	41			36	36			32	31	30	30		48	47		59	60					104		
103	-	-	-	-						42				35				49		60	59		18						103				
102	16								41				35	35	35				49	47	46		58			16			102				
101	-	15							41	40			34				31	30	29	29		48	49		58	59		15	15	101			
100	-	-	15						40	41			34	34					48	46		57						100					
99	-	-	-	-								34		30			47	45		58	57	56							99				
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94	14	-				38	38			31	31				27		45			54									94				
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69	-	7	7							32		32		19	20	20		33															

# Meeting Matters

2024

## BarOn EQ-i:YV Profile for Males

Name: _____	Gender: Male _____ Female _____ (Circle One)						
Birthdate: _____ / _____ / _____ Month Day Year	Age: _____ Today's Date: _____ / _____ / _____ Month Day Year						
M1 = Males 7 to 9 years of age M2 = Males 10 to 12 years of age M3 = Males 13 to 15 years of age M4 = Males 16 to 18 years of age							
<b>A. Intrapersonal Scale</b> <b>B. Interpersonal Scale</b> <b>C. Stress Management Scale</b> <b>D. Adaptability Scale</b>				<b>E. General Mood Scale</b> <b>F. Total EQ</b> <b>G. Positive Impression Scale</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	
SS M1 M2 M3 M4	M1 M2 M3 M4	M1 M2 M3 M4	M1 M2 M3 M4	M1 M2 M3 M4	M1 M2 M3 M4	M1 M2 M3 M4	SS
130 24 22+ 23+ 23+	48 48 48	40 40	75+ 73+ 72+ 71+	24 22+ 21+ 21+	130		
129 23 - -	47 - 48	38 39	74 72 -	- 20	129		
128 - - 22 22	48 - 47 47	40 -	71 71 70	23 21 20	128		
127 - - 21 -	- 46 46 47	40 - 38 38	73 71 -	- -	127		
126 22 - -	- 46 46	56	72 70 69	- -	126		
125 - - 21 21	48 47 45 -	39	70 - 69 68	- -	125		
124 - - 20 -	- 45 45	-	71 - 69 68	- -	124		
123 20 - -	48 - 44	55	69 - 68 -	22 20 19	123		
122 21 - -	- 47 46	56	70 - 68 -	- -	122		
121 - - 20 -	- 44 44	54	68 - 67	- -	121		
120 - - 20 20	- 47 43 43	56	70 - 67	- -	120		
119 19 - -	- 46 45	55	69 - 67 66	- -	119		
118 20 - -	47 46 -	56	68 - 66 -	21 19 -	118		
117 - - -	- - -	53	66 - 65	- 18	117		
116 - - 19 19	46 - 45 44	55 55 54	67 65 65	- -	116		
115 - - 19 -	- 45 -	52	64 - 64	- -	115		
114 19 - -	- 40 -	53	66 64 64	- -	114		
113 - - 18 -	45 - 44	52	63 - 63	20 18 -	113		
112 - - 18 -	- 44 - 43	52	63 - 65	- 17	112		
111 - - 17 -	- - -	52	67 65 65	- -	111		
110 - - 16 -	44 43 43 -	52	64 - 62	- -	110		
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88 12 - 12 -	- 35 -	42	- 52 52	15 13 -	88		
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70 - - -	- 29 -	34	- 42 41 43	- -	70		
69 7 - -	- 28 -	34	- 42	- -	69		
68 - - 7 -	- 29 29	34	- 41 40	11 - 9	68		
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