

The ULM Marriage & Family Therapy and Counseling Clinic



**Doctor of Philosophy
Clinic Policies & Procedures Handbook
Marriage and Family Therapy Programs
School of Health Professions
College of Health and Pharmaceutical Sciences**

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Mission Statement

Doctor of Philosophy

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, supervision, and scholarship. With a commitment to the classic foundations of family therapy and advancing the profession, we turn learning into relevant and ethical action for tomorrow's innovators in systemic clinical scholarship.

Diversity and 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) and Counseling 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 University of Louisiana at Monroe Marriage and Family Therapy (ULM MFT) and Counseling Clinic. Additionally, aspects of the ULM MFT clinical internship, which are an integral part of ULM MFT and Counseling Clinic operations, are addressed.

The handbook is organized to provide readily accessible information regarding most operational aspects of the ULM MFT and Counseling Clinic. Answers to most questions are organized by chapter heading 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling Clinic. No part of this handbook may be reproduced or provided to a third party without permission of the Director of Clinical Training.

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 and Family Therapy and Counseling Clinic:

- Clinic Handbook Agreement
- File Professional Liability Insurance with Clinic Staff and is kept up-to-date
- Attend an orientation to the ULM MFT and Counseling Clinic led by the Director of Clinical Services or Clinic Staff
- Submit Application for MAFT 7051 Practicum to Director of Clinical Services prior to enrolling in MAFT 7051: Practicum (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 COAMFTE accredited MA)
- Be enrolled in either MAFT 6070 or MAFT 7051

The ULM Marriage and Family Therapy Programs Supervising Faculty and Administrative/Director of Clinical Services reserve the right to deny any student from seeing clients at the ULM MFT and Counseling Clinic for any of the following reasons: requirements listed above are not met, policies and procedures of the ULM MFT and Counseling 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.

Confidentiality and HIPAA Compliance

Client confidences are strictly protected in accordance with the 2015 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 MFT and Counseling 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 MFT and Counseling 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). *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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling Clinic or training facility
- ☑ 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 remove yourself from the supervisory team during the time in which that client is being observed or discussed.
- ☑ The ULM MFT and Counseling Clinic administrative offices, therapist break room, and therapy rooms are confidential areas and no one other than ULM MFT and Counseling Clinic staff, students, and faculty should be in those 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.

Confidentiality is a priority in the ULM MFT and Counseling 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

Background checks and drug screening tests are now required of MFT students in order to participate in clinical work [defined as MAFT 5015, MAFT 6070, MAFT 7051, and MAFT 7053 both at the ULM MFT and Counseling Clinic and at Internship sites] in the Marriage and Family Therapy Programs. This policy was established to comply with accreditation standards, to comply with the policies of the College of Health and Pharmaceutical Sciences (CHPS), and to promote the highest level of integrity in our program. This policy includes initial background checks and drug screenings as well as drug screening for suspicious behavior.

All MFT students must complete a background check and drug screening from CertifiedBackground.com prior to beginning any clinical work (For MA Students: First Spring Semester; For PhD Students: Prior to First Fall Semester). The results will be valid throughout all clinical work in the MFT Program, unless a site requires a recent test. However, the student can be re-tested at any time during their course of study, especially if the student displays suspicious behavior during a clinical rotation.

All MFT students will be informed of the College of Health and Pharmaceutical 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). Those students enrolled in the MFT program prior to the effective date of this policy (Spring 2014) will be informed both in writing and in spoken form. Students will sign an acknowledgement form as outlined on the CHPS Initial Background Checks and Drug Screening Policy.

Students must request a background check and drug screen from 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 the student should complete the on-line form at www.CastleBranch.com.
- Upon completing the forms, the student should be prepared to electronically 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.
- All results will be sent to the Associate Dean for the college by CertifiedBackground.com. The Associate Dean will review the results and will

inform the Program 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 designee. The issues leading to the concern 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 CHPS has a no 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 both work at the ULM MFT and Counseling Clinic and at Internship sites.
- 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 certifiedbackground.com. Records will be archived by certifiedbackground.com.

Note: 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.

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

If the results of the 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 CHPS has a no tolerance policy for a failed drug test.

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

1. The College of Health and Pharmaceutical Sciences Associate Dean, will contact the ULM MFT Program Director.
2. Students will be contacted by the ULM 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 concern 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 Internship site will determine whether the student may participate in that setting. This decision will be independent from any determination by the University of Louisiana at Monroe's Marriage and Family Therapy Program or College of Health and Pharmaceutical Sciences.
6. If the Internship site refuses to allow the student to participate in training, it is the responsibility of the student to find an alternative placement.
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 designee. The AAMFT and ACA Codes 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.

Administrative Policies

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 MFT and Counseling Clinic or representing the ULM MFT and Counseling Clinic in the community, such as at Internship 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 MFT and Counseling 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 MFT and Counseling 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, cargo pants, drawstring and/or rucked 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 MFT and Counseling Clinic needs and Internship 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 MFT and Counseling Clinic, Internship Sites, on-campus activities, and within the community.

As a facility that offers therapy services for the community, general public, and university community, ULM MFT and Counseling 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 MFT and Counseling 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 has 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 MFT and Counseling 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 MFT and Counseling Clinic, other than in the lobby and should be kept to a minimum. Any persons visiting the ULM MFT and Counseling Clinic, and not either 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 known members of the client's family system is prohibited" (1.4)
- ☑ "Sexual intimacy with former clients or 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’s 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”* (Standard 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 ULM 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 staffs, 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 ULM 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 ULM 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 ULM MFT Program Director should contact the School Director of the School of Health Professions. If the perceived problem remains unresolved the complainant should then directly contact the Associate Dean of the College of Health and Pharmaceutical Sciences. If the perceived problem is still unresolved, the complainant should contact the Dean of Health and Pharmaceutical 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 ULM 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 or the Louisiana Board of Examiners of Licensed Professional Counselors.

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 MFT program. The primary focus in such matters shall be to seek a solution that is in the best interest of the ULM MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling Clinic led by the Director of Clinical Services or Clinic Staff
- ☑ Submit Application for MAFT 7051 Practicum to Director of Clinical Services prior to enrolling in MAFT 7051: Practicum (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 COAMFTE accredited MA)
- ☑ Be enrolled in either MAFT 6070 or MAFT 7051

All Professional Liability Insurance must be kept up-to-date and is the responsibility of the therapist intern to ensure that the ULM MFT and Counseling 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 MFT and Counseling Clinic. The box is used for messages and new case assignments. The therapist should check his or her box at least once a day. 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 MFT and Counseling 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 MFT and Counseling 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 ULM MFT and Counseling 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 appointment is scheduled by the intern by phone or outside of session, it is the intern’s responsibility to make sure the appointment is written in 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling Clinic. However, it is the policy of the ULM MFT and Counseling Clinic to provide services regardless of the ability of the client to pay. Therefore, 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 sessions and not by therapist interns).

The standard fee for intake sessions is \$25 which covers the cost of the session as well as administrative fees related to intake paperwork, 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 ULM MFT and Counseling 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 MFT and Counseling 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 ULM MFT and Counseling Clinic. Upon execution of a signed release of information, the ULM MFT and Counseling Clinic can provide a standard receipt, which is generally acceptable for submission for

insurance reimbursement. The ULM MFT and Counseling 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 MFT and Counseling Clinic forms should be completed promptly and stored in Titanium. All files will be kept only in Titanium unless you are seeing a client who started with a paper file. If so, 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 ULM MFT and Counseling 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 ULM MFT and Counseling 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):

- 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 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
- 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

Whenever files are transported from externship sites or the ULM MFT and Counseling 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 MFT and Counseling Clinic and/or the office of the clinical supervisor. Similarly, it is preferential for ULM MFT and Counseling Clinic files to be reviewed by clinical supervisors at the ULM MFT and Counseling 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 MFT and Counseling Clinic.
- Be returned to the externship site/ULM MFT and Counseling 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 videotapes 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 MFT and Counseling 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 MFT and Counseling Clinic.

- ☑ Be returned to the externship site/ULM MFT and Counseling 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 MFT and Counseling Clinic Staff, faculty, or therapist interns desire to use information that might identify clients, such as videotapes 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.

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 the 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 contact or attempts to contact must be documented in the **“Case Activity Record”** in the client's file (see Case Activity Record).

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 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 placed in the client file.

Additionally, a copy of all correspondence received from a client, including notes, cards, etc. should be placed in the client's file.

Telephone calls to clients should be made from the ULM MFT and Counseling 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 MFT and Counseling 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 placed in the client's file.

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 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).

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 MFT 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 give 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 interns 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 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 placed in the client file.
- The termination must be documented, along with the date, on the inner left-hand side of the folder (please see Case Activity Record) with either the word “termination” or the letter “T”.
- The terminated folder must be forwarded to the clinic staff so that they may appropriately document the termination in Clinic Log-books. 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 MFTC Clinic)

A case shall be transferred to another intern at the ULM MFT and Counseling 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 placed in the client folder.
- ☑ The transfer of intern must be documented, along with the date, on the inner left-hand side of the client folder (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).
- ☑ 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 MFT and Counseling 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 place 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)
- ☑ Have clients sign a new **“Consent for the Treatment of Minors”** form if applicable (see Consent for the Treatment of Minors)

Measures to Improve Clinical Services

The ULM MFT and Counseling 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 MFT and Counseling Clinic clients (see Client Satisfaction Survey), and 2) community externship site administrators/supervisors (see Community Feedback Survey). Additionally, 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 (Doctoral Practicum Evaluation and Evaluation of Supervisor forms). 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 University of Louisiana at Monroe’s Marriage and 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, and 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 of their 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 to discuss 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 MFT and Counseling 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 2016 semester, several comments were made regarding the inconsistent temperature in the ULM MFT and Counseling 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 Programs implemented a community agency survey to allow externship site supervisors and employers of graduates to provide meaningful and practical input to the ULM MFT Programs. 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 MFT 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 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 Videotaped, 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 Videotaped, Digital, or Electronic Session Information). Therapist interns may record clipped sessions onto a CD, DVD, or 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 MFT and Counseling Clinic may provide data storage devices to therapist interns to use on ULM MFT and Counseling 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.

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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling Clinic and make arrangements with another therapist intern if they are going to be out of town in case of an m. Should an established client of the ULM MFT and Counseling Clinic call and need immediate services, but does not necessitate having them go to the hospital emergency room or calling law enforcement, the ULM MFT and Counseling 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 Office of Community Services or to the appropriate law enforcement agency.

The Office of Children and Family Services can be reached at the following telephone numbers:

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 take 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 MFT and Counseling 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 MFT Clinic.

The ULM MFT and Counseling 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 MFT and Counseling 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 family therapist who offers such services.

Court Mandated Therapy

The ULM MFT and Counseling Clinic works closely with the courts in providing appropriate professional services for adjudicated minors, adults, and their families. The ULM MFT and Counseling 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 affects 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 | 342-5350 or 342-1911 |
| 2. Clinical Supervisor | Please see updated list in MFT and Counseling Clinic. |
| 3. Student Health Services | 342-5215 |
| 4. Director of Clinical Services | 342-3124 |
| 5. Program Director / Director of Clinical Training | 342-1208 |
| 6. School Director | 342-1306 |

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

- | | |
|---|--|
| 1. Clinical Supervisor | Please see updated list in MFT and Counseling Clinic |
| 2. Director of Clinical Services | 342-3124 |
| 3. Program Director / Director of Clinical Training | 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 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 7051: Doctoral Pre- Internship Clinical Experience (Practicum)

Doctoral Clinical Quick Reference Sheet Requirements for Ph.D. Students with a COAMFTE Accredited MA Degree

- ☑ Submit a copy of the last Client Contact Hours Sheet earned in MA program to Director of Clinical Services (Ph.D. with COAMFTE accredited MA)
- ☑ Continuously enroll in MAFT 7051 beginning the first term of program year until enrollment in MAFT 7053.
- ☑ **1,000** Total Direct Client Contact Hours by end of MAFT 7053 in order to Graduate. (Note: If student reaches 1000 Direct Client Contact Hours before beginning MAFT 7053, he or she is eligible for a Non-Clinical Internship.)
 - At least 50% (500) of the Total Direct Client Contact Hours must be relational.
- ☑ **500** Direct Client Hours earned in COAMFTE Accredited MA Program
- ☑ **200** Direct Client Contact Hours in MAFT 7051
 - **100** of those 200 Direct Client Contact Hours Obtained in the ULM MFT and Counseling Clinic
 - **100** Relational Hours
 - Only **150** Alternative Therapeutic Contact hours between MA & Ph.D. programs combined
- ☑ **700** Direct Client Contact Hours prior to entering MAFT 7053 Internship (500 COAMFTE MA Hours + 200 MAFT 7051 Hours)
- ☑ **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

Doctoral Pre- Internship Clinical Experience (Practicum)

Doctoral Clinical Quick Reference Sheet Requirements for Ph.D. Students without a COAMFTE Accredited MA Degree

- ☑ Enroll in MAFT 6070 for at least the first semester, until approved to enter MAFT 7051.
- ☑ Submit “**Application for MAFT 7051 Practicum**” to Director of Clinical Services prior to enrolling in MAFT 7051: Practicum (see Application for MAFT 7051 Practicum).
- ☑ Continuously enroll in MAFT 7051 beginning the first term of program year until enrollment in MAFT 7053.
- ☑ **1,000** Total Direct Client Contact Hours by end of MAFT 7053 in order to Graduate.(Note: If student reaches 1000 Direct Client Contact Hours before beginning MAFT 7053, he or she is eligible for a Non-Clinical Internship.)
 - At least 50% (500) of the Total Direct Client Contact Hours must be relational.
- ☑ **700** Direct Client Hours prior to entering MAFT 7053 Internship (500 earned in accordance with COAMFTE Accredited MA Program Standards, unless documentation showing evidence of previously earning the equivalent can be produced + 200 Required in MAFT 7051).
 - **700** Direct Client Contact Hours
 - **200** of those 700 must be earned in MAFT 7051
 - **350** Relational Hours
 - **100** of those 350 must be earned in MAFT 7051
 - **250** Hours Obtained in the ULM MFT and Counseling Clinic
 - **100** of those 250 must be earned in MAFT 7051
 - **150** Alternative Therapeutic Contact Hours allowed
 - **200** Supervision Hours
 - **100** of those 200 Supervision Hours must be Direct Observation (Live, Audio, Video)

- **50** of those 100 Direct Observation Hours must be Live or Video

Doctoral Pre- Internship Clinical Experience (Practicum)

Requirements for Ph.D. Students with a COAMFTE Accredited MA Degree

All ULM MFT doctoral students are required to maintain an active client caseload at the ULM MFT and Counseling Clinic. All doctoral students are required to be continuously enrolled in MAFT 7051 beginning the first term of their program year and ending upon enrollment in MAFT 7053 (Internship). In other words, students must enroll in MAFT 7051 every semester of their coursework until they register for MAFT 7053.

All students must earn a minimum of 200 direct client contact hours while enrolled in MAFT 7051. Of the 200 direct client hours earned while enrolled in MAFT 7051, 100 of those hours must be relational in nature.

In order to graduate, students must earn a total of 1,000 client contact hours. 500+ client contact hours can be counted from a COAMFTE accredited MA degree program. The remaining 500 client contact hours will be earned through MAFT 7051 (minimum 200) + MAFT 7053 Internship. Students must earn a minimum of 700 client contact hours (500 MA COAMFTE Hours + 200 MAFT 7051 Hours) prior to entering MAFT 7053 Internship and must have earned a total of 1,000 client contact hours at the completion of MAFT 7053 (500 MA COAMFTE Hours + 200 MAFT 7051 Hours + 300 MAFT 7053 Hours).

Note: Students may only earn a total of 150 Alternative Therapeutic Contact hours between their MA and Ph.D. programs combined.

Prior to seeing clients in the MAFT 7051, doctoral students must submit official documentation (such as last client contact hours calculation sheet) of their total direct client contact hours earned in their COAMFTE Accredited or equivalent MA program to the Director of Clinical Services.

While all therapy, regardless of the number of individuals actually in the room, can be conceptualized as “systemic,” it is a requirement of the MFT program that a minimum of 50% of client contact involves conjoint work with couples or families.

Requirements for Ph.D. Students without a COAMFTE Accredited MA Degree

All ULM MFT Doctoral students are required to maintain an active client caseload at the ULM MFT and Counseling Clinic. Doctoral students not graduating from a COAMFTE accredited master's program are required to meet the requirements of a COAMFTE accredited master's degree to meet equivalency criteria. The student must complete a minimum of 500 direct client contact hours while continuously enrolled in MAFT 6070 or MAFT 7051. Students must enroll in MAFT 6070 for **at least** the 1st semester of coursework until their clinical supervisor approves them moving to MAFT 7051. Prior to enrolling in MAFT 7051, the student must submit an "Application for MAFT 7051 Practicum". Please note that this may delay enrollment in MAFT 7053.

All doctoral students are required to be continuously enrolled in MAFT 6070/7051 beginning the first term of their program year and ending upon enrollment in MAFT 7053 (Internship). In other words, students must enroll in MAFT 6070/7051 every semester of their coursework until they register for MAFT 7053.

However, all students must earn a minimum of 200 direct client contact hours while enrolled in MAFT 7051. Of the 200 direct client hours earned while enrolled in MAFT 7051, 100 of those hours must be relational in nature.

Prior to earning 200 client contact hours in MAFT 7051, students must have met the COAMFTE accredited master's program requirements (or the equivalent) of 500 direct client hours, 250 relational hours, 150 hours earned at the ULM MFT and Counseling Clinic, a maximum of 100 alternative therapeutic contact hours, and 100 supervision hours – 50 of which are direct observation and 25 of the 50 direct observation must be direct observation that is live or via video. For more information regarding COAMFTE accredited MA requirements, please see the Master's Clinic Handbook.

In order to graduate, students must earn a total of 1,000 client contact hours. 500+ client contact hours can be counted from a COAMFTE accredited MA degree program (or equivalent as described above). The remaining 500 client contact hours will be earned through MAFT 7051 (minimum 200) + MAFT 7053 Internship. Students must earn a minimum of 700 client contact hours (500 MA COAMFTE Hours + 200 MAFT 7051 Hours) prior to entering MAFT 7053 Internship and must have earned a total of 1,000 client contact hours at the completion of MAFT 7053 (500 MA COAMFTE Hours + 200 MAFT 7051 Hours + 300 MAFT 7053 Hours) to graduate.

Note: Any client contact hours/supervision hours earned under an AAMFT Approved Supervisor may count toward the intern's 500 MA Equivalency hours and count toward the 1,000 total Ph.D. hours. HOWEVER, this does NOT exempt the student from earning 200 hours in MAFT 7051.

Note: Students may only earn a total of 150 Alternative Therapeutic Contact hours between their COAMFTE MA (or equivalent) and Ph.D. programs combined.

Application for MAFT 7051 Practicum

If a Ph.D. student is initially enrolled in MAFT 6070, prior to initiating the MAFT 7051 Practicum, the student must complete and submit the Application for MAFT 7051 Practicum signed by the student, their MAFT 6070 supervisor, 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 existing Externship Sites
- Direct Client Contact Hours earned in MAFT 6070
- Supervision Hours earned in MAFT 6070
- Signed MAFT 7051 Supervision Contract (attached)

Expectations for All Ph.D. Students

Practicum Requirements

A typical week during the doctoral practicum at the ULM MFT and Counseling Clinic requires between 8 and 16 clock hours per week (depending on required number of client contact hours as previously described) and includes the following:

- 3-12 hours of direct client contact
- at least one (1) hour of individual supervision every other week by ULM supervisory faculty
- at least two (2) hours of group supervision by ULM supervisory faculty
- attendance one (1) day/evening per week for the MAFT 6070/7051 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 MFT Clinic

No therapist may begin work at an external site without the final approval of the Director of Clinical Services. **External therapeutic work demands do not release the therapist from requirements at the ULM MFT and Counseling Clinic.**

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 PhD 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 7051 Core Competencies), and MAFT 7051 Grading Criteria.

Please see Doctoral Practicum Evaluation Form for the **“MAFT 7051 Practicum Evaluation Form.”**

Internship 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 Evaluation of Supervision Experience.

Practicum Credit & Supervisory Action

Successful completion of the MFT practicum 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 Practicum course with the option of continuing practicum beyond the customary 12-month period with appropriate stipulations.

- 7) Assignment of a “no credit” grade for the Practicum course without the option of continuing in practicum. (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 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 School Director of the School of Health Professions; then through the Associate Dean of the College of Health and Pharmaceutical Sciences; and then through the Dean of the College of Health and Pharmaceutical Sciences. Any further action will be taken in accordance with the regulations of The University of Louisiana at Monroe.

Monthly Record of Practicum/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 Record of Client Contact). Credit for practicum/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.

Additionally, each doctoral student must continue to submit their “Monthly Record of MFT Client Contact and Supervision Hours” until they complete MAF^T 7053

Non-Clinical Externship Site Forms

Therapist interns may provide therapeutic services in settings which do not typically provide therapy services such as courts, schools, community programs, etc. In these settings, it is important that the therapist intern seek extra guidance from their supervisor and the Director of Clinical Services to remain in compliance with clinical standards including practice setting, documentation, and having appropriate forms for treatment. The ULM MFT and Counseling Clinic has forms for those sites

that do not have clinical policies or documentation. The following are a list of Non-Clinical Externship Site Forms available for these circumstances (see Non-Clinical Externship Site Forms):

- Intake Form**
- Statement of Practice**
- Consent for Treatment of Minors**
- Authorization for Use or Disclosure of Protected Health Information**
- Authorization for Release of Medical Information**
- Treatment Plan: Intake Session Notes**
- Session Case Notes**
- Case Activity Record**
- Special Therapy Agreement**
- No Violence Contract**
- Transfer of Intern**
- Termination Summary**
- Externship Confidentiality**

MAFT 7051 Educational Guidelines & Core Competencies

Educational Guidelines

Area I: Theoretical Knowledge

101.02

Enable students to conceptualize and distinguish the critical epistemological issues in the profession of marriage and family therapy.

101.03

Provide a comprehensive survey and substantive understanding of the major models of marriage, couple, and family therapy.

Area II: Clinical Knowledge

102.03

Material will address a wide variety of presenting clinical problems.

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 Deliver 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.

MAFT 7053 Doctoral Internship Requirements

Doctoral MAFT 7053 Quick Reference Sheet

- ☑ All students are required to complete an internship of at least nine (9) months.
- ☑ Experience must emphasize relationally focused practice or research.
- ☑ Majority of coursework will be completed prior to enrolling in MAFT 7053.
- ☑ Must enroll in MAFT 7053 each semester participating in Internship, until completion of Internship.
- ☑ Must complete 1, 000 direct client contact hours prior to graduation—50% (500) must be relational.
- ☑ Client contact hours must be documented and submitted to the ULM MFT and Counseling Clinic until 1,000 direct client contact hours are reached.

Requirements for Clinical Internship

- ☑ Signed Memorandum of Understanding between the Site and the School
- ☑ Signed MAFT 7053 Clinical Internship Contract Agreement must be on file prior to initiating MAFT 7053 Internship.
- ☑ 30-40 hour work weeks.
- ☑ Attendance of individual supervision/consultation.
- ☑ Submission of client contact hours to the ULM MFT and Counseling Clinic.
- ☑ 1,000 total hours of clinical experience.
- ☑ Documentation of Liability Insurance must be on file.
- ☑ Upon completion of MAFT 7053, a completed MAFT 7053 Clinical Internship Evaluation Form and self narrative must be submitted to the MAFT 7053 instructor.

MAFT 7053 Overview

All Ph. D. students are required to complete an internship of twelve months duration. This shall be a supervised full-time experience emphasizing relationally focused practice, research, and/or other professional development activity. All coursework must be completed before the beginning of the internship, with the exception of 7099. Each semester, in which a student is participating in the doctoral internship, she/he is required to enroll in MAFT 7053. Once enrollment in MAFT 7053 has been established, a student must continue to enroll in MAFT 7053 until the completion of the internship. Before graduating from the doctoral program, doctoral students will have completed 500 hours of direct client contact during the PhD Program (200

during coursework and 300 during internship), plus 500 at the MA level, or the equivalent. Three hundred (300) hours of research and/or other professional development must also be completed during the internship.

Internship sites must meet ULM Marriage and Family Therapy program requirements and be approved by the Director of Clinical Training and/or the instructor of MAFT 7053 and the Doctoral Committee. Students are required to begin their internships immediately after completing the required course work, and register for one full summer term (Summer I and Summer II), followed by one fall and spring semester. Relevant internship requirements and forms may be found in the *ULM MFT Clinic Handbook*.

A *Memorandum of Understanding (MOU)* must be signed by the University (as represented by the MFT Clinic Director or the Instructor of MAFT 7053) and the Externship Site **PRIOR** to the beginning of the internship. The student is responsible for notifying one of these persons to initiate the process. They will have a copy of the form – it is NOT included in the syllabus.

MAFT 7053 Educational Guidelines & Core Competencies

Educational Guidelines

320. Clinical Experience

320.01

Before graduating from the doctoral program, doctoral students will have completed 1,000 hours of direct client contact equivalent to that which they would be receiving from an accredited program. If the program chooses to require less than 1,000 hours it must use the alternative procedures outlined in 201.02.

330. Internship

330.01

There will be an internship, not to be counted toward the didactic course requirements.

330.02

The internship is to provide doctoral students with a supervised full-time experience of at least nine months duration, emphasizing relationally focused practice and/or administrative/academic/research.

330.04

An AAMFT Approved Supervisor, State Approved Supervisor, or the equivalent will supervise the intern's clinical work.

340.01

The program will maintain clear and ongoing relationships with all internship site(s), which will be specified in a written document.

340.02

Activities of each intern will be documented at the internship site(s). These records will be made available to the marriage and family therapy program.

340.03

The institution sponsoring the internship site(s) will have been in operation for at least two years.

340.04

Internship site(s) will provide adequate facilities and equipment for the intern to carry out designated responsibilities.

340.05

Mechanisms for student evaluation of internship site(s) and supervision, and site evaluation of the intern's performance, will be demonstrated.

340.06

Documentation of liability insurance for interns will be confirmed. Liability insurance may be provided by the internship site(s), the marriage and family therapy program, or the intern.

340.07

Internship site(s) will publish and adhere to policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation, and socioeconomic status.

340.08

The internship supervisor will be available to the intern for at least one hour of supervision per week.

340.09

The internship supervisor will be clearly senior in experience to the intern.

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 Deliver 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.

MAFT 7030 Supervision Training

Doctoral students are required to enroll in MAFT 7030, “Supervision in Marriage and Family Therapy.” This three-hour graduate course is also available on an elective basis for senior-level therapists not enrolled in the ULM MFT doctoral program who wish to develop their skills as MFT supervisors. The course is approved by AAMFT and meets the academic requirements for the “Approved Supervisor” designation.

Students enrolled in the course have the opportunity to provide supervision at the ULM MFT and Counseling Clinic under the direction of MFT supervisory faculty as well as at various community agency settings.

All supervision must follow the guidelines as set forth by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). These standards permit supervision of students by fellow students in the same department if **ALL** of the following conditions are met:

- The supervised student is explicitly informed that it is permissible to decline.
- The supervision is closely supervised by a non-student Approved Supervisor
- The supervised student has completed or is presently in a graduate course in family therapy supervision.
- The supervision time **does not** count toward COAMFTE supervision hour requirements of the supervised student unless the supervising student has become an AAMFT Approved Supervisor Candidate.
- Special attention is given to power and privilege in the supervisory relationship involved.
- The supervising student is clearly more experienced than the supervisee in the field of marriage and family therapy.

HIPAA Policies and Procedures

THE ULM MFT AND COUNSELING 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 MFT and Counseling 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 MFT and Counseling Clinic’s privacy official is 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 MFT and Counseling 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 MFT and Counseling Clinic, the request for amendment pertaining to information not part of the mental health record, not kept by The ULM MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling Clinic’s HIPAA Policies and Procedures.

(E) *Notice of Privacy Practices*

- 1) A current copy of The ULM MFT and Counseling 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 MFT and Counseling 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 disclose 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 MFT and Counseling 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 and Family Therapy and Counseling 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 and Family Therapy and Counseling 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 and Family Therapy and Counseling 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 and Family Therapy and Counseling Clinic.

Signature of Therapist Intern:

Date:

Signature of AAMFT Approved Supervisor:

Date:

Date response sent to Client: _____

Intake File Forms

- 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
- 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/counseling?

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

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

HOURS OF OPERATION

The MFT and Counseling 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

APPOINTMENTS

All sessions at the ULM MFT and Counseling Clinic are by appointment. An appointment may be scheduled or changed by calling the ULM MFT and Counseling Clinic at 342-5678.

CANCELLATIONS

We request that you provide us with a 24 hour notice in the event that you must cancel or reschedule an appointment. Failed appointments in which we do not receive prior notice of cancellation are subject to the standard fee for the appointment which was not appropriately cancelled or rescheduled.

FEES

The regular fee for an intake session is \$25.00 which covers the cost of the session as well as administrative fees related to intake paperwork. Each additional session is \$20.00. Sessions are approximately 45-50 minutes in length. All appointment fees are payable at the time of each appointment. The ULM MFT and Counseling Clinic accepts cash as well as personal checks. In case of financial hardship, the client may qualify for a sliding fee which will typically provide for a partial reduction from the standard fee.

Students, employees, and faculty of ULM and Delta Community College can receive services free of charge with their identification card.

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 and Family Therapy and Counseling 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.

This 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 and Family Therapy and Counseling 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 and Family Therapy Clinic employees, staff, graduate assistants, interns, supervisors, faculty members, or any other ULM Marriage and 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 and Family Therapy and Counseling 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 and Family Therapy and Counseling Clinic operations. These uses and disclosures are necessary to run The ULM Marriage and Family Therapy and Counseling 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 and Family Therapy and Counseling 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 and Family Therapy and Counseling 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 and Family Therapy and Counseling 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.

Please also note that in accordance with our Records Management policies we only maintain client records for a designated period of time. For adult client files, we maintain records for seven years past the date the files were opened. For client files containing adolescents or minors, we maintain records 25 years past the date of the file being opened. After this time, client records are shred and are no longer subject to request to inspect and/or copy.

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 and Family Therapy and Counseling 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 or to a supervisor. This request form is available for your use at The ULM Marriage and Family Therapy and Counseling 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 and Family Therapy and Counseling Clinic, the request for amendment pertaining to information not part of the mental health record, not kept by The ULM Marriage and Family Therapy and Counseling 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 this list or accounting of disclosures, 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 and Family Therapy and Counseling Clinic front desk. Please note that if you request a list or accounting of disclosures, your request must specify a time period for which you are requesting the list or accounting of disclosures. The time period cannot be longer than six years.

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.

To request restrictions, you must make 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 and Family Therapy and Counseling 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 or to a supervisor. 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 and Family Therapy and Counseling 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 and Family Therapy and Counseling Clinic at all times.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with The ULM Marriage and Family Therapy and Counseling Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with The ULM Marriage and Family Therapy and Counseling Clinic, please contact 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 and Family Therapy and Counseling 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.

I have received a copy of The ULM Marriage and Family Therapy and Counseling Clinic's Notice of Privacy Practices.

Client Signature

Date

Clinic Representative

Date

Permission to Contact

By completing, initialing, and signing this form, I am giving my permission to The ULM Marriage and Family Therapy and Counseling Clinic (ULM MFT and Counseling 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 MFT and Counseling 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 MFT and Counseling Clinic has my permission to contact me in the ways I have designated. Should this information change, I will notify my therapist or ULM MFT and Counseling Clinic Staff immediately.

Client Signature _____ Date _____

Client Signature _____ Date _____

Clinic Representative

Date

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

STATEMENT OF PRACTICE

I, _____, understand that the ULM MFT and Counseling Clinic is a training facility for MFT Interns and Practicum students. To provide the best possible clinical services, sessions are subject to video taping 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, and 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, the American Counseling Association Code of Ethics and Standards of Practice, 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 MFT and Counseling 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) hours 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 Marriage and Family Therapy Clinic at (318) 342-5678. If you are unable to speak with your therapist intern or a supervisor, please call the suicide crisis line at 1-800-SUICIDE or 1-800-273-TALK, 911, or the emergency room of a local hospital, 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 and Family Therapy and Counseling 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)

Client Number: Insert Text **Date:** Insert Text
Therapist: Insert Text **Supervisor:** Insert Text

Who attended? Insert Text

1. **Presenting Problem (be specific) from all Members' Perspectives :**
Insert Text
2. **Why Now?** Insert Text
3. **History of Presenting Problem:** Insert Text
4. **Previously Attempted Solutions and Results:** Insert Text
5. **Critical Life Events:** Insert Text
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: Insert Text
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: Insert Text
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: Insert Text
9. **Clients' Strengths, Resilience, and Resources:** Insert Text
10. **In-Session and Out-Of-Session Interventions (include homework assignments/
tasks):** Insert Text
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?): Insert Text

12. Agreed upon Goals for Therapy in Order of Priority (specific, measurable, observable behaviors):

#	Goal	Specific, Measureable, Observable Behaviors
1	<u>Insert Text</u>	<u>Insert Text</u>
2	<u>Insert Text</u>	<u>Insert Text</u>
3	<u>Insert Text</u>	<u>Insert Text</u>
4	<u>Insert Text</u>	<u>Insert Text</u>

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

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

Client Number: Insert Text **Date:** Insert Text
Therapist: Insert Text **Session #:** Insert Text
Supervisor: Insert Text **Therapy Approach:** Insert Text
Who attended? Insert Text

1. **Goals for this Session:** Insert Text
2. **Assessment** (How have things been since last session?): Insert Text
3. **Specific Observable Behaviors During Session:** Insert Text
4. **Client's Report on Assigned Task/Homework** (from last session): Insert Text
5. **Assess Each Clients' Engagement in Change Process and Perspective of Presenting Problem:** Insert Text
6. **List Progress Toward/Away from Goals:**
Insert Text
7. **Systemic Hypothesis:** Insert Text
8. **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
9. **Clients' Strengths, Resilience, and Resources:** Insert Text
10. **In-Session and Out-Of-Session Interventions** (include homework assignments/ tasks):
Insert Text
11. **Progress Toward Termination and/or Any Aftercare Plans:** N/A at this time/Continue to Assess
 Applicable: Insert Text

Notes to Therapist/Other Information Pertinent to Treatment: Insert Text

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 and Family Therapy and Counseling
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 and Family Therapy and Counseling Clinic in writing. I understand that my revocation will not affect any actions already taken before The ULM Marriage and Family Therapy and Counseling 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

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 and 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
 - *Glenwood Regional Medical Center: 318-329-4200*
 - *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 MFT and Counseling 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 MFT and Counseling 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 (2.4.4; 3.3.1; 3.3.2; 3.35; 3.4.1; 3.4.2; 4.4.3):

#	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:

- 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 (make sure new form signed for new therapist)
- 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

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:

<input type="checkbox"/> Attempts were made to contact the client and documented in the Case Activity Record
--

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 and Counseling Clinic only: Client Number _____ Therapist _____ 1st Appointment date _____

Receipt of referral for treatment at the ULM MFT and Counseling Clinic: _____
ULM/MFT and Counseling 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 and Family Therapy and Counseling 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

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 MFT and Counseling 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 MFT and Counseling 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 and Family Therapy and Counseling Clinic, including the identity of other people you see here. Clients and The ULM Marriage and Family Therapy and Counseling 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 and Family Therapy Clinic Client Satisfaction Survey

We need your 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 MFT and Counseling Clinic?

YES NO

What comes to mind first when you think about the services you received at the ULM MFT and Counseling Clinic?

How would you recommend we improve our services?

Additional Comments:

Optional:

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	

For Office Use Only:

Client Number

Date

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
(For example purposes only)

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 and 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 and Family Therapy Clinic

CALCULATING SESSION FEES

The Marriage and Family Therapy and Counseling Clinic (MFTC) does not accept Medicare 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 counselor 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 MFTC Clinic, we believe the inability to pay should never be a roadblock for counseling services. We accept cash and check payments. Checks should be made payable to ***ULM MFTC 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
1,667-1,833	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
2,167-2,333	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
4,167-4,583	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

MAFT 7051 Practicum Forms

- Clinic Handbook Agreement Form
- Student Background Check and Drug Screen Policy
- Student Background Check and Drug Screen Policy Acknowledgement Form
- Application for MAFT 7051 Practicum
- MAFT 7051 Supervision Contract
- Intern/Clinic Staff Acknowledgement of Confidentiality
- Doctoral Practicum Evaluation – MAFT 7051
- Student Intern Evaluation Form-Externship Site
- Evaluation of Supervision Experience
- Case Assignment Suspension Form
- ULM Letterhead

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

I understand that the purpose of these handbooks is to provide an overview of the policies and procedures of The University of Louisiana at Monroe Marriage and Family Therapy (MFT) Programs and Clinic. In addition, the aspects of the MFT clinical internship, which are an integral part of ULM MFT and Counseling Clinic operations, are addressed.

I understand that these handbooks are organized to provide readily accessible information regarding most operational aspects of the MFT Programs & Clinic. Likewise, upon reference to the handbooks the majority of my questions concerning the policies and procedures for the clinic can be addressed. On occasion unique situations may arise pertaining to the program, Clinic operations, or internships which are not clearly addressed in these handbooks. In such situations, I agree to go to the ULM MFT Programs Director or Director of Clinical Services to answer any questions concerning these unique situations.

I understand that these handbooks are written for the exclusive use of students, interns, faculty, and staff of the Marriage and Family Therapy Programs and Clinic. This includes my understanding that the digital copies of the handbooks are for my exclusive use, while working at the ULM MFT and Counseling Clinic or being enrolled in the MFT Program. Additionally, I recognize that no part of these handbooks may be reproduced or provided to a third party without permission of the ULM MFT Program Director.

By signing and dating this form I agree to the statements that have been provided above, to the policies and procedures provided in these handbooks, and to having thoroughly read both handbooks in their entirety.

Print Name

Signature

Date

**Policy Title: Student Background Check and Drug Screen Policy
Marriage and Family Therapy (MFT) Program
School of Health Professions**

College of Health and Pharmaceutical Sciences, University of Louisiana at Monroe (ULM)

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 MFT students in order to participate in clinical work [defined as MAFT 5015, MAFT 6070, MAFT 7051, and MAFT 7053 both at the ULM MFT and Counseling Clinic and at externship sites] in the Marriage and Family Therapy Programs. This policy was established to comply with accreditation standards, to comply with the policies of the College of Health and Pharmaceutical Sciences (CHPS), and to promote the highest level of integrity in our 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 CertifiedBackground.com prior to beginning any clinical work (For MA Students: First Spring Semester; For PhD Students: Prior to First Fall Semester). The results will be valid throughout all clinical work in the MFT Program, unless a site requires a recent test. However, the student can be re-tested at any time during their course of study, especially if the student displays suspicious behavior during a clinical rotation.

All MFT students will be informed of the College of Health and Pharmaceutical 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). Those students enrolled in the MFT program prior to the effective date of this policy (Spring 2014) will be informed both in writing and in spoken form. Students will sign an acknowledgement form as outlined on the CHPS Initial Background Checks and Drug Screening Policy.

Students must request a background check and drug screen from www.CertifiedBackground.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 the student should complete the on-line form at www.certifiedbackground.com .

- Upon completing the forms, the student should be prepared to electronically 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.
- All results will be sent to the Associate Dean for the college by CertifiedBackground.com. The Associate Dean will review the results and will inform the Program 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 designee. The issues leading to the concern 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 CHPS has a no 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 externship site administrative supervisors participating in the student’s clinical training. The student is responsible for providing these results to the externship site.
- If there is information of concern on the background check and the student is allowed to continue on to clinical work, the externship 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 both work at the ULM MFT and Counseling Clinic and at externship sites.
- 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 certifiedbackground.com. Records will be archived by certifiedbackground.com.

Note: 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.

**Plan of Action: Background Check and Drug Screening Concerns
Marriage and Family Therapy (MFT) Program, School of Health Professions
College of Health and Pharmaceutical 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 and Pharmaceutical Sciences Background and Drug Screen Policy.

If the results of the 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 CHPS has a no tolerance policy for a failed drug test.

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

3. Dr. Judy Fellows, College of Health and Pharmaceutical Sciences Associate Dean, will contact the MFT Program Director.
4. 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:

8. 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.
9. The 2015 AAMFT Code of Ethics will be reviewed with the student.
10. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.
11. The issues leading to the concern 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.
12. If clinical work is approved, the externship site will determine whether the student may participate in that setting. This decision will be independent from any determination by the University of Louisiana at Monroe's Marriage and Family Therapy Program or College of Health and Pharmaceutical Sciences.
13. If the externship site refuses to allow the student to participate in training, it is the responsibility of the student to find an alternative placement.
14. 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:

3. The student will meet with the MFT Program Director and/or designee. The 2015 AAMFT Code of Ethics Code of Ethics will be reviewed with the student.
4. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.

**ULM Marriage and Family Therapy Programs
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 Programs 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 Programs Student Background Check and Drug Screen Policies and Procedures, I will not be permitted to continue in the MFT 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 and Pharmaceutical 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 Training

Date

Application for MAFT 7051 Practicum

Please complete the following and submit to the Director of Clinical Services prior to beginning MAFT 7051 Practicum:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Phone: _____ (Work) Advisor Name: _____

ULM Email: _____ Personal Email: _____

Emergency Contact: _____

MAFT 6070 Supervisor(s): _____

Externship Site(s): _____

Direct Client Contact Hours Earned in MAFT 6070 (or the equivalent): _____

Supervision Hours Earned in MAFT 6070 (or the equivalent): _____

The following documentation should be submitted with this application:

- Signed MAFT 7051 Supervision Contract (attached)

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 ready to be enrolled in MAFT 7051:

MAFT 6070 (or equivalent) Supervisor Signature _____ Date _____

Director of Clinical Services _____ Date _____

MAFT 7051 Supervision Contract

- A. Attendance of group supervision The supervision group will meet for one hour each week (typically the first hour of supervision) on its assigned supervision day. In addition to attending this meeting, students must remain at the clinic and participate in live group supervision until the completion of the last scheduled therapy session conducted by a group member.
- B. Attendance of individual supervision Each student will receive individual supervision as outlined by the COAMFTE Standards of Accreditation. Attendance at individual supervision is mandatory.
- C. Clinical Experience Students are required to be involved in a weekly minimum of 6 hours of clinical experience, with approximately half of this time being spent conducting individual, relational, and family therapy. (Students not having the requisite 500 client contact hours from an approved master's degree will be required to carry a heavier client load). The balance of the clinical experience will be spent participating in supervision, keeping records, reviewing video/audio recordings, working as a team, and managing their caseloads. Students are to video record all sessions conducted and the ULM clinic unless the client does not consent to taping or the supervisor gives permission not to tape.
- D. Clinical Procedures The ULM MFT and Counseling Clinic Policy and Procedures Manual will be used to dictate procedures for use of the clinic. All students are expected to read and comply with these written procedures.
- E. Recording Client Contact Each student will maintain a monthly summary of all client contact, both at the ULM MFT and Counseling Clinic and at the externship/internship site. The student will record all client contact hours on the ULM MFT and Counseling Clinic form and will obtain a signature from the supervisor at the end of each month. The original must be given to the clinic secretary to be filed with the student's records for AAMFT. The student as documentation of supervision and clinical experience should keep a permanent copy of these records.
- F. Client Caseload Update Each student will provide a written update of each client to the supervisor every two weeks during the individual supervision sessions. The attached form will be used in writing these updates.
- G. Individual Supervision Goals Each student will create individual supervision goals. These goals will be presented to the supervisor within the first month. These goals will be reviewed at mid-term and at semester's end. The goals are to specifically address the student's agenda for supervision and therapeutic development.
- H. Students have been provided a copy of & are expected to adhere to the MFT Center policies/procedures.
- I. Students 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, ACA Code of Ethics, COAMFTE Standards, CACREP Standards, 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 7051:

Student Signature

Date

INTERN/CLINIC STAFF ACKNOWLEDGMENT OF CONFIDENTIALITY

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

Any and all information concerning clients receiving services from the ULM MFT and Counseling Clinic or affiliated externship sites is strictly confidential. 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 ULM MFT and Counseling 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 and ACA Code of Ethics and the state of Louisiana's statutes, and adhere to the ULM MFT and Counseling Clinic Policies and Procedures Handbook.

Student Therapist Intern/Clinic Staff Member

Date

Director of Clinical Services

Date

DOCTORAL PRACTICUM EVALUATION – MAFT 7051

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	_____	_____
• Utilize MFT literature and research in clinical Practice	_____	_____
• Final Evaluation/ Clinical Case Presentation		_____

Number of Client Contact Hours Completed (40 min.): _____

Number of Supervision Hours Completed (20 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 (MFT & Counseling) _____
- 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)

	Never	Sometimes	Usually	Always
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 my 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/	Never	Sometimes	Usually	Always

perturbations

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: TO BE PLACED IN CLIENT FOLDER

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

**UNIVERSITY OF LOUISIANA
MONROE**

**College of Health and Pharmaceutical Sciences
Marriage & Family Therapy and Counseling Studies in the School of Health
Professions**

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

Internship Site Documents

- Internship Requirements
- Internship Site Agreement
- Community Feedback Survey

Marriage and Family Therapy Program Internship Site Requirements

1. Internships 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 Internship 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 Internship.
4. Caseloads at the Internship 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 Internship 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 Internship site. These records shall be verified by the appropriate extern site personnel and made available to the ULM MFT Program upon request.
8. The Internship 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 MFT and Counseling Clinic, AAMFT Code of Ethics, and HIPAA requirements.
9. The Internship site shall provide interns with an appropriate orientation to the policies and procedures of the Internship site and the intern's role within the setting.
10. Internship sites shall have published procedures for handling grievances.
11. Internship sites shall have published policies prohibiting discrimination on the basis of race, ethnicity, religion, and gender.

12. For supervision purposes, the Internship 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 Internship 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 Internship 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 Internship 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 Internship 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 Internship site.

15. The Internship 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 Internship site supervisor shall complete the Internship site supervisor orientation which includes (1) reviewing an orientation PowerPoint that covers the requirements and expectations of the students, program, supervisors, and Internship 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. Internship site supervisors will be invited to participate in the annual Internship Site Fair and any other professional development trainings the ULM MFT Program would offer to site supervisors.
18. The Internship 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 “Internship Site Agreement,” between the ULM MFT Program and Internship site must be on file **before** the intern may begin work at the Internship site.

(Revised 1/2017)

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

INTERNSHIP SITE AGREEMENT

**Marriage and Family Therapy Program
Clinical Internship**

(Name of Host Internship Site)

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

_____ who is a graduate student in
(Student's Name)
the Marriage and Family Therapy Program.

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

This Internship 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 Internship Site Administrator/Supervisor

Marriage & Family Therapy Intern

Director of Clinical Services, ULM MFT Programs

Marriage and Family Therapy Clinical Internship Site Administrative Information

Please Print:

Name of Host Internship 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

Marriage and Family Therapy Programs 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 7053

Please rate your intern on the following:	1 (Very Dissatisfied)
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)
I would have another ULM MFT Student Intern work in my setting	
Please explain:	
I would hire a Marriage and Family	

Therapist in the future.	
Please explain:	
Please rate your intern's skill level on the following:	1 (Not Skillful At All)
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?

YES

NO

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

1 (Not Prepared At All)	2 (Not 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 and counseling. 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)

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) as well as the Council for Accreditation of Counseling and Related Educational Programs (CACREP), 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 to 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 Programs 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 Programs 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 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

Non-Clinical Externship Site Forms

- Intake Form
- Externship Consent for Treatment of Minors
- Externship Confidentiality

INTAKE INFORMATION an Externship Site of the
University of Louisiana at Monroe, Marriage and Family Therapy Clinic
(ULM MFT and Counseling
Clinic)

Date: _____ Date of Birth: _____
SSN: _____

Name: _____ Who will attend first session: _____

Phone Number(s) (number(s) you want us to contact you at): _____

Address: _____

Mailing Address (if different than above): _____

May we contact you by: Mail: _____ Yes _____ No Phone: _____ Yes _____ No

Reason for attending therapy: _____

How did you find out about us? _____

BIOGRAPHICAL INFORMATION

Marital Status:

- Married
- Never Married
- Separated
- Divorced
- Cohabiting
- Long-term Relationship

Times Married: _____ Spouse's Times Married: _____ Date of Marriage: _____

Ethnicity: _____ Country of Origin: _____ Religion: _____

Employer: _____ Spouse's Employer: _____

Income Level:

- Below - \$10,000
- 10K-20K
- 20K-30K
- Above 30K

Please list all adults living in your home:

Name	Age	Marital Status	Times Married

Please list all children living in your home:

Name	Age	Marital Status	Times Married

Current Medical Problems:

Current Medications:

Have you sought therapeutic/mental health treatment before? _____

If yes, where? _____

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

an Internship Site of the
The University of Louisiana at Monroe, Marriage and Family Therapy Clinic

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

Externship Site Name
an Internship Site of the
University of Louisiana - Monroe,
Marriage & Family Therapy and Counseling Clinic

CONFIDENTIALITY

Client confidences are strictly protected in accordance with the AAMFT/ACA Code of Ethics, Louisiana State Law, and the Health Insurance Portability and Accountability Act (HIPAA). All members involved in the treatment of client cases must keep all information protected and confidential. All information about clients should be considered confidential – names, personal information (age, gender, occupation, relationship status, etc.), topics discussed in therapy, etc. and should not be shared with anyone.

Due to the sensitive nature of treatment, you are required by Federal Law not to disclose any information obtained while participating at the _____, an externship site of The ULM Marriage and Family Therapy and Counseling Clinic, **including the identity of other people you see here.**

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.

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

Signature of All Adults in Attendance Date

Signature of Therapist Intern Date

MAFT 7053 Internship Forms

- Clinical Development Internship Evaluation
- Intern's Evaluation of Clinical
- Interns Evaluation of Faculty
- Contract Between Site and Student

Appendix #2: Clinical Development Internship Evaluation Form

7053 DOCTORAL INTERNSHIP EVALUATION FORM

Final Semester: Clinical Supervisor Evaluation Form

Name of Intern: _____

Name of Clinical Supervisor: _____

Please circle the appropriate response using the following guide:

5 - strongly agree; 4 – agree; 3 – undecided; 2 – disagree; 1 - strongly disagree; 0 - no data;

1. The intern appropriately applies systems concepts, theories and techniques -*See Core Competency 1*

5 4 3 2 1 0

2. The intern conducts assessment/therapy with sensitivity to contextual and systemic dynamics -*See Core Competency 6*

5 4 3 2 1 0

3. The intern delivers systemic interventions that are consistent with model of therapy, evidence base, cultural and contextual dynamics, practice setting, and goals of the treatment plan -*See Core Competency 12*

5 4 3 2 1 0

4. The intern practices within state, federal, and provincial laws/regulations and professional standards -*See Core Competency 13*

5 4 3 2 1 0

5. The intern contributes to supervision by providing rationales for interventions, assessment information, and systemic understanding of clients' context and dynamics -*See Core Competency 17*

5 4 3 2 1 0

6. Major clinical strengths:

7. Helpful suggestions for future clinical growth:

8. Additional comments:

HOURS IN INTERNSHIP

Total Client Contact Hours in 7053: _____

Total Individual Client Contact Hours in 7053: _____

Total Relational Client Contact Hours in 7053: _____

Total Hours of Supervision in 7053: _____

Total Live Hours of Supervision in 7053: _____

Total Case Review Hours of Supervision in 7053: _____

Total Individual Hours of Supervision in 7053: _____

Total Group Hours of Supervision in 7053: _____
HOURS IN PHD PROGRAM

Cumulative Total Client Contact Hours: _____

Cumulative Total Individual Client Contact Hours: _____

Cumulative Total Relational Client Contact Hours: _____

Cumulative Total Hours of Supervision: _____

Cumulative Total Live Hours of Supervision: _____

Cumulative Total Case Review Hours of Supervision: _____

Cumulative Total Individual Hours of Supervision: _____

Cumulative Total Group Hours of Supervision: _____

Student's Signature: _____ Date: _____

Clinical Supervisor's Signature: _____ Date: _____

Appendix 4: Intern's Evaluation of Clinical Supervisor Evaluation of Internship Supervision Experience

Internship 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 my 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
16. Shares alternative interventions/perturbations	Never	Sometimes	Usually	Always
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 internship site	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

_____ 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) (Edited, 2015)

Appendix 5: Intern’s Evaluation of Faculty Mentor Evaluation of Faculty Mentorship Experience

Faculty Mentor _____
 Date _____

My Mentor:

Please circle as appropriate:

1. Keeps monthly appointments with me	Never	Sometimes	Usually	Always
2. Tells me when I’ve done a good job	Never	Sometimes	Usually	Always
3. Provides me with specific feedback	Never	Sometimes	Usually	Always
4. Helps me become aware of my resources and strengths	Never	Sometimes	Usually	Always
5. Asks my opinion about my professional development activities	Never	Sometimes	Usually	Always
6. Helps me understand how my internship experience fits in with my overall career goals	Never	Sometimes	Usually	Always
7. Makes direct suggestions about what I could have done differently, more of, and/or less of	Never	Sometimes	Usually	Always
8. Helps me learn by telling me what to do	Never	Sometimes	Usually	Always
9. Helps me learn by modeling/demonstrating	Never	Sometimes	Usually	Always
10. Helps me learn by assigning related readings	Never	Sometimes	Usually	Always
11. Helps me learn by sharing a personal learning experience	Never	Sometimes	Usually	Always
12. Reviews my professional development documents	Never	Sometimes	Usually	Always
13. Assists me in keeping accurate records of my internship site	Never	Sometimes	Usually	Always

Appendix 6: Contract Between Site and Student

The University of Louisiana at Monroe

Marriage and Family Therapy
Doctor of Philosophy Degree Program

CLINICAL TRAINING CONTRACT BETWEEN INTERNSHIP SITE AND STUDENT

This is a contract entered into between the following student and internship site:

Name of Ph.D. Student: _____

Name of Internship Site: _____

A. Purpose

1. The purpose of this contract is to guide and direct the parties respecting their affiliation and working relationship, inclusive of anticipated future arrangements and agreements in furtherance thereof, to provide high quality clinical learning experiences for students in the Marriage and Family Therapy Doctor of Philosophy degree program, while at the same time enhancing the resources available to the Internship Site for the providing of services to its clients.
2. Neither party intends for this contract to alter in any way their respective legal rights or their legal obligations to one another, to the students and faculty assigned to the Internship Site, or as to any third party.

B. General Understanding

1. The internship to be provided will be of such content, and cover such periods of time as may from time to time be mutually agreed upon by the University and the Internship Site. The starting and ending date for the internship shall be agreed upon at least one month before the internship commences.
2. All student participants must be mutually acceptable to both parties and either party may withdraw any student from the internship based upon perceived lack of competency on the part of the student, the student's failure to comply with the rules and policies of the Internship Site or the University, or, for any other reason where either party reasonably believes that it is not in the best interest of the program for the student to continue.

3. There shall be no discrimination on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, disability, or veteran status in either the selection of students for participation in the internship, or as to any aspect of the clinical training: provided however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself, preclude the student's effective participation in the program.

C. Internship Site Responsibilities

1. The Internship Site acknowledges that it has been in operation for at least two years.
2. The Internship Site agrees to provide the student intern with a ____ month clinical internship experience. This shall consist of _____ hours of client contact, of which at least 50% will be relational.
3. The Internship Site will retain responsibility for the care of clients and will maintain administrative and professional supervision of the student insofar as their presence and program assignments affect the operation of the Internship Site and its care, directly and indirectly, of clients.
4. The Internship Site staff shall, upon request, assist the University in the evaluation of the learning and performance of participating interns.
5. The Internship Site shall provide orientation for the ULM Marriage and Family Therapy Director of Clinical Training and intern of facilities, philosophies, rules, regulations, and policies of the site.
6. All medical or health care (emergency or otherwise) that an intern receives at the Internship Site will be at the expense of the individual involved, or as arranged with the site.
7. The site will provide the following:
 - ◆ Activities of each intern will be documented at the internship site(s). These records will be made available to the marriage and family therapy program upon request.
 - ◆ Adequate facilities and equipment for the intern to carry out designated responsibilities.
 - ◆ Mechanisms for student evaluation of internship site(s) and supervision, and site evaluation of the intern's performance, will be demonstrated.

- ◆ Internship site(s) will publish and adhere to policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation, and socioeconomic status.
8. The Internship Site shall provide clinical supervision for the intern following these guidelines of the COAMFTE:
- ◆ An AAMFT Approved Supervisor or the equivalent (defined only as a AAMFT Approved Supervisor Candidate) will supervise the intern’s clinical work. If an AAMFT Approved Supervisor or the equivalent is not available at the site, one must be provided either by the student or by the intern. Faculty instructor can supervise clinical work if the site and practice of the student is located in the state of Louisiana.
 - ◆ The internship clinical supervisor will be available to the intern and will be an active participant in her/his training.
 - ◆ The internship clinical supervisor will be clearly senior in experience to the intern.
9. The Internship Clinical Supervisor shall be guided by the “Responsibilities of the Internship Clinical Supervisor” (See Exhibit A) and AAMFT/COAMFTE Standards for supervision.
10. The Internship Site agrees to provide the intern with a stipend, health benefits, vacation time, and dissertation or other release time as provided for in such written agreements as have been negotiated between the intern and the administrator of the Internship Site.
11. The Internship Site shall furnish the intern with a copy of the agency’s policies regarding grievance procedures and non-discrimination.

D. University Responsibilities

1. The University will use its best efforts to see that students selected for participation in the clinical training program are prepared for effective participation in the internship phase of their overall education. The University will retain ultimate responsibility for the education of its’ students.
2. Prior to the commencement of the internship experience the University will, upon request and with the student’s written permission, provide responsible Internship Site officials with such student records as will adequately disclose the prior education and related experiences of prospective interns.

3. The University will use its best efforts to see that the clinical training program at the Internship Site is conducted in such a manner as to enhance client services. Only those students who have satisfactorily completed the prerequisite didactic portion of their curriculum will be selected for participation in an internship.
4. The University will require all participating students retain current liability insurance.
5. The University will require all participating students to show proof of health insurance if such is required by the Internship Site. Evidence of such insurance will be provided by the intern if so requested.
6. The University will require student compliance with the Internship Sites rules, regulations, and procedures, and use its best efforts to keep students informed of the same and any changes therein. Specifically, the University will keep each participating student apprised of his or her responsibility to
 - A. Follow the administrative policies, standards, and practices of the Internship Site when the student is at the site.
 - B. Provide the necessary and appropriate supplies required when such is not provided by the site.
 - C. Report to the Internship Site on time and follow all established regulations during the regularly scheduled operating hours.
 - D. Conform to the standards and practices established by the University while training at the Internship Site.
 - E. Follow the AAMFT Code of Ethics.
7. The University will appoint an appropriate faculty member to serve as Director of Clinical Training. The Director of Clinical Training and/or his/her delegate will be responsible for ensuring that the terms of this agreement conform to the COAMFTE guidelines for internship and that such guidelines are met during the course of the internship and will be available to both the intern and site supervisor for consultations during the life of this agreement.
8. The University will advise the intern of the requirements of complying with “Responsibilities of the Intern,” attached hereto as “Exhibit B.”

E. Mutual Responsibilities

The parties will work together to maintain an environment of quality clinical learning experiences and quality client services. At the request of either party, a meeting or conference will be promptly held between the ULM MFT Director of Clinical Training and/or his/her delegate and the representative of the Internship Site to resolve any problems or develop any improvements in the clinical experience for the intern.

Contract approved by:

_____ **Date** _____
Name and Signature of Site Administrator

_____ **Date** _____
Name and Signature of ULM Director of Clinical Training and/or Instructor of MAFT 7053

_____ **Date** _____
Name and Signature of ULM MFT Ph.D. Intern

Any dispute or conflict resulting from this contract shall be resolved as per L.S.A.-R.S. 39:1524-1526.

EXHIBIT A: RESPONSIBILITIES OF THE INTERNSHIP CLINICAL SUPERVISOR

1. The Internship Clinical Supervisor must be an AAMFT Approved Supervisor, or equivalent (as defined by AAMFT Approved Supervisor Candidate only).
2. The intern must be provided with a _____ month supervision experience as outlined in the contract. A minimum of _____ hours of client contact will be required, of which at least 50% will be relational. Supervision will occur in a location that provides for the privacy and confidentiality required for the supervisory experience.
3. The Supervisor will provide the intern with at least one hour of supervision per week. At least 50% of this supervision must use live, video, or audio sources, and at least 50% must be individual supervision (no more than two supervisees per supervision session).
4. The Supervisor also agrees to evaluate the intern at the end of the internship and forward this evaluation to the Internship Faculty Instructor. Appropriate program forms will be provided by the ULM MFT Program for this purpose.
5. The Supervisor will furnish a copy of her/his vitae and return this signed exhibit to the Internship Faculty Instructor prior to the beginning of the clinical internship.

Name of Clinical Supervisor (Please print)

Signature of Clinical Supervisor

Date

Name of Student Intern (Please print)

Signature of Student Intern

Date

EXHIBIT B: RESPONSIBILITIES OF THE ULM MFT Ph.D. INTERN

1. The intern agrees to work an average of _____ hours per week during a _____ month internship beginning _____ and ending _____.
2. The intern agrees to conduct at least _____ hours of client contact each week and to perform other appropriate duties as arranged with the Internship Site administrator.
3. The intern will submit a monthly report of client contact and supervision hours signed by the site Clinical Supervisor to the Internship Instructor by the 10th of the following month.
4. The intern is responsible for obtaining liability coverage during the course of the internship. Documentation of coverage shall be attached to this document and insurance and documentation thereof must be kept current at all times.

Signature of ULM MFT Ph.D. Intern

Date

Name of ULM MFT Ph.D. Intern (Please print)

Name of Site Administrative Supervisor (Please print)

Name of Site Clinical Supervisor (Please print)

