

UNIVERSITY OF LOUISIANA
MONROE

ULM Marriage & Family Therapy

Master of Arts

In

Marriage and Family Therapy

Clinic Policies & Procedures Handbook



School of Allied Health

College of Health Sciences

Rev. Summer 2020

College of Health Sciences

School of Allied Health

Marriage & Family Therapy Clinic

500 Bayou Dr., Strauss Hall 112 □ Monroe, LA 71209-8822

Phone: (318) 342-5678 □ Fax: (318) 342-3629

A Member of the University of Louisiana System □ AA/EOE

Table of Contents

Mission Statement	9
Master of Arts	9
Diversity and Non-Discrimination.....	10
Commitment to Diversity	10
University Community.....	10
Clinical Community.....	10
About This Handbook.....	11
Administrative Policies	12
Clinical Eligibility.....	12
Confidentiality and HIPAA Compliance.....	13
Student Background Check and Drug Screen Policy	15
Professional Dress Code	17
Professional Conduct.....	19
Professional Conduct within the Clinic.....	20
Conduct while in the Student Break Room.....	20
Conduct while in the Clinic Administrative Office.....	20
Conduct while in the Therapy Rooms and Clinic Lobby.....	20
Visitors	21
Attendance Policy.....	21
Therapist Client Relationships.....	21
Supervisor-Supervisee/Student Relationships.....	22
Grievance Procedure.....	24
Clinic Procedures.....	25
Clinic Hours of Operation	25
Professional Liability Insurance.....	25

Therapist Message Boxes	26
Scheduling.....	26
Scheduling Intake Appointments	26
Scheduling Established Client Appointments.....	27
Therapist Intern Scheduled Appointments/Check-Out Slips	27
Emergency Sessions	28
Out-of-Office Client Contacts.....	28
Scheduling at Times other than Regular Supervision Practicum	28
Therapist Intern Cancellations	28
Treatment of Minors.....	29
Payment and Fees	29
Fee Exemptions	30
Billing & Health Insurance Reimbursement	30
Case Record Management.....	31
Intake File Forms	31
Case Record Forms	32
Transportation of Files	32
Maintenance of Video Recording, Digital or Electronic	33
Case Follow-Up.....	33
Correspondence with Clients	34
Correspondence with Other Sources.....	34
Providing Referrals	35
Aftercare Plans/Continuation of Care.....	36
Termination of Cases.....	36
Termination of Never Show Cases.....	37
Transfer of Case to another Intern (at the ULM Marriage & Family Therapy Clinic).....	38
Termination of a Transferred Never-Show Client	38
Terminated Case Files and Maintenance.....	39

Re-Opened Files.....	39
Measures to Improve Clinical Services.....	39
Client Satisfaction Survey	40
Community Feedback Survey	41
Survey Results	42
Technology and Equipment.....	42
Clipping Sessions	42
Data Storage.....	43
Vacations and Semester Breaks	43
Special Procedures.....	43
Crisis Intervention.....	43
Acute Crisis Over-the-Phone	43
Clients Exhibiting “High Risk” Behaviors	44
Cases Involving Suspected Child Abuse or Neglect.....	45
Cases Involving Suspected Elder Abuse or Neglect.....	45
Cases Involving Suspected Disabled/Dependent Adult	
Abuse or Neglect	46
Safety Plan.....	46
Documentation of Report to Authorities.....	46
Requests for Litigation Support.....	46
Court Mandated Therapy	47
Accident/Incident Report	47
MAFT 5015 Practicum	50
MAFT 6070 Master’s Internship	51
Master’s Internship Quick Reference Sheet	51
Master’s Internship Requirements.....	52
Application for MAFT 6070 Internship	52
Direct Client Contact Hours	52

Clinical Hours	53
Alternative Therapeutic Hours	53
Supervision Hours	54
Live/Direct Observation Hours.....	55
Case Report Supervision Hours	56
Group & Individual Supervision	56
Role of the Supervisor	56
Clinical Supervisor Evaluation of Student.....	57
Externship Site Supervisor Evaluation of Student.....	57
Student Evaluation of Clinical Supervisor	57
Internship Credit & Supervisory Action	58
Supervisory Action Appeals Process	59
Master’s Internship/Practicum Time Frame	60
Monthly Record of Internship Hours.....	61
Externship Guidelines	61
Overview of Externships.....	61
Supervision of Externships	62
Externship Site Requirements	63
Procedure for Establishing an Externship	63
Current and Previously Approved Externship Sites.....	63
Complaints Procedure	64
MAFT 6070 Core Competencies	64
Application for Clinical Requirements for Graduation	66
HIPAA Policies & Procedures	67
Request to Inspect and Copy Your Mental Health Record	72
Mental Health Care Provider Response	73
Intake File Forms	74
Demographic Client Intake Sheet (front).....	75

Demographic Client Intake Sheet (back).....	76
General Service Information	77
Consent to Use and Disclose Mental Health Information.....	85
Permission to Contact.....	86
Statement of Practice	87
Treatment Plan: Intake Session Notes.....	90
Case Record Forms.....	92
Session Case Notes.....	93
Authorization for Use or Disclosure of PHI	94
Authorization for the Release of Medical Information	95
Documentation of Communication with Referrals and Others	96
Documentation of Report to Authorities	97
Referral Form	98
Consent for the Treatment of Minors.....	99
Safety Plan.....	100
Special Therapy Agreement.....	101
No Violence Contract	102
Suggestions for Developing a Personal Safety Plan.....	103
Transfer of Intern	104
Termination of a Client that Never-Showed After Transfer.....	106
Termination of a Never-Show Client	107
Termination Summary.....	108
Client File Re-Opened.....	111
Probation and Parole Referral Form	112
Assessments.....	114
Assessment Screening for Alcohol/Drug Abuse.....	115
Assessment for Lethality.....	116
Clinic Procedural Forms	117

Check-Out Slips.....	118
Visitor Sign-In	119
Client Satisfaction Survey.....	120
Clipping /Burning Sessions.....	122
Clip Request Form.....	123
Leave of Absence Form	124
Informed Consent for Presentation or Research.....	125
Accident Report.....	126
Monthly Client Contact Hours Sheet	127
Notice of Missing Documentation.....	128
Notice of Improper Termination	129
MAFT 6070 Internship Forms.....	130
Clinic Handbook Agreement	131
Student Background Check and Drug Screen Policy	132
Student Background Check and Drug Screen Policy Acknowledgement	135
Application for MAFT 6070 Internship	136
MAFT 6070 Supervision Contract	137
Intern/Clinic Staff Acknowledgement of Confidentiality	139
Pre-Internship/Practicum Evaluation Form.....	140
Intern Evaluation Form	141
Intern Evaluation Form-Externship Site.....	143
Evaluation of Supervision Experience	145
Case Assignment Suspension Form.....	147
Application for Clinical Requirements for Graduation	149
M.A. Client Contact Earned Reporting Form for Ph.D. Students.....	151
Externship Site Documents	152
Externship Site Requirements	153
Externship Site Agreement	155

Example of Letterhead	157
Calculating Session Fees.....	158
Community Feedback Survey	159

Mission Statement

Master of Arts

The ULM Marriage and Family Therapy Master of Arts program is committed to a systemic orientation that fosters relational and contextual educational approaches in the fields of marriage and family therapy. Our mission is to prepare clinicians whose competencies in systemic practice, clinical scholarship, and ethics will professionally serve a diverse society. With a commitment to the classic foundations of family therapy and advancing the profession we turn learning into relevant action for tomorrow's practitioners.

Diversity & Non-Discrimination

Commitment to Diversity

In concert with the University of Louisiana at Monroe, the Marriage and Family Therapy Program values and nurtures diversity. Our valuing of diversity extends to and beyond ethnic, race, cultural, socioeconomic, religious, age, sexual orientation, and gender differences among individuals. We foster an educational atmosphere that encourages respect and sensitivity for a diversity of cultures, traditions, and practices.

University Community

The University of Louisiana at Monroe recognizes that members of the University Community (students, faculty, and staff) represent different groups according to age, culture, ethnicity, gender, physical or mental ability, nationality, race, religion, and sexual orientation. The University further recognizes that, in a pluralistic society such as ours, these differences and similarities must be recognized and respected by all who intend to be a part of the University Community. Faculty, staff, and students should be aware that any form of harassment and any form of discrimination against any group or individual is inconsistent with the policies of the University.

Clinical Community

The University of Louisiana at Monroe Marriage and Family Therapy (ULM MFT) Clinic serves a diverse population rich in various cultural, contextual, socioeconomic, ethnic, sexual, gender, religious orientations, backgrounds, belief systems, and family systems. All clients will be treated with the utmost respect, compassion, and professionalism and will not be discriminated against for any reason.

About This Handbook

The purpose of this handbook is to provide an overview of the policies and procedures of The ULM Marriage & Family Therapy Clinic. Additionally, aspects of the MFT clinical internship are addressed, which is an integral part of The ULM Marriage & Family Therapy Clinic operations.

The handbook is organized to provide readily accessible information regarding most operational aspects of the ULM Marriage & Family Therapy Clinic. Answers to most questions are organized by chapter headings in the table of contents. Occasionally, unique situations may arise pertaining to internship and Clinic operations which are not clearly addressed in this handbook. In such situations, the ULM Marriage & Family Therapy Director of Clinical Services hereinafter referred to in this document as the Director of Clinical Services, remains available to answer any questions concerning clinical internship or Clinic operations.

This handbook, which remains the property of the ULM Marriage & Family Therapy Clinic, is written for the exclusive use of interns, faculty and staff of the Marriage and Family Therapy Program. A copy of this handbook is made available to each intern, for their exclusive use, while working at the ULM Marriage & Family Therapy Clinic. No part of this handbook may be reproduced or provided to a third party without permission of the Director of Clinical Services.

The ULM Marriage and Family Therapy Program Faculty, as a committee, reserves the right to change any provision or requirement of the MFT Program at any time with or without notice. ULM adheres to the principle of equal educational and employment opportunity without regard to race, color, creed or religion, national origin, sex, marital or parental status, age, disability, veteran status, or political belief. This policy extends to all programs and activities supported by and at the university.

Administrative Policies

Clinical Eligibility

All students must complete the following before seeing any clients in the ULM Marriage & Family Therapy Clinic:

- Clinic Handbook Agreement
- Background Check and Drug Screen
- File Professional Liability Insurance with Clinic Staff and is kept up-to-date
- Attend an orientation to the ULM Marriage & Family Therapy Clinic led by the Director of Clinical Services or Clinic Staff
- Have MAFT 5015 Pre-Internship Evaluation Form Completed by instructor/professor
- Submit MAFT 5015 Pre-Internship Evaluation Form to Director of Clinical Services (MA)
- Submit Application for Internship to Director of Clinical Services prior to enrolling in MAFT 6070/MAFT 7051: Internship (MA and Ph.D. with non-COAMFTE accredited MA)
- Submit a copy of the last Client Contact Hours Sheet earned in MA program to Director of Clinical Services (Ph.D. with non-COAMFTE Accredited MA)
- Be enrolled in either MAFT 5015, MAFT 6070, or MAFT 7051

All students must complete the following before seeing any clients at an External Internship (Externship) Site:

- Complete all the above requirements
- Submit signed and completed Externship Agreement Form
- Meet with the Director of Clinical Services if the Externship Site is new or is not already an approved site with a signed Memorandum of Understanding between the University and the Site.

The ULM Marriage and Family Therapy Program Supervising Faculty and Administrative/Director of Clinical Services reserve the right to deny any student from seeing clients at the ULM Marriage & Family Therapy Clinic or an Externship Site for any of the following reasons: requirements listed above are not met, policies and procedures of the ULM MFT Clinic Handbook are not followed, the AAMFT Code of Ethics are breached, concern about the well-being of the clients. This could result in the student having to transfer cases and/or keep them from meeting the Clinical requirements to graduate.

Administrative Policies

Confidentiality and HIPAA Compliance

Client confidences are strictly protected in accordance with the AAMFT Code of Ethics, Louisiana State Law, and the Health Insurance Portability and Accountability Act (HIPAA) (see HIPAA Policies & Procedures). Clients are informed of the ULM Marriage & Family Therapy Clinic's policies on confidentiality and HIPAA compliance prior to entering treatment (see Notice of Privacy Practices, Privacy Practices Statement, Consent to Use and Disclose Mental Health Information, Permission to Contact, and Statement of Practice).

All therapist student interns, supervisors, faculty, and ULM Marriage & Family Therapy Clinic staff must protect client information in accordance with these standards and are required to hold all client information in the strictest of confidence, only to be disclosed in the following circumstances:

- During clinical supervision (supervision, may consist of consultation with supervisory faculty, a team, and/or a consultant). ***Video recordings may be used during supervision but are erased at the completion of supervision. No videotape is kept as part of the permanent client record.*** *Should the ULM Marriage & Family Therapy Clinic Staff or faculty desire to use information that might identify clients, such as videotapes, for purposes of research, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use.*
- If there is a waiver (Authorization for Use or Disclosure of Protected Health Information or Authorization for the Release of Medical Information) that has been previously obtained in writing and signed by all adults involved in the therapy sessions, in which case the information will only be divulged in accordance with the waiver. *Verbal authorization will not be sufficient except in emergency situations.*
- If mandated or permitted by law. Certain types of litigation, such as child custody cases, may lead to the court-ordered release of information, even without a client's consent, in which case client confidences will only be disclosed in the course of that action.
- When there is any suspected or known child abuse/neglect.
- When there is any suspected or known elder abuse/neglect.
- When there is any suspected or known abuse/neglect of a dependent or disabled adult.
- When there is a clear and immediate danger to a person or to a person's life, in which case client confidences may be disclosed in an effort to prevent any such clear and immediate danger. *This may include the notification of next of kin, another person who may prevent the clear and immediate danger, and/or the appropriate law enforcement agency.*

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. *In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.*

Other than, in the conditions listed above, all information, including any type of identifying information or topics discussed in therapy, about clients should be considered confidential. Information regarding clients should only be discussed on an as needed basis as pertaining to clinical services between Clinic Staff and the therapist intern of record and/or between therapist intern/Clinic Staff and the supervisor/supervision team in private.

All client information and case records should be stored in a locked cabinet and secured at all times. Any phone calls, recordings, supervision, confidential conversations, messages, and records must remain within the confidential areas of the ULM Marriage & Family Therapy Clinic. In order for any information to be obtained or released from another party, all clients on record must sign an “Authorization for Use or Disclosure of Protected Health Information” or “Authorization for the Release of Medical Information.”

To ensure the protection of client confidentiality, follow these guidelines:

- Adhere to the 2015 AAMFT Code of Ethics
- Information pertaining to clients should not be discussed outside of the ULM Marriage & Family Therapy Clinic. Do not give out your personal phone number, email, Facebook, or other personal means of communication to clients.
- If you know or recognize a client while participating in supervision that you know from some other context or area of life, you must inform the supervisor and remove yourself from the supervisory team during the time in which that client is being observed or discussed.
- The ULM Marriage & Family Therapy Clinic administrative offices, therapist break room, and therapy rooms are confidential areas and no one other than ULM Marriage & Family Therapy Staff, Supervisors/Faculty and Interns are allowed in these areas.
- Families, friends, spouses, children, and others are not allowed into those areas without prior approval and permission from the Director of Clinical Services.
- All clinical work (e.g., case notes, recordings) must stay in the Clinic and cannot be uploaded to a personal computer, jump-drive, USB device, or other personal storage. No paper files are to leave the Clinic.

Confidentiality is a priority in the ULM Marriage & Family Therapy Clinic. In order to protect confidentiality, err on the side of caution and be vigilant to take extra measures to protect client confidences. If you are in doubt or have questions regarding this policy, ask your supervisor or speak with the Director of Clinical Services.

Student Background Check and Drug Screen Policy

I. PURPOSE

To provide the faculty, staff, and students with the policies and procedures for managing student background checks and drug screens.

II. POLICY

Background checks and drug screening tests are now required of Marriage & Family Therapy (MFT) students in order to participate in clinical work [defined as MAFT 5015, MAFT 6070, MAFT 7051, and MAFT 7053 both at internal ULM clinics and at internship sites] in the MFT Program. This policy was established to comply with emerging accreditation standards, to comply with the policies of the College of Health Sciences (CHS), the School of Allied Health (SOAH), and the MFT Program specifically to promote the highest level of integrity in the program. This policy includes initial background checks and drug screenings as well as drug screening for suspicious behavior.

III. PROCEDURE

All MFT students must complete a background check and drug screening from CastleBranch.com prior to beginning any clinical work. Students can be re-tested at any time during their course of study, especially if the student displays suspicious behavior during a clinical rotation. Students should report any changes in their status to the Program Director.

All MFT students will be informed of the College of Health Sciences Background Check (BC) and Drug Screening (DS) policies both in writing (in the program handbooks) and in spoken form (during the applicant interviews and again at the program orientation). Students will sign an acknowledgement form as outlined on the CHS Initial Background Checks and Drug Screening Policy.

Students must request a background check and drug screen from [CastleBranch.com](https://www.castlebranch.com) where they will register and pay for the services. The following steps outlined below should be followed by the student:

- Following the instructions provided by the Program Director or their designee, the student should complete the on-line form at CastleBranch.com.
- Upon completing the forms, the student should be prepared to pay the fee for the background check and drug screen to be processed. This fee includes a national criminal background search.
- The student will receive a password and will be able to access the results when available.
- A receipt for the payment of the background check and drug screen must be presented to the Program Director to serve as proof of registration.

- All results will be sent to the MFT Program Director by Castle Branch. The Program Director will review the results and will inform the Clinic Director if the student is cleared for clinical work or if information of concern exists.
- If information of concern exists on the background check, the student must meet with the MFT Program Director and/or designees. The issues leading to the charge will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
- **If the results of any drug screening indicate a positive finding, the student will not be eligible to begin clinical work and will be dismissed from the program as the MFT Program has a zero-tolerance policy for a failed drug test.**
- If the drug screen indicates a “Dilute” result, the student must retest within 2 working days at his/her own expense.
- Failure to follow the background check and drug screening policies will result in the student being unable to begin clinical work.
- Upon request, the results of the background check and drug screen will be made available to all internship site administrative supervisors participating in the student’s clinical training. The student is responsible for providing these results to the internship site.
- If there is information of concern on the background check and the student is allowed to continue on to clinical work, the internship site has the right to deny the student’s placement at the site. Each practice site will determine whether the student may participate at that site and the decision will be independent from any determination by the MFT Program. However, if the MFT faculty makes the determination that a student cannot participate in clinical work, that decision applies to work at all university and external affiliates.
- The policy outlined in the document entitled *Plan of Action for Background and Drug Screening Concerns* (also found on page 3 of this document) will be followed.
- Students have full access to the results of the background check and drug screen through CastleBranch.com. Records will be archived by Castle Branch.

IV. SUSPICIOUS BEHAVIOR

Once a student is accepted into the MFT Program drug and/or alcohol screening may be required in cases of suspicious behavior observed by an employee of the university or the applicable site supervisor. Suspicious behavior is defined by any or all (but not limited to) the following being observed:

Lack of attendance, frequent absences or tardiness from class, clinical, lab or other program related activity.

- Sudden and/or unexplained disappearance from class, clinical, lab or other program related activity.
- Isolation.
- Withdrawal.
- Errors.
- Increased poor judgement.
- Haphazard and/or illogical case notes, charting, or other written work.
- Unusual accidents/incidents.
- Unusual behavior, moods, or appearance (such as personality changes, mood swings, aggression, illogical thought patterns, slurred speech, pupil size and/or appearance).
- Changes in motor functioning (such as gait disturbances, impaired dexterity, drowsiness, sleepiness).
- Changes and/or deterioration in personal hygiene.
- Detectable odor of alcohol or drugs.

Two university officials will complete and sign off on the suspicious behavior checklist and inform the student if a drug screen is required. If so, the student will be required to sign the suspicious behavior checklist agreeing or refusing to be tested. In the case of agreement, the program director or designee will inform the closest designated laboratory of the requirement and the student must report to that closest designated laboratory within the required timeframe (immediately to up to 2 hours, depending upon program policy). However, the student may not drive to the screening facility but is responsible for arranging his/her own transportation and transportation costs. In the event a drug screen is required based upon suspicious behavior of a student, the program director or designee must inform the Dean through the Dean's representative of the Committee on Ethical and Professional Conduct.

The student may not attend class, practicum, clinical rotation, internship, externship, or any other program related activity until approval is granted by the Program Director. Such approval can only be granted after reviewing the drug screen results and verifying that they are negative and/or otherwise cleared. A positive drug screen will result in the enforcement of appropriate actions and penalties, as per this policy.

Failure to agree to, or show up for, such testing is considered admission of student's drug use and failure to comply with this policy and will be sufficient cause for implementation of any and/or all sanctions/consequences allowed as per this policy. If the student refuses to test, he/she is required to sign a statement to that effect. If he/she refuses to do so, the form will be signed by two university officials with note of student's refusal to sign. Failure to test when required, or refusal to sign the refusal to test statement, is grounds for immediate dismissal from the program and referral to the Dean of Students.

**Plan of Action: Background Check and Drug Screening Concerns
Marriage & Family Therapy Program, School of Allied Health,
College of Health Sciences, University of Louisiana at Monroe (ULM)**

Students must follow the policy and procedures for background and drug screening as dictated by the College of Health Sciences Background Check and Drug Screen Policy.

If concerns are noted in the background screening, the following plan of action will be taken:

1. Students will be contacted by the MFT Program Director if information of concern arises.

If the information of concern revealed through the background screening is a *felony* offense the following actions will occur:

1. The student will meet with the Program Director and/or designee. Information from the **MFT Student Background Check and Drug Screen Policy and Plan of Action: Background and Drug Screening Concerns** will be reviewed. During initial orientation to the program, the student was provided with these policies, policies were reviewed, and the student signed forms indicating that they had read and understood the policies.
2. The AAMFT Code of Ethics will be reviewed with the student.
3. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.
4. The issues leading to the charge will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
5. If clinical work is approved, the practice site will determine whether the student may participate in that setting. This decision will be independent from any determination by the University of Louisiana Monroe's MFT Program or College of Health Sciences.
6. If the practice site refuses to allow the student to participate in training, it is the responsibility of the student to find an alternative placement, approved by the MFT program administration.
7. If no alternative placement can be secured due to the results of the background check, the student will be unable to complete the requirements of the program.

If the information of concern revealed through the background screening is a *misdemeanor* offense the following actions will occur:

1. The student will meet with the MFT Program Director and/or designees. The AAMFT Code of Ethics will be reviewed with the student.
2. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.

Note: All 50 states require licensure in order to practice as a Licensed Marriage & Family Therapist. A felony conviction may affect a graduate's ability to attain state licensure. Therefore, if an applicant/ student is concerned about an issue, the status of this must be addressed with the particular state's licensing board prior to the clinical portion of the program.

Note: If the results of any drug screening indicate a positive finding, the student will not be allowed to commence their clinical work and will be immediately dismissed from the program as the MFT Program has a zero-tolerance policy for a failed drug test

Professional Dress Code

While recognizing the differences in style and diversity among individuals, therapist interns are expected to maintain a professional demeanor in appearance and attitude when operating in a professional role. It is required that all therapist interns and clinic staff dress professionally at **all** times while in the ULM Marriage & Family Therapy Clinic or representing the ULM Marriage & Family Therapy Clinic in the community, such as at Externship Sites. This also pertains to therapist interns that are present in the clinic and neither working in the office or seeing clients. In other words, if an intern is present in the clinic and is completing case notes or writing reports only, they must still be dressed professionally.

ULM Marriage & Family Therapy Clinic Therapist Interns should project an image of professionalism. A therapist intern's behavior, dress and grooming habits are a reflection not only of the intern, but also of the ULM Marriage & Family Therapy Clinic and Programs. Therapist student interns are expected to dress and act professionally, conveying caring, competence, respect, and modesty at all times. Dressing professionally does not have to be expensive, nor does it necessarily reflect trends in fashion. Maintaining proper hygiene and grooming are important to conveying professionalism.

Professional dress is defined as:

- Professional dress is defined as slacks or dress pants and shirts for male interns, minimally. Ties and/or jackets can be worn but are not mandatory. No shorts, cut-offs, or t-shirts are allowed.
- Professional dress is defined as slacks, dress pants, skirts and shirts or blouses for female interns. Dresses can also be worn. No shorts, cut-offs, or t-shirts are allowed.

The following is acceptable professional dress attire:

- A dress shirt (button-down with collar).
- Nice sweater or blouse.
- Slacks, dress pants, or chinos (no jeans).

- Dress or skirt, which must be conservative in style and length, so that bare legs do not touch the seat when seated.
- Clean, nice shoes.
- Belts and dress socks (for men).
- Neck tie (optional)
- Jackets (optional)

The following grooming guidelines should be considered:

- Neatly groomed facial hair
- No extreme hairstyles, hair color, or make-up
- No visible body piercings (other than earrings)
- No excessively long nails
- No exposed tattoos
- Appearance should be neat, clean, and business appropriate
- Clothes should be clean, ironed, well-fitted, and not sloppy or too tight

The following is **not** acceptable professional attire:

- Excessively high heels
- Capri pants, drawstring and/or cruched pants, low rise or “hip-hugger” pants
- Golf or Knit shirts
- Jeans or jean/denim material
- Any clothing that is revealing such as showing shoulders, midriffs, cleavage, plunging necklines, bare skin, or is too tight. This may include, but is not limited to:
 - sundresses, sleeveless shirts, muscle shirts, tank tops, halter tops, spaghetti strap tops, stand-alone camisoles, mini-skirts, mini-skorts, and other skirts/shorts, sheer or “see through” clothing or fabric that exposes bare skin, spandex clothing and leggings.
- Work-out clothes such as tee-shirts, sweatshirts, sweatpants, yoga pants, sports bras
- Casual shoes such as slippers, sandals, tennis shoes, flip-flops, sneakers, or work boots
- Clothing that is offensive, revealing, distracting, provocative or excessively tight
- Evening attire or formal wear
- Hats or caps

Unprofessional dress will not be tolerated. If an intern is not dressed professionally (e.g., as one would expect to see in an office or business environment), supervisors/administrative staff are at liberty to require that an intern leave the clinic and not see clients until the intern returns dressed appropriately.

The ULM Marriage & Family Therapy Clinic needs and externship site requirements may necessitate additional or revised dress guidelines, which will be specified by the Director of Clinical Services. Possible venues in which dress guidelines may be revised include participation in events such as: public presentations, workshops, and health fairs. During times of professional presentations in the

community or on-campus, it will be necessary for students to be in attire consistent with that required in the ULM MFTC Clinic, unless otherwise directed by the ULM Director of Clinical Services, Programs Director or Faculty.

Accommodations for dress or grooming directly related to a student's religion, ethnicity, or disability will be reviewed and addressed accordingly.

Professional Conduct

Students in the MFT Program are expected to operate from a primary moral position based on the "best interest of the client." This requires an understanding of appropriate therapeutic roles, therapist's skills, and limitations pertaining to each case. Interns should be familiar with, and abide by, the codes of ethics of the American Association for Marriage and Family Therapy and the American Counseling Association, and the laws of the State of Louisiana relating to professional conduct. ULM MFT MA Student Interns are expected to be professional in all settings/activities related to the ULM MFT Program such as the ULM Marriage & Family Therapy Clinic, Externship Sites, on-campus activities, and within the community.

As a facility that offers therapy services for the community, general public, and university community, ULM Marriage & Family Therapy Clinic Staff and therapist interns are expected to portray an image of professionalism and conduct themselves in a professional manner, including dress, attitude and behavior toward clients, and attention to detail with regard to the policies and procedures of the operations of the ULM Marriage & Family Therapy Clinic.

Professional Conduct within the Clinic

Conduct While in the Student Break Room

The waiting room for clients and the break room for therapist interns are in very close proximity to each other. It is therefore required that all conversation in the break room be kept at a low noise level, so as to respect the clients in the waiting room, ensure confidentiality, and to create the most professional setting possible. This is of the utmost importance if interns and/or supervisors are discussing client cases in the break room. Please be extremely cognizant of loud noises/conversation and laughing while in the break room.

Therapist interns are expected to keep the student break room neat and tidy. This means that all files should be filed properly, mailboxes should be kept in order, any paper, personal items, etc. should be filed properly or taken with the intern, and any trash, food or drinks must be disposed of properly and promptly. DO NOT expect Clinic Staff to clean up after you. **Your** items are **your** responsibility.

Conduct While in the Clinic Administrative Office

Only office staff should be in the clinic office, with few exceptions. Interns should only be in the clinic office if they are either updating the “Master Schedule” or returning a client’s telephone call. Interns should remain aware of clients being checked in at the window between the office and the waiting room. It is required that interns present themselves professionally at all times while in the clinic. This is oftentimes forgotten while chatting in the office or break room. Interns should NOT use the microwave oven or coffee machine in the administrative office or carry food & drinks through the Clinic lobby during peak clinic hours of 4:00pm – 8:00pm. Clinic office staff have the authority to ask interns to leave the administrative office if needed.

Conduct While in the Therapy Rooms and Clinic Lobby

Therapist interns should be cognizant of their influence on the professional atmosphere of the ULM Marriage & Family Therapy Clinic and its appearance to clients and the community. Please keep therapy rooms neat and tidy and if you rearrange any furniture or items in the room, please return them to the proper place at the end of your session. Also, please fix pillows or other items that may have been moved during session so that the room is ready for the next therapist and client.

The use of electronic devices, talking, laughing, and coughing in the observation room can often be heard by clients in the therapy room. Please be aware of how these things may impact the clients, therapist intern, and therapy session. Therapist interns are expected to be respectful of other therapist interns and clients, avoiding any comments that could be condescending, rude, or disrespectful. Cell phones and electronic devices should be Turned Off or Silenced while in the therapy rooms and observation areas.

Visitors

Visitors of therapist interns (e.g. partners, family, children, friends, etc.), are not permitted in the ULM Marriage & Family Therapy Clinic, other than in the lobby and should be kept to a minimum. Any persons visiting the ULM Marriage & Family Therapy Clinic, and not providing or receiving services, must sign-in at the front desk (see Visitor Sign-In).

Attendance Policy

The MFT Program adheres to the University's Class Attendance Regulations/ Excused Absences Policy found in the ULM Student Policy Manual (<http://catalog.ulm.edu/content.php?catoid=14&navoid=1641>)

Students:

1. Class attendance is regarded as an obligation and a privilege, and all students are expected to attend regularly and punctually all classes in which they are enrolled. Failure to do so may jeopardize a student's scholastic standing and may lead to suspension from the University.
2. Any student who is not present for at least 75% of the scheduled class sessions in any course may receive a grade of "W" if this condition occurs prior to the last day to drop a course or a grade of "F" after that date.
3. Any University-related activity requiring an absence from class will count as an absence when determining if a student has attended 75% of class meetings.
4. Students are responsible for the effect absences have on all forms of evaluating course performance. Thus, the student is responsible for arranging the allowed make up of any missed work.

Faculty:

1. Instructors shall keep a permanent attendance record for each class. These records are subject to inspection by appropriate University officials and should be available at all times.
2. Faculty members are required to state in writing and explain to students their expectations in regard to class attendance during the first class meeting or by the last day to add (third official day of classes).
3. Faculty members are expected to work with students to allow for completion of classwork and assignments if the student's absence results from his/her required participation in a University/Program sponsored activity provided that, prior to the absence, the student makes arrangements to complete all missed work.
4. Students will usually be allowed to make up work and/or tests missed because of serious illness, accident, or death in the family.

Therapist-Client Relationships

The relationship between the therapist and client is unique among human relationships. This relationship entails a basic belief that the therapist's first obligation is to "do no harm" to the client through any act of commission or omission. To this end, the purpose and nature of the therapeutic relationship, goals, and objectives should be clearly discussed and agreed upon during the initial stages of therapy.

Because of the potential for undue influence or exploitation, “dual role” relationships should be avoided between the therapist intern and client. When such dual role relationships become unavoidable (such as when clients and therapist interns attend the same church) the intern should work closely with their supervisor to minimize the potential for adverse effects on the therapeutic relationship and on the client(s).

Please refer to the 2015 AAMFT Code of Ethics:

- “Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client’s immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.” (1.3)
- “Sexual intimacy with current clients or with known members of the client’s family system is prohibited.” (1.4)
- “Sexual intimacy with former clients or with known members of the client’s family system is prohibited.” (1.5)
- Marriage and family therapists do not abuse their power in therapeutic relationships. (1.7)
- “Marriage and Family Therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship” (1.9).
- “Marriage and Family Therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects” (3.7).
- “Marriage and Family Therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects” (3.8).
- “Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.” (3.9)

Supervisor-Supervisee/Student Relationships

All ULM MFT Supervisors and Supervisor Candidates will adhere to the AAMFT requirements with regard to their relationships with students and supervisees.

Please refer to the 2015 AAMFT Code of Ethics:

- *“Marriage and Family Therapists do not exploit the trust and dependency of students and supervisees”* (Principle IV: Responsibility to Students and Supervisees).
- “Marriage and Family Therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects” (3.7).
- “Marriage and Family Therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects” (3.8).
- “Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.” (4.1).
- “Marriage and Family Therapists do not provide therapy to current students or supervisees” (4.2).
- “Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee” (4.3).
- “Marriage and Family Therapists do not permit students or supervisees to perform or hold themselves out as competent to perform professional services beyond their training, level of experience, and competence” (4.4).
- “Marriage and Family Therapists take reasonable measures to ensure that services provided by supervisees are professional” (4.5).
- “Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee’s immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken” (4.6)
- “Marriage and Family Therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law” (4.7).

Grievance Procedure

All faculty, staff, and students of the MFT Program shall follow these policies and shall perform their duties and studies according to the policies of The University of Louisiana at Monroe.

Students, faculty, or staff, who believe that a student, faculty member, or staff member has not acted according to these policies, are encouraged to contact the student, faculty member, or staff member directly to informally resolve the situation.

If the student, faculty member, or staff member cannot achieve an informal resolution of the difficulty, the complainant should notify the MFT Program Director in writing of the problem. The complaint should include a description of the perceived problem behavior and of attempted solutions.

A copy of the complaint will be given to the student, faculty member, or staff member about whom the complaint has been written. The MFT Program Director may then meet with the parties involved, separately or together, and/or convene a faculty or staff meeting to resolve the issue. All decisions will be recorded in writing and signed by all parties.

Complainants who are not satisfied with the action of the MFT Program Director should contact the Director of the School of Allied Health. If the perceived problem remains unresolved the complainant should then directly contact the Dean of the College of Health Sciences. Further action will be taken in accordance with the regulations of The University of Louisiana at Monroe.

Grave breaches of personal conduct on the part of students and faculty, which have a clear potential to directly impair clinical competency, should be immediately reported to the MFT Program Director. Grave misconduct includes felonious behavior; acts or threats against the health, safety, or property of a person; sexual solicitations, comments or contact; any academic misconduct of plagiarism, cheating, or biased grading; and any violations of the professional codes of ethics of the American Association for Marriage and Family Therapy, American Counseling Association or the Louisiana Board of Examiners for Licensed Professional Counselors & Licensed Marriage and Family Therapists.

The purpose of this policy is to ensure a professional work environment and to protect the rights of students, faculty, staff, and clients of the ULM MFT Program. The primary focus in such matters shall be to seek a solution that is in the best interest of the ULM Marriage & Family Therapy Clinic and all parties concerned. Faculty, students, and staff have an obligation to each other to state, or respond to, any question of possible misconduct in a fair and straightforward manner. Failure to do so is a breach of professional responsibility.

Clinic Procedures

Clinic Hours of Operation

The ULM Marriage & Family Therapy Clinic hours of operation vary on a semester-basis. Students and faculty will be notified of the Clinic hours of operation and closures prior to each semester. A schedule of these hours will also be posted in a visible area for clientele and will be announced on the Clinic phone voicemail.

The ULM Marriage & Family Therapy Clinic is also open for limited hours during University semester breaks and closed on university-sanctioned closings and breaks. Closures will be announced in advance unless closure is necessitated based on inclement weather or other emergency/hazardous conditions.

The assigned Supervisor for a given semester will continue to be the Intern's supervisor when seeing clients between semesters and until the start of the next semester.

Students may complete case notes or other clinically related activities during the posted hours of operation. Students may not enter the ULM Marriage & Family Therapy Clinic when it is closed without prior approval from the Director of Clinical Services.

A supervisor may not be always on-site at the ULM Marriage & Family Therapy Clinic. If there is a supervisory question or emergency/crisis situation, please call your assigned clinical supervisor immediately. If they cannot be reached, call the Director of Clinical Services or another clinical supervisor.

Interns may not see clients when the University is closed. A ULM supervisor must be available when the Intern is seeing clients at an externship site. ULM supervisors are not available when the University is closed.

Professional Liability Insurance

All Therapist Interns are required to maintain professional liability insurance. Professional liability insurance is available to students through the American Association for Marriage and Family Therapy (AAMFT). Enrollment information can be obtained from either organization or from the Director of Clinical Services.

A student **MAY NOT** begin MAFT 6070/7051 without a **current copy** of professional liability insurance. A copy of the current policy should be provided to the Director of Clinical Services. This copy will be put in the student's file at the ULM Marriage & Family Therapy Clinic prior to the initiation of MAFT 6070/7051 internship. A student will not be allowed to begin their internship experience without:

- Clinic Handbook Agreement
- File Professional Liability Insurance with Clinic Staff and is kept up-to-date
- Attend an orientation to the ULM Marriage & Family Therapy Clinic led by the Director of Clinical Services or Clinic Staff

- Have MAFT 5015 Pre-Internship Evaluation Form Completed by instructor/professor
- Submit MAFT 5015 Pre-Internship Evaluation Form to Director of Clinical Services (MA)
- Submit Application for Internship to Director of Clinical Services prior to enrolling in Internship: MAFT 6070.
- Submit a copy of the last Client Contact Hours Sheet earned in MA program to Director of Clinical Services
- Be enrolled in either MAFT 5015, MAFT 6070, or MAFT 7051

All students must complete the following before seeing any clients at an External Internship (Externship) Site:

- Complete all the above requirements
- Submit signed and completed Externship Agreement Form
- Meet with the Director of Clinical Services if the Externship Site is new or is not already an approved site with a signed Memorandum of Understanding between the University and the Site

All Professional Liability Insurance must be kept up-to-date and is the responsibility of the therapist intern to ensure that the ULM Marriage & Family Therapy Clinic has a current copy. If a current copy is not in the clinic, a student will be removed from clinical practice until a current copy is furnished.

Therapist Message Boxes

All MFT interns will have a message box located in the ULM Marriage & Family Therapy Clinic. The box is used for messages and new case assignments. The therapist should check his or her box regularly, at least 3 times a week. Therapist message boxes must be kept organized and tidy and should not be used to store/file notes, digital recordings or other portions of the case/record. Once a message has been received and is no longer needed, please either file or shred the message.

Scheduling

All therapy sessions at the ULM Marriage & Family Therapy Clinic are by prior appointment. Appointments may be scheduled during authorized Clinic operational hours only. Interns should keep up with their availability at all times and document such times on the “Master Schedule” at least weekly.

Scheduling Intake Appointments

Interns should indicate times they are available to meet with new clients on the “Master Schedule” which is maintained at the front desk of the ULM Marriage & Family Therapy Clinic. A “Placeholder” in Titanium on the “Master Schedule” signifies that the associated time slot is available for clinic staff to schedule a new client, or intake. After clinic staff has scheduled a new client, the client number will be marked on the “Master Schedule” in Dark red.

Clients are assigned to interns on a rotational basis as inquiries are received. An “Intern-Client Assignment List” is maintained at the front desk. As an intern is placed at the top of the assignment list, the next client requesting services at The Marriage & Family Therapy Clinic will be scheduled to meet with that intern based on the client and intern’s availability. The assigned intern will then be placed at the bottom of the assignment list with the sequence repeating. The desk receptionist will assign a client to the next available therapist at the time of the initial telephone contact.

Clients who call the Clinic requesting a specific intern will be assigned to that intern independent of the intern's placement on the rotational assignment list. This will not affect the assignment sequence of new clients.

In order to receive clients, interns must be sure to keep the “Master Schedule” up-to-date for at least two weeks in advance. It is additionally helpful for the therapist intern to be available as often as possible to be more likely to receive clients when others may not be available. During practicum/supervision hours, therapist interns who have practicum/supervision at that time are given preference for intakes needing an appointment during that time. A therapist-intern may see clients during: 1) their scheduled practicum/supervision time, 2) any hours that the Clinic is operational which is not another scheduled practicum/supervision time.

When a client is scheduled and assigned to a therapist intern, that intern is notified 1) by written message, and 2) a phone call if: a) the client is scheduled for the same day, b) the client is scheduled for a non-practicum time. Clinic Staff will then create the Intake File. (Please see Intake File Forms).

Scheduling Established Client Appointments

To schedule an established client, the interns provide the staff with a reschedule (check-out) slip which has the date and time of the established client’s next appointment. After clinic staff has scheduled an established client, the client number will be marked on the “Master Schedule” in red. When an established client requests an appointment or to reschedule an appointment with Clinic Staff, that intern is notified 1) by written message, and 2) a phone call if: a) the client is scheduled for the same day, b) the client is scheduled for a non-practicum time.

Therapist Intern Scheduled Appointments & Check-Out Slips

Interns scheduling appointments with their clients either at the end of session or by phone must: 1) check with Clinic Staff to be sure there is Clinic room availability, and 2) ensure that the appointment is written in the “Master Schedule.” If the intern schedules the appointment by phone or outside of session, it is the intern’s responsibility to make sure the appointment is entered into the “Master Schedule.”

If the appointment is made at the end of session, the therapist intern must complete a check-out slip and hand it to the front-desk Clinic Staff. Each intern will have “Check-Out Slips” (see Check-Out Slips) in their personal folder, which they will fill out at the end of each session. Interns are to take the “Check-Out Slip” along with the client file immediately to the office staff at the clinic office

window. This slip will inform the office staff of the following, all of which is to be completed by the intern at the close of each session:

- 1) Name of Intern
- 2) Client Number
- 3) Date of Session
- 4) Session Number
- 5) Session Designation (e.g., Individual, Couple, Family, Group)
- 6) Amount Due
- 7) Day, Date, and Time of Next Session

Check-out slips must be completed and submitted to the front-desk Clinic Staff at the end of each session regardless if the client scheduled another appointment or not. Clinic Staff will then document this information and document fees paid in Titanium.

Emergency Sessions

Should an emergency situation requiring immediate response arise, the intern should consult with their assigned supervisor. (If the intern is unable to reach their assigned supervisor, the intern should contact the supervisor on duty, the Director of Clinical Services, or the Program Director in that order). The client may be seen at the Clinic with the above person's permission or should be referred to an appropriate community resource.

Out-of-Office Client Contacts

As a general rule, all face-to-face contacts between the therapist and client are restricted to scheduled times in the ULM Marriage & Family Therapy Clinic or designated externship site. Exceptions to this rule (such as informal out-of-office meetings, at home visits, hospital visits, etc.) require prior supervisory permission. Any out-of-office contact with clients must be documented in the case record housed at the ULM Marriage & Family Therapy Clinic as soon as possible.

Scheduling Appointments at Times other than Regular Supervision/Practicum

If therapist interns would like to see clients on an evening that is not their assigned MAFT 6070/7051 evening, they must seek permission of the on-site supervisor, your supervisor, and check with clinic staff to ensure that a sufficient number of rooms are available to see clients before scheduling clients on that particular evening. It is not necessary to follow this policy during non-semester opening hours, as MAFT 6070/7051 will not be in session. Interns can schedule clients during any Clinic operational hours that are not a Supervision/Practicum time, as long as room availability permits.

Therapist Intern Cancellations

Therapist interns are discouraged from canceling standing appointments with their clients. Cancellation/rescheduling of an appointment by the therapist intern should only occur if it is an emergency. Therapist interns needing to cancel/reschedule an appointment should contact the

client as soon as the intern knows they will not be able to keep the appointment and should make their best effort to reschedule the client for their first available appointment. Therapist interns should provide a referral for the client in case of an emergency or should they need services prior to the rescheduled appointment. If the therapist intern is unable to go to the ULM Marriage & Family Therapy Clinic to call their client, they should contact Clinic Staff immediately.

Any therapist intern not providing sufficient time for cancelation/rescheduling, not showing for clients, or repeatedly canceling/rescheduling sessions will be reported by Clinic Staff to the Director of Clinical Services, who will then report the incidents to the therapist intern's supervisor and the ULM MFT Program Director.

Treatment of Minors

The treatment of minors necessitates some special procedures and precautions. All treatment of minors must be consented to by their custodial parent and/or guardian. This permission is given by having the custodial parent or guardian sign the “**Statement of Practice**” form (see Statement of Practice) at the bottom indicating permission for the therapist intern to provide therapy to the minor. If this permission is not granted during the intake session and a minor enters treatment after that time, the permission must be signed before the minor child begins treatment (see Consent for the Treatment of Minors). Use the “**Consent for the Treatment of Minors**” to give permission for treatment a minor child.

If the minor's parents are married and share joint custody of the child, either parent may bring the child to therapy and consent to treatment. However, if the minor's parents are not married/are divorced, but share joint custody, both parents must sign the consent for treatment forms. If parents of the minor do not share joint custody, the custodial parent must sign consent for treatment. In any situation in which there are custody arrangements, a copy of the custody agreement must be placed in the client's file.

Clinic Staff should speak with clients about this prior to the first session and request a copy of custody agreements to be brought with the client to the first session. However, if the therapist intern notices this has not been done, it is the responsibility of the therapist intern to obtain the copy of the agreement and be in compliance with this policy.

In addition, the record for treatment cannot be placed in the minor's name. Therefore, the file must be under the consenting adult's name and must have his/her contact information on file.

Payment & Fees

There is a standard fee for all services provided at the ULM Marriage & Family Therapy Clinic. However, it is the policy of The Marriage & Family Therapy Clinic to provide services regardless of the ability of the client to pay. Therefore, a sliding scale fee structure is in place for those clients with an inability to pay the Clinic's standard session fee (see Calculating Session Fees – Note: all fees are calculated by Clinic Staff prior to the intake session and not by Therapist Interns).

The standard fee for intake sessions is \$25, and all sessions thereafter have a standard fee of \$20. Intake sessions are a recommended 80 minutes and all sessions thereafter are a recommended 50

minutes. All fees are payable at the time of each visit and are documented by the Clinic Staff in Titanium. Clients should be informed at the time of the initial telephone contact that there is a fee for services performed at the ULM Marriage & Family Therapy Clinic and that arrangements should be made by the client for full payment of fees at the time of each appointment.

The standard fee for depositions and/or court appearances, or any associated hearing, is \$400 per hour (\$300 per hour for the supervisor, and \$100 per hour for the intern). These fees will be made payable to the ULM Marriage & Family Therapy Clinic. As this is a training facility, **no intern is permitted to appear in court or at any associated hearing without the case supervisor also being present.** Such appearances will only take place in response to a subpoena. A retainer fee, of at least \$400, must be paid in advance of any deposition, court appearance, or associated hearing.

Fee Exemptions

The ULM Marriage & Family Therapy Clinic does not, as a general rule, provide “Free Therapy.” Such arrangements tend to undervalue the therapeutic process. This can have an adverse effect on the commitment and motivation of some clients toward the therapeutic process, thus prolonging therapy unnecessarily. As such, payment of an appropriate fee for professional services is an important consideration.

However, **students, staff, and faculty** of both **the University of Louisiana - Monroe and Louisiana Delta Community College, USA Veterans & active military, and those who attend therapy under contract (4th JDC Juvenile Drug Court, Probation and Parole, Freedmen Groups)** are **not charged** a fee for services. In such cases, the client must present The Marriage & Family Therapy Clinic Staff with their appropriate identification verifying their designation before the intake session. Office staff is required to copy the identification and place a copy in the client file.

In cases of financial necessity, a sliding fee scale is offered to clients unable to pay the full fee. The sliding fee scale carries specific financial conditions, which will be determined by Clinic staff prior to the intake session.

When a client calls to return to the clinic after termination or in the case of excessive no-shows (after the second no-show), Clinic Staff will determine the fee based on the client’s current financial status and not based on fees charged to the client in the past.

Billing & Health Insurance Reimbursement

The ULM Marriage & Family Therapy Clinic does not bill for services. It is the policy of the Clinic that arrangements be made for full payment for services rendered at the time of each visit.

Insurance policies vary widely regarding reimbursement for mental health services. Any question of coverage is a matter between the policyholder and insurance company. Clients may wish to contact their insurance company to inquire about the extent of policy coverage for services provided at The Marriage & Family Therapy Clinic. Upon execution of a signed release of information, the ULM Marriage & Family Therapy Clinic can provide a standard receipt, which is generally acceptable for

submission for insurance reimbursement. The Marriage & Family Therapy Clinic is not equipped for third party reimbursement.

Case Record Management

Therapist interns are responsible for maintaining up-to-date clinical records and demographic information on each client in their care. Appropriate ULM Marriage & Family Therapy Clinic forms should be completed promptly and stored in Titanium. Electronic and paper files must be maintained on this client until he/she leaves the clinic (terminated). It is the responsibility of the intern to safe guard active case files and to insure the confidentiality of all client records until a case is closed.

After completion of all case notes and other pertinent documentation client files should be immediately returned to the appropriate locked filing cabinet. The file room is also to be kept locked at all times, in order to provide an extra level of protection to client confidentiality.

Client records (originals and copies) must remain in The Marriage & Family Therapy Clinic at all times, with the following exceptions:

- As specifically authorized by a signed release from the client which requires the signatures of all individuals 18 years or older who attended sessions. This should be reviewed and co-signed by the supervisor prior to release (see Authorization for Use or Disclosure of Protected Health Information or Authorization for the Release of Medical Information).
- As authorized by the Director of Clinical Services. For logistical purposes, a supervisor's office is considered a physical part of The Marriage & Family Therapy Clinic.
- At approved Externship sites in secured facilities.
- Records should be immediately re-filed after each review. Records include case files, DVDs, correspondence, supervision notes, and any other information pertaining to a case, electronic or otherwise. Supervisors maintain full access to a supervisee's clinical records at all times.

It is important that therapist interns keep accurate and timely records. If an error is made in a paper record, therapist interns should put one line through the error, initial, and date it. At **NO** time should “white-out” or other means be used to cover or erase errors.

Intake File Forms

The following forms should be a part of the intake file when the therapist intern receives a new client (please see Intake File Forms for all forms). Forms must be scanned into Titanium except forms given to clients.

- Demographic Form (front and back)**
- General Service Information**
- Notice of Privacy Practices**

- Privacy Practices Statement**
- Consent to Use and Disclose Mental Health Information**
- Permission to Contact**
- Statement of Practice**

Case Record Forms

The following forms may be utilized throughout the course of treatment. Those denoted with a * are a required part of every case record and the others will be used on a case-by-case basis (please see Case Record Forms for all forms). These forms are also found in Titanium., or they must be scanned into Titanium.

- Session Case Notes***
- Case Activity Record***
- Authorization for Use or Disclosure of Protected Health Information**
- Authorization for the Release of Medical Information**
- Documentation of Communication with Referrals and Others**
- Documentation of Report to Authorities**
- Referral Form**
- Consent for the Treatment of Minors**
- Financial Scholarship Contract**
- Safety Plan**
- Special Therapy Agreement**
- No Violence Contract**
- Suggestions for Developing a Personal Safety Plan**
- Transfer of Intern**
- Termination Never Show After Transfer**
- Termination Never Show**
- Termination Summary***
- File Re-Opened**
- Probation and Parole Referral Form**

Transportation of Files

When transporting files from externship sites or the ULM Marriage & Family Therapy Clinic to the office of the clinical supervisor, due diligence must be taken to insure their safety and confidentiality with no file ever being left unattended. However, it is preferential for case files to be reviewed by clinical supervisors at the externship site rather than the file being transported to the ULM Marriage & Family Therapy Clinic and/or the office of the clinical supervisor. Similarly, it is preferential for ULM Marriage & Family Therapy Clinic files to be reviewed by clinical supervisors at the ULM Marriage & Family Therapy Clinic.

If it is necessary to transport files to the office of the clinical supervisor, files must:

- Be taken to the clinical supervisor's office immediately after leaving the externship site/ULM Marriage & Family Therapy Clinic.

- Be returned to the externship site/ULM Marriage & Family Therapy Clinic immediately after the close of supervision.
- NOT be left in the intern's vehicle.
- NOT be taken to the intern's home, or other location.
- It is suggested that client files, while being transported, be kept in a locked brief case.

Maintenance of Video Recording, Digital, or Electronic Session Information

Recordings of sessions, of any type, are utilized for supervision purposes only and are erased at the completion of supervision. No recording is kept as part of the permanent client record. It is the responsibility of the intern to completely erase or delete any copy of recorded sessions at the close of supervision on that particular case.

Before erasing or deleting, all video recordings or devices used for the storage of digital or electronic versions of sessions, should be stored in the storage units in the locked Clinic Break Room. As with the "Transportation of Files" listed above, no recording should leave the ULM Marriage & Family Therapy Clinic at any time unless requested by the intern's supervisor. If it is necessary to transport recorded information as advised by the supervisor, then the following steps should be taken:

- Be taken to the clinical supervisor's office immediately after leaving the externship site/ULM Marriage & Family Therapy Clinic.
- Be returned to the externship site/ULM Marriage & Family Therapy Clinic immediately after the close of supervision.
- NOT be left in the intern's vehicle.
- NOT be taken to the intern's home, or other location.
- It is suggested that client files, while being transported, be kept in a locked brief case.

Should the ULM Marriage & Family Therapy Clinic Staff, faculty, or therapist interns desire to use information that might identify clients, such as video recordings or other formats of live sessions, for purposes of research, Comprehensive Exams, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use. Signed form must be scanned into Titanium.

Case Follow-Up

If the client fails to show for a session, it is the intern's responsibility to clarify if the client plans to return for treatment. If the client does not wish to continue in therapy at present, the case is to be

terminated and follow-up telephone calls conducted. It is recommended that calls be placed at one, three, and six month intervals.

If the client decides to return for another session, the therapist intern is responsible for checking Clinic room availability with Clinic Staff and writing the appointment down in the Master Schedule.

All client contacts or attempts to contact must be documented in the **“Case Activity Record”** in the client’s file (see Case Activity Record). This form can be found in Titanium, and should be kept up to date weekly

When receiving a referral from a community source such as a judge, district attorney, attorney, minister, teacher, physician, etc. it is appropriate to acknowledge (by telephone or correspondence) that the referral has been seen. **This courtesy can only be performed with the prior written consent of the client/clients.** If a consent form has been forwarded to the clinic along with a referral by a legal referral source, such as a judge or the district attorney’s office, it is appropriate to follow-up with the referral source even if the client is a “never-show.”

More specific information may be requested or required by the referral source. Appropriate reports are encouraged, **with the prior written consent of the client/clients**, and ~~are to be approved and co-signed by the intern’s supervisor.~~ If the intern’s supervisor is unavailable, the intern is encouraged to seek the assistance of the Director of Clinical Services.

Correspondence with Clients

All correspondence with clients should be noted in the **“Case Activity Record”** (see Case Activity Record) in Titanium in the client file indicating the date and nature of the contact. A copy of all correspondence, co-signed by the case supervisor, sent to a client should be scanned into the client file. Additionally, a copy of all correspondence received from a client, including notes, cards, etc. should be scanned into the client's file. Original correspondence should be returned to client, or shredded.

Telephone calls to clients should be made from the ULM Marriage & Family Therapy Clinic using clinic telephones only. Generally, cell phones should never be used to call clients, client calls should not be made from home or from other locations outside of the clinic, nor should clients be given access to an intern’s personal telephone number. The only exceptions to this rule would be emergency clinical situations, such as with suicidal or homicidal clients.

Correspondence with Other Sources

All requests for client information by third parties should be brought to the attention of intern's supervisor and/or the Director of Clinical Services. Requests for information concerning clients can only be provided to outside sources after securing a written release **“Authorization for Use or Disclosure of Protected Health Information”** (see Authorization for Use or Disclosure of Protected Health Information) from all adults who participated in the therapy sessions. If another health provider or outside entity requests records from the ULM Marriage & Family Therapy Clinic or therapist intern, all adults who participated in therapy sessions must sign a written release

“Authorization for the Release of Medical Information” (see Authorization for the Release of Medical Information) **before any** information can be disclosed.

Under no circumstances (unless mandated or permitted by law – please see “Requests for Litigation Support” section of this document) will a therapist intern allow information to be released to a third party without written permission from the client (or from all clients over the age of 18, if multiple clients were involved in a particular case). The release should be specific and dated. A copy should be scanned into the client’s file in Titanium.

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. *In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.*

Please refer to the 2015 AAMFT Code of Ethics:

“Marriage and Family Therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client” (Standard II: Confidentiality).

After the **“Authorization for Use or Disclosure of Protected Health Information”** (see **Authorization for Use or Disclosure of Protected Health Information**) has been completed, signed by all parties, and is on file, the therapist may contact the person/party authorized in the written release. **Any** communication with referral sources, other professionals, or others involved with the case should be documented on the **“Documentation of Communication with Referral Sources and/or Others Involved with the Case”** form (see Documentation of Communication with Referral Sources and/or Others Involved with the Case).

If a report is made to an external entity for the purposes of protecting the client’s or others’ safety, reporting instances of suspected abuse or neglect as mandated by law, or other instances required to be reported by law, a **“Documentation of Report to Authorities”** form should be completed under direct supervision (see Documentation of Report to Authorities). An **“Authorization for Use or Disclosure of Protected Health Information”** (see Authorization for Use or Disclosure of Protected Health Information) may not be necessary to report information to authorities if information necessitating a report falls within the limits of confidentiality. See the Statement of Practice for more information about the limits of confidentiality (see Statement of Practice).

Providing Referrals

It is of utmost importance that therapist interns recognize the limits of their scope of practice and refer clients to other providers, resources, and services when necessary or desired, assisting and advocating for clients to obtain appropriate and quality care within their community (COAMFTE: Core Competencies, 9). In order to facilitate this process, therapist interns should first discuss referrals with their Supervisor or Director of Clinical Services. The therapist intern should then complete the **“Referral” form** (see Referral Form) and give a copy to the client to take with them. If the client desires for the therapist to assist in the process of obtaining an appointment with or

contacting the referral, the appropriate **“Authorization for Use or Disclosure of Protected Health Information”** (see Authorization for Use or Disclosure of Protected Health Information) must be completed first. Referrals made throughout the course of therapy should also be documented on **“Session Case Notes”** (see Session Case Notes) and on the **“Termination Summary”** (see Termination Summary) or **“Transfer of Intern”** form (see Transfer of Intern). And, any correspondence with referral sources should be documented on the **“Documentation of Communication with Referral Sources and/or Others Involved with the Case”** form (see Documentation of Communication with Referral Sources and/or Others Involved with the Case). All forms must be scanned into Titanium before the paper copy is given to client.

Aftercare Plans/Continuation of Care

Therapist interns should collaborate with their case supervisor and clients in the development of aftercare plans and should provide clients with the resources and knowledge to obtain care after treatment has ended should the need arise (COAMFTE: Core Competencies, 9). These plans and resources given should be documented on the **“Session Case Notes”** during the course of therapy (see Session Case Notes) and on the **“Termination Summary”** at the end of therapy (see Termination Summary). When referrals are given to the client for continuation of care, please complete the **“Referral” form** (see Referral Form).

Termination of Cases

A case shall be terminated when any of the following occur, and after consultation with the case supervisor:

- The goals of therapy have been accomplished and the intern and client agree to terminate treatment.
- The client informs the intern that he/she does not plan to continue with therapy.
- The client fails to maintain two (2) consecutively scheduled appointments without prior notification.
- After consulting with the case supervisor, it becomes apparent that the client requires services unavailable at the ULM Marriage & Family Therapy Clinic.
- In the event that the reason for termination is any other than that the goals of therapy have been accomplished, the intern will assist in finding appropriate referral sources if requested and/or necessitated.
- If referral is given, complete **“Referral” form** (see Referral Form) and scan into Titanium before giving a copy to the client.

Please refer to the 2015 AAMFT Code of Ethics:

“Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help” (1.10).

“Marriage and Family Therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment” (1.11).

In order for the termination process to be complete, the intern must carry out the following:

- A letter documenting the termination must be mailed to the client, unless after consultation with the case supervisor this is contraindicated. NOTE: Make sure the client has completed the **“Permission to Contact”** form (see Permission to Contact) and has indicated an address that is approved to mail correspondence.
- A **“Termination Summary”** form (please see Termination Summary) must be completed by the intern, co-signed by the case supervisor, and placed in the client folder in Titanium.
- The termination must be documented, along with the date, in Titanium (please see Case Activity Record) with either the word “termination” or the letter “T”.
- The terminated folder must be forwarded to the Clinic Staff.

Termination of Never-Show Cases

Cases may be terminated, as a “Never-Show”, if a client fails to show for the initial scheduled appointment, and any of the following occur:

- If the intern has repeatedly attempted to make contact with the client and has been unsuccessful,
- If the client never returns the intern's calls, or
- If the client repeatedly no-shows for appointments.

In all “never-show” cases, attempts to contact, and descriptions of telephone contacts, must be documented in the client folder in Titanium on the **“Case Activity Record”** sheet (please see Case Activity Record).

In addition, in order for the termination of a “Never-Show” Case to be complete, the following procedures must be followed:

- The intern must have the approval of his/her supervisor to terminate.
- A **“Termination of a Never-Show Client”** form (please see Termination Never Show) must be completed, co-signed by the intern's supervisor, and scanned in the client file.
- The termination must be documented, along with the date, in Titanium, (please see Case Activity Record) with either the word “termination” or the letter “T”.

- The terminated folder must be forwarded to the clinic staff . The staff member will then appropriately process the “never-show” case, and the intern’s name will be placed at the front of the therapist rotation.

Transfer of Case to another Intern (at the ULM Marriage & Family Therapy Clinic)

A case shall be transferred to another intern at the ULM Marriage & Family Therapy Clinic when any of the following occur, and after consultation with the case supervisor:

- If the intern and supervisor agree that it would be therapeutically beneficial to transfer the case due to ethical concerns or specific difficulties being experienced by the intern with the particular case/client/presenting problem.
- If the intern and supervisor agree that due to the impending graduation of the intern that the timing for case transfer is optimal and/or necessary.
- At the request or requirement of the supervisor, at his/her discretion.

In order for the transfer process to be complete, the intern must carry out the following:

- The current intern-of-record must have the permission of his/her supervisor to transfer the case to a particular intern, and
- The current intern-of-record must have the permission of the other intern to transfer the case to him/her. In other words, the intern to whom the transfer will be made must agree to accept the transfer.
- A **“Transfer of Intern”** Form (please see Transfer of Intern) must be completed by the intern of record, co-signed by the case supervisor and the new intern, and scanned in the client folder.
- The transfer of intern must be documented, along with the date, in Titanium (please see Case Activity Record) with the word “transfer.”
- A new **“Statement of Practice”** form should be completed and filed by the clients giving their consent to treatment by the new therapist intern. (see Statement of Practice). Form must be scanned into Titanium
- The Clinic Staff must be notified of the transfer so that the Clinical records can be updated appropriately.
- The previous intern-of-record must have all case documentation up-to-date and in the case record before transferring the case.

Termination of a Transferred Never-Show Client

Following the guidelines listed above for “Termination of Never Show Cases,” if a case file was transferred to another therapist intern and the client never showed for a session with the new therapist intern, the new therapist of record can complete a **“Termination of a Client that Never-Showed after Transfer”** form (see Termination Never Show After Transfer). This form suffices as the Termination Summary for this type of file. All other guidelines for termination of case files should be followed.

Terminated Case Files and Maintenance

Terminated cases should be promptly closed and appropriately filed and is a continuous process that is part of appropriate and professional case record management. **At the end of each semester, therapist interns should review their files and terminate any files that can be terminated. Therapist interns should NOT wait until the end of their coursework to terminate files.** The Director of Clinical Services serves as custodian of all terminated or inactive client records. Upon execution of appropriate written releases of information regarding terminated files, requests for records by third parties should be made through the Director of Clinical Services.

Re-Opened Files

If a person calls to make an appointment that has been a client of the ULM Marriage & Family Therapy Clinic in the past and the file was previously terminated, the file can be re-opened if: 1) there are no additional or less adults participating than participated in the original case file, in other words, exactly the same adults will be participating in treatment the second time around. If the terminated client file is re-opened, the following must take place:

- Complete the **“File Re-Opened”** form (see File Re-Opened) and scan in client file
- Make sure Clinic Staff has client’s updated contact information
- Have clients sign a new **“Statement of Practice”** (see Statement of Practice) and scan into Titanium
- Have clients sign a new **“Consent for the Treatment of Minors”** form if applicable (see Consent for the Treatment of Minors) and scan into Titanium

Measures to Improve Clinical Services

The ULM Marriage & Family Therapy Clinic is committed to providing the best services possible by our therapist interns to the public. It is imperative that we continuously assess and revise policies and procedures to improve the effectiveness of our clinical services. In order to do this, we have created two surveys which supply feedback from 1) ULM Marriage & Family Therapy Clinic clients (see Client Satisfaction Survey), and 2) community externship site administrators/supervisors (see Community Feedback Survey). Also, our therapist interns are evaluated by their MAFT 6070/7051 clinical supervisor every semester and in turn every semester, the clinical supervisor is evaluated by their therapist interns, creating a consistent recursive evolving evaluative process (Please see Intern Evaluation Form and Evaluation of Supervisor Form). Additionally, demographic information is collect on every client seen in the ULM Marriage & Family Therapy Clinic (see Demographic

Form). The feedback from all of these evaluative tools is utilized to ensure quality of work and services by suggesting needed changes to be implemented in the future. The process of how this feedback is used and implemented will be described in the narrative about each tool.

Client Satisfaction Survey

Client Satisfaction Survey: Creation, Implementation and Analysis Explanation

I. Creation Rationale

The Client Satisfaction Survey (CSS) was created, in accordance with COAMFTE standards, to evaluate and assess client feedback regarding their services at the ULM Marriage & Family Therapy Clinic. The CSS allows the program, faculty, supervisors, and students an opportunity to receive comments, suggestions, and overall ratings of services from clients, all of which is necessary for the continual development and adaptation of the most effective and helpful services that can be provided (COAMFTE Core Competency 7, 9, 16).

II. Survey Development

The CSS was created to assess and evaluate many factors such as the process of scheduling an appointment, therapeutic services they received, the successful completion of therapeutic goals, and also requests written feedback regarding additional comments, suggestions, and has an optional section for demographic data.

This survey was created using templates from several internships sites in the community in which the interns work. Client Satisfaction Surveys, or similar assessments, were requested to aid the ULM MFT Program in the development of their survey, which would be tailored specifically for the needs of the training program clinic.

III. Implementation

The CSS was created during the spring semester of 2011, and was first implemented in June of 2011. At this present time, the survey is distributed to clients upon arrival for the sixth session. Clients are asked at the end of this session if they would be willing to complete the survey. One or more members of the family can complete the CSS, including adults and children. The survey is anonymous and is given back to the front desk staff member who then places the survey in a binder, categorized by semester, in a locked cabinet. Should individuals terminate before the sixth session, he or she will be requested to fill out the survey at the final session. Clients who cancel appointments and never return will be mailed a survey at the address listed in their file, at the time in which the therapist terminates their file.

The clinic staff will note in each clients' file whether or not they were given the survey at the sixth session, or at termination, and will also note if the survey was received or not.

IV. Analysis and Distribution

At the end of each semester, the Assistant Director of Clinical Services will input all data into a spreadsheet using Microsoft Excel. The data will be compiled into one master feedback form, given to each supervisor, and will also be kept in the clinic file records. In addition to this, a document for each student with his or her client results will be created, anonymously, in one form. A copy of this individual assessment will be placed in each student's clinic file, and will also be given to the supervisor for discussion within individual supervision for the development and enhancement of the student's therapeutic work (COAMFTE Core Competency 9).

Additionally, a summary of all feedback from the CSS for each semester will be given to the Director of Clinical Services to inform suggested revisions to ULM Marriage & Family Therapy Clinic operations, policies and procedures to improve services provided to clientele based on client feedback. These changes will be documented on the CSS Feedback Implementation Form.

V. Survey Feedback

The feedback received addresses two primary areas: clinical services and clinic facilities and operations. As previously mentioned, the clinical services feedback is distributed and addressed within a supervisory setting. Our surveys show an overwhelming response of satisfaction regarding our clinical services. We have, however, received outlier comments and suggestions for clinical services such as requesting that student therapists not take breaks during sessions and begin sessions on time. These comments have been distributed from the Program Director to the faculty supervisors to address on a case-by-case basis.

Feedback regarding clinic facilities and operations will be evaluated by the Director of Clinical Services and Program Director at the end of each semester, and suggestions will be implemented based on feasibility. For example, at the end of the Spring 2018 semester, several comments were made regarding the inconsistent temperature in the ULM Marriage & Family Therapy Clinic. After receiving this feedback, we collaborated with the campus Physical Plant to alleviate this problem. This collaboration is ongoing to maintain a remedy.

VI. Future Development of Survey

At any point, the program, faculty, and/or Director of Clinical Services may wish, and are able to change or add information to the CSS. This is necessary for the continued development and progress of the program and its wish to be constantly adapting to the needs of our faculty, students, and clients.

VII. Client Satisfaction Survey

A copy of “**Client Satisfaction Survey**” is provided within this handbook

Community Feedback Survey

In 2011, the ULM MFT Program implemented a community agency survey to allow externship site supervisors and employers of graduates to provide meaningful and practical input to the ULM MFT Program. Surveys request feedback pertaining to program mission, strengths, weaknesses, curriculum, and graduate preparation for the workplace. Externship site representatives completing the survey are given the option of doing so anonymously. All surveys are returned to the Director of Clinical Services who provides the ULM Marriage & Family Therapy Faculty with themes developed from the results annually. Recipients of the community agency survey will include sites that are either currently employing students or who have in the past. Please see **“Community Feedback Survey.”**

Survey Results

The Client Satisfaction Survey, along with demographic statistics will be compiled at the end of each semester and reviewed by the faculty twice per year at faculty retreats. The Community Feedback Survey is to be distributed every other fall and results and narrative due to the Program Director by spring.

Technology & Equipment

Interns should familiarize themselves with the operation of all recording technology and equipment at the Clinic, to include the saving and clipping of all digitally recorded sessions (for the purposes of supervision). Clinic Staff is available to conduct an orientation and to maintain operation of Clinic equipment. An orientation will be provided by the Director of Clinical Services and/or the Assistant Director of Clinical Services for all incoming therapists. Audio tape recorders are available for use at sites external to the campus where there is no recording capability.

Please refer to the 2015 AAMFT Code of Ethics:

“Marriage and Family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third party observation” (1.12).

Clipping Sessions

The cameras recording all sessions in each clinic room are set to an auto-delete feature. The cameras are set on continual record mode, while continually deleting sessions at the same time. The storage capacity is approximately one month of data.

For students to have their sessions saved or “clipped”, and not deleted, a **“Clip Request Form”** (see Clip Request Forms) must be completed and given to the clinic staff within this 2 a week time frame. This form is to contain information such as student name, date of submission, date of session, clinic room number, and time of session. The clinic staff is to have this session recorded and saved into the student’s file within 48 hours, excluding weekends. Once the session is clipped, the Clip Request Form will be signed and dated by the clinic staff member and placed in the therapist’s box as a “receipt.” For example, if a student submits the Clip Request Form on a Tuesday, the clinic staff will clip the session and place the receipt in his or her box by Thursday. If a

student submits a Clip Request Form on Friday, the session will be clipped by Tuesday, as the computers are not set to record over weekends.

The Student Therapists are responsible for organizing their folder of sessions and/or burning or saving them to a disk or jump drive for supervision purposes. See Clipping/Burning Session Directions for directions on how to burn sessions onto a disk. Additionally, student therapists should also be aware of confidentiality guidelines and refer to the clinic handbook (see Transportation of Files and Maintenance of Video Recorded, Digital, or Electronic Session Information) regarding the transportation of files when removing any files or sessions from the clinic.

Data Storage

Information pertaining to the proper maintenance and storage of recorded session material has been discussed above (see Maintenance of Vide Recorded, Digital, or Electronic Session Information). Therapist interns may record clipped sessions onto a USB storage devices (e.g., jumpdrive, memory stick, etc.). Additionally, these storage devices should **ONLY** be used for the purpose of saving recorded sessions and must be stored in the Clinic. Therapist interns must follow the appropriate storage and maintenance procedures for this data material as described above. If available, the ULM Marriage & Family Therapy Clinic may provide data storage devices to therapist interns to use on ULM Marriage & Family Therapy Clinic recording equipment to be used for Clinic purposes **ONLY**.

Vacations and Semester Breaks

Interns should make specific arrangements with their clients for appropriate continuity of care during periods that the intern will be unavailable, after consultation with their supervisor. During periods of absence, the intern should provide the client with the name and telephone number of professional support in the event of an emergency situation, consistent with the nature of the case. Only under extreme conditions and with the **prior approval** of the appropriate supervisor and the Director of Clinical Services are therapists allowed to be absent from the clinic for more than **two consecutive weeks**. If the therapist intern has been approved to be absent from the clinic for more than two consecutive weeks, they must complete the **“Leave of Absence” form** (see Leave of Absence Form) and submit to the Director of Clinical Services. No exception to this is acceptable.

Special Procedures

Crisis Intervention

Occasionally, clients are seen at the Clinic who exhibit behaviors requiring timely and specialized responses on the part of the intern. Legal and ethical considerations require that such responses attempt to ensure the safety and welfare of all participants involved in the therapeutic process, as well as individuals not involved in therapy who may also be affected by the actions of a client. It is important to recognize that appropriate responses to critical situations often require creativity and flexibility. **Close supervisory support is particularly important in these cases.**

Acute Crisis Over-the-Phone

Should someone call the ULM Marriage & Family Therapy Clinic in crisis (actively homicidal or suicidal with a plan), it is imperative that the Clinic Staff, in consultation with the on-site supervisor and/or the Director of Clinical Services, guide such persons to the appropriate place of safety and refer them to the nearest hospital emergency room or law enforcement agency. The ULM Marriage & Family Therapy Clinic is not equipped to handle acute emergency crises and every effort should be made to help the persons make contact with the appropriate resources.

For any client who calls and is assessed in acute crisis, the person who answered the phone call must obtain caller's name, current location and current contact number in the event that the call is dropped and/or law enforcement must be notified.

If there is any indication that a client might harm himself/herself or others, or if the situation presents possible ethical/legal concerns, a supervisor is to be contacted immediately.

Therapist interns should keep their contact information up-to-date with the ULM Marriage & Family Therapy Clinic and make arrangements with another therapist intern if they are going to be out of town in case of an emergency. Should an established client of the ULM Marriage & Family Therapy Clinic call and need immediate services, but does not necessitate having them go to the hospital emergency room or calling law enforcement, the ULM Marriage & Family Therapy Clinic Staff will attempt to contact the therapist intern immediately. If the therapist intern is unavailable, the Director of Clinical Services and/or the supervisor will be notified immediately and he/she will respond to the client and take necessary action to help the client receive services.

Therapist interns should not transport clients at any time.

Emergency Numbers to Call:

Suicide Crisis Line 1-800-SUICIDE or 1-800-273-TALK

ULM Police (318) 342 - 5350 or 342-1911

Ouachita Parish Sherriff's Department: (318) 329-1200

Hospital Emergency Room:

Glenwood Regional Medical Center: (318)-329-4200

St. Francis Medical Center-Downtown: (318)-966-4000

Clients Exhibiting "High Risk" Behaviors

Any case involving behaviors (including ideations) which indicate a reasonable possibility of "risk to life", "physical abuse" or "sexual abuse" should be considered "high risk". **Interns should immediately consult with their supervisors in such situations.** Examples of "high risk" behaviors include the following:

- 1) Suicidal thoughts or actions on the part of any participant in therapy.
- 2) Violence or the concern of violence emerging.

- 3) Suspected physical abuse, sexual abuse, or neglect of a child under the age of 18 years.
- 4) Suspected physical abuse, sexual abuse, or neglect of an elderly or dependent individual.
- 5) Cases in which there appears to be an acute reaction to drugs or alcohol, which present a clear and immediate danger to life.
- 6) Any exhibited behavior which is bizarre, unstable, disoriented, or volatile and which by its nature suggests a reasonable risk to the safety of the client or others.
- 7) Evidence of diminished functionality (such as severe depressive behavior, etc.) which presents a clear and immediate risk to the health and welfare of the client or another person.

In such cases, in consultation with their supervisor, therapist interns may use the following assessments:

- Assessment Screening for Drug/Alcohol Abuse (See Assessment Screening for Alcohol/Drug Abuse)
- Assessment for Lethality (See Assessment for Lethality)

And/or help the clients develop the following:

- Safety Plan (see Safety Plan)
- Special Therapy Agreement (see Special Therapy Agreement)
- No Violence Contract (see No Violence Contract)
- Suggestions for Developing a Personal Safety Plan (see Suggestions for Developing a Personal Safety Plan)

Cases Involving Suspected Child Abuse or Neglect

Under Louisiana law, all cases involving suspected child abuse must be reported within 48 hours to the Department of Children and Family Services or to the appropriate law enforcement agency.

Report child abuse at 1-855-4LA-KIDS (or 1-855-452-5437)

Child Welfare, Ouachita Parish office, at (318)-362-5417

Cases of historical child abuse should be reported if the alleged abuse took place a minimum of two years prior to the child's disclosure, or if a minor child is still in contact with a possible offender regardless of when the suspected offense may have occurred. It is the legal responsibility of the intern, under supervisory direction, to comply with this requirement in cases of suspected child abuse.

Cases Involving Suspected Elder Abuse or Neglect

Louisiana law protects adults aged 60 or older from acts or omissions which result in physical or emotional abuse and neglect, inflicted by caregivers and from self-neglect by an individual. Louisiana law also protects seniors from acts of financial exploitation and extortion. The purpose of Elderly

Protective Services (EPS) is to protect adults who cannot physically or mentally protect themselves and who are harmed or threatened with harm through action or inaction by themselves or by the individuals responsible for their care or by other persons.

Any suspicion of elder abuse or neglect should be reported to Elderly Protective Services at the following numbers:

1-800- 898-4910 EPS Statewide Hotline
(318) 362-4280 Monroe Office
Toll Free: 1-800-954-6902 Monroe Office
Fax: (318) 362-4295

Cases Involving Suspected Disabled/Dependent Adult Abuse or Neglect

Louisiana law requires that any suspected cases of abuse, exploitation, extortion, and neglect of adults with disabilities be reported to Adult Protective Services under the Louisiana Department of Health and Hospitals. Adults 18-59 years of age, or people under 18 who have been legally declared adults, who have mental, physical or developmental disabilities which substantially impair their ability to care for themselves are considered protected under this law.

To report suspected abuse or neglect contact Adult Protective Services at any of the following numbers:

1-800-898-4910 (toll free)
(225) 342-9057 Statewide Office
Local law enforcement: Ouachita Parish Sherriff's Department: (318) 329-1200

Safety Plan

Client(s)' safety should remain first and foremost in treatment. Should the occasion arise during the course of therapy that the therapist intern becomes concerned about the safety of a client, they should immediately consult with their supervisor regarding steps to ensure the client's safety. Additionally, the therapist intern should work with the client to develop a **"Safety Plan"** (see Safety Plan) with concrete steps the client will take to remain safe with a list of persons to contact who will assist the client if the therapist intern cannot be reached. The following are a list of potential situations that may warrant the use of the "Safety Plan" form: suicidal ideation, violence, dangerousness to self or others, abuse, etc.

Documentation of Report to Authorities

If a report is made to an external entity for the purposes of protecting the client's or others' safety, reporting instances of suspected abuse or neglect as mandated by law, or other instances required to be reported by law, a **"Documentation of Report to Authorities"** form should be completed (see Documentation of Report to Authorities). Therapist interns should consult with their supervisor prior to and throughout a case that may necessitate reporting information to authorities.

Requests for Litigation Support

Marriage and Family Therapists are increasingly being called upon by the legal system to testify in a professional capacity; either as expert witnesses or factual witnesses. Such requests may be initiated by the client, legal counsel or the court. Interns should consult with their supervisor **immediately** when receiving any indication that they may be called upon to participate in legal proceedings.

The ULM Marriage & Family Therapy Clinic does NOT offer divorce mediation, child custody evaluations, or litigation support services. Expert witness and legal support services must be directly performed by a licensed therapist and as such are not consistent with the mission and scope of the ULM Marriage & Family Therapy Clinic.

The ULM Marriage & Family Therapy Clinic does NOT voluntarily allow the participation of interns in litigation support activities. Therefore, interns should discourage their participation in such activities. In the event that case records or an intern is subpoenaed relating to a case, **the supervisor of record and Director of Clinical Services should be notified immediately.**

Since interns do not enjoy independent status as mental health professionals, participation in the legal arena requires the active involvement of the intern's supervisor. The supervisor of record will accompany the intern in the event he/she is compelled to participate in legal activities (such as depositions, court appearances, or any associated hearing). It should be clearly communicated to clients that a fee of \$100 per hour for the intern and \$300 per hour for the supervisor (totaling \$400 per hour) will be charged for such activities. These fees will be made payable to the ULM Marriage & Family Therapy Clinic. Such appearances will only take place in response to a subpoena. **A retainer fee, of at least \$400, must be paid in advance of any deposition, court appearance, or associated hearing.**

Occasionally, requests for legal support services will arise during the course of therapy relating to other treatment concerns. The therapist should consult closely with his or her supervisor in order to maintain an appropriate therapeutic role with the client.

Clients whose primary request for service is child custody evaluation or litigation support should be referred to a licensed therapist or other professional who offers such services.

Court Mandated Therapy

The ULM Marriage & Family Therapy Clinic works closely with the courts in providing appropriate professional services for adjudicated minors, adults, and their families. The ULM Marriage & Family Therapy Clinic considers “mandated therapy” as a matter between the client and the court. Services will be provided to mandated clients under the same guidelines as with any other client. Interns working with court mandated cases should discuss the referral with the judge or probation officer after reviewing the case referral with the supervisor and the appropriate Consent to Release Information forms have been completed (see Authorization for Use or Disclosure of Protected Health Information and Authorization for the Release of Medical Information). Every effort should be made to clarify and assist in meeting the goals of both the referral source and the client in cases involving mandated therapy. As a general rule, court mandated cases are not eligible for the Sliding Fee Scale. Exceptions must be cleared by the supervisor and/or Director of Clinical Services.

See Probation and Parole referral form and authorization.

Accident/Incident Report

In the event of an accident or incident, immediately notify the clinical supervisor on duty. If the event occurs before 4:00 p.m., notify the Director of Clinical Services. If the Director of Clinical Services is unavailable, notify the Program Director. If an incident occurs “in session” or directly effects treatment, the intern’s clinical supervisor should be notified.

The University of Louisiana at Monroe Campus Accident Policy requires the following:
For any incident requiring police intervention, The University of Louisiana at Monroe Police must be notified. For any incident requiring emergency services, University Police must be notified first.

In the event of an accident or emergency illness, immediately notify the **UNIVERSITY POLICE (Ext. 5350)** University Police can normally determine if the individual needs to be evacuated from the area and by what means or if a visit to Student Health Services is necessary. Very often, a trip to Student Health Services will suffice.

If possible, the University Police should determine the need for an ambulance. **If an ambulance is required, the request should be made by the University Police to assure speedy dispatch.** The ambulance company will not normally respond to an individual’s call from the campus unless the individual is willing to give his name and be held responsible for the ambulance bill. In cases of extreme emergency, it may be necessary for an individual to call for ambulance services directly. Dial 9-1-911. This is a matter of judgment on the part of the individual concerned. Expenses incurred as a result of an accident or illness must be paid by the student. In the event of accident or emergency, call the following:

University Police, 5350
Ambulance, 1-911 (Fire Dept. will also respond)

In the event of a life-threatening emergency or serious accident, call in the following order:

- | | |
|----------------------------------|--|
| 1. University Police | 342-1911 |
| 2. Clinical Supervisor on duty | Please see updated list in MFT Clinic. |
| 3. Student Health Services | 342-5215 |
| 4. Director of Clinical Services | 342-3124 |
| 5. Program Director | 342-1208 |
| 6. School Director | 342-1306 |

In the event of an accident or incident, call in the following order:

- | | |
|----------------------------------|--|
| 1. Clinical Supervisor on duty | Please see updated list in MFT Clinic. |
| 2. Director of Clinical Services | 342-3124 |
| 3. Program Director | 342-1208 |
| 4. University Police | 342-5350 |
| 5. School Director | 342-1306 |

The appropriate university official who witnesses or has been involved in an accident, at the ULM Marriage and Family Therapy Clinic, should file a written accident report (please see Accident Report) with the following:

- University Police
- Affinity Campus Health Clinic
- Director of Student Life
- Academic dean (if a student or employee in his/her area of responsibility is involved.)

MAFT 5015 Practicum

Master's students will take MAFT 5015 Practicum during the spring semester of the first year. This Practicum course is a study of methods & strategies of major models of marriage & family therapy and Counseling, and systemically oriented brief therapy. The interactions and role of this course are designed to be a practicum designed to introduce students into the actual practice of individual, marital, and family, and group therapy with clients. Each student will become familiar with the operation & structure of the ULM Marriage & Family Therapy Clinic where, beginning in the second week of the semester, each student will spend time each week participating in individual, marital, family and group therapy sessions in the ULM Marriage & Family Therapy Clinic. Each student is required to conduct a minimum of forty (40) hours of client contact (face-to-face therapy/co-therapy). The "in-session" hours accumulated during this time will be counted toward the 500 client contact hours required for completing the COAMFTE Standards internship portion of the MFT program.

The ULM Marriage and Family Therapy Master of Arts Program is a COAMFTE accredited program. Both the ULM MFT MA Program and ULM Marriage & Family Therapy Clinic will adhere to COAMFTE guidelines. All students must complete COAMFTE guidelines to graduate from the ULM MFT MA Program.

MAFT 6070 Internship

Master's Internship Quick Reference Sheet

- “Application for MAFT 6070 Internship”** must have been submitted to Director of Clinical Services prior to beginning MAFT 6070 (See Application for 6070 Internship).
- 500** Direct Client Contact Hours
- 250** Relational Hours
- 150** Hours Obtained in the ULM Marriage & Family Therapy Clinic
- 100** Alternative Therapeutic Contact Hours allowed
- 100** Supervision Hours
- 50** of those 100 Supervision Hours must be Direct Observation (Live, Audio, Video)
- 25** of those 50 Direct Observation Hours must be Live or Video
- All Monthly Records of MFT Client Contact and Supervision Hours” (Please see Monthly Client Contact Hours Sheet) are due on the **10th of the following month.**
- Must have Externship Agreement on file for all Externship Sites.
- “Application for Clinical Requirements for Graduation”** documenting completion of all requirements must be submitted to Director of Clinical Services prior to graduation (See Application for Clinical Requirements for Graduation).

MAFT 6070 Internship

Master's Internship Requirements

The ULM Marriage and Family Therapy Master of Arts Program is a COAMFTE accredited program. ULM Marriage & Family Therapy Clinic will adhere to both COAMFTE and CACREP accreditation guidelines. All students must complete COAMFTE guidelines to graduate from the ULM MFT MA Program. All ULM MFT Master's students are required to maintain an average active caseload of no less than five sessions per week of direct client contact, although, in order to meet the minimum requirements for graduation, direct client contact must average 12-16 hours per week.

The requirements for client contact hours, relational hours, alternative therapeutic contact hours, and supervision hours are described below in-depth.

Application for MAFT 6070 Internship

Prior to initiating the MAFT 6070 Internship, the student must complete and submit the Application for MAFT 6070 Internship signed by the student, their MAFT 5015 supervisor (not instructor), and the Director of Clinical Services. In addition, the following is required in order for the application submitted to be complete:

- Contact Information
- Name of Supervisor Assigned for MAFT 6070
- List of any Externship Sites lined up for MAFT 6070
- Direct Client Contact Hours earned in MAFT 5015
- Supervision Hours earned in MAFT 5015
- Completed MAFT 5015 Pre-Internship Evaluation
- Completed Clinic Handbook Agreement
- Signed MAFT 6070 Supervision Contract (attached)
- Signed Intern Acknowledgement of Confidentiality (attached)
- Completed Externship Agreement(s) (if applicable)
- Proof of Liability Insurance (should have already been submitted to Assistant Director of Clinical Services when first entered the ULM Marriage & Family Therapy Clinic to observe)

Direct Client Contact Hours

According to AAMFT, direct client contact consists of face-to-face interactions with clients. Although participating in group supervision and telephoning with clients are considered to be valuable and necessary aspects of service delivery and training, they are not considered direct clinical contact according to AAMFT and must not be used in computing hours that are used to satisfy internship requirements.

Please refer to COAMFTE Standards of Accreditation Version 12.0:

“Clinical Contact Hours are defined as therapist and client therapeutic meetings in the same physical location. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family, but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. A 45-minute therapy session must be counted as 45 minutes, not one hour or as a contact hour.” (COAMFTE Standards v.12 page 32)

Students in the ULM MFT Program are required to complete a minimum of **500** client contact hours under supervision, during the course of their internship experience.

Please refer to COAMFTE Standards of Accreditation Version 12.0:

“Masters Degree Programs...include a minimum of 500 clinical contact hours with individuals, couples, families and other systems physically present, at least 40% of which must be relational. The 500 hours must occur over a minimum of twelve months of clinical practice. The 500 hours may include a maximum of 100 alternative hours or clinical activity (e.g., couple or family groups, live cases where reflecting teams are directly involved in working with clients, etc.) that is directly related to the program’s mission, outcomes, and goals.” (COAMFTE Accreditation Standards v.12 page25)

The ULM MFT Master of Arts Program upholds the requirement of students attaining 500 direct client contact hours, of which up to 100 hours may consist of alternative therapeutic contact that is systemic and interactional (Please see Alternative Therapeutic Hours).

Clinical Hours

Relational hours: while all therapy, regardless of the number of individuals actually in the therapy room, can be conceptualized as “systemic,” it is a requirement of the ULM MFT MA program that a minimum of 50% (250 hours) of client contact involve conjoint work with couples or families. In other words, working with one person will be counted as an individual session while working with two or more people in the room will be considered as couple or family hours.

Please refer to COAMFTE Standards of Accreditation Version 12.0:

“Includes a minimum of 500 clinical contact hours with individuals, couples, families and other systems physically present, at least 40% of which must be relational” (COAMFTE Accreditation Standards page 25)

Alternative therapeutic hours: these may constitute 100 of the 500 direct client contact hours. Alternative Therapeutic Hours can be counted if a student **actively** participates as part of the therapeutic treatment team while either observing a therapy session or as part of a therapeutic intervention, and should, if at all possible, be involved in all aspects of the therapeutic process: case management, therapeutic interventions, case consultation, and service delivery. If a supervisor is

present during the earning of alternative therapeutic hours, the student can also count the hour as live supervision.

Supervision Hours

As an accredited program of the American Association for Marriage and Family Therapy (AAMFT), the University of Louisiana - Monroe Marriage and Family Therapy MA Program adheres to the guidelines for supervision as established by COAMFTE. Interns must receive individual supervision, group supervision, and supervision based on direct observation, videotape (or other version, digital or electronic, of review of a live session), or audiotape.

“Supervision is distinguishable from psychotherapy or teaching, and focuses on the development of competencies and professional growth of the supervisee. Supervision may utilize secured digital technology in which participants are not in the same location. The majority of supervision must be with both participants physically present. The program utilizes a 50 minutes supervision hour. A 45-minute supervision session must be counted as 45 minutes, not as one hour or a contact” hour. (COAMFTE Accreditation Standards v.12 page 38)

All supervision in the ULM MFT MA Program must be provided by either an AAMFT Approved Supervisor or Supervisor Candidate and interns can only earn hours of supervision under a supervisor meeting these criteria.

“The program demonstrates a commitment to relational/systemic-oriented supervision. Students must receive at least 100 hours of supervision, and must receive supervision from an AAMFT Approved Supervisor or Supervisor Candidate for at least one hour each week in which they are seeing clients. Additional supervision may be provided by AAMFT Approved Supervisors, Supervisor Equivalents, or State Approved Supervisors. Supervision can be individual (one supervisor with one or two supervisees) or group (one supervisor and eight or fewer students) and must include a minimum of 50 hours of supervision utilizing observable data. Supervision may utilize digital technology in which participants are not in the same location as long as the majority of supervision is with supervisor and supervisee physically present in the same location and appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery.” (COAMFTE accreditation Standards v.12 pages 25-26)

“Group supervision consists of one supervisor and eight or fewer students. Regardless of the number of supervisors present, a group cannot exceed eight students to qualify for group supervision. For example, ten students and two supervisors are not appropriate because the number of students exceeds eight.” (COAMFTE Accreditation Standards v.12 page 35)

“Observable Data includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.)”. (COAMFTE Accreditation Standards v.12 page 35)

Live/Direct Observation Hours

Supervision can be individual (one supervisor with one or two supervisees) or group (one supervisor and eight or fewer students) and must include a minimum of 50 hours of supervision utilizing observable data. Supervision may utilize digital technology in which participants are not in the same location as long as the majority of supervision is with supervisor and supervisee physically present in the same location and appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery.” (COAMFTE accreditation Standards v.12 pages 25-26)

Observable Data includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.). (COAMFTE accreditation Standards v.12 pages 35)

“Live” supervision occurs when a supervisor is directly observing the therapist intern engaged in the therapeutic process as it is occurring. The student who is being directly observed by the supervisor may count that time as “Individual, Live Supervision.” Additionally, a student serving as an active part of the therapeutic treatment team directly observing a treatment session when there is **only 1 other student or less** and the supervisor present, the time may count as “Individual, Live Supervision.” When a student actively participates as part of the treatment team directly observing a treatment session and there is **more than 1** other student and the supervisor present, the time may count as “Group, Live Supervision.”

“Video” supervision occurs when the supervisor is observing a therapist’s work that was recorded at an earlier time. When a student presents a videotape (or a digital or electronic version of a recorded session) to a supervisor, either alone with the supervisor, or with one other student present, each student receives “Individual, Video Supervision.” When a student presents a videotape (or a digital or electronic version of a recorded session) in group supervision, the student receives “Group, Video Supervision, provided no more than five additional students (for a total of six) are present with a supervisor. The additional five or fewer students present receive “Group, Video Supervision,” providing they are actively involved in the process.

“Audio” supervision guidelines are the same as the “Video” supervision guidelines, except with an audio-recording versus a video-recording.

According to COAMFTE Standards of Accreditation Version 12.

Observable Data includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.). (COAMFTE accreditation Standards v.12 page 35)

Group supervision consists of one supervisor and eight or fewer students. Regardless of the number of supervisors present, a group cannot exceed eight students to qualify for group supervision. For example, ten students and two supervisors are not appropriate because the number of students exceeds eight. (COAMFTE accreditation standards v.12 page 34)

The ULM MFT Faculty has determined that the following COAMFTE Standards of Accreditation Version 12 will be adhered to:

“Student’s observing someone else’s clinical work may receive credit for group supervision provided that (1) at least one supervisor is present with the students, (2) there are no more than eight students altogether, and (3) the supervisory experiences involve an interactional process between the therapist(s), the observing students, and the supervisor. If there are no more than two students, the observing student may receive credit for individual supervision under the same conditions” **(COAMFTE accreditation standards v.12 page 34)**.

Up to two students seeing a client on the other side of the one-way mirror may concurrently receive direct client contact and individual supervision, provided the supervisor is actively supervising the case (i.e., phone ins, consultations, etc.). Students may earn alternative therapeutic contact hours and group live supervision hours concurrently if there are more than 2 students present when they are an active member of the therapeutic team and the supervisor is present and actively supervising the case.

The ULM MFT Faculty has determined that the following will be adhered to:

If a student is simultaneously being supervised and having direct client contact, the time may be counted as both supervision time and direct client contact time and when a supervisor is conducting live supervision, only the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision.

“Case Report” Supervision hours are counted when the supervisor has face-to-face discussion of supervisee’s client cases with the supervisee. If the supervisor, the supervisee, and no more than 1 other student are present, both the supervisee and student count that time as “Individual, Case Report.” If the supervisor, the supervisee, and more than 1 other student (but no more than 6 students total, including the supervisee) are present, the time counts as “Group, Case Report.”

Group & Individual Supervision

Group supervision consists of a supervisor and eight or fewer students. Regardless of the number of supervisors present, a group cannot exceed six students and qualify for group supervision. For example, 10 students and two supervisors is not appropriate because the number of students exceed six.

Role of the Supervisor

All supervision in the ULM MFT MA Program, internally and externally, must be provided by either an AAMFT Approved Supervisor or Supervisor Candidate and therapist interns can only earn hours of supervision under a supervisor meeting these criteria.

According to COAMFTE E Standards of Accreditation Version 12:

“Supervision of students, when conducted in fulfillment of clinical requirements of these standards, will be face-to-face or live supervision conducted by AAMFT Approved Supervisors, Supervisor Candidates, or the equivalent” (COAMFTE accreditation standard v.12 page 38).

Services offered through the ULM Marriage & Family Therapy Clinic are often provided by interns in the ULM Marriage and Family Therapy Program. All professional activities of interns are conducted under the aegis of an assigned Clinical Supervisor who is legally and ethically responsible for the work of the intern. **The responsibility for ALL clinical cases falls to the student’s assigned MAFT 6070 supervisor including cases seen externally from the ULM Marriage & Family Therapy Clinic. In-between semesters, clinical responsibility for the therapist-intern’s cases falls to the “Supervisor-on-Duty.”**

Since the internship/practicum supervisor is clinically responsible for all of the therapist intern’s cases both on-site at the ULM Marriage & Family Therapy Clinic and off-site at externship sites, it is imperative that the therapist intern keep the supervisor informed and aware about each case being seen so that the supervisor can be actively involved in the course of treatment, treatment decisions, contacting other agencies or professionals involved with cases, transferring cases, interventions, and other supervisory duties.

Clinical Supervisor Evaluation of Student

Each intern will meet with the supervisor at the beginning of the semester to outline individual learning objectives. Twice in the semester during regularly scheduled individual supervision meetings, at mid-term and again toward the end of the semester, each intern will discuss with the supervisor the status of the individualized learning experience.

Each semester, Mid-Term and Final evaluations will be completed, reviewed, and signed by student and supervisor. These evaluations will be based on the individual learning objectives, core competencies (see MAFT 6070 Core Competencies), and MAFT 6070 Grading Criteria.

Please see Intern Evaluation Form for the **“MAFT 6070 Internship Evaluation Form.”**

Externship Site Supervisor Evaluation of Student

The externship site supervisor shall complete a Student Intern Evaluation form at mid-term of semester and communicate with the faculty supervisor regarding intern progress at least once a semester. Please see Intern Evaluation Form.

Student Evaluation of Clinical Supervisor

Every semester, students have the opportunity to evaluate their experience of supervision. As stated in Measures to Improve Clinical Services, evaluation of the clinical learning, experience, including availability and competency of supervisors, occurs each semester. These evaluations shall be submitted to the Director of Clinical Services and a summary given to the supervisor. Evaluations of the supervisor will be anonymous and will not have any impact on the student’s grade or evaluation. See Intern Evaluation Form.

Internship Credit & Supervisory Action

Successful completion of the ULM MFT internship requires that the intern clearly demonstrate competent clinical skills commensurate with program standards. These include technical and ethical aspects of an intern's work, receptivity to clinical and administrative supervision, clinical effectiveness and overall professional competency.

For various reasons, it is occasionally recognized that a student is not functioning at an appropriate level and that continuation in the internship process, at current levels, may lead to a detrimental situation for clients and/or the student. In such cases, it is the responsibility of the supervisor, in close consultation with the Director of Clinical Services, Program Director and/or host externship site supervisor (if any), to take appropriate steps to ameliorate the situation. Such steps shall be conveyed to the therapist intern, verbally or in writing, by the supervisor, and may include any combination of the following:

- 1) Informal assignments, readings, essays, or research designed to address areas of deficiencies.
- 2) Limitation or elimination of Externship and/or Clinic activities for a specific period of time. In such instances, the supervisor must complete a **“Case Assignment Suspension Form”** (see Case Assignment Suspension Form).
- 3) Reduction of the number of active cases.
- 4) Limitation on certain types of cases (i.e. sexual abuse, violence, substance abuse, etc.).
- 5) Additional course work or individual directed study designed to address areas of deficiencies.
- 6) Assignment of “no credit” for the current Internship course with the option of continuing internship beyond the customary 12-month period with appropriate stipulations.
- 7) Assignment of a “no credit” grade for the Internship course without the option of continuing in internship. (This is warranted in cases of professional misconduct.)
- 8) Referral for appropriate individual, marital, or family therapy. In such cases, the supervisor and/or faculty will not provide the therapy, nor necessarily require details of the therapy, but will monitor participation only. Students will therefore be required to sign consent forms with the providing therapist to release this information.
- 9) If the student has not achieved each required core competency at the minimal 3.0 level of success by the last day of the semester, the student will have 30 days after the end of the semester to remediate the competency, and then report back to the supervisor to demonstrate how the competency has been met. If demonstration of the competency has not been satisfactorily completed at a minimal performance level of 3.0 after the 30-day period, the student will be referred to the Marriage and Family Therapy Faculty Remediation Committee (MFT FRC).

- 10) Referral to the MFT Faculty Remediation Committee. The MFT FRC will meet with the student and provide corrective feedback through the use of a written Professional Growth Plan (PGP) and timeline. If the student does not address the objective prescribed at the minimal performance level of 3.0, as necessitated by the MFT FRC, the student may be recommended for dismissal from the program.

Supervisory Action Appeals Process

The nature of supervision requires development of a close working relationship between the supervisor and intern. It is expected that the vast majority of problems which periodically arise in the supervision process will be informally resolved between the intern and supervisor. Since legal and ethical responsibility of an intern's work rests with the supervisor of record, the supervisor is given broad powers and discretion concerning redress of supervision problems.

Should a situation arise in which the supervisor and intern are unable to effectively work through a supervisory problem, it is customary for the supervisor to consult with the Program Director

An appeals process is available for students who believe any action of the supervisor is unfair or inappropriate. Students who wish to appeal any supervisory action should take the following steps:

- 1) The student should request a written summary from the supervisor in which the supervisor shall outline specific remedial actions (as outlined under 2.7) and provide a brief rationale for each specific action. The supervisor shall provide a written summary to the student within (5) days of the request. A copy shall be sent to both the ULM MFT Director of Clinical Services and the MFT Program Director.
- 2) If the student is not satisfied with the supervision action stipulated in the supervisor's written summary, the following steps may be taken:
 - a) The student shall submit a written appeal to the MFT Program Director within five (5) days of receipt of the supervisor's written summary. The appeal should include the following:
 - i. A statement of the concerns expressed by the supervisor as understood by the student.
 - ii. A statement as to why the student believes the action of the supervisor is inappropriate and should be rescinded.
 - iii. A statement as to what action the student believes is warranted, if any.
- 3) The Program Director, upon receipt of a written appeal, may then consult with the supervisor, Director of Clinical Services and/or, student, The Program Director will either support or reject the student's appeal. All parties (the student, supervisor, Director of Clinical Services, and Program director) will review and sign a written summary of the appeals proceedings.

Should the decision of the Program Director be unsatisfactory to either the student or the supervisor, the next step in the appeals process would be through the Director of the School of

Allied Health and then through the College of Health Sciences. Any further action will be taken in accordance with the regulations of The University of Louisiana - Monroe.

Master's Internship/Practicum Time Frame

All family therapy students are required to be continuously enrolled in MAFT 6070 during their internship (beginning the first summer term of their program year, unless the intern is spending their first summer studying abroad, or unless the student has not met the criteria for enrolling into MAFT 6070).

In order to ensure that students meet the criteria for successful completion of MAFT 6070 and to graduate from the ULM MFT MA Program, it is recommended that the student spend 12-16 hours per week in the ULM Marriage & Family Therapy Clinic. A typical week during the internship at the ULM Marriage & Family Therapy Clinic may include, but is not limited to:

- 8-10 hours of direct client contact at the ULM Marriage & Family Therapy Clinic
- at least one (1) hour of individual supervision by ULM supervisory faculty every other week in which the student is having direct client contact.
- at least two (2) hours of group/individual supervision by ULM MFT supervisory faculty
- attendance one (1) day/evening per week for the MAFT 6070 course, which typically consists of 4 hours of supervision
- remaining hours are to be spent on record keeping, preparation for case presentations, and a public presentation about the ULM Marriage & Family Therapy Clinic

All outside externships must be supervised by a ULM MFT supervisory faculty member (the student's assigned MAFT 6070 supervisor) and approved in advance by the intern's supervisor and the Director of Clinical Services. No intern may begin work at an externship site until they have approval from the Director of Clinical Services, and an externship agreement has been completed, signed by all parties, and placed in the intern's file at the ULM Marriage & Family Therapy Clinic. All supervision in the ULM Marriage & Family Therapy MA Program, internally and externally, must be provided by either an AAMFT Approved Supervisor or Supervisor Candidate and therapist interns can only earn hours of supervision under a supervisor meeting these criteria. **Externship demands do not release the intern from their internship requirements at the ULM Marriage & Family Therapy Clinic.**

The clinical internship of the MFT Program begins with enrollment in "MAFT 5015 – Practicum" during the spring semester of the first year of study. A student can only progress from MAFT 5015 to MAFT 6070 with the approval of (a) the 5015 instructor(s), and (b) the supervisor responsible for said student's supervision and/or observational work at the ULM Marriage & Family Therapy Clinic. Both the MAFT 5015 Instructor and the assigned Clinical Supervisor will formally evaluate each student's performance in MAFT 5015. A successful evaluation and completed **"Application for MAFT 6070 Internship"** (see Application for MAFT 6070 Internship) will result in the intern being given permission to become a therapist-of-record and to continue to MAFT 6070. Please see

“Pre-Internship Evaluation Form”. Formal responsibility for cases begins in May, when “first year” students are assigned active cases of graduating “second year” students.

Responsibility and management of active cases runs continuously for a 12-month period (May to May). Within program guidelines, it is the responsibility of the intern to ensure accrual of the requisite client contact hours in a 12-month time frame or to make provisions for extending their internship and program of study beyond the customary time period.

In order to maintain close supervisory overview, it is a requirement of the ULM MFT MA program that a minimum of **150 of the 500 total** clinical hours accrued toward program requirements be obtained on-site at the ULM Marriage & Family Therapy Clinic. This is particularly important during the initial phase of the internship experience.

Combined client-contact hours from all internship and externship clinical work should average between 8 and 12 hours per week. Under normal circumstances, it is not recommended that clock hours accrued at externship site(s) exceed sixteen (16) hours in any given week.

Monthly Record of Internship Hours

Each month interns are required to complete and put on file, a copy of the “**Monthly Record of MFT Client Contact and Supervision Hours**” (Please see Monthly Client Contact Hours Sheet). Credit for internship and supervision hours will be obtained from these completed forms. Failure to turn a copy of these hours in to the Assistant Director of Clinical Services by the 10th of the month following services rendered will result in the name of the intern being pulled from rotation and the supervisor being notified.

Externship Guidelines

Overview of Externships

An “externship” refers to clinical work by an MFT student in a setting other than the ULM Marriage & Family Therapy Clinic. Traditionally, students in the MFT Program have completed externships with a variety of area agencies, organizations and systems. Many students have found an externship experience highly beneficial in gaining a greater diversity of professional experiences and in obtaining the requisite client contact hours within a one-year time frame.

Externships are typically initiated and developed by the intern in close consultation with the supervisor and the Director of Clinical Services. Permission will only be granted for a student to pursue a particular externship when, in the opinion of the supervisor and Director of Clinical Services, such an externship is appropriate to the professional training needs of the student and meets the externship site requirements and criteria as outlined in the Externship Agreement (see Externship Site Agreement). Priority for externships is given to settings which currently have qualified marriage and family therapists on staff and approved supervisors available on site.

An externship requires flexibility in order to meet the needs of the host agency while maintaining the training standards of the ULM MFT MA Program. It is a formal agreement between the intern, the

ULM MFT MA Program and the host agency. A completed “Internship/Externship Agreement” (please see Externship Site Agreement) must be on file with the Director of Clinical Services, and in the student’s file at the ULM Marriage & Family Therapy Clinic, before beginning an externship. Students in the ULM MFT MA Program are not allowed to provide professional services at any setting which has not been approved by the Director of Clinical Services, and not before said documentation has been received and appropriately filed. In addition, any externship site must adhere to the policies and procedures set forth in the guidelines governing externship sites (please see Externship Requirements).

An intern who wishes to pursue an externship should closely weigh the cost-benefit of the externship with regard to clock hours, client contact hours, overall professional experience and opportunity. Externships are usually established for a nine to twelve month period, except with the approval of the Director of Clinical Services and the supervisor. Once an externship is established, students are expected to fulfill their obligation to the host agency. **Externship arrangements may not be altered on the part of the student without supervisor approval and the approval of the Director of Clinical Services.**

Because of the typical demands associated with classes, assistantships, and work at the ULM Marriage & Family Therapy Clinic, it is recommended that interns accrue no more than 16 clock hours per week at their externship site(s). (Under certain circumstances, this may be extended up to 20 clock hours per week with the permission of the supervisor.)

As representatives of the ULM MFT MA Program, therapist interns are expected to conduct themselves in a professional manner at all times at externship sites. It is customary for the intern's assigned supervisor to consult with the host externship site's administrative supervisor prior to assigning semester credit for the internship course.

Supervision of Externships

Extern sites vary greatly regarding the nature of clinical experiences and availability of supervision. Some externship sites have highly qualified clinicians, but are unable to devote the necessary resources to provide supervision consistent with AAMFT requirements. **As such, all aspects of a student's clinical work performed at the externship site remain under the aegis of the assigned ULM clinical supervisor, regardless of the availability and extent of on-site supervision.**

While consultation and supervision provided by the host externship site can be invaluable in the overall development of an intern's clinical skills, for purposes of program credit, it is considered “clinical consultation” or “administrative supervision” and does not count toward program supervision hours.

Providing live supervision and/or visiting the externship site is not always possible, therefore, faculty are encouraged to conduct a live review of sessions (whether that be digital, electronic, recording, or audio-tape) and/or case consultation supervision with the intern regarding cases seen at the externship site. MFT Faculty supervisors, at the very least, are to consult with the intern's site administrative supervisor throughout the semester. In the event that live supervision is necessitated,

faculty supervisors are encouraged to make such arrangements with the site administrative supervisor.

Externship Site Requirements

Please see Externship Requirements in the Appendix section.

Procedure for Establishing an Externship

- 1) The student must be enrolled in MAFT 6070 and have current Professional Liability Insurance on file.
- 2) The intern first consults with his/her supervisor regarding prospective externship settings.
- 3) The intern then consults with the Director of Clinical Services concerning interest in approaching a prospective site for an externship.
- 4) Under the direction of the intern's supervisor, the intern contacts the agency regarding establishment of an externship, the intern keeps the supervisor and the ULM Marriage & Family Therapy Director of Clinical Services informed of the status of any negotiations or pending externship agreement.
- 5) If the site is a new externship site, a visit by either the Director of Clinical Services or the assigned supervisor must occur prior to the student seeing clients there. Final approval must be given by the Director of Clinical Services.
- 6) An "Externship Contract" or "Memorandum of Understanding" is prepared and signatures of all parties are obtained. This form will delineate the specific terms of the externship and must be on file before the intern may begin work at the site.
- 7) Orientation completed by site supervisor. A copy of the site supervisor's professional license/certification, professional liability insurance, C.V./Resume should be on file.
- 8) Externship begins.

Current and Previously Approved Externship Sites

In order to assist new interns in finding and establishing externship sites, the ULM MFT Director of Clinical Services keeps a current list of externship sites that were utilized during the previous year (please see Current and Previously Approved Externship Sites). This allows interns to know which sites have been utilized recently and are therefore still in partnership with the MFT Program. This list is available to the students upon request. The Director of Clinical Services as well as the ULM Marriage & Family Therapy Clinic maintains a list of active externship sites as well as sites utilized in the past. Every effort is made to keep the list appearing in Current and Previously Approved Externship Sites updated. In addition, new Externship sites are continually created throughout the year. Please contact the Director of Clinical Services if you want to learn more about available Externship sites or have an interest in establishing a new Externship site.

Additionally, the MFT MA Program has generated a list of externship sites that have been utilized by interns in the past. All externship sites appearing on this list have been pre-approved and have proven to be successful sites, and have provided meaningful clinical work experiences, for those interns that have utilized them as their externship sites. Please refer to Current and Previously Approved Externship Sites for the list.

Complaints Procedure

In the event that an MFT Faculty member receives a complaint from an externship supervisor regarding the behavior of an intern, the faculty member must follow the procedures as outlined below:

- 1) The nature of the complaint must be documented and a copy placed in the intern's student file in the ULM Marriage & Family Therapy Clinic.
- 2) If the faculty member is not the intern's clinical supervisor, a copy of the documentation regarding the nature of the complaint must also be given to the intern's clinical supervisor.
- 3) The intern's clinical supervisor must in turn give the intern a written summary of the complaint and take appropriate steps to resolve the complaint with the intern, in consultation with the Director of Clinical Services and/or the Program Director, as appropriate.
- 4) Documentation of steps taken regarding resolution of the complaint must also be placed into the intern's file at the ULM Marriage & Family Therapy Clinic by the intern's clinical supervisor.

Please see below for the entire list of core competencies. The MAFT 6070 syllabus will detail which core competencies are covered in the course along with specific measures and benchmarks.

MAFT 6070 Core Competencies

1 MFT Foundations Apply systems concepts, theories, and techniques of marriage and family therapy.

2 Human Development Apply principles of human development, human sexuality, gender development, psychopathology, psychopharmacology, couple processes, recovery oriented care, and family development and provide relevant psychoeducation.

3 Diagnosis Diagnose and assess client behavioral and relational health concerns systemically and contextually utilizing current models for assessment and diagnosis.

4 Safety Planning Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.

5 Assessment Assess interpersonal patterns, family history, biopsychosocial functioning, social position as they relate to the presenting problem using genogram, systemic interviewing techniques, structured interview, symptom inventories, etc. to conceptualize treatment.

6 Culturally Sensitive Assessment Conduct assessment and therapy with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).

7 Therapeutic Relationships Establish and maintain appropriate and productive therapeutic alliances with clients, recognizing when to involve significant others and extrafamilial systems.

8 Identifying Content vs. Process Distinguish differences between content and process issues using relational questions and reflexive comments.

9 Treatment Planning Develop, with client input, measurable outcomes, treatment goals, treatment plans, appropriate referrals, and after-care plans with clients utilizing a systemic perspective.

10 Collaboration Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present that empower clients to navigate complex systems of care.

11 Applying Models Recognize strengths, limitations, evidence base, and contraindications of marriage and family therapy models consistent with contextual factors, including culture, diagnosis, etc.

12 Intervening /Delivering systemic interventions that are consistent with model of therapy, evidence base, cultural and contextual dynamics, practice setting, and goals of the treatment plan.

13 Law and Ethics Practice within state, federal, and provincial laws/regulations and professional ethical standards.

14 Self-of-Therapist Monitor personal reactions to clients and treatment process (e.g., family of origin, boundaries, triangulation, current stress level, current life situation, cultural context, transference, supervision) and their impact on effective intervention and clinical outcomes.

15 Research Application Use current MFT and behavioral health research to inform clinical practice.

16 Measuring Effectiveness Measure the effectiveness of one's own clinical practice, using outcome measures, client feedback, etc.

17 Supervision Contribute to supervision by providing rationales for interventions, assessment information, and systemic understanding of clients' context and dynamics.

Application for Clinical Requirements for Graduation

In order to graduate, each student must complete the “**Application for Clinical Requirements for Graduation**” (see Application for Clinical Requirements for Graduation) and submit to the Director of Clinical Services no less than the last day of the semester in which you are graduating. This application ensures that all program and clinical requirements have been met to successfully graduate from the ULM MFT MA Program. The following must be submitted with the application:

- Final Monthly Client Contact Hour form showing documentation you have met all hour requirements.
 - 500** Direct Client Contact Hours
 - 250** Relational Hours
 - 150** Hours Obtained in the ULM Marriage & Family Therapy Clinic
 - 100** Alternative Therapeutic Contact Hours allowed
 - 100** Supervision Hours
 - 50** of those 100 Supervision Hours must be Direct Observation (Live, Audio, Video)
 - 25** of those 50 Direct Observation Hours must be Live or Video
 - All Monthly Record of MFT Client Contact and Supervision Hours from May – May.
 - Must have Externship Agreement on file for all Externship Sites.
- Final MAFT 6070 Supervisor Evaluation (Must be requested from supervisor)

All items should be paper clipped to the application form and placed in a large envelope with the student’s name on the outside to be submitted to the Director of Clinical Services.

HIPAA Policies and Procedures

THE ULM MARRIAGE & FAMILY THERAPY CLINIC HIPAA POLICIES AND PROCEDURES

ORIGINAL DATE: April 14, 2003

REVISION #: 02

REVIEW DATE: February 14, 2017

PURPOSE

To provide guidance to the staff and interns of The ULM Marriage & Family Therapy Clinic regarding the appropriate protocol for integrating HIPAA into our operating policies and

DEFINITIONS

(A) *PROTECTED HEALTH INFORMATION (PHI)* ~ Individually identifiable information relating to the past, present, or future physical or mental health of an individual, provision of mental health care to an individual, or the past, present, or future payment for mental health care provided to an individual.

(B) *TREATMENT, PAYMENT, AND OPERATIONS (TPO)* ~ Uses and disclosures of PHI are permitted with a client's consent for treatment, payment, and operations. *Please see Appendix "T: 1" for "Consent to Use and Disclose Your Mental Health Information" form.* Uses and disclosures beyond for TPO or when required by law, will require that clients sign a separate authorization. *Please see Appendix "H: 1" for "Authorization for Use or Disclosure of Protected Health Information" form.*

(C) *TREATMENT* ~ Treatment means the provision, coordination, or management of mental health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for mental health care.

(D) *PAYMENT* ~ Payment means activities undertaken to obtain or provide reimbursement for mental health care, including determinations of eligibility or coverage, billing, collection activities, medical necessity determinations and utilization review.

(E) *OPERATIONS* ~ Operations includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of mental health care professionals or interns, conducting or arranging for review, legal services and auditing functions, business planning and development, and general business and administrative activities.

(F) *PERSONAL REPRESENTATIVE* ~ Personal Representative means a person who has authority under applicable law to make decisions related to the mental health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in *loco parentis* who is authorized under law to make mental health care decisions on behalf of a non-emancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a mental health care service, or where the parent, guardian or person acting in *loco parentis* has assented to an agreement of confidentiality between the provider and the minor.

(G) *PRIVACY OFFICIAL* ~ A privacy official is the individual who is chiefly responsible for developing and implementing the policies and procedures for HIPAA compliance. This individual is also the contact person to receive inquiries and complaints related to privacy. The ULM Marriage &

Family Therapy Clinic's privacy official the Director of Clinical Services. *Please see Appendix "T: 2" for "Privacy Official Job Description."*

POLICY

(A) *Client Access to PHI* ~ Clients are allowed access to their protected mental health information (PHI) according to the guidelines established by Federal HIPAA privacy standards and Louisiana State Administrative Rules regarding client access to PHI.

(B) *Client Request for Amendment/Correction to PHI* ~ Clients who believe information in their mental health records is incomplete or inaccurate may have access to their record and may request a correction and/or amendment to their record. The amendment or correction becomes a permanent part of their record. The author (therapist intern or supervisor or clinic staff) has the opportunity to comment on the client's requested amendment.

(C) *Client Request for Accounting of Disclosure Summary* ~ Clients may request a summary of their PHI disclosure history except for disclosures that were for treatment, payment, or operations.

(D) *Training on HIPAA Policies and Procedures* ~ All interns and staff are required to be trained on HIPAA policies and procedures.

(E) *Notice of Privacy Practices* ~ A current copy of The ULM Marriage & Family Therapy Clinic's Notice of Privacy Practices (*please see "T: 3"*) must be given to all new and established clients. All clients will receive copies of the updated version, if it is amended. In addition, the Notice of Privacy Practices will be displayed in the clinic waiting room.

(F) *Safeguards for the Protection of PHI* ~ Every possible precaution must be taken to safeguard PHI.

(G) *Documentation and Record Keeping* ~ All HIPAA related documents, policies, files, and information will be stored for a period of six years.

PROCEDURE

(A) *Client Access to PHI*

- 1) Client, or legal guardian, must provide photo identification.
- 2) Client may request to inspect their record or may request a copy of their record by completing the form entitled "Request to Inspect and Copy Your Mental Health Record." *Please see Appendix "T: 4" for form.*
- 3) The completed form is then given to the appropriate therapist intern or their supervisor, as they have the right to deny the client access to their record.
- 4) The therapist intern and the supervisor must then review the request and complete the attached "Mental Health Care Provider Response" (*please see Appendix "T: 5" for form*) allowing the client knowledge of whether their request for access has been accepted or denied, within 60 days of receiving the request for access. Access may be denied if not all consenting adults have given their written authorization, or if the information may be harmful to the client or to the safety of another.
- 5) The client has the right to have a denial reviewed by a licensed mental health professional.
- 6) Clients may only inspect their original record in the presence of a clinic staff member, preferably the therapist intern or a supervisor, and only if the request for access was granted.

- 7) If a copy of PHI is granted, clients must receive a copy of their record within 30 days of the request being granted.

(B) *Client Request for Amendment/Correction to PHI*

- 1) If a client wishes to request an amendment or correction to their PHI, they must complete the form entitled “Request for Amendment of the Mental Health Record” (*please see Appendix “T: 6” for form*).
- 2) The completed form is then given to the appropriate therapist intern or their supervisor, as they have the right to deny the amendment or correction to PHI.
- 3) The therapist intern and the supervisor must then review the request and complete the attached “Mental Health Care Provider Response” (*please see Appendix “T: 7” for form*) allowing the client knowledge of whether their request for an amendment or correction has been accepted or denied, within 60 days of receiving the request for amendment or correction. Requests for amendments or corrections may be denied for any of the following reasons: the request not being in writing, the request not being accompanied by a reason for the amendment, the request for amendment pertaining to information created by an agency or institution other than The ULM Marriage & Family Therapy Clinic, the request for amendment pertaining to information not part of the mental health record, not kept by The ULM Marriage & Family Therapy Clinic, not part of the information clients are permitted to inspect and copy, or pertaining to information that is accurate and complete.
- 4) If the amendment is agreed to, all amendments to PHI will be made within 60 days of the “Mental Health Care Provider Response” being completed.
- 5) The client has the right to submit a statement of disagreement if their request for amendment or correction is denied. The therapist intern, supervisor, or author of the PHI may also provide the client with a statement of rebuttal to the client’s statement of disagreement of the denial. The client must receive a copy of the author’s statement of rebuttal.
- 6) The ULM Marriage & Family Therapy Clinic must include the client’s amendment/correction and author’s comments with any future disclosures.

(C) *Client Request for Accounting of Disclosure Summary*

- 1) Clients have the right to request and receive a summary of disclosures of PHI made by The ULM Marriage & Family Therapy Clinic in the six years prior to the date on which the accounting is requested, except for disclosures that were for treatment, payment, or operations. All requests must be submitted in writing by completing the following form: “Request for Accounting of Disclosures of Your Mental Health Information” (*please see Appendix “T: 8”*).
- 2) The ULM Marriage & Family Therapy Clinic must send the summary of accounting of disclosures to the client within 60 days of receiving the request, within the time frame specified by the client, except for omissions as required by law or oversight agencies. The summary must include the date of disclosure, the name and address of the entity or individual who received the PHI, a brief description of PHI disclosed, the purpose for the disclosure, copy of the requested disclosure, and signed authorization of the patient.
- 3) A copy of this summary must be placed in the client file.

(D) *Training on HIPAA Policies and Procedures*

- 1) All interns and staff will receive approximately one – two hours of training on HIPAA policies and procedures, generally, and as they pertain to the policies and procedures of The ULM Marriage & Family Therapy Clinic. The training may be conducted in groups or with individuals. All trainings will be logged, and will require all interns and staff reading and being familiar with The ULM Marriage & Family Therapy Clinic’s HIPAA Policies and Procedures.

(E) *Notice of Privacy Practices*

- 1) A current copy of The ULM Marriage & Family Therapy Clinic’s Notice of Privacy Practices will be given to all new and established clients. In the case of new clients, this will be done at intake.
- 2) Each client will also be required to sign a receipt of privacy practices form, stating that they have indeed received a copy of our privacy practices. This will be scanned in the client file. *Please see Appendix “T: 9” for form.*
- 3) All clients will receive copies of any updated version of the Notice of Privacy Practices, as it is amended.
- 4) In addition, the current version of the Notice of Privacy Practices will be displayed in The ULM Marriage & Family Therapy Clinic waiting room at all times.
- 5) Clients have the right to request a copy of the Notice of Privacy Practices at any time. Should clients make this request, a copy will be supplied and notation made in the client’s file in Titanium on the **Case Activity Record**

(F) *Safeguards for the Protection of PHI*

- 1) Client documents and files (electronic) containing PHI will be kept in locked filing cabinets or on password protected computer systems. Access to this information is provided only to staff, personnel, or business associates who need this information in order to perform their duties related to treatment, payment, or health care operations. Business e-mail accounts and passwords should not be shared or revealed to anyone else besides the authorized user(s).
- 2) When e-mail is used for the transmittal of any confidential or sensitive information, the following safeguards will be followed, as users must be aware that electronic communications can, depending on the technology, be forwarded, intercepted, printed and stored by others:
 - a. Users must utilize discretion and confidentiality protections equal to or exceeding that which is applied to written documents.
 - b. Information considered confidential or sensitive must be protected during transmission of the data using encryption or some other system of access controls that ensure the information is not accessed by anyone other than the intended recipient.
 - c. A notation referring to the confidential or sensitive nature of the information should be made in the subject line.
 - d. Confidential or sensitive information is to be distributed to those with a legitimate need to know, only.
- 3) All interns, personnel, and staff will limit their use and disclosure of PHI to the minimum amount of information required. Necessary information in order to carry out the purpose of the request will be used and disclosed, only. However, clients also have the following rights, as described in the Notice of Privacy Practices (1) to request that the use and/or disclosure

of their PHI be restricted (*please see Appendix "T: 10" for form and Appendix "T: 11" for Mental Health Care Provider's Response form*), and (2) to make requests regarding the manner in which their PHI is used and disclosed (*please see Appendix "T: 12" for form*).

- 4) In order to assist in the safe-guarding of PHI, all visitors to the ULM Marriage & Family Therapy Clinic are required to sign a sign-in sheet explaining the confidential requirements associated with their visit (*please see Appendix "T: 13" for sign-in sheet*).

REQUEST TO INSPECT AND COPY YOUR MENTAL HEALTH RECORD

Client Name: _____ Date of Birth: _____
Address: _____ Phone#: _____

- I would like to *inspect* my mental health record, which does not include psychotherapy notes.
- I would like to receive a *copy* of my mental health record, which does not include psychotherapy notes.

I understand that my right to inspect or copy my mental health record is limited by the AAMFT Code of Ethics, which we are bound to follow. According to the 2015 AAMFT Code of Ethics, we can only release information to individuals if all adults attending sessions (and whose mental health information may be a part of the record) have signed, thus giving their authorization for the information to be released. Therefore, I understand that if all other adults have not given their authorization, my request to inspect or copy my mental health information will be denied.

I understand that my request to inspect or copy my mental health record may be denied, for reasons other than that stated above. I understand that The ULM Marriage & Family Therapy Clinic will provide a written response to this request within sixty days.

Please note that if your request for access to your information is denied, you may request that the denial be reviewed. If you request that the denial be reviewed, a licensed mental health professional, selected by The ULM Marriage & Family Therapy Clinic, will review your request and the denial. The mental health professional reviewing your request and the denial will not be the person who initially denied your request. We will comply with the outcome of the review.

Please note that if you request a copy of your mental health information, we may assess a fee to cover the costs of copying, mailing, or supplies related to providing you a copy.

Signature:

Date:

Mental Health Care Provider Response:

- In response to your request to *inspect* your mental health record, please note that the request has not been denied. Thus, you are given permission to inspect information in your mental health record. Please contact your therapist intern and/or the supervisor in order to make the arrangements to inspect your record.
- In response to your request to *inspect* your mental health record, please note that the request has been denied. You do, however, have the right to request that the denial be reviewed. Please send that request in writing to The ULM Marriage & Family Therapy Clinic.
- In response to your request to *copy* your mental health record, please note that the request has not been denied. Thus, you will receive a copy of your mental health record by _____ (date).
- In response to your request to *copy* your mental health record, please note that the request has been denied. You do, however, have the right to request that the denial be reviewed. Please send that request in writing to The ULM Marriage & Family Therapy Clinic.

Signature of Therapist Intern:

Date:

Signature of AAMFT Approved Supervisor:

Date:

Signature of ULM Marriage & Family Therapy Programs
Director of Clinical Services

Date:

Date response sent to Client: _____

Intake File Forms

- Demographic Form (front and back)**
- Case Activity Record**
- Client Payment Record**
- General Service Information**
- Notice of Privacy Practices**
- Privacy Practices Statement**
- Consent to Use and Disclose Mental Health Information**
- Permission to Contact**
- Statement of Practice**
- Treatment Plan: Intake Session Notes**

Demographic Form

Name: _____

Gender (please circle): Male, Female, Transgender, Prefer not to answer

Ethnicity (please circle): African American (Black), Anglo American (White), Asian American/Pacific Islander, Hispanic American/Latino, International Student, Bi-racial, Native American, Not reported, Other (please explain)

Marital Status (please circle): Single, Married, Separated, Divorced, Cohabiting, Widowed, No Response

Date of Marriage: _____

Times Married: _____

Spouse's Times Married: _____

Employment: _____

Spouse's Employment: _____

Income Level (please circle): Below \$10,000 per year, \$10,000-\$20,000 per year, \$20,000-\$30,000 per year, \$30,000-\$40,000 per year, \$40,000-\$50,000 per year, \$50,000-\$60,000 per year, \$60,000-\$70,000 per year, Above \$70,000

Actual Income: _____

Presenting Problem (please circle): Couple/Marital, Parent/Child, Family Violence, School Related, Work Related, Individual, Sexual, Substance Abuse, Other (please describe):

Referred by (please circle): Advertising, Court Mandated, DCFS, FINS, Former Client, Freed Men Inc., Friend, Juvenile Drug Court, Physician, Probation & Parole, Relative, School, Self, Therapist/Counselor, Other (please explain), Referral Name

Please List All People Living in Your Home, Date of Birth, Their Relationship to You, and Marital Status

Name: _____

DOB: _____

Relationship: _____

Marital Status: _____

Name: _____

DOB: _____

Relationship: _____

Marital Status: _____

Name: _____

DOB: _____

Relationship: _____

Marital Status: _____

Name: _____

DOB: _____

Relationship: _____

Marital Status: _____

Who will attend the first session? _____

Current Medical Problems/Medications of any Family Member:

How would you like for things to be different as a result of your coming to therapy?

Previous Therapy / Counseling (please circle): This center, other center, no previous Therapy

If this center, when/name of therapist: _____

If not this center, please indicate from whom (please circle): Psychiatrist, Psychologist, Counselor, Minister, Marriage and Family Therapist, Clinical Social Worker, Not Sure, Other (please explain): _____

GENERAL SERVICE INFORMATION

ABOUT THE CENTER

The ULM Marriage & Family Therapy Clinic, located at 500 Bayou Dr., Strauss Hall 112 on the ULM Campus, is a community service of The University of Louisiana - Monroe. We offer therapy services for a wide-range of problem concerns for individuals, couples, and families. The Marriage & Family Therapy Clinic operates as the primary clinical facility of the Marriage and Family Therapy Program. It is staffed by advanced level graduate students who work under the supervision of ULM clinical faculty.

HOURS OF OPERATION

The Marriage & Family Therapy Clinic is generally open for afternoon and evening appointments 12:00 pm - 8:00pm Monday through Thursday. Friday morning 8:00am -12:00pm appointments considered on a case-by-case basis.

Effective Date: February 14, 2017

The ULM Marriage & Family Therapy Clinic

NOTICE OF PRIVACY PRACTICES

This notice of privacy practices is required by the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and describes how mental health information about you may be used and disclosed and how you can get access to this information. It also explains your rights with regard to your mental health information, also known as Protected Health Information or PHI. Please read and review very carefully. If you have any questions, please contact us at (318) 342-5678.

This notice of privacy practices describes the practices of The ULM Marriage & Family Therapy Clinic, as well as all of our employees, staff, graduate assistants, interns, supervisors, faculty members, and any other ULM Marriage and Family Therapy Clinic personnel.

OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION

Your mental health information is personal and we are committed to protecting it. We must create a file on you, which includes information about the services that we provide to you. This notice applies to all of the information in this file, your records, whether they are created by employees, staff, or your therapist intern.

his notice explains all of the ways in which we may use and disclose information in your records, your mental health information. *Use* refers to how information is shared among the staff of The ULM Marriage & Family Therapy Clinic in order to make decisions about your treatment and care. *Disclosure* refers to how information is shared with or sent to others outside of this clinic. Please note that whenever we use or disclose information about your mental health (PHI), we only share the minimum necessary, except in special circumstances.

We are required by law to:

- make sure that mental health information that identifies you is kept private,
- give you a copy of this notice of privacy practices regarding your mental health information, which explains our legal responsibilities, and
- follow the terms of this notice.

HOW WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION TREATMENT, PAYMENT, HEALTH CARE OPERATIONS

The following categories describe different ways that we may use and disclose mental health information about you. All of the ways in which we may use and disclose your mental health information will fall into one of these categories. However, not every use or disclosure will be described.

After you have read this notice, you will be required to sign a consent form to allow us to use and disclose your PHI, as allowed by law. By signing the consent form, you are allowing us to use and disclose your PHI for treatment, payment, and health care operations (see below for descriptions). Together treatment, payment, and health care operations are known as TPO. If you do not sign a consent allowing us to use and disclose your mental health information for TPO, we will not be able to treat you. This is necessary for us to provide you with quality care. Any other uses or disclosures, beyond for TPO or when required by law, will require that you sign a separate authorization.

For Treatment

- We may use and disclose mental health information about you to provide you with mental health treatment or services.
- We may use and disclose mental health information about you to other ULM Marriage & Family Therapy Clinic employees, staff, graduate assistants, interns, supervisors, faculty members, or any other ULM Marriage & Family Therapy Clinic personnel involved in providing you treatment or services.
- We may share your PHI with others who are involved in your treatment or in your care, such as a primary care physician, consultant, or other professional. This is necessary for treatments to be coordinated so that professionals trying to help you can work effectively and collaboratively without missing pieces of information.

For Payment

- We may use and disclose mental health information about you so that the treatment and services that you receive at The ULM Marriage & Family Therapy Clinic can be billed to and payment may be collected from you, an insurance company, or a third party.

For Health Care Operations

- We may use and disclose mental health information about you for The ULM Marriage & Family Therapy Clinic operations. These uses and disclosures are necessary to run The ULM Marriage & Family Therapy Clinic in order to make sure that you receive quality care. For example, we may use mental health information about you to review our treatment and services and to evaluate the performance of our staff in providing these treatments and services.

Please Note: Without your authorization, we may not use or disclose your psychotherapy notes, we may not use or disclose your health information for our own marketing, and we may not sell your health information.

Other uses and disclosures not described in this notice will be made only with your authorization.

OTHER REASONS WE MAY USE OR DISCLOSE YOUR MENTAL HEALTH INFORMATION

The following categories are part of health care operations and do not need a separate authorization signed:

Appointment Reminders

- We may use and disclose mental health information about you to contact you as a reminder of your appointments, or to reschedule your appointments.

Treatment Alternatives

- We may use and disclose mental health information about you to tell you about, or recommend, alternative treatments and services that may be of benefit to you.

Research

- We may use and disclose mental health information about you for the purposes of research. All research projects are subject to a review by The ULM Human Subject's Committee. You will always be contacted for your specific permission if your information will assist a particular research project.

The following categories describe ways in which we can disclose your PHI without your consent or authorization:

As Required by Law

- We will disclose mental health information about you when required to do so by federal, state or local law. Please note that we are required by law to report any suspected child abuse, elder abuse, or abuse of a dependent adult.

To Avert a Serious Threat to Health or Safety

- We may use and disclose mental health information about you when necessary to prevent a serious threat to your health or safety, or to prevent a serious threat to the health or safety of another. Examples of this may be you expressing suicidal intent or homicidal intent. In such a case, we will only disclose information to someone who is able to assist in preventing harm to you or to others.

Public Health Risks

- We may use and disclose mental health information about you for public health activities, such as investigating diseases or injuries or to protect children from abuse or neglect. This may also include the notifying of appropriate officials if we suspect you have been the victim of abuse, neglect, or domestic violence. However, unless required to do so by law, we will only make such reports with your authorization.

Health Oversight Activities

- We may disclose mental health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and/or site-visits regarding licensure or accreditation. These activities are required for the government and/or health oversight agencies to monitor the health care system and/or government programs, and to monitor compliance with civil rights laws.

Lawsuits and Disputes

- If you are involved in a lawsuit or dispute, we may disclose mental health information about you in response to a court or administrative order.
- We may also disclose mental health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute (but only if efforts have been made to inform you of the request), or to obtain an order protecting the information requested.

Law Enforcement

- We may disclose mental health information about you if asked to do so by a law enforcement official
 - in response to a court order, subpoena, warrant, summons, or other legal process.
 - in order to provide information about the victim of a crime.
 - in order to provide information regarding a death we believe may be the result of criminal conduct.
 - in order to provide information about criminal conduct occurring, or having occurred, at The ULM Marriage & Family Therapy Clinic or grounds.

- in emergency circumstances to, for example, report a crime, provide information about the location of a crime or victim, provide information about the identity, description, or location of a person believed to be involved in the crime, or to assist in the investigation.

Inmates

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose mental health information about you to the correctional facility or to the law enforcement official if the information was necessary to assist in the providing of your mental health or health related services, to protect your health or safety or the health or safety of others, or to protect the safety and security of the correctional institution. In most circumstances your authorization would be requested, unless we are permitted by law to disclose the information without your authorization.

Other Government Functions

- We may disclose the PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may also disclose your PHI to Worker's Compensation and Disability Programs, and for national security purposes.

YOUR RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION

You have the following rights regarding your mental health information:

Right to Inspect and Copy

- You have the right to inspect and copy certain mental health information about you. Your rights to inspect and copy are limited to your mental health record, which does not include any therapy notes. Your rights to inspect and copy are also limited by the AAMFT Code of Ethics, which forbids us to release information without the consent of all parties involved. Therefore, if any other person has been included in your treatment or therapy sessions, their consent must be obtained for you to obtain the record.

If you wish to exercise your right to inspect and copy mental health information about you, you must submit your request in writing to the therapist intern providing your services or to a supervisor. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk. Please note that if you request a copy of your information, we may assess a fee to cover the costs of copying, mailing, or supplies related to providing your copy.

Please also note that your request to inspect and/or copy may be denied. If you are denied access to your mental health information, you may request that the denial be reviewed. If you request that the denial be reviewed, a licensed mental health professional, selected by The ULM Marriage & Family Therapy Clinic, will review your request and the denial. The person reviewing your request and the denial will not be the person who initially denied your request. We will comply with the outcome of the review.

Right to Amend

- If you feel that mental health information about you is inaccurate and/or incomplete, you have the right to request that the information be amended (for as long as your record is kept by The ULM Marriage & Family Therapy Clinic).

If you wish to exercise your right to request an amendment to your record, you must submit your request in writing, accompanied by a reason supporting your request for amendment, to the therapist intern providing your services, to a supervisor or to the Director of Clinical Services. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk.

Please note that your request to amend your mental health information/record may be denied. Reasons for denial may include the request not being in writing, the request not being accompanied by a reason for the amendment, the request for amendment pertaining to information created by an agency or institution other than The ULM Marriage & Family Therapy Clinic, the request for amendment pertaining to information not part of the mental health record, not kept by The ULM Marriage & Family Therapy Clinic, not part of the information you are permitted to inspect and copy, or pertaining to information that is accurate and complete.

Right to an Accounting of Disclosures

- You have the right to request an accounting of disclosures. This is a list of the disclosures we have made pertaining to mental health information about you.

If you wish to exercise your right to request a list of accounting of disclosures, you must submit your request in writing to the therapist intern providing your services, to a supervisor or to the Director of Clinical Services. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk. Please note that if you request the list or accounting of disclosures, the time period cannot be longer than six years since the list or accounting of disclosures. Your request must specify a time period for which you are requesting.

Right to Request Restrictions

- You have the right to request a restriction or limitation on the mental health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the mental health information we disclose about you to someone who is involved in your care or the payment for your care. However, we are not required to agree to your request. If we do agree to your request, we will comply with your request unless the information is necessary to treat you, is needed to provide you with emergency treatment, or if complying with your request is against the law or ethical standards.

To request restrictions, you must make your request in writing to the therapist intern providing your services, to a supervisor or to the Director of Clinical Services. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk. Please note

that if you request restrictions, your request must specify (a) the information you want to limit, (b) whether you want to limit our use or disclosure or both, and (c) to whom you want the limit(s) to apply.

Right to Request Confidential Communications

- You have the right to request that we communicate with you about mental health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the therapist intern providing your services, to a supervisor or to the Director of Clinical Services. We will not require that you supply reasons for the request and we will accommodate all reasonable requests. Your request, however, must specify how and/or where you wish to be contacted. This request form is available for your use at The ULM Marriage & Family Therapy Clinic front desk.

Right to a Paper Copy of This Notice

You have the right to have a paper copy of this notice and will be given one at the time of your first appointment. However, you may ask us to give you a copy of this notice at any time.

BREACH NOTIFICATION

We are required by law to maintain the privacy of your health information and, to provide you with notice of our legal duties and privacy practices relating to your health information. If there is a breach (an inappropriate use or disclosure of your health information that the law requires us to report), we must notify you.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this notice. We reserve the right to make revised or changed notices applicable to all mental health information we have about you as well as to all mental health information received in the future. We will post a copy of the most up-to-date notice of privacy practices in The ULM Marriage & Family Therapy Clinic at all times.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with The ULM Marriage & Family Therapy Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with The ULM Marriage & Family Therapy Clinic, please contact the Director of Clinical Services at (318) 342-3124. Please note that all complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MENTAL HEALTH INFORMATION

Other uses and disclosures of mental health information about you not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with

written permission to use or disclose your mental health information, which will require you signing a separate authorization, you may revoke that permission at any time. To revoke permission to use or disclose your mental health information, you must submit your request in writing. After receiving the written request, we will no longer use or disclose your mental health information as per your written instructions. Please understand that we are unable to take back any disclosures that have been made with your permission, and that we are required to retain our records of the care that we provided to you.

The ULM Marriage & Family Therapy Clinic understands that mental health information about you is personal. We comply with Louisiana State and Federal Laws concerning personal health information. We are providing you with a copy of our Notice of Privacy Practices.

CONSENT TO USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION

When we treat you, we will be collecting and retaining information about you in your record. This information is referred to as Protected Health Information or PHI. By signing this consent form, you are allowing us to use and disclose this PHI, as referenced in our Notice of Privacy Practices, for treatment, payment, and health care operations (TPO), or as allowed/required by law. If you do not sign this consent form, allowing us to use and disclose your PHI for TPO, we will not be able to treat you. This is necessary for us to provide you with quality care. For example, we need to be able to use and disclose this information to be able to decide on the best treatment options for you, to receive payment, and for other business and government functions. Any uses or disclosures, beyond that which are described in the Notice of Privacy Practices, will require that you sign a separate authorization. Please read the Notice of Privacy Practices carefully.

If any information in our Notice of Privacy Practices changes, you will receive a copy of the most current notice.

If you are concerned about some of your mental health information being used or disclosed, as outlined in the Notice of Privacy Practices, you have a right to request, in writing, a restriction or limitation on the mental health information we use or disclose about you for treatment, payment, or health care operations. However, we are not required to agree to your request. If we do agree to your request, we will comply with your request unless the information is necessary to treat you, is needed to provide you with emergency treatment, or if complying with the request is against the law or ethical standards.

After signing this request, you have the right to revoke it (by submitting the request in writing) and we will comply with the request, with the understanding that we cannot take back any uses or disclosures that may have already been made with your permission, and that we are required to retain our records of the care that we have provided to you.

Signature(s) of all adults present

Date

Printed name(s) of all adults present

Signature of ULM Marriage & Family Therapy Clinic Representative

Date

Permission to Contact

By completing, initialing, and signing this form, I am giving my permission to The ULM Marriage & Family Therapy Clinic (ULM Marriage & Family Therapy Clinic) to contact me by the methods I designate.

Please Initial the Boxes and Complete the Methods of Contact that You Want to Permit the ULM Marriage & Family Therapy Clinic to Use: If We Need to Call You for Appointment Reminders or Scheduling Concerns, May We Contact You?

YES NO Phone Number(s): _____

If We Need to Call You for Therapy Related Concerns, May We Contact You?

YES NO Phone Number(s): _____

Can We Leave You a Message?

YES NO Phone Number(s): _____

Can We Leave a Message with Someone?

YES NO Who?: _____

Can We Send You Mail?

YES NO Address: _____

By initialing these methods of contact, I am agreeing that the ULM Marriage & Family Therapy Clinic has my permission to contact me in the ways I have designated. Should this information change, I will notify my therapist or ULM Marriage & Family Therapy Clinic Staff immediately.

Client Signature _____ Date _____

Client Signature _____ Date _____

Clinic Representative _____ Date _____

**University of Louisiana at Monroe, Marriage and Family Therapy Clinic
(ULM Marriage & Family Therapy Clinic)**

STATEMENT OF PRACTICE

I, _____, understand that the ULM Marriage & Family Therapy Clinic is a training facility for MFT Interns and Practicum students. To provide the best possible clinical services, sessions are subject to videotaping and/or live supervision by the ULM Clinical Supervisory faculty and team, which may on occasion include an invited consultant in the field marriage and family therapy. Clinical Supervisory faculty includes AAMFT Approved Supervisors, Candidates under the supervision of a AAMFT Approved Supervisor Mentor.

Code of Conduct

All MFT Interns and Clinical Supervisory faculty are required to abide by the American Association for Marriage and Family Therapists Code of Ethics, American Counseling Association Code of Ethics and Louisiana Law. Copies of these codes are available upon request.

Privileged Communications

All MFT Interns and Clinical Supervisory faculty are required to hold all client information in the strictest of confidence, only to be disclosed in the following circumstances:

- (1) During clinical supervision (supervision, may, as outlined above, consist of consultation with supervisory faculty, a team, and/or a consultant). ***Videotapes may be used during supervision but are erased at the completion of supervision. No videotape is kept as part of the permanent client record.*** Should the ULM Marriage & Family Therapy Clinic Staff or faculty desire to use information that might identify clients, such as videotapes, for purposes of research, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use.
- (2) If there is a waiver that has been previously obtained in writing and signed by all adults involved in the therapy sessions, in which case the information will only be divulged in accordance with the waiver. *Verbal authorization will not be sufficient except in emergency situations.*
- (3) If mandated or permitted by law. Certain types of litigation, such as child custody cases, may lead to the court-ordered release of information, even without a client's consent, in which case client confidences will only be disclosed in the course of that action.
- (4) When there is any suspected or known child abuse/neglect.
- (5) When there is any suspected or known elder abuse/neglect.
- (6) When there is any suspected or known abuse/neglect of a dependent or disabled adult.
- (7) When there is a clear and immediate danger to a person or to a person's life, in which case client confidences may be disclosed in an effort to prevent any such clear and immediate danger. *This may include the notification of next of kin, another person who may prevent the clear and immediate danger, and/or the appropriate law enforcement agency.*

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. *In circumstances where the intern/supervisor believes that information should be shared with*

others in the client unit in order to help bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.

Fees

Intake sessions are \$25, and all sessions thereafter are \$20 per session, unless other arrangements are made with the intern prior to the session. All fees are payable at the time of the session. The standard fee for depositions and/or court appearances, or any associated hearing, is **\$400 per hour (\$300 per hour for the supervisor, and \$100 per hour for the intern)**. As this is a training facility, no intern is permitted to appear in court or at any associated hearing without the case supervisor also being present. Such appearances will only take place in response to a subpoena. **A retainer fee must be paid in advance of any deposition, court appearance, or associated hearing.**

Scheduling Policies

Twenty-Four (24) hour notice is required if an appointment must be cancelled or re-scheduled, other than in emergency situations. Appointments not canceled in this manner are subject to the customary fee of \$20.

Emergency Situations

In case of an emergency please first call the ULM Marriage and Family Therapy Clinic at (318) 342-5678. If you are unable to speak with your therapist intern or a supervisor, please call 911, the emergency room of a local hospital, or the suicide crisis line at 1-800-SUICIDE or 1-800-273-TALK, depending upon your emergency.

I have read and discussed the above information with my therapist intern and agree to follow the policies of The ULM Marriage & Family Therapy Clinic. This agreement will remain in effect until termination of services occurs.

Signature of All Adults in Attendance _____ Date _____

Copy of Statement of Practice given to client? Yes () No ()
Copy of Clinic Brochure given to client? Yes () No ()

Signature of Therapist Intern _____ Date _____

Parental/Guardian Authorization

I, _____ (name of parent/guardian), having read and understood this statement of practice, give permission for _____ (name of intern) to conduct therapy with my _____ (relationship to parent/guardian), _____ (name of minor).

By signing below, I am stating that I indeed have the legal authority to give permission for the minor child listed above to receive above-stated services.

Signature of Parent/Guardian

Date

Treatment Plan: Intake Session Case Notes
(to be completed at the end of the first session in Titanium)

Client Number:
Therapist:

Date:
Supervisor:

Who attended?

- 1. Presenting Problem (be specific) from all Members' Perspectives:**
- 2. Why Now?**
- 3. History of Presenting Problem:**
- 4. Previously Attempted Solutions and Results:**
- 5. Critical Life Events:**
- 6. Contextual/Systemic/Relational Dynamics Important to Problem and/or Treatment** (e.g. family, relational, individual, community, cultural, spirituality, sexual orientation, gender, social context): N/A **Not Enough Info/Continue to Assess**
 Applicable
- 7. Other Systems Involved in Clients' Lives** (e.g. court, social services, previous therapy, counseling, or treatment, previous diagnosis, health status, physical/organic problems):
 N/A **Not Enough Info/Continue to Assess**
 Applicable:
- 8. Others Involved in Clients' Lives/Presenting Problem** (e.g. Relationships of Focus, and Who may Participate in Therapy in the Future):
 N/A **Not Enough Info/Continue to Assess**
 Applicable:
- 9. Clients' Strengths, Resilience, and Resources:**
- 10. In-Session and Out-Of-Session Interventions (include homework assignments/ tasks)**
- 11. Overall Goals, Issues and Themes for Therapy** (Include: How would the client like for things to be different in the future / 6 weeks from now? When will the client know that they have reached their therapeutic goals?)
- 12. Agreed upon Goals for Therapy in Order of Priority** (specific, measurable, observable behaviors)

#	Goal	Specific, Measureable, Observable Behaviors
1		
2		
3		
4		

13. Issues/Risks Indicating a Need for Referral (e.g. Specialized Evaluation, Assessment, or Care): N/A Not Enough Info/Continue to Assess
 Applicable: Insert Text

14. Medications/Impact/Influence on Treatment:
 N/A Not Enough Info/Continue to Assess
 Applicable: Insert Text

15. Notes/Other Information Pertinent to Treatment: Insert Text

Case Record Forms

- Session Case Notes
- Authorization for Use or Disclosure of Protected Health Information
- Authorization for the Release of Medical Information
- Documentation of Communication with Referrals and Others
- Documentation of Report to Authorities
- Referral Form
- Consent for the Treatment of Minors
- Financial Scholarship Contract
- Safety Plan
- Special Therapy Agreement
- No Violence Contract
- Suggestions for Developing a Personal Safety Plan
- Transfer of Intern
- Termination Never Show After Transfer
- Termination Never Show
- Termination Summary
- File Re-Opened

Probation and Parole Referral Form

Session Case Notes
(To be completed in Titanium)

Client Number:
Therapist:
Supervisor:
Who attended?

Date:
Session #:
Therapy Approach:

- 1. Goals for this Session:**
- 2. Assessment** (How have things been since last session?):
- 3. Specific Observable Behaviors During Session:**
- 4. Client's Report on Assigned Task/Homework** (from last session):
- 5. Assess Each Clients' Engagement in Change Process and Perspective of Presenting Problem:**
- 6. List Progress Toward/Away from Goals:**
- 7. Systemic Hypothesis:**
- 8. Issues/Risks Indicating a Need for Referral** (e.g. Specialized Evaluation, Assessment, or Care): N/A Not Enough Info/Continue to Assess
 Applicable:
- 9. Clients' Strengths, Resilience, and Resources:**
- 10. In-Session and Out-Of-Session Interventions** (include homework assignments/ tasks):
- 11. Progress Toward Termination and/or Any Aftercare Plans:** N/A at this time/Continue to Assess
 Applicable:
- 12. Notes to Therapist/Other Information Pertinent to Treatment:**

Authorization for Use or Disclosure of Protected Health Information

Name(s): _____

Address: _____

Information, both written and not written, on the above named individual(s), is private and confidential. Information cannot be released to anyone without the written consent of the client(s) or the client’s parent or legal guardian, except as required by law and/or code of ethics. By my signature below, I give permission for the use and disclosure of individually identifiable health information relating to me, which is called “protected health information” under HIPAA (Health Insurance Portability and Accountability Act), as described below:

After reading and understanding the above disclosure, I give permission for:
The ULM Marriage & Family Therapy Clinic _____

to release the following information only (*Insert below:* information to be released):

to (*Insert below:* name of individual to receive the information):

for the purposes of (*Insert below:* the purpose of releasing the information):

1. I understand that, if the person or organization that receives this information is not a health plan or health care provider covered by federal privacy regulations, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state law, or private.
2. I understand that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, or payment or my eligibility for benefits (if applicable).
3. I understand that I may revoke or cancel this authorization at any time by notifying The ULM Marriage & Family Therapy Clinic in writing. I understand that my revocation will not affect any actions already taken before The ULM Marriage & Family Therapy Clinic received my cancellation/revocation.

This authorization will expire on ____/____/____ (one year from today).

Name and Signature of Client and/or Client’s Parent or Legal Guardian _____
Date

Name and Signature of Client and/or Client’s Parent or Legal Guardian _____
Date

Name and Signature of Therapist Intern or Witness _____
Date

Authorization for the Release of Medical Information

Name(s): _____
Address: _____

Information, both written and not written, on the above named individual, is private and confidential. Information cannot be released to anyone without the written consent of the above named individual or the above named individual's parent or legal guardian, except as required by law.

This form enables the ULM Marriage & Family Therapy Clinic's Therapist Interns and Supervisors to have access to the above named individual's medical and/or psychological records, in order to allow a contextual understanding of the individual's medical and/or psychological history and treatment.

After reading and understanding the above disclosure, I give permission for
(Insert below: name of medical doctor, psychiatrist, or other treating medical professional):

to release the following information only *(Insert below: information to be released):*

to: The ULM Marriage & Family Therapy Clinic _____

for the purposes of *(Insert below: the purpose of releasing the information):*

Name and Signature of Client and/or Client's Parent or Legal Guardian Date

Name and Signature of Client and/or Client's Parent or Legal Guardian Date

Name and Signature of Therapist Intern or Witness Date

Referral Form

Therapist Intern: _____

Therapist Intern Contact Information:

**ULM Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112
Monroe, LA 71209
(318) 342-5678**

Reason for Referral: _____

List of Referrals with Contact Information:

- 1.
- 2.
- 3.
- 4.
- 5.

Would the client like the therapist intern’s assistance with contacting these referrals?

If so, has the

“Authorization for Use or Disclosure of Protected Health Information” been signed and completed?

****Note: Therapist - please initial stating that copy was given to client.**

CONSENT FOR THE TREATMENT OF MINORS

Minor's Name: _____

Date of Birth: _____

Minor's Address & Phone Number:

Therapist Intern(s): _____

This is to certify that I give permission for The University of Louisiana at Monroe, Marriage and Family Therapy Program therapist interns (listed above) to provide therapeutic services to my minor child. Such services may include individual therapy, family therapy, and/or group therapy, as well as clinical consultation with the faculty supervisor.

By signing below, I am stating that I indeed have the legal authority to give permission for the minor child(ren) listed above to receive above-stated services.

Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

Address & Phone Number of Parent/Legal Guardian, if different from above

Name, Title, and Signature of Therapist Intern and/or Witness Date

Safety Plan

Therapist Intern: _____

Therapist Intern Contact Information:

ULM Marriage & Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112
Monroe, LA 71209
(318) 342-5678

Reason for Safety Plan: _____

Steps I Agree to Take to Ensure my Safety:

- 1.
- 2.
- 3.
- 4.
- 5.

Who I will Contact to Stay Safe Other than my Therapist Intern (include contact info):

- 1.
- 2.
- 3.
- 4.
- 5.

List of Contacts in the Event I Cannot Reach either my Therapist Intern or those Listed Above:

- Domestic Violence/Sexual Assault: 318-323-1505
- Suicide Crisis Line: 1-800-SUICIDE or 1-800-273-TALK
- Emergency: 911
- Ouachita Parish Sherriff's Department: 318-329-1200
- Hospital Emergency Room
 - o *Glenwood Regional Medical Center: 318-329-4200*
 - o *St. Francis Medical Center-Downtown: 318-966-4000*

***Note: Copy must be given to client. Therapist must initial in box.**

SPECIAL THERAPY AGREEMENT

I, _____ (Name of Client), do hereby agree that I will not attempt to harm myself or to terminate my life while I am in therapy with _____ (Name of Therapist Intern), of The ULM Marriage & Family Therapy Clinic. I further agree that if I find that I am feeling strong desires to inflict bodily harm to myself that I will not do so before first making and keeping an appointment with my therapist intern. I understand that if I can't reach my therapist intern at The ULM Marriage & Family Therapy Clinic (**318 342-5678**), I am agreeing (a) to seek medical/psychological attention at the nearest hospital, mental health counseling clinic, or with the suicide 24-Hour Crisis Line at **1-800-SUICIDE** or **1-800-273-TALK** and (b) that I will request that my therapist intern be notified.

By signing below, I am stating that I agree to follow the above directions, and also understand that if I do not, the following will apply:

Failure to follow this special agreement, and the guidelines that I have agreed to, may result in my therapist intern notifying my next of kin, or someone else, so that they can have the opportunity to agree to a "suicide watch" or to assist in the establishing of a "suicide watch". In extreme circumstances, my therapist intern may exercise the right/responsibility to inform the appropriate civil authorities which could lead to hospitalization.

Signature of Client Date

Signature of Therapist Intern Date

Signature of Clinical Supervisor Date

Copy Given to Client:

_____ Yes
_____ No

NO VIOLENCE CONTRACT

I _____ (Name of Client) pledge not to allow my anger to go to the point where I forcefully touch my partner, another family member, or any other persons no matter how right I feel I am.

I pledge to use time-out or alternative procedures instead, and to cooperate whenever my partner initiates time-out.

If I am unable to keep this contract, I pledge to:

- 1.
- 2.
- 3.

Entered into this _____ day of _____, _____.

Name & Signature of Client Date

Name & Signature of Client Date

Name & Signature of Therapist Intern Date

Name & Signature of Clinical Supervisor Date

Suggestions for Developing a Personal Safety Plan

Use these suggestions to help you develop your own personal safety plan for you and your children. Keeping safe comes first!

Safety during an Explosive Incident

- Try to stay away from the bathroom, kitchen, bedroom, or anywhere else weapons might be available.
- Practice how to get out of your home safely. Identify which doors, windows, elevator or stairwell would be best.
- In order to leave quickly, have a packed bag ready and keep it at a relative's or friend's home. Make sure you have money, extra keys, medicines, and important documents in this bag.
- Devise a code word to use with your children, family, friends, and neighbors when you need the police.
- Use your own instincts and judgment. If the situation is very dangerous, try to calm the abuser down. This may give you the opportunity to get away.
- Remember: You don't deserve to be hit or threatened.

Safety When Preparing to Leave

- Open a savings account and/or credit card account in your name.
- Determine who would be able to let you stay with them or lend you some money.
- Keep the hotline telephone number close at hand and keep some change or a calling card on you at all times for emergency phone calls.
- Remember: leaving your violent partner is the most dangerous time. The important thing is the safety of you and your children.

Safety on the Job and in Public

- Decide who at work you will inform of your situation. This should include office or building security. Provide a picture of your batterer.
- Arrange to have an answering machine, caller ID, or trusted friend or relative screen your telephone calls if possible.
- Devise a safety plan for when you leave your workplace. Have someone escort you to your car or other mode of transportation and wait until you are safely in route. Use a variety of routes to go by if possible. Think about what you would do if something happened while going home (for example, in your car, on the bus, etc.).
- If you have to communicate with your partner, determine the safest way to do so (for example, over the phone or a public place).

Important: You may feel now that your partner will never be abusive to you again. Great! But don't let that stop you from developing a safety plan. Nothing will be hurt by having thought it through and it might mean safety for you and your children.

TRANSFER OF INTERN FORM

CLIENT NUMBER: _____

DATE OF INITIAL APPOINTMENT: _____

PREVIOUS THERAPIST: _____

PREVIOUS THERAPIST'S SUPERVISOR: _____

TRANSFERRED THERAPIST: _____

TRANSFERRED THERAPIST'S SUPERVISOR: _____

DATE OF TRANSFER: _____

REASON FOR TRANSFER: _____

List Participants in Treatment: _____

Initial Complaint: _____

Other Problems Addressed Throughout Course of Therapy: _____

Goals Established Throughout Therapy:

#	Goal	Progress Goal was: Met Deferred Changed (circle one)	Evidence of Progress Met/Deferred/Changed Specific, Observable, Measurable Behaviors
1		Met Deferred Changed	
2		Met Deferred Changed	
3		Met Deferred Changed	
4		Met Deferred	

		Changed	
5		Met Deferred Changed	

Summary of Progress in Therapy: _____

Give a Report of Clients at Transfer: _____

Notes to New Therapist: _____

TRANSFER CHECKLIST:

- | |
|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> The Receipt of Privacy Practices form signed by all adults <input type="checkbox"/> Permission to Contact form completed <input type="checkbox"/> Mental Health Disclosure/HIPAA Form signed by all adults <input type="checkbox"/> Statement of Practice signed by all adults (make sure new form signed for new therapist) <input type="checkbox"/> Permission signed for the treatment of any minor child (if applicable) <input type="checkbox"/> All dates and session numbers on Case Summary match session notes <input type="checkbox"/> All session notes completed <input type="checkbox"/> Transfer of Intern form completed and copy given to front desk (if applicable) <input type="checkbox"/> Client Satisfaction Survey completed <input type="checkbox"/> Client has no outstanding balance <input type="checkbox"/> Termination form completed (from original therapist if applicable) <input type="checkbox"/> Signature of supervisor |
|--|

Signature of Original Therapist Intern Date

Signature of New Therapist Intern Date

Signature of Supervisor Date

TERMINATION OF A CLIENT THAT NEVER-SHOWED AFTER TRANSFER

CLIENT NUMBER: _____

DATE OF INITIAL APPOINTMENT: _____

PREVIOUS THERAPIST: _____

TRANSFERRED THERAPIST: _____

DATE OF TRANSFER: _____

DATE OF TERMINATION: _____

CHECKLIST:

- Attempts were made by the new therapist of record to contact the client and documented in the Case Activity Record
- The Receipt of Privacy Practices form signed by all adults
- Permission to Contact form completed
- Mental Health Disclosure/HIPAA Form signed by all adults
- Statement of Practice signed by all adults
- Permission signed for the treatment of any minor child (if applicable)
- All dates and session numbers on Case Summary match session notes
- All session notes completed
- Transfer of Intern form completed and copy given to front desk (if applicable)
- Client Satisfaction Survey completed
- Client has no outstanding balance
- Termination form completed (from original therapist if applicable)
- Signature of supervisor

THIS CLIENT HAS NEVER SHOWN FOR THERAPY SERVICES AFTER TRANSFER, AND THEREFORE, THIS CASE WILL BE SUBSEQUENTLY CLOSED. NO OTHER TERMINATION SUMMARY IS NECESSARY.

Name and Signature of Assigned Therapist Intern Date

Name and Signature of Supervisor Date

TERMINATION OF A NEVER-SHOW CLIENT

CLIENT NUMBER: _____

DATE OF INITIAL APPOINTMENT: _____

DATE OF TERMINATION: _____

CHECKLIST:

- Attempts were made to contact the client and documented in the Case Activity Record in Titanium

THIS CLIENT HAS NEVER SHOWN FOR THERAPY SERVICES, AND THEREFORE, THIS CASE WILL BE SUBSEQUENTLY CLOSED. NO OTHER TERMINATION SUMMARY IS NECESSARY.

Name and Signature of Assigned Therapist Intern Date

Name and Signature of Supervisor Date

TERMINATION SUMMARY

CLIENT NUMBER: _____ **DATE:** _____

THERAPIST: _____ **CURRENT SUPERVISOR:** _____

Other supervisor(s) involved with this case: _____

Co-Therapist who assisted with this case (if any): _____

If a transferred case, list previous therapist(s): _____

Date of initial consultation: _____ **Date of last session:** _____

Total number of sessions (including initial consultation): _____

Participants in Therapy:

Name	Age	Dates of Attendance

List Other Systems Involved in Clients' Lives (e.g. court, social services, previous therapy, counseling, or treatment, previous diagnosis, health status, physical/organic problems) During the Course of Therapy:

List Any Referrals/Reports Made Throughout the Course of Therapy:

List Any Referrals Made at the Termination of Therapy:

CLOSING CASE SUMMARY

Initial Complaint:

Other Problems Addressed Throughout Course of Therapy:

Goals Established Throughout Therapy:

#	Goal	Progress Goal was: Met Deferred Changed (circle one)	Evidence of Progress Met/Deferred/Changed Specific, Observable, Measurable Behaviors
1		Met Deferred Changed	
2		Met Deferred Changed	
3		Met Deferred Changed	
4		Met Deferred Changed	
5		Met Deferred Changed	
6		Met Deferred Changed	

Summary of Progress in Therapy: _____

Give a Report of Clients at Termination: _____

Aftercare Plans: _____

Reason for termination of this case:

_____ Client's goals accomplished; client desired to terminate

- _____ Presenting problem rectified; therapist suggested termination
- _____ Goals accomplished; client and therapist agree to terminate
- _____ Client was referred to, or decided to seek assistance from, another professional resource.
Who/Where? _____
- _____ Client failed to attend scheduled sessions
- _____ Client discontinued therapy against professional advice
Reason given by Client: _____
- _____ Other: _____

Prior to Termination, please make sure all of the following is complete and in the file:

CHECKLIST:

- The Receipt of Privacy Practices form signed by all adults
- Permission to Contact form completed
- Mental Health Disclosure/HIPAA Form signed by all adults
- Statement of Practice signed by all adults
- Permission signed for the treatment of any minor child (if applicable)
- All dates and session numbers on Case Summary match session notes
- All session notes completed
- Transfer of Intern form completed and copy given to front desk (if applicable)
- Client Satisfaction Survey completed
- Client has no outstanding balance
- Termination form completed
- Signature of supervisor

Therapist Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

CLIENT FILE RE-OPENED

Previous Information

Client Number: _____

Previous Therapist: _____

Date of Termination: _____

Former Supervisor: _____

Updated Information

File Re-Open Date: _____

New Therapist: _____

New Supervisor: _____

Clinic Staff Checklist:

- Updated contact information – in file and computer
- New consent forms signed
- Document re-opening in binder
- New Permission to Contact form signed

Therapist Checklist:

- Sign new Statement of Practice
- Treatment of Minors form complete, if applicable

New Student Therapist Intern

Date

New Supervisor of Record

Date

For MFT Clinic only: Client Number _____ Therapist _____ 1st Appointment date _____

Receipt of referral for treatment at the ULM Marriage & Family Therapy Clinic: _____
ULM/MFT Clinic Representative

Referral for Treatment

Referring Name/Officer: _____ Phone Number(s): _____

Name of Person Being Referred: _____

DOB: _____ Male/Female: _____ Ethnicity: _____

address: _____ Phone Number(s): _____

Reason for Referral/Charges – What you hope treatment will help client with:

I understand that all information, both written and not written, on the above-named individual(s) is private and confidential. Information cannot be released to anyone without the written consent of the client(s), except as required by law and/or code of ethics.

After reading and understanding the above disclosure, we hereby consent to communication (written and not written, via mail, electronic mail [e-mail], fax, telephone, and/or in person) between The ULM Marriage & Family Therapy Clinic Staff and Intern(s) providing treatment and Probation and Parole Staff and Officers related to this case regarding information pertaining to treatment, including, but not limited to:

- ◆ Attendance
- ◆ Progress in Treatment
- ◆ Compliance with Treatment Recommendations
- ◆ Completion/Non-Completion of Treatment

By signing this consent form, I agree to all conditions listed above and understand that I can choose to revoke this consent at any time by submitting a statement in writing requesting to do so.

Client Signature

Date

Referring Agent Signature

Date

(See Back of Page)

Consent to release information by other participants in therapy with the Probation/Parole Client to the Probation and Parole Staff and Officers related to this case regarding information pertaining to treatment:

I, _____ understand that by attending sessions with
_____ (Probation/Parole Client), information about their/my
participation in treatment at the ULM Marriage & Family Therapy Clinic may be reported to the
Probation/Parole Officer as listed on the front of this form. By signing this form, I also agree to
all conditions listed on the front of this form and understand that I can choose to revoke this
consent at any time by submitting a statement in writing requesting to do so.

Signature of Participant Date

Signature of Participant Date

Signature of Participant Date

Signature of Participant Date

Please call the ULM Marriage & Family Therapy Clinic (318) 342-5678 with any questions
concerning appointments.

Assessments

- Assessment Screening for Drug/Alcohol Abuse
- Assessment for Lethality

ASSESSMENT SCREENING FOR ALCOHOL/DRUG ABUSE

Client number: _____ **Date:** _____

Therapist: _____ **Supervisor:** _____

Who was in the session? _____

Who is the "IP"? _____

Substance being abused: _____

1. Current use:

- How much?
- Frequency?
- Duration?
- Date of last use?
- Who supports this use?

2. Past use:

- How much?
- Frequency?
- Duration?
- Date use first began?
- Who supported this use?

3. Impact upon family, work, etc.

- Who has complained about the use of this/these drugs?
- What is the perceived impact on family relationships (spouse, children, parents, etc)?
- What marital problems have been influenced by this abuse?
- How has the use of this/these drug(s) impacted work? school? financial areas? physical well-being?
- Are there spiritual concerns associated with this abuse? If so, what?

4. Who else in the family (spouse, parents, siblings, etc) abuses substances? What substance?

- How much?
- Frequency?
- Duration?
- Date of last use?
- Who supports this use?

5. What are the attempted solutions? (previous therapy, AA, etc)

6. Who is the primary support group that is willing to help effect change?

7. How does the client see them being able to help?

ASSESSMENT FOR LETHALITY

Client number: _____

Date: _____

Therapist: _____

Supervisor: _____

Who is the "IP"? _____

BE VERY SPECIFIC AND WRITE COMPLETE NOTES: Use direct quotes whenever possible.

1. What is the ideation? (suicide, homicide)
2. What plan does the client have (specific)?
3. When does the client intend to initiate the plan?
4. Does the client have what is necessary to initiate the plan? (pills, gun, auto, etc)
5. Has the client attempted this behavior before? If so, discuss the details.
6. What other family member(s) has also experienced this or similar ideations?
7. What did they do?
8. Who is the immediate support group that could give assistance if a "suicide watch" needs to be established?
9. Make note of any contract--be very specific. If you get a written contract be sure to include a copy of it with these notes.
10. What discussions did you have with your supervisor (or any other appropriate supervisor) about this case?

Clinic Procedural Forms

- Check-Out Slips
- Visitor Sign-In
- Client Satisfaction Survey
- Clipping/Burning Session Directions
- Clip Request Forms
- Leave of Absence Form
- Informed Consent for Comprehensive Exams
- Accident Report
- Monthly Client Contact Hours Sheet
- Notice of Missing Documentation
- Notice of Improper Termination

Therapist:

PLEASE TAKE TO FRONT DESK

Client #: _____ Today's Date: _____

Circle One: Individual Couple Family Group Session# _____

Amount Due: \$ _____

New Appointment: Day: _____ Time: _____

Date: _____

Therapist:

PLEASE TAKE TO FRONT DESK

Client #: _____ Today's Date: _____

Circle One: Individual Couple Family Group Session# _____

Amount Due: \$ _____

New Appointment: Day: _____ Time: _____

Date: _____

Therapist:

PLEASE TAKE TO FRONT DESK

Client #: _____ Today's Date: _____

Circle One: Individual Couple Family Group Session# _____

Amount Due: \$ _____

New Appointment: Day: _____ Time: _____

Date: _____

Therapist:

PLEASE TAKE TO FRONT DESK

Client #: _____ Today's Date: _____

Circle One: Individual Couple Family Group Session# _____

Amount Due: \$ _____

New Appointment: Day: _____ Time: _____

Date: _____

CONFIDENTIALITY: VISITOR SIGN IN

Due to the sensitive nature of this facility, you are required by Federal Law not to disclose any information obtained while visiting The ULM Marriage & Family Therapy Clinic, including the identity of other people you see here. Clients and The ULM Marriage & Family Therapy Clinic interns and staff are not required to sign in. Only visitors who are not here to receive services are required to do so.

The Federal Rules (42 C.F.R. Part 2) prohibit you from making any disclosure of any information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted. A general authorization of release of medical or other information is not sufficient for this purpose.

DATE	NAME	REASON FOR VISIT	TIME IN	TIME OUT

ULM Marriage & Family Therapy Clinic

Client Satisfaction Survey

We need you help. Please take a few minutes to answer these questions. Read each one carefully, and check the answer that best describes your opinion. Feel free to be honest with us. We want to improve our service to you and to others in the future. Thank you for choosing ULM to be your therapeutic service provider.

GOAL: Setting Up Initial Appointment	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
I was treated with respect and professionalism when I called on the phone.					
My questions were answered thoroughly.					
The information given to me was helpful.					
GOAL: Therapeutic Services					
My intern was professional and knowledgeable.					
My therapy was enhanced by the supervision my intern received.					
My goals for therapy were met.					
The environment was safe and confidential.					
GOAL: After Therapy					
If a friend of mine was in my situation, I would recommend s/he come here for help.					

We would like to keep in touch with you and to know how you are doing. May we call you?

YES NO

PHONE # _____

If you do not answer the phone or someone else answers, may we leave a message identifying

ourselves as being from the ULM Marriage & Family Therapy Clinic?

YES NO

What comes to mind first when you think about the services you received at the ULM Marriage & Family Therapy Clinic?

How would you recommend we improve our services?

Additional Comments:

Optional:

For Office Use Only:

_____ Client Number _____ Date

RACE/ETHNIC BACKGROUND	AGE		GENDER	ZIP CODE	
<input type="checkbox"/> African American	<input type="checkbox"/> under 13 <input type="checkbox"/> 36-40	<input type="checkbox"/> 66-70	<input type="checkbox"/> Male	<input type="checkbox"/> 71201 <input type="checkbox"/> 71202	<input type="checkbox"/> 71269
<input type="checkbox"/> Asian American	<input type="checkbox"/> 13-17 <input type="checkbox"/> 41-45	<input type="checkbox"/> 71-75	<input type="checkbox"/> Female	<input type="checkbox"/> 71203 <input type="checkbox"/> 71291	<input type="checkbox"/> 71227
<input type="checkbox"/> American Indian	<input type="checkbox"/> 18-20 <input type="checkbox"/> 46-50	<input type="checkbox"/> 76-80		<input type="checkbox"/> 71292 <input type="checkbox"/> 71238	<input type="checkbox"/> 71235
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> 21-25 <input type="checkbox"/> 51-55	<input type="checkbox"/> 81+		<input type="checkbox"/> 71220 <input type="checkbox"/> 71241	<input type="checkbox"/> 71418
<input type="checkbox"/> Hispanic	<input type="checkbox"/> 26-30 <input type="checkbox"/> 56-60			<input type="checkbox"/> 71234 <input type="checkbox"/> 71225	<input type="checkbox"/> Other
<input type="checkbox"/> Other _____	<input type="checkbox"/> 31-35 <input type="checkbox"/> 61-65			<input type="checkbox"/> 71229 <input type="checkbox"/> 71264	

CLIPPING SESSIONS

- Pull up “Playback System” on Desktop.
- On the menu to the right of the screen at the very top, there is a button with a **reel of film** being unraveled by a hand, “Date Time Search Dialog”. Click on it.
- On the menu that pops find the **calendar** at the top left. Find the date of the session you want to clip. Click on that date.
- On the main screen at the bottom, there will be red lines one for each room that is present on the computer you are accessing.
- On the left of the bottom main screen there will be room listings. Follow the line associated with which room you will need to access.
- Click along the line to view in the screen at the top right to find out which time slot you need to select from.
- Find a starting point (on the red line click before the session starts and drag to after the session starts to make sure none of the session is missing).
- Click “OK” in the bottom right.
- The next screen will be a playback screen. This screen will playback the selection you just made.
- Press the “Play” button in the bottom left hand corner of the screen.
- Once you find where the session starts, find the set of buttons underneath the “Play” button. It will have a triangle in the middle with a white circle on the left and a grey circle on the right. The white circle on the left is the “Cue in” button and the grey circle on the right is the “Cue out” button.
- As soon as you see that the session is starting, press the “Cue in” button.
- Use the scroll bar to scroll through the video until you see where the session ends.
- Start the video right before the session ends and when you see that you want the video to end, press the “Cue out” button.
- In the black rectangle at the bottom right of the screen, there should be an “In” time and an “Out” time listed now.
- Your video is cued and ready to be clipped. On the **right** hand menu, there is an icon with a Pencil in it. Underneath this to the right, there is an icon with a **floppy disk with a video camera in front of it**, “Export Video/Audio” click on that icon.
- On the “Export Video/Audio” pop-up screen, click on the “Export Audio” checkbox at the bottom so that the box **IS** checked.
- Under “Use Profile” dropdown box, select the item that ends with “(768 kbps)”.
- Under the “Export File Path” at the top, click the folder icon located to the right.
- When prompted, find under My Computer the “Share” location and double click on it. Then click on “Students”.
- Find the name of the student who is conducting the session, then in the “Save As” blank area, type in the month, day, year, and time of session as follows: **2.1.12_5pm**.
- Select “OK” at the bottom of the pop-up screen. Then click “Yes” on the next pop-up screen.
- Your file is being clipped. It will take about 30 minutes to finish. Once it is finished, click “yes” to view that it has been clipped properly.

ULM MARRIAGE AND FAMILY THERAPY CLINIC

CLIP REQUEST FORM

Name: _____

Date: _____

Date of Session: _____

Room number: _____

Time of Session: _____

****Your session will be clipped and placed in your folder within 48 hours (weekends excluded)**

ULM MARRIAGE AND FAMILY THERAPY CLINIC

CLIP REQUEST FORM

Name: _____

Date: _____

Date of Session: _____

Room Number: _____

Time of Session: _____

****Your session will be clipped and placed in your folder within 48 hours (weekends excluded)**

ULM MARRIAGE AND FAMILY THERAPY CLINIC

CLIP REQUEST FORM

Name: _____

Date: _____

Date of Session: _____

ROOM NUMBER: _____

Time of Session: _____

****Your session will be clipped and placed in your folder within 48 hours (weekends excluded)**

VACATION/LEAVE OF ABSENCE FORM

Date: _____ Therapist's Name: _____

Dates of Absence: _____ through _____ (date you will return to duty)

Reason for Absence: _____

Itinerary and Contact Information During Absence:

Location: _____ Phone Number: _____

Location: _____ Phone Number: _____

Location: _____ Phone Number: _____

Coverage will be provided by:

Therapist's Name: _____ Contact Number: _____

Additional Information for Clinic Staff and/or Covering Therapist:

Notes/Messages for Therapist (Upon Return):

Student Therapist Intern's Signature

Date

Supervisor's Signature

Date

Director of Clinical Services Signature

Date

INFORMED CONSENT

For the Purpose of Presentation or Research

I/We, _____, _____, _____ understand that _____ (student therapist intern) is utilizing a recording of my/our therapy session(s) for the purpose of presentation or research. We have discussed this with our therapist and given permission for this to occur with the understanding that all recordings and transcriptions will ensure that confidentiality is maintained.

Expiration date: ____/____/____

I have read and discussed the above information with my therapist, and he/she agreed to follow the 2015AAMFT code of ethics regarding confidentiality.

Client(s) signature

Date

Copy given to client? Yes () No ()

Therapist Signature

Date

Director of Clinical Services signature

Date

ACCIDENT REPORT
The University of Louisiana at Monroe

Name of Injured Party: _____ Sex: _____ Time/Date: _____

Location or Area: _____

Activity: _____

Describe in detail how the accident happened: _____

Describe in detail what action was taken: _____

Suggested remedial measures: _____

List names, addresses, and phone numbers of two people who saw the accident:

1. _____

2. _____

Distribution of report:
Vice President for Student Affairs
Dean of College of Students
University Physician

Faculty or Staff Signature

Client Contact Hours Sheet

Client Contact Hours							Supervision Hours					
Site Name	Modality	Individual	Couple (Relational)	Family (Relational)	Relational (add couple & family 250 hrs)	Total Hours	Case Rpt	Live (Raw Data)	Video (Raw Data)	Audio (Raw Data)	Direct Obs. (Add audio, video, and live-50 hrs)	Total Supervision Hours (100)
ULM	IND				0	0					0	0
	GRP				0	0					0	0
	ALT				0	0					0	0
	IND				0	0					0	0
	GRP				0	0					0	0
	ALT				0	0					0	0
TOTALS		0	0	0	0	0	0	0	0	0	0	0
RATIO OF SUPERVISION TO CLIENT CONTACT HOURS=							#DIV/0!	SHOULD BE .20 OR GREATER				
Total Client Contact Hours							Total Supervision Hours					
Site Name	Modality	Individual	Couple (Relational)	Family (Relational)	Relational (add couple & family 250 hrs)	Total Hours	Case Rpt	Live (Raw Data)	Video (Raw Data)	Audio (Raw Data)	Direct Obs. (Add audio, video, and live-50 hrs)	Total Supervision Hours (100)
ULM	IND											
	GRP											
	ALT											
MA	IND											
	GRP											
	ALT											
TOTALS												
RATIO OF SUPERVISION TO CLIENT CONTACT HOURS=							0.56	SHOULD BE .20 OR GREATER				

NOTICE OF MISSING DOCUMENTATION

CLIENT NUMBER: _____

DATE: _____

DOCUMENT MISSING: _____

Upon review of this file by the Clinical Supervisor, this file was found to have a missing document(s). The student intern was contacted regarding this matter and all steps to rectify this situation were taken by the Clinical Supervisor.

STUDENT INTERN: _____

SUPERVISOR: _____

DATE CONTACTED: _____

Therapist Intern
ULM Marriage & Family Therapy Clinic

Clinical Supervisor

NOTICE OF IMPROPER TERMINATION

CLIENT NUMBER: _____

DATE: _____

Due to graduation and/or improper procedure, this file was not properly terminated by the file therapist and supervisor. This letter serves as an official closing of this file. In case of re-opening or further interest in this case, the new therapist is responsible for conducting a proper file termination.

Director of Clinical Services
ULM Marriage & Family Therapy Clinic

MAFT 6070 Internship Forms

- Clinic Handbook Agreement Form
- Student Background Check and Drug Screen Policy
- Student Background Check and Drug Screen Policy Acknowledgment Form
- Application for 6070 Internship
- Intern/Clinic Staff Acknowledgement of Confidentiality
- Pre-Internship/Practicum Evaluation Form
- Intern Evaluation Form
- Intern Evaluation Form – Externship Site
- Evaluation of Supervisor Form
- Case Assignment Suspension Form
- Application for Clinical Requirements for Graduation
- MA Client Contact Hours Reporting Form

**The University of Louisiana at Monroe
Marriage & Family Therapy Clinic
Clinic Handbook Agreement**

I understand that the purpose of this handbook is to provide an overview of the policies and procedures of The University of Louisiana at Monroe Marriage and Family Therapy Clinic. In addition, the aspects of The Marriage & Family Therapy clinical internship, which are an integral part of MFT Clinic operations, are addressed.

I understand that the handbook is organized to provide readily accessible information regarding most operational aspects of The Marriage & Family Therapy Clinic. Likewise, upon reference to the handbook the majority of my questions concerning the policies and procedures for the clinic can be addressed. On occasion unique situations may arise pertaining to internship and Clinic operations which are not clearly addressed in this handbook. In such situations, I agree to go to the ULM Marriage & Family Therapy Director of Clinical Services to answer any questions concerning clinical internship or Clinic operations.

I understand that this handbook is written for the exclusive use of interns, faculty, and staff of the Marriage and Family Therapy Program. This includes my understanding that the copy of the handbook that I have received is for my exclusive use, while working at The Marriage & Family Therapy Clinic. Additionally, I recognize that no part of this handbook may be reproduced or provided to a third party without permission of the ULM Marriage & Family Therapy Director of Clinical Training.

By signing and dating this form I agree to abide by the statements that have been provided above, to the policies and procedures provided in the handbook, and to having thoroughly read the entire clinic handbook.

Print Name

Signature

Date

**Policy Title: Student Background Check and Drug Screen Policy
Marriage & Family Therapy Program, School of Allied Health,
College of Health Sciences, University of Louisiana at Monroe (ULM)**

V. PURPOSE

To provide the faculty, staff, and students with the policies and procedures for managing student background checks and drug screens.

VI. POLICY

Background checks and drug screening tests are now required of Marriage & Family Therapy (MFT) students in order to participate in clinical work [defined as MAFT 5015, MAFT 6070, MAFT 7051, and MAFT 7053 both at internal ULM clinics and at internship sites] in the MFT Program. This policy was established to comply with emerging accreditation standards, to comply with the policies of the College of Health Sciences (CHS), the School of Allied Health (SOAH), and the MFT Program specifically to promote the highest level of integrity in the program. This policy includes initial background checks and drug screenings as well as drug screening for suspicious behavior.

VII. PROCEDURE

All MFT students must complete a background check and drug screening from CastleBranch.com prior to beginning any clinical work. Students can be re-tested at any time during their course of study, especially if the student displays suspicious behavior during a clinical rotation. Students should report any changes in their status to the Program Director.

All MFT students will be informed of the College of Health Sciences Background Check (BC) and Drug Screening (DS) policies both in writing (in the program handbooks) and in spoken form (during the applicant interviews and again at the program orientation). Students will sign an acknowledgement form as outlined on the CHS Initial Background Checks and Drug Screening Policy.

Students must request a background check and drug screen from [CastleBranch.com](https://www.castlebranch.com) where they will register and pay for the services. The following steps outlined below should be followed by the student:

- Following the instructions provided by the Program Director or their designee, the student should complete the on-line form at CastleBranch.com.
- Upon completing the forms, the student should be prepared to pay the fee for the background check and drug screen to be processed. This fee includes a national criminal background search.
- The student will receive a password and will be able to access the results when available.

- A receipt for the payment of the background check and drug screen must be presented to the Program Director to serve as proof of registration.
- All results will be sent to the MFT Program Director by Castle Branch. The Program Director will review the results and will inform the Clinic Director if the student is cleared for clinical work or if information of concern exists.
- If information of concern exists on the background check, the student must meet with the MFT Program Director and/or designees. The issues leading to the charge will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
- **If the results of any drug screening indicate a positive finding, the student will not be eligible to begin clinical work and will be dismissed from the program as the MFT Program has a zero-tolerance policy for a failed drug test.**
- If the drug screen indicates a “Dilute” result, the student must retest within 2 working days at his/her own expense.
- Failure to follow the background check and drug screening policies will result in the student being unable to begin clinical work.
- Upon request, the results of the background check and drug screen will be made available to all internship site administrative supervisors participating in the student’s clinical training. The student is responsible for providing these results to the internship site.
- If there is information of concern on the background check and the student is allowed to continue on to clinical work, the internship site has the right to deny the student’s placement at the site. Each practice site will determine whether the student may participate at that site and the decision will be independent from any determination by the MFT Program. However, if the MFT faculty makes the determination that a student cannot participate in clinical work, that decision applies to work at all university and external affiliates.
- The policy outlined in the document entitled *Plan of Action for Background and Drug Screening Concerns* (also found on page 3 of this document) will be followed.
- Students have full access to the results of the background check and drug screen through CastleBranch.com. Records will be archived by Castle Branch.

VIII. SUSPICIOUS BEHAVIOR

Once a student is accepted into the MFT Program drug and/or alcohol screening may be required in cases of suspicious behavior observed by an employee of the university or the applicable site supervisor. Suspicious behavior is defined by any or all (but not limited to) the following being observed:

- Lack of attendance, frequent absences or tardiness from class, clinical, lab or other program related activity.
- Sudden and/or unexplained disappearance from class, clinical, lab or other program related activity.

- Isolation.
- Withdrawal.
- Errors.
- Increased poor judgement.
- Haphazard and/or illogical case notes, charting, or other written work.
- Unusual accidents/incidents.
- Unusual behavior, moods, or appearance (such as personality changes, mood swings, aggression, illogical thought patterns, slurred speech, pupil size and/or appearance).
- Changes in motor functioning (such as gait disturbances, impaired dexterity, drowsiness, sleepiness).
- Changes and/or deterioration in personal hygiene.
- Detectable odor of alcohol or drugs.

Two university officials will complete and sign off on the suspicious behavior checklist and inform the student if a drug screen is required. If so, the student will be required to sign the suspicious behavior checklist agreeing or refusing to be tested. In the case of agreement, the program director or designee will inform the closest designated laboratory of the requirement and the student must report to that closest designated laboratory within the required timeframe (immediately to up to 2 hours, depending upon program policy). However, the student may not drive to the screening facility but is responsible for arranging his/her own transportation and transportation costs. In the event a drug screen is required based upon suspicious behavior of a student, the program director or designee must inform the Dean through the Dean's representative of the Committee on Ethical and Professional Conduct.

The student may not attend class, practicum, clinical rotation, internship, externship, or any other program related activity until approval is granted by the Program Director. Such approval can only be granted after reviewing the drug screen results and verifying that they are negative and/or otherwise cleared. A positive drug screen will result in the enforcement of appropriate actions and penalties, as per this policy.

Failure to agree to, or show up for, such testing is considered admission of student's drug use and failure to comply with this policy and will be sufficient cause for implementation of any and/or all sanctions/consequences allowed as per this policy. If the student refuses to test, he/she is required to sign a statement to that affect. If he/she refuses to do so, the form will be signed by two university officials with note of student's refusal to sign. Failure to test when required, or refusal to sign the refusal to test statement, is grounds for immediate dismissal from the program and referral to the Dean of Students.

**Plan of Action: Background Check and Drug Screening Concerns
Marriage & Family Therapy Program, School of Allied Health,
College of Health Sciences, University of Louisiana at Monroe (ULM)**

Students must follow the policy and procedures for background and drug screening as dictated by the College of Health Sciences Background Check and Drug Screen Policy.

If concerns are noted in the background screening, the following plan of action will be taken:

1. Students will be contacted by the MFT Program Director if information of concern arises.

If the information of concern revealed through the background screening is a *felony* offense the following actions will occur:

1. The student will meet with the Program Director and/or designee. Information from the **MFT Student Background Check and Drug Screen Policy** and **Plan of Action: Background and Drug Screening Concerns** will be reviewed. During initial orientation to the program, the student was provided with these policies, policies were reviewed, and the student signed forms indicating that they had read and understood the policies.
2. The AAMFT Code of Ethics will be reviewed with the student.
3. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.
4. The issues leading to the charge will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
5. If clinical work is approved, the practice site will determine whether the student may participate in that setting. This decision will be independent from any determination by the University of Louisiana Monroe's MFT Program or College of Health Sciences.
6. If the practice site refuses to allow the student to participate in training, it is the responsibility of the student to find an alternative placement, approved by the MFT program administration.
7. If no alternative placement can be secured due to the results of the background check, the student will be unable to complete the requirements of the program.

If the information of concern revealed through the background screening is a *misdemeanor* offense the following actions will occur:

1. The student will meet with the MFT Program Director and/or designees. The AAMFT Code of Ethics will be reviewed with the student.
2. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.

Note: All 50 states require licensure in order to practice as a Licensed Marriage & Family Therapist. A felony conviction may affect a graduate's ability to attain state licensure. Therefore, if an applicant/student is concerned about an issue, the status of this must be addressed with the particular state's licensing board prior to the clinical portion of the program.

Note: If the results of any drug screening indicate a positive finding, the student will not be allowed to commence their clinical work and will be immediately dismissed from the program as the MFT Program has a zero-tolerance policy for a failed drug test.

**ULM Marriage and Family Therapy Program
Student Background Check and Drug Screen Policy
Acknowledgement**

By signing this acknowledgement form, I agree that I have received, read, and understood the ULM Marriage and Family Therapy Program Student Background Check and Drug Screen Policies and Procedures. I understand that if I choose not to sign this form, or not to follow the ULM Marriage and Family Therapy Program Student Background Check and Drug Screen Policies and Procedures, I will not be permitted to continue in the MFT MA Program.

A summary of the policies and procedures includes, but is not limited to:

- Background checks and drug screening tests are required of MFT students in order to participate in clinical work.
- If information of concern exists on the background check, the student must meet with the MFT Program Director and/or designee. The issues leading to the charge will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
- If information of concern exists on the drug screening, the student will not be eligible to begin clinical work and will be dismissed from the program as the College of Health Sciences has a no tolerance policy for a failed drug test.
- *All 50 states require licensure in order to practice as a Licensed Marriage and Family Therapist and a Licensed Professional Counselor. A felony conviction may affect a graduate's ability to attain state licensure. Therefore, if an applicant/student is concerned about an issue, the status of this must be addressed with the particular state's licensing board prior to the clinical portion of the program.*

Student Signature

Date

Director of Clinical Services

Date

Application for MAFT 6070 Internship

Please complete the following and submit to the Director of Clinical Services prior to beginning MAFT 6070 Internship, no less than the last day of the semester in which you are concluding MAFT 5015 requirements:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) Phone: _____ (Cell)

Phone: _____ (Work) Advisor Name: _____

ULM Email: _____ Personal Email: _____

Emergency Contact: _____

Supervisor Assigned for 5015: _____

Externship Site(s): _____

Direct Client Contact Hours Earned in MAFT 5015: _____

Supervision Hours Earned in MAFT 5015: _____

The following documentation must be submitted with this application:

- Completed MAFT 5015 Pre-Internship Evaluation
- Completed Clinic Handbook Agreement
- Signed MAFT 6070 Supervision Contract (attached)
- Signed Intern Acknowledgement of Confidentiality (attached)
- Completed Externship Agreement(s) (if applicable)
- Proof of Liability Insurance (should have already been submitted to MFT Clinic)

By signing, I agree that the information contained is true and all requirements are complete:

Student Signature _____ Date _____

By signing, I agree that the information contained is true and this student is clinically ready to be enrolled in MAFT 6070:

MAFT 5015 Supervisor Signature _____ Date _____

Director of Clinical Services _____ Date _____

MAFT 6070 Supervision Contract

- A. Involvement in a **minimum** of 15 hours per week of clinical experience. Approximately 8-10 hours will be spent conducting individual, marital and/or family therapy. The balance of the time will be spent in supervision, record keeping, working as a member of a team, and other clinical activities. The emphasis of this clinical training and the intern's clinical work is system theory oriented.
- B. The supervision group will meet for one hour each week from 4:00 - 5:00p.m. Attendance is mandatory. **Do not** schedule cases during this time period without first checking with the supervisor. Group supervision will involve lectures and discussion of specific clinical issues, review of assigned readings, live supervision and/or review of video/audio recordings of the clinical work of group members, and discussion of clinical work. Live group and/or individual supervision will continue on between 5-8:00 P.M. each week.
- C. Each intern will meet with the supervisor **at least** every other week for one hour of individual supervision. The intern is responsible for scheduling individual supervision sessions with their supervisor. Interns are expected to bring video or audio recordings of therapy available for review during individual supervision.
- D. Interns are expected to video or audio record **all** therapy sessions conducted in the ULM MFT Clinic & to the extent possible, at the extern site. Tapes are to be available for review by the intern & supervisor.
- E. Each intern is expected to make a typed transcription of the first ten minutes of at least two initial interviews with accompanying audio/video recordings of him/her self-conducting a family/couple session. This requirement will be described in detail during the first class meeting.
- F. Interns are expected to provide “peer supervision” (I.E. defined as actively acting as a team member) with fellow interns in the supervision group.
- G. Interns are to maintain a monthly log summary of all internship activities (I.E. hours of clinical work with individuals, couples and families; individual and group supervision, etc.) to be signed by the supervisor at the end of each month. Keep a permanent copy of these sheets as they constitute the documentation of supervision/clinical experience.
- H. Interns have been provided a copy of & are expected to be follow the ULM Marriage & Family Therapy Clinic Policies/Procedures.
- I. Interns are expected to attend all scheduled Clinical Meetings.

- J. Additional clinical learning assignments may be assigned at the discretion of the supervisor.
- K. Interns and supervisors are bound by and expected to conduct themselves in a manner required by the laws and ethical standards of the State of Louisiana and the 2015 AAMFT Code of Ethics, COAMFTE Standards, ACA Code of Ethics, CACREP Standards, and ULM Standards and any other relevant professional bodies.
- L. Supervision is not psychotherapy. The therapist intern is strongly encouraged to seek therapy, peer support, and/or consultation if personal issues come up that cannot be resolved within the professional relationship of supervision.

By signing, I agree to the requirements of MAFT 6070:

Student Signature

Date

INTERN/CLINIC STAFF ACKNOWLEDGEMENT OF CONFIDENTIALITY

One of the principle requirements of working in the University of Louisiana at Monroe's Marriage and Family Therapy Clinic is that confidentiality be strictly maintained.

Any and all information concerning clients receiving services from the ULM Marriage & Family Therapy Clinic or affiliated externship sites is strictly confidentially. This includes, but is not limited to, any acknowledgement that a client was seen in this clinic. We can neither confirm nor deny any individual received therapy services at The Marriage & Family Therapy Clinic without his/her written consent and release of information.

No identifying information acquired as a result of placement in therapy services involving any client may be discussed with anyone outside of the clinic. If a case is discussed within the MFT Program (e.g., class training), caution and discretion will be used in discussing the case and no identifying information about the client/client system will be discussed.

My signature below indicates that I understand and accept all of the above conditions of placement in the Marriage and Family Therapy Program (MAFT 6070 and MAFT 7051). I will respect the privacy of all clients, all the time, maintain the conduct expected of a mental health professional in compliance with the AAMFT Code of Ethics and the state of Louisiana's statutes, and adhere to the ULM Marriage & Family Therapy Clinic Policies and Procedures Handbook.

Student Therapist Intern/Clinic Staff Member

Date

Director of Clinical Services

Date

Pre-Internship/Practicum Evaluation Form – MAFT 5015

The following criteria guide assessment of student’s personal qualifications and readiness for entry into the clinical experience (MAFT 6070). Each prospective intern is to demonstrate a solid entry-level capacity for each of these skills.

Name: _____ Date: _____

Practicum Supervisor: _____ 5015 Instructor: _____

Evaluation Scale: 1 = Poor 2 = Below average 3 = Average 4 = Above average 5 = Excellent

1. Attendance and punctuality	1	2	3	4	5
2. Record keeping and documentation	1	2	3	4	5
3. Familiarity with Clinic policies and procedures	1	2	3	4	5
4. Receptivity to new supervisory information	1	2	3	4	5
5. Demonstration of effective listening skills	1	2	3	4	5
6. Interactions and teamwork with other interns	1	2	3	4	5
7. Developing rapport/Joining with clients	1	2	3	4	5
8. Defining achievable therapeutic goals	1	2	3	4	5
9. Management of session (i.e., gatekeeping)	1	2	3	4	5
10. Therapeutic use of language	1	2	3	4	5
11. Ability to conceptualize/work systemically	1	2	3	4	5
12. Constructing and delivering interventions	1	2	3	4	5
13. Appropriate follow-up with clients	1	2	3	4	5

Please write additional comments on the back of this form. Average*: _____

Practicum Supervisor Signature

Date

***NOTE: Interns must attain overall 3.5 average to gain entry into MAFT 6070 Internship.**

**STUDENT INTERN EVALUATION – MAFT 6070
MARRIAGE AND FAMILY THERAPY PROGRAM**

STUDENT: _____ GRADE: (C) _____ (NC) _____

CLINICAL SUPERVISOR: _____ SEMESTER: _____

EVALUATION SCALE: 4=Excellent 3=Above average 2=Average 1=Below average
N/A=Not applicable

CRITERIA	MID-TERM	FINAL
• Attendance and punctuality	_____	_____
• Record keeping and documentation	_____	_____
• Understanding of Clinic policies and procedures	_____	_____
• Reception to new supervisory information	_____	_____
• Interactions and teamwork with other interns	_____	_____
• Level of professionalism	_____	_____
• Developing rapport/ joining with clients	_____	_____
• Ability to assess and hypothesize systemically	_____	_____
• Clinical assessment and diagnosis	_____	_____
• Treatment planning and case management	_____	_____
• Therapeutic use of language	_____	_____
• Constructing and delivering interventions	_____	_____
• Appropriate follow-up with clients	_____	_____
• Providing systemically oriented therapy	_____	_____
• Working with diverse population of clients	_____	_____
• Identifying legal/ethical dilemmas and effective solutions	_____	_____

- Articulation of a dual professional identity _____
- Knowledge and implementation of self-care Strategies _____

Final Evaluation/ Clinical Case Presentation _____

Number of Client Contact Hours Completed (100 min.): _____

Number of Supervision Hours Completed (30 min.): _____

ADDITIONAL COMMENTS:

MID-TERM

FINAL

Student Intern Signature Date

Student Intern Signature Date

Clinical Supervisor Signature Date

Clinical Supervisor Signature Date

**STUDENT INTERN EVALUATION – EXTERNSHIP SITE
MARRIAGE AND FAMILY THERAPY PROGRAM**

STUDENT: _____ SITE: _____

SITE SUPERVISOR: _____ CLINICAL SUPERVISOR: _____

SEMESTER/ YEAR: _____

EVALUATION SCALE: 4=Excellent 3=Above average 2=Average 1=Below average
N/A=Not applicable U/D=Unable to determine

- Attendance and punctuality _____
- Record keeping and documentation _____
- Understanding of policies and procedures of the externship site _____
- Reception to new supervisory information _____
- Interactions and teamwork with other staff _____
- Level of professionalism _____
- Therapeutic abilities _____
- Clinical assessment and diagnosis _____
- Treatment planning and case management _____
- Providing systemically oriented therapy _____
- Working with diverse population of clients _____
- Identifying legal/ethical dilemmas and effective solutions _____
- Articulation of a dual professional identity _____
- Knowledge and implementation of self-care strategies _____

OVERALL PERFORMANCE AT YOUR SITE _____

ADDITIONAL COMMENTS:

SITE SUPERVISOR SIGNATURE

DATE

Received by:

CLINICAL SUPERVISOR SIGNATURE

DATE

Evaluation of Supervision Experience

Supervisor _____ Date _____

My Supervisor:

(Please circle each item)

1. Keeps appointments with me	Never	Sometimes	Usually	Always
<hr/>				
2. Meets with me regularly for Individual supervision	Never	Sometimes	Usually	Always
<hr/>				
3. Meets with our internship group regularly for group supervision	Never	Sometimes	Usually	Always
<hr/>				
4. Tells me when I've done a good job in therapy (non-specific)	Never	Sometimes	Usually	Always
<hr/>				
5. Tells me about specific things I've done	Never	Sometimes	Usually	Always
<hr/>				
6. Helps me become aware of my clients' resources and strengths	Never	Sometimes	Usually	Always
<hr/>				
7. Asks my opinion about my observations of my relationship with clients	Never	Sometimes	Usually	Always
<hr/>				
8. Asks about my hypotheses regarding the clients' complaints	Never	Sometimes	Usually	Always
<hr/>				
10. Asks about my perturbations/interventions	Never	Sometimes	Usually	Always
<hr/>				
11. Asks about my understanding of me being a part of the client's problems as well as solutions	Never	Sometimes	Usually	Always
<hr/>				
12. Asks about my observations regarding outcome of therapy	Never	Sometimes	Usually	Always
<hr/>				
13. Makes direct suggestions about what I could have done differently, more of, and/or less of	Never	Sometimes	Usually	Always
<hr/>				
14. Presents data to support his/her observations about my therapy	Never	Sometimes	Usually	Always
<hr/>				
15. Shares alternative interpretations/theories about therapy	Never	Sometimes	Usually	Always
<hr/>				
16. Shares alternative interventions/perturbations	Never	Sometimes	Usually	Always
<hr/>				

17. Helps me learn by telling me what to do	Never	Sometimes	Usually	Always
18. Helps me learn by modeling/demonstrating	Never	Sometimes	Usually	Always
19. Helps me learn by assigning related readings	Never	Sometimes	Usually	Always
20. Helps me learn by sharing a personal learning experience	Never	Sometimes	Usually	Always
21. Reviews my case notes	Never	Sometimes	Usually	Always
22. Assists me in keeping accurate records of my client contact and supervision hours	Never	Sometimes	Usually	Always
23. Supervises my work at my assigned externship	Never	Sometimes	Usually	Always
24. Does live supervision of my cases	Never	Sometimes	Usually	Always
25. Reviews videotapes of my clinical work	Never	Sometimes	Usually	Always
26. Spends supervision time doing case review (other than live or tapes)	Never	Sometimes	Usually	Always

PLEASE INDICATE THE APPROXIMATE PERCENTAGE OF YOUR SUPERVISION TIME SPENT WITH YOUR SUPERVISOR WHICH WAS DEVOTED TO: (should total 100%)

_____ The client(s) behavior, problems, resources, strengths, etc.

_____ Your behavior in the therapy sessions

_____ Your therapeutic style

_____ Your relationship as Supervisor/supervisee

_____ Social talk (talk about ball games, the weather, etc.)

_____ Other (please specify)

_____ TOTAL

PLEASE COMPLETE THIS FORM AND LEAVE IT WITH YOUR SUPERVISOR. INFORMATION FROM THIS SURVEY WILL NOT BE USED FOR GRADING PURPOSES. IT IS TO HELP YOUR SUPERVISOR WITH HIS/HER SUPERVISION STYLE.
(Developed by Raphael J. Becvar, Ph.D. and R. Lamar Woodham, Ed.D., 1996)

CASE ASSIGNMENT SUSPENSION FORM

SECTION I: For Faculty Use Only

Please remove _____ (student) from the rotation of new client assignments, as well as, from his or her current caseload. This action should take place beginning _____ (date) and will be re-evaluated on _____ (date).

Reason for Suspension:

Additional Comments:

Supervisor's Signature

Date

Director of Clinical Services

Date

SECTION II: Form to Remain Attached to Document, Copy Given to Clinic Staff

Therapist's Name: _____

Date: _____

Does student have an existing client load? YES

NO

If yes, please list transfer of client information:

Client Number	Date of Transfer	New Therapist of Record	Transfer of Intern Form Filed?

Supervisor's Signature

Date

Director of Clinical Services

Date

APPLICATION FOR CLINICAL REQUIREMENTS FOR GRADUATION

Please complete the following and submit to the Director of Clinical Services, no less than the last day of the semester in which you are graduating and concluding MAFT 6070 requirements. This documentation must be on file before a student can receive his or her diploma and/or participate in commencement activities.

Name: _____ Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

ULM Email: _____ Personal Email: _____

Externship Sites held: _____

Total Direct Client Contact Hours Earned: _____

Total Supervision Hours Earned: _____

Once you have graduated, please list any changes to your contact information above, so that we may still contact you, if necessary.

Have you secured a place of employment following graduation? YES NO
If yes, (1) what place of business, and (2) in what city and state?

Do you plan on pursuing licensure immediately after graduation? YES NO
If so, what licenses? LPC LMFT BOTH

Do you plan on pursuing other licenses or certifications? YES NO
If so, what licenses and certifications? _____

Please share any additional information about your future plans that would be beneficial for the program to know:

***Please attach the following items for documentation of clinical graduation requirements: Final monthly client contact hour form, and Final 6070 intern evaluation form. All items should be paper clipped together and placed in the Director’s Clinic mailbox. Ensure that all monthly client contact hours forms and all externship agreements are in your Clinic file.**

- Final Monthly Client Contact Hour form showing documentation you have met all hour requirements:
 - 500** Direct Client Contact Hours
 - 250** Relational Hours
 - 150** Hours Obtained in the ULM Marriage & Family Therapy Clinic
 - 100** Alternative Therapeutic Contact Hours allowed
 - 100** Supervision Hours
 - 50** of those 100 Supervision Hours must be Direct Observation (Live, Audio, Video)
 - 25** of those 50 Direct Observation Hours must be Live or Video
- Final MAFT 6070 Intern Evaluation Form (Must be requested from clinical supervisor)
- All Monthly Record of Client Contact and Supervision Hours from May – May must be on file.
- Must have Externship Agreement on file for all Externship Sites held.

By signing, I agree that all information contained is true and all requirements are complete:

Student Therapist Intern Signature

Date

Final Semester Supervisor Signature

Date

Director of Clinical Services Signature

Date

M.A. CLIENT CONTACT EARNED REPORTING FORM

STUDENT NAME: _____

DIRECT CLIENT CONTACT

TOTAL INDIVIDUAL HOURS: _____

TOTAL RELATIONAL HOURS: _____

TOTAL ALTERNATIVE HOURS (MAX 100): _____

TOTAL HOURS: _____

SUPERVISION HOURS

TOTAL CASE REPORT SUPERVISION HOURS: _____

TOTAL DIRECT OBSERVATION HOURS: _____

TOTAL SUPERVISION HOURS: _____

Externship Site Documents

- Externship Requirements
- Externship Site Agreement
- Current and Previously Approved Externship Sites
- Community Feedback Survey

Marriage and Family Therapy Program Externship Site Requirements

1. Externships must take place within a setting that is chartered or licensed by the appropriate state authority, if applicable, and that has been in operation for at least 2 full years. The institution must have a governing board that includes representation reflecting the public interest.
2. Sites meeting the first requirement, but have not previously been approved by the ULM Marriage and Family Therapy Program as an approved Externship Site, must schedule a meeting with the Director of Clinical Services to initiate the approval process.
3. A continuous 9-12-month clinical experience in individual, couple, and family therapy must be available at the externship.
4. Caseloads at the externship site must be sufficient so that a minimum of 50% of the intern's time at the site involves direct client contact of a therapeutic nature. Up to 50% of the intern's time at the site may involve administrative case support work such as case consultations, staff meetings, and generation and review of case notes.
5. At least 50% of client contact hours at the site should be with couples, families, and/or family related issues.
6. The intern's weekly work schedule shall be agreed upon at the beginning of each semester. Combined off campus externship work shall not exceed 16 clock hours per week, unless special permission is obtained from the intern's faculty supervisor and the Director of Clinical Services.
7. Accurate records of intern work hours shall be documented and maintained at the externship site. These records shall be verified by the appropriate extern site personnel and made available to the ULM MFT Program upon request.
8. The externship site shall provide adequate facilities and equipment for the intern to carry out designated responsibilities, including a confidential, locked cabinet for the intern to store their case files and records that meet ULM Marriage & Family Therapy Clinic, AAMFT Code of Ethics, and HIPAA requirements.
9. The externship site shall provide interns with an appropriate orientation to the policies and procedures of the externship site and the intern's role within the setting.
10. Externship sites shall have published procedures for handling grievances.
11. Externship sites shall have published policies prohibiting discrimination on the basis of race, ethnicity, religion, and gender.
12. For supervision purposes, the externship site shall allow the MFT faculty supervisor to have unencumbered on-site access to all of the intern's raw clinical data (raw clinical data includes all aspects of clinical work including case notes, audio or video tapes, agency case staffing meetings, consultations, live therapy observation, etc.)
13. When the university is officially closed between semesters, interns will not be allowed to work at externship sites unless they are receiving supervision from their Board-approved supervisor and are registered with the Louisiana LPC Board as a Provisionally Licensed MFT (PLMFT) under

supervision. Additionally, unless supervision is being provided by a Board-approved supervisor or by a faculty supervisor, interns cannot work at externship sites during out-of-semester times even if the university is open. For more information, please visit http://www.lpcboard.org/position_statements_NO_0801_employment%20of%20practicum.htm

14. The externship site shall designate a specific person who shall serve as the intern's on-site administrative supervisor. When possible, it is preferred that this person be a licensed professional counselor supervisor, licensed marriage and family therapist supervisor, and/or AAMFT Approved Supervisor or Supervisor Candidate. If a licensed approved supervisor is not available at the site, then the administrative supervisor should be a licensed professional counselor and/or a licensed marriage and family therapist.

The role of the administrative supervisor is twofold:

1. To provide administrative support and management responsibility over the intern while at the site; and
2. To serve as the liaison person between the site and the ULM Marriage and Family Therapy Program.

While on-going consultation with the administrative supervisor is a valuable and essential part of the externship experience, it is understood that the administrative supervisor functions primarily in a management and consultative capacity regarding clinical work, and as an on-site resource in the event of an emergency situation which may require immediate response. In all other respects, the ULM faculty supervisor maintains primary supervisory responsibility for the intern's clinical work at the externship site.

15. The externship site supervisor shall meet at least one hour every two weeks with the intern for case consultation, team meetings, or other forms of case supervision.
16. The externship site supervisor shall complete the externship site supervisor orientation which includes (1) reviewing an orientation PowerPoint that covers the requirements and expectations of the students, program, supervisors, and externship sites, and (2) submitting appropriate supervisor documents in order to verify credentials which may include copies of professional licenses, liability insurance, and curriculum vitae
17. Externship site supervisors will be invited to participate in the annual Externship Site Fair and any other professional development trainings the ULM MFT Program would offer to site supervisors.
18. The externship site supervisor shall complete a Student Intern Evaluation form at mid-term of semester and communicate with the faculty supervisor regarding intern progress at least once a semester.
19. A signed agreement, the "Externship Site Agreement," between the ULM MFT Program and externship site must be on file **before** the intern may begin work at the externship site.

(Revised 1/2017)

The ULM Marriage and Family Therapy faculty reserves the right to change any provision or requirement at any time with or without notice.

EXTERNSHIP SITE AGREEMENT

**Marriage and Family Therapy Program
Clinical Externship**

(Name of Host Externship Site)

enters into this agreement with The University of Louisiana a- Monroe Marriage and Family Therapy Program to provide a clinical field experience for

_____ who is a graduate student in

(Student's Name)

the ULM Marriage and Family Therapy Program.

We have read and discussed the "MFT Program Externship Site Requirements" and find the requirements agreeable to all participating parties.

This externship agreement shall begin on _____, and shall continue to the end of the current academic semester, subject to renewal and continuation on a semester-by-semester basis. The on-site supervisor for the above student intern will be

_____.

This agreement is entered into on this _____ day of _____, 20_____.

Host Externship Site Administrator/Supervisor

Marriage & Family Therapy Intern

Director of Clinical Services, ULM Marriage & Family Therapy Programs

Marriage and Family Therapy Clinical Externship Site Administrative Information

Please Print:

Name of Host Externship Site Administrator/Supervisor: _____

Title: _____

Work Address: _____

Contact Phone Number: _____

Contact E-mail Address: _____

License Type(s) and Number(s): _____

Approved Supervisor (check all that apply): LMFT-S LPC-S AAMFT -S

Professional Liability Insurance Company and Expiration Date: _____

For Program Use Only:

Date Orientation PowerPoint emailed: _____

Date Copy of Insurance received: _____

Date Copy of License received or verified on Board's website: _____

By Whom: _____

UNIVERSITY OF LOUISIANA MONROE

College of Health Sciences
Marriage & Family Therapy Programs in the School of Allied Health
Strauss Hall 371 • 700 University Avenue • Monroe, LA 71209-0230
Phone: (318) 342-1246 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE

CALCULATING SESSION FEES

The Marriage and Family Therapy (MFT) Clinic does not accept Medicare, Medicaid or other forms of third party payment. As an alternative to insurance, we offer what’s referred to as a sliding scale fee structure. The first session with your Therapist is \$25.00. For each additional session afterward, we calculate the cost using a Sliding scale based on gross household income and household size. However, no client will ever pay more than \$25.00 for the intake session and more than \$20.00 for each reoccurring session. Here at the ULM MFT Clinic, we believe the inability to pay should never be a roadblock for Therapy services. We accept cash and check payments. Checks should be made payable to **ULM MFT Clinic.**

Gross Household Income		Household Size and Scaled Fee				
Monthly	Annual	1	2	3	4	5+
0-499	0-5,999	0	0	0	0	0
500-599	6,000-6,999	0	0	0	0	0
583-666	7,000-7,999	0	0	0	0	0
667-750	8,000-8,999	0	0	0	0	0
750-833	9,000-9,999	0	0	0	0	0
834-916	10,000-10,999	3	0	0	0	0
917-999	11,000-11,999	3	0	0	0	0
1,000-1,083	12,000-12,999	3	3	0	0	0
1,083-1,166	13,000-13,999	3	3	0	0	0
1,167-1,249	14,000-14,999	5	3	0	0	0
1,250-1,333	15,000-15,999	5	3	0	0	0
1,334-1,416	16,000-16,999	5	3	0	0	0
1,417-1,499	17,000-17,999	7	5	3	0	0
1,500-1,583	18,000-18,999	7	5	3	0	0
1,584-1,666	19,000-19,999	7	5	3	0	0
1,665-1,833	20,000-21,999	7	5	3	0	0
1,834-1,999	22,000-23,999	7	5	3	3	0
2,000-2,166	24,000-25,999	7	5	3	3	0
2,165-2,333	26,000-27,999	7	5	5	3	0
2,334-2,499	28,000-29,999	10	7	5	3	3
2,500-2,666	30,000-31,999	10	7	5	5	3
2,667-2,833	32,000-33,999	10	7	5	5	3
2834-2,999	34,000-35,999	15	10	7	5	3
3,000-3,166	36,000-37,999	15	10	7	5	3
3,167-3,333	38,000-39,999	15	10	7	5	3
3,334-3,499	40,000-41,999	20	15	10	7	5
3,500-3,833	42,000-45,999	20	15	10	7	5
3,834-4,166	46,000-49,999	20	15	10	7	5
4,165-4,583	50,000-54,999	20	15	10	7	5
4,584-4,999	55,000-59,999	20	15	10	7	5
5,000-5,416	60,000-64,999	20	20	15	10	7
5,417-5,833	65,000-69,999	20	20	15	10	7
5,834-over	70,000-over	20	20	15	10	7

UNIVERSITY OF LOUISIANA AT MONROE

Marriage and Family Therapy Program

Community Feedback Survey

SECTION 1

Our business, organization, or agency has had ULM Marriage and Family Therapy Student Interns in the past 5 years.

--	--

YES (Please continue to section 2)

NO (Please skip to section 3)

SECTION 2

We had ULM Marriage and Family Therapy Student Interns at the:

Masters'
level

Doctoral
level

Doctoral level, 3rd Year Internship, MAFT 7052

Please rate your intern on the following:	1 (Very Dissatisfied)	2 (Dissatisfied)	3 (No Opinion)	4 (Satisfied)	5 (Very Satisfied)
Level of Professionalism					
Please explain:					
Therapeutic Abilities					
Please explain:					
Interactions with Other Staff Members					
Please explain:					
Overall Performance					
Please explain:					
Please rate the following:	1 (Not Likely At All)	2 (Not Likely)	3 (No Opinion)	4 (Likely)	5 (Very Likely)
I would have another ULM MFT Student Intern work in my setting					
Please explain:					
I would hire a Marriage and Family					

Therapist or Counselor in the future.					
Please explain:					
Please rate your intern's skill level on the following:	1 (Not Skillful At All)	2 (Not Skillful)	3 (No Opinion)	4 (Skillful)	5 (Very Skillful)
Clinical Assessment and Diagnosis					
Please explain:					
Providing Systemically Oriented Therapy					
Please explain:					
Working with Individuals					
Please explain:					
Working with Couples					
Please explain:					
Working with Families					
Please explain:					
Working with a Diverse Population of Clients					
Please explain:					
Treatment Planning and Case Management					
Please explain:					
Identifying Legal/Ethical Dilemmas and Effective Solutions					
Please explain:					

Have you employed a ULM MFT Graduate?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If yes, how prepared for the work setting was that Graduate/Intern?

1 (Not Prepared At All)	2 (Not Prepared)	3 (No Opinion)	4 (Prepared)	5 (Very Prepared)	3 (No Opinion)

If there were times when you had an issue with the Student Intern, did you contact a supervisor/administrator in the ULM Marriage and Family Therapy Program?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If yes, did you find that contact useful and the issue resolved?

If no, why not?

The ULM Marriage and Family Therapy Program's mission statements, for both the masters and clinical doctoral programs are:

Masters: *The ULM Marriage and Family Therapy Master of Arts program is committed to a systemic orientation that fosters relational and contextual educational approaches in the fields of marriage and family therapy. Our mission is to prepare clinicians whose competencies in systemic practice, clinical scholarship, and ethics will professionally serve a diverse society. With a commitment to the classic foundations of family therapy and advancing the professions, we turn learning into relevant action for tomorrow' practitioners.*

Doctoral: *The ULM Marriage and Family Therapy Doctor of Philosophy program is committed to a systemic orientation that fosters relational and contextual educational approaches in the field of marriage and family therapy. Serving a diverse society, our mission is to promote competencies in systemic clinical practice and supervision, pedagogy, and creative scholarship. With a commitment to the classic foundations of family therapy and advancing the profession, we turn learning into relevant ethical action for tomorrow's innovators in systemic clinical scholarship.*

How accurately does our mission reflect our training program from your perspective?

1 (Not Accurately At All)	2 (Not Accurately)	3 (No Opinion)	4 (Accurately)	5 (Very Accurately)

What changes would you suggest the MFT Program make to its mission?

What changes would you suggest the MFT Program make to its curriculum? Would there be any courses that you would either add or delete from the existing curriculum? Note: if you are not familiar with our curriculum, a list can be found at www.ulm.edu/MFT

The ULM Marriage and Family Therapy Program is dually accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), meaning that our students are eligible to fulfill both licensing requirements as a Licensed Marriage and Family Therapist (LMFT) and a Licensed Professional Counselor (LPC). Do you see this as beneficial do our program and students? If not, please list any reasons our program could be improved by focusing on one particular professional identity.

Please provide any feedback to the ULM Marriage and Family Therapy Program that you think will be helpful to them when training interns to work in various work settings:

Please provide any additional information that the ULM Marriage and Family Therapy Program should know regarding their student interns:

Would you like any further information about the Marriage and Family Therapy profession and/or what the ULM Marriage and Family Therapy and Counseling Student Interns have to offer?

<input type="checkbox"/>
<input type="checkbox"/>

YES (If yes, please contact the Director of Clinical Services at the information provided in the letter)

NO

SECTION 3

If you have **not** utilized ULM Marriage and Family Therapy Student Interns in the past 5 years, please list any reasons for not doing so.

Would you like any further information about the Marriage and Family Therapy profession and/or what the ULM Marriage and Family Therapy Student Interns have to offer?

YES (If yes, please contact the Director of Clinical Services at the information provided in the letter)

NO