



PFEIFFER
INSTITUTE *for*
**MARRIAGE &
FAMILY THERAPY**

Clinic Policies & Procedures Manual
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Division of Applied Health Sciences
Marriage and Family Therapy Program
Pfeiffer University, Charlotte, NC

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Pfeiffer University

Mission

Reflecting its relationship with the Methodist Church, Pfeiffer University is a globally engaged, regional university distinctive for its transformational undergraduate experience and its leadership in professional and graduate programs that fill demonstrated needs. Vested in its history as a United Methodist-related university and propelled forward by an innovative faculty and staff, Pfeiffer prepares its students for a lifetime of achievement, scholarship, spirituality and service (see Mission Statement, Pfeiffer University Graduate Catalog, p. 3).

Educational Goals for the Graduate Program

The graduate programs are designed to offer the depth of education and specialized skills necessary for graduates to practice and contribute to their professions. Graduates will be expected to have demonstrated abilities in analyzing, planning, and performing in relation to specific problems and issues. These skills are evaluated through the use of a designated capstone course within each graduate program (see Pfeiffer University Graduate Catalog 2014-2015, p. 4)

Vision

We will be recognized as the model church-related institution preparing servant leaders for lifelong learning.

Purpose and Philosophy

Pfeiffer Institute for Marriage and Family Therapy (hereafter referred to as *PIMFT*) was established to provide training opportunities for Master's level graduate students in the Marriage and Family Therapy (MFT) Program. *PIMFT* student therapists provide direct services for individuals, couples, families, or groups and serve as servant leaders and community resources for other agencies in the Charlotte area. The focus of all services, direct and indirect, is on assessing and improving the way relational systems work – whether the system is a couple, family, group, classroom, or agency. *PIMFT* adheres to the rules and regulations of the American Association for Marriage and Family Therapy (AAMFT) *Code of Ethical Principles for Marriage and Family Therapists* in the provision of direct and indirect services. In addition, *PIMFT* adheres to the policy and procedures of the Pfeiffer University Marriage and Family Therapy Program Handbook.

Pfeiffer Institute for Marriage and Family Therapy serves as the primary clinical training facility for the MFT Graduate Program at Pfeiffer University, Charlotte Campus. Each entering student therapist is required to obtain an adequate amount of their clinical training and the majority of their supervision in *PIMFT*. Further description of obtaining and completing hours will be discussed in the [Commission on Accreditation for Marriage and Family Therapy Education \(COAMFTE\) Requirements for Graduation](#) section of this manual.

Clinical training is obtained through the student's first experiential course (MMFT606 Practicum - Therapeutic Alliance), participation in community outreach opportunities, an on-site practicum in the clinic (MMFT690), and optional continuation through off-site internship (MMFT690). All entering students will spend a portion of their first year of the program becoming acquainted with the program, specific clinical requirements, and protocol prior to serving clients. Most students will begin collecting client contact hours in the *PIMFT* during the second year. Students are encouraged (and at times, required) to observe other student therapists working with the clients in the *PIMFT* during their first year in order to become better acquainted with the *PIMFT* and its operating protocol.

In addition to being a training facility for the MFT Program, *PIMFT* is also a service facility for the community. *PIMFT* operates much like any other mental health related business. *PIMFT* serves residents of the Charlotte area and surrounding counties, in addition to providing services to Pfeiffer University students, faculty, and staff. *PIMFT* opened in August 2008.

As a service facility, the student therapists and supporting staff of *PIMFT* have an obligation to clients to conduct themselves in a professional manner including, but not limited to, the way one dresses, one's attitude and behavior towards clients and colleagues, and one's focused attention to the details of how the business portion of *PIMFT* is conducted. Regardless of how much a client may pay per session, each and every individual will be treated with respect and compassion.

Administrative Policies

Internship MMFT 690

To ensure that the potential student therapist is ready to begin *PIMFT* internship, the following steps will be taken:

The student will review the material contained in the Pfeiffer MFT Student Handbook. All incoming students must attend an orientation led by the Clinic Director or Front Desk Administrative Staff for a further review of the contents of the Clinic Manual, the AAMFT Code of Ethics, confidentiality issues, and emergency procedures.

The student will meet with the Clinic Director and/or Front Desk Administrative Staff to review *PIMFT* policies and procedures, to receive training on completing all required forms and documents correctly, and to learn efficient operation of all *PIMFT* digital recording equipment.

Procedures to Begin *PIMFT* Internship

When the student completes required coursework and obtains approval from MFT faculty, the student will schedule an interview with the Clinic Director before the semester of MMFT690 begins. The student may contact the Clinic Director 8 weeks prior to the anticipated semester of MMFT690. At the time of the interview the student will turn in documentation (see next section for details) to

the Clinic Director to become a therapist intern in *PIMFT*. The student must have taken and successfully completed MMFT606 within the previous 3 semesters upon entering MMFT690. Students may need to retake or postpone registering for MMFT606 if he/she is unable to register for MMFT690 within the following 3 semesters of successful completion of MMFT606.

Documentation Required Prior to Internship

The following forms must be completed and signed by the student and applicable MFT faculty and/or Clinic Director:

- Intern Checklist (Appendix A)
- MMFT690: Supervision Contract for Therapist Interns (Appendix B)
- Intern Acknowledgment of Confidentiality (Appendix C)
- Proof of Student Liability Insurance (free from CPH with AAMFT Student Membership; call 800-875-1911)
 - It is the responsibility of each intern to renew his/her liability insurance and to give the Clinic Director the updated proof of coverage. If liability insurance expires and no renewal is on file, the intern will be required to immediately discontinue therapy and arrange an alternative treatment plan for cases (e.g., find another therapist/provider to continue treatment).
- Application for Internship Candidacy (Appendix D)
- Professional Fitness Evaluation completed by two current or former professors (not the Clinic Director) (Appendix E)
- Therapist Intern Agreement Form (last page of clinic manual; Appendix F)

All forms will be placed in the therapist's clinic file. A copy of these forms, and all other forms referenced in the manual, are included in the Appendix and on the clinic shared drive, which can be accessed from the clinic computers. Once the student has submitted a completed application packet (i.e., all forms signed), he/she will be required to schedule and successfully complete a mock intake session and attend the clinic orientation before his/her first live therapy session.

Early Entry to *PIMFT*

Based on clinic needs, students who have successfully completed the procedures to begin internship may be asked to enter the clinic early. Occasionally, interns finishing their clinic experience need to transfer their sessions to continue and preserve the integrity of client care. In addition, existing interns may need to transition out of the current rotation (e.g., accepting new intakes) in preparation for taking on a field placement. Thus, incoming interns may be offered the opportunity to begin their clinic experience early to help with availability with new cases, transfer sessions, and/or desk duty. Although early entry may occur one semester, it is not a guarantee that the need or offer will exist every semester.

MFT Competencies

In 2004, AAMFT published a list of 128 distinct competencies. The MFT competencies describe what it means to practice as a marriage and family therapist. The therapist intern will be evaluated on

the assigned MFT competencies in the MMFT690 course during the end of each semester (see MMFT690: MFT Competencies (Appendix G)).

Each intern will receive a final semester supervisory assessment over the assigned MFT Core Competencies for MMFT690. This assessment is designed to indicate the intern's progress in professionalism, therapeutic skills and abilities, case management, and case conceptualization. The MFT Core Competencies will not be an academic score.

The COAMFTE Core Competencies are outlined in each syllabus in every course each semester. During the semester, the professor is responsible for assessing the degree to which the competency has been developed at a minimal Performance Level of "3" on the 1-5 Assessment Rubric Rating Scale.

If the student has not achieved each competency at the minimal level of success by the last day of the semester, the student will have (30) days after the final exam date to remediate the competency, and then report back to the professor 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" after the 30 day period, the student will be referred to the Faculty Remediation Committee (FRC) who will meet with the student and provide corrective feedback through the use of a written Individual Remediation Plan (IRP) and timeline.

The student will have until the end of the semester to demonstrate fulfillment of the minimal performance level. If the student does not address the student learning outcome prescribed or cannot meet a minimal performance level of "3," the student will be dismissed from the program at the recommendation of the FRC Committee members.

Reflecting Team

Interns may be given the opportunity to participate in a Reflecting Team. The Reflecting Team offers benefits to interns, who have the opportunity to collaborate on cases using the two-way mirror, and clients, who benefit from in-session feedback from multiple interns. Interns must be in good standing (e.g., maintain a B or A in MMFT690, not involved in an IRP) to participate in a Reflecting Team. A therapist intern on a reflecting team must have direct contact with the client to count the hour as direct client contact.

Role of the Clinic Director

The Clinic Director ensures smooth operations of the clinic by creating, revising, and implementing the Policies & Procedures Manual. The Clinic Director works closely with the Pfeiffer University Marriage and Family therapy masters program faculty, including any other Clinic Directors. To support effective clinic operations, therapist interns and/or supervisors report major intern challenges in the clinic to the Clinic Director. This includes any therapist intern difficulty in completing clinical hours for Internship.

Piloting

The policies and procedures in this manual describe the established practices of the clinic. For ongoing improvement, occasionally the Clinic Directors and faculty temporarily approve piloting updated policies and procedures. In those situations, the Clinic Director will share specific information about the piloting practices and the clinic team will use those procedures.

Role of the Supervisor

An important part of training in marriage and family therapy is the experience of being supervised by an experienced therapist and supervisor. At Pfeiffer Institute for Marriage and Family Therapy, MFT faculty and Clinic Director provide both live supervision of sessions, and review digitally recorded sessions and case records. Supervision will occur in a group format (6 students or fewer) and individually (one or two students) in accordance with the AAMFT Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). *By policy, the internship supervisor is responsible for all cases seen by therapists under his/her supervision. Therefore, the therapist must ensure that the supervisor is aware of each case being seen and that the supervisor is involved in decisions regarding the course of therapy, including fee setting, contact with other agencies and professionals, decisions to transfer a case or to terminate a case, and interventions.*

The relationship between supervisor and student therapist is intended to be collegial, with each party contributing to the enhancement of therapy for the client. However, differences in experience between student therapists necessarily lead to differences in the degree of control that a supervisor must have in a particular case. Some student therapists will have considerable latitude in deciding on case matters; others will be expected to consult the internship supervisor on what may appear to be minor matters until the supervisor is convinced that the student can act alone. Disputes that may arise between the student therapist and the supervisor are best settled between the two parties. If a satisfactory resolution cannot be reached, grievance procedures are available to either party (see [Grievance Policy in this Policies and Procedures Manual](#)).

Professional Fitness Evaluation

As part of the Application for Internship Candidacy, the Professional Fitness Evaluation (Appendix H) is completed by two current or former professors of the student therapist. The student should meet with each evaluator to discuss their scores; the student must earn at least a 3 (meets expectations in most respects) in each category in order to register for MMFT 690. This evaluation serves as a confidential barometer of professional fitness and therapist readiness to enter internship. The purpose of this evaluation is to ensure that a student does not have non-academic personal and/or professional problems significant enough to limit his/her effectiveness as a professional therapist. This evaluation encourages students to nurture their roles as “servant leaders” and monitor their attitudes and attributes for therapist identity development and self-regulation.

During the first semester of MMFT 690, the student intern’s professional fitness – as demonstrated in *PIMFT* and field placement sites -- will be evaluated by the supervisor. Each supervisor will meet

with the intern to provide feedback and review the evaluation. The student must earn at least a 4 (meets expectations in all respects); if the student is not evaluated as meeting expectations in all respects (less than 4) on any item, the supervisor will discuss ways with the student how he/she can improve. The supervisor will give the form to the Clinic Director, who will give it to the second semester supervisor so the student's progress can be monitored and re-evaluated with a Professional Fitness Evaluation during the second semester of internship. If the student again does not have 4 for all items, an Individual Remediation Plan may be necessary. The student may request a copy of the evaluation; the original will be kept in the student intern's clinical file and an electronic copy will be stored in the student's file on DropBox.

Live Observation Assessment

Each time a student therapist is supervised live (i.e., while meeting with a client), the supervisor will complete a Live Observation Assessment (Appendix I) and go over the feedback with the student therapist. The Live Observation Assessment (Appendix I) uses the same categories and scoring system as the Clinical Performance Evaluation (Appendix J) (see below) and can be used to track progress and areas of concern. The student is expected to "meets criteria consistently at this program level" (i.e., score of 2) on all items (Communication Skills and Abilities, Professional Responsibility, Case Management, Competence, Maturity, Integrity, Case Progression, and Integration of Feedback). For any items scored below 2, the supervisor provides written and verbal feedback to the student. The original form will be kept in the student's file in the Clinic Director's office.

Clinical Performance Evaluation

During each semester of MMFT690, the student therapist will be evaluated by his/her internship clinic supervisor and field placement site supervisor using the Clinical Performance Evaluation (Appendix J). Each supervisor will meet with the intern to provide feedback and review the evaluation. The student must be assessed at a minimum "performance level of 2" based upon the 0-2 scale. If the student is deficient (less than 2), the supervisor will discuss ways with the student how he/she can improve; however, if the student does not improve in that area by the next evaluation, the Pfeiffer University instructor/supervisor may initiate a Faculty Remediation Committee meeting and recommend the appropriate Individual Remediation Plan for corrective feedback and remediation. The original copy of the evaluation will be stored in a locked filing cabinet in the office of the Clinic Director of Pfeiffer Institute for Marriage and Family Therapy, and an electronic copy will be stored in the student's program file on DropBox. If requested, a copy will be given to the student for his or her personal file. The purpose of the evaluation is to provide feedback and track the progress of the therapist intern.

Servant Leadership Self-Assessment

During the second semester of MMFT690, the student therapist will complete a Servant Leadership Self-Assessment (Appendix K) using the Servant Leadership Profile Response Sheet (Appendix L). Servant Leadership is addressed in each course that the students take and a self-assessment is

completed in MMFT 601, 606, and 621. In MMFT690, the emphasis becomes integrating servant leadership in the therapeutic role. Qualities addressed are integrity, humility, servanthood, caring for others, empowering others, developing others, visioning, goal setting, leading, modeling, team-building, and shared decision-making. The student therapist should complete this assessment during his or her second semester of MMFT690. Submit the completed assessment to the Clinic Director and it will be kept in the student’s clinical file.

Core Competency Completion

Student therapists must successfully achieve all core competencies at the end of three semesters of MMFT690. Through the assessments listed above, student therapists are evaluated each semester as they move through their internship. If a student therapist has completed all core competencies at the end of three semesters yet still has client contact hours to accrue to reach the 500 hour requirement, then he/she is eligible to register for MMFT690A (see next section). However, if a student therapist has had 3 semesters of MMFT690 yet has not demonstrated an adequate level of competency (i.e., at least the minimum score required for all competencies associated with MMFT690), the student will continue to register for MMFT690 and complete all required assignments. Demonstration of core competencies is recorded on the Assessment Rubric Rating Scale by the Clinic Director based on feedback from clinic and field placement site supervisors; the student therapist must earn at least a 3 on each core competency associated with MMFT690.

Registration for MMFT 690A

Student therapists are eligible to register for MMFT690A after they have completed three semesters of MMFT690 and met all of the Core Competencies in MMFT690 (Appendix G). In MMFT690A, students continue to see clients at *PIMFT* and field placement site for the purpose of accruing client contact hours. Since the core competencies have already been met, student therapists are not required to complete the written assignments in MMFT690, yet they are required to participate in individual and group supervision throughout the semester (i.e., even if hours requirement is reached during the semester). *PIMFT* and field placement supervisors will complete the Clinical Performance Evaluation (Appendix J) to monitor progress, and students will complete the Office Performance Self-Evaluation (Appendix M) to examine their participation in the “life” of the clinic each semester.

Clinical Assessment Timeline

Semester	Evaluation of Student Therapist by Supervisor(s)
1 st Semester of MMFT690	Professional Fitness Evaluation Clinical Performance Evaluation
2 nd Semester of MMFT690	Servant Leadership Self-Assessment Clinical Performance Evaluation
3 rd Semester of MMFT690	Completion of Core Competencies Clinical Performance Evaluation
4 th and 5 th Semester (as needed) MMFT690A	Clinical Performance Evaluation

Confidentiality

Client information will be protected by the therapist, *PIMFT* staff, and internship supervisor. *PIMFT* will abide by Health Insurance Portability and Accountability Act (HIPAA) in an effort to protect client confidentiality.

All information about clients should be considered confidential – names, personal information (age, gender, occupation, relationship status, etc.), topics discussed in therapy, etc. Information regarding clients should only be discussed with other therapists in private or with the internship supervisor. All client information including case records and recordings must be secured at all times. Records, recordings, and phone calls to clients must remain within the confidential areas (e.g., locked filing cabinets, intern room) of the *PIMFT* administrative offices. If information is to be released or obtained from another agency or professional, a properly completed and signed Authorization for Release of Client Records (Appendix AA) must be obtained from the client.

Procedures in protecting the confidentiality of the client involve the following:

- Refraining from discussing anything about a client that could possibly identify the client anytime an intern is outside *PIMFT* or field placement site.
- If, while observing a session (live or during supervision), an intern recognizes the client from some other arena (e.g., a neighbor, a current student), the therapist *must* excuse him/herself from observing that particular session immediately.
- Resisting any behavior that might be in conflict with the AAMFT Code of Ethics regarding confidentiality.
- Only *PIMFT* staff, students, and faculty are allowed into the clinic, *including the administrative offices and therapist work room*. Interns should not bring friends, spouses, children, students, etc. into the facilities without first discussing the visit and obtaining prior approval from the Clinic Director.
- All clinical work (e.g., progress notes, recordings) must stay in the clinic and cannot be uploaded to a personal computer.
- Interns may choose to view their Outlook calendar on a smartphone or other device outside *PIMFT* premises. If so, all client information must be safeguarded (e.g., enter client initials rather than names) and the device must be password-protected.

There may be times when another adult calls on behalf of an adult client. For instance, an adult client's parent, spouse, etc. calls on behalf of the client, but is not a client here and is not part of the client's session (e.g., has not signed a consent form). *PIMFT* cannot confirm nor deny that the person whom the caller is calling about is a client without written consent from the adult client.

In the event of this situation, the front desk attendant will inform the caller that due to confidentiality regulations we cannot confirm nor deny that person is a client. In addition, the front desk can offer to take a message for the therapist the caller believes is working with the person he/she is calling about and if the therapist has a written release, the therapist will return the call. However, if there is no release or if that person is not a client here the caller may not get a returned call. The front desk attendant will inform the person to talk with his/her adult child, spouse, etc. and during the next session if he/she (the client) wants the therapist to disclose information to the caller in the future he/she (client) must sign a release form.

It is equally important to maintain professional boundaries and protect the confidentiality of *PIMFT* staff, students, and faculty. Procedures in protecting the confidentiality of *PIMFT* staff, students, or faculty involve the following:

- Refraining from disclosing personal email, contact number, or home or work address to clients or any person without rights to such privileged information.
- Refraining from accepting client “friend” requests on Facebook or following on Twitter.

Social Media

Disclosure of any client personal identification outside of *PIMFT* is unethical; thus, there is also a fine line of respecting the privacy and professionalism of clinical practice. While there is not a specific code of ethics delineating the use of “therapy references or general client discussion” via social media, therapist interns will not disclose any information, general or specific, about *PIMFT* practice/clients through a social media outlet. If an intern is curious about the appropriateness of a comment or status update, he/she is encouraged to review with his/her supervisor in advance of posting.

Clinic Team Meeting

At the beginning of each semester, the Clinic Director will schedule a Clinic Team Meeting. The clinic will close to clients during this meeting. All therapist interns are expected to attend every Clinic Team Meeting. These meetings will explain any policy or procedure changes and provide reminders of clinic policies and procedures as needed. The Clinic Director may also use this time to schedule clinic events such as workshops and community outreach. In rare situations, the Clinic Director may schedule a Clinic Team Meeting during the semester.

Co-therapy

AAMFT COAMFTE regulations dictate what can be counted as co-therapy hours. *To have a session count as co-therapy, it is necessary that each therapist be in the room with the client(s) for the majority of the session.* Co-therapy can be especially useful in dealing with couples, families, and groups. Students may be assigned a co-therapist during part of the *PIMFT* experience and are encouraged to engage in co-therapy when it is appropriate. To avoid confusion, while working as co-therapists, one therapist

must be declared as the primary therapist; the other therapist is the co-therapist. The supervisor who supervises the primary therapist will provide supervision for the case.

There may be times when an existing case could benefit from an additional therapist's involvement (e.g., conflictual couple, parents requesting therapy sessions for child). Therapists must consult with his/her supervisor prior to adding an additional therapist to the session.

Therapist interns involved in co-therapy must commit to the following per co-therapy case: 1) Plan additional time to discuss the case on a weekly basis and 2) Work together until case terminates. No more than two therapists may work on the same case (e.g., couple, family).

Professional Dress Code

All therapists are expected to ensure that their dress and grooming project a positive image of *PIMFT*. Choice of dress should convey respect, competence, and caring to our clients and colleagues. In an effort to ensure professionalism, therapists are required to dress in appropriate attire that complies with the clinic dress code in effect even when entering the clinic back offices, seeing clients, or representing the clinic or program at professional meetings/engagements on campus and/or in the community that pertain specifically to clinic or field placement performance, issues, and/or concerns. These guidelines are in effect even if an intern does not have a client scheduled that day. For example, a therapist may request assistance from a reflecting team made up of all those observing the session, so all interns at that session must be dressed congruent with their role as professionals.

Dress Guidelines

For clinic purposes, business or business casual dress is defined as the following:

- A dress shirt (button-down with collar)
- Nice sweater or blouse*
- Slacks, chinos, or skirt (no jeans)
- Dress*
- Clean, nice shoes
- Belts and dress socks (for men)
- Neck tie (optional)
- Jackets (optional)* – sports jackets

*minimum elbow-length sleeves (women)

Dress Code Requirements

Dresses and/or skirts must be conservative in style and length, so that bare legs do not touch the seat when seated. Pants and/or slacks for men and women should be at least ankle length. Jewelry and other accessories must be conservative and not distract from the focus of the therapeutic relationship or professional presentation of self. Earrings are limited to two per ear and the top

earring(s) must be a post (males may not wear earrings). Nail length should be conservative in length and nail designs and colors must be moderate and not distracting.

Grooming Guidelines

Hairstyles, make-up, the grooming of beards and mustaches, and personal hygiene should be reasonable and in accordance with customary business practices. Extreme hairstyles and color are not acceptable. An employee's personal grooming and hygiene should contribute to a clean, neat appearance and impression. Clothing should be clean, neat, well-fitted, and ironed in appearance at all times. The recognizable odor of tobacco smoke is not acceptable, and colognes or perfumes should not be worn during therapy sessions.

Unacceptable Attire and Accessories

Unacceptable attire includes, but is not limited to, the following:

- Jeans or jean/denim material (of any color)
- Capri pants, cargo pants, culottes, drawstring and/or ruched pants, low rise or "hip-hugger" pants
- Knit/golf shirts
- Sundresses
- Muscle shirts, tank tops, halter tops, spaghetti strap tops, or shirts that reveal the midriff; "cold shoulder" shirts with cut-outs on the shoulders
- Stand-alone camisoles
- Torn clothing, cutoffs, and beach attire
- Mini-skirts, mini-skorts, and other skirts/shorts
- Sheer or "see through" clothing or fabric that exposes bare skin
- Plunging necklines
- Spandex clothing and leggings
- Tee-shirts, sweatshirts, sweatpants, and other workout attire
- Slippers, casual sandals, tennis shoes, sneakers, or work boots
- Clothing that is offensive, revealing, distracting, provocative or excessively tight
- Evening attire or formal wear
- Hats or caps
- Open-toed, peep toe, or backless shoes
- Non-traditional accessories or outer wear, such as chains or fanny packs
- Visible body piercings (other than earrings), such as dental, tongue, lip, nose or eyebrow jewelry
- Excessively long nails
- Exposed tattoos

Front Desk Staff

The front desk staff must wear business casual attire at all times.

Exceptions

The Clinic Director may specify additional dress guidelines based on the *PIMFT* needs and field placement requirements. Examples of such needs are as follows: public presentations, workshops, health fairs. During times of professional presentations in the community, it will be necessary for students to be in traditional business attire, unless otherwise directed by Clinic Director.

Religion, Ethnicity, or Disability

Reasonable accommodations for dress or grooming directly related to a student's religion, ethnicity, gender identity, or disability will be reviewed and accommodated accordingly.

Note: *PIMFT* Administrative Staff reserves the right to determine the professional appropriateness of dress/attire, accessories, and/or appearance of all staff and therapist interns. Students who do not follow the dress code are subject to a disciplinary counseling record being placed in their program file. In addition, if the dress code is not respected and violations occur, whether intentionally or unintentionally, the therapist intern may be asked to leave and change clothing.

Other products

The employees and therapist interns of the *PIMFT* are not permitted the use of tobacco or tobacco products (e.g., cigars, pipe tobacco, chewing tobacco, snuff, electronic cigarettes), alcohol, or illegal substances in the *PIMFT*. In addition, the use of chewing gum is not permitted at any time in the presence of clients, visitors, or guests. Nicotine replacement products including gum, lozenges, nasal spray, and inhalers may be used during work hours, but usage should be discreet and in accordance with physician and product manufacturer directions.

Office Maintenance

PIMFT does not have a nightly janitorial staff to take care of cleaning responsibilities. The cleanliness and general maintenance of *PIMFT* is the sole responsibility of the individuals who use the facility. Please do not leave any paper, food wrappers, food, etc. on the floors or desks of the clinic and work room. Return chairs to their usual place if you rearrange them during a session or group supervision. Clinic rooms and the waiting room should be picked up and prepared for the next client every evening.

Please be aware that food odors may linger. Clean up after any consumption of food or beverages.

Please be aware that talking, coughing, or laughing while you are observing a session from one clinic room to another can be seen and heard by clients. Please be respectful of the client(s) in the therapy session and refrain from rude or condescending comments made to another therapist, regardless of how the session may be impacting you and/or the therapist who is working with the client.

Recording Equipment

PIMFT is designed to accommodate the highest standard of training for student therapists and to provide high quality care for clients. The facility offers digital technology to record therapy sessions.

All therapists will be instructed on how to use the technology for successful recording of each session. See relevant section in this Policies and Procedures Manual.

Intern Workroom

The intern workroom is provided to therapists for clinic work (e.g., case management, phone calls to clients, and any other clinic related activity). Please be respectful of clinic properties and do not misuse equipment (e.g., multiple print outs of large documents, printing documents not related to direct clinic work). Use of the intern workroom is a privilege; misuse of clinic equipment or facility may result in fines or a loss of privileges. If equipment is found broken due to mishandling after proper training, the student(s) responsible may be held liable for any costs associated with repair or replacement.

The clinic lab fee is \$125 per semester. The fee will go directly towards operating costs of the clinic for student use. Fee is subject to change at the beginning of the new academic year.

Computers

Computers are available for therapist intern use for clinic purposes. Therapist interns may not download software (e.g., itunes, games). Each computer will have access to the clinic's server. The server will hold a personal file for each therapist intern (the file will be identified by the last name of the therapist intern) to store his/her recorded sessions. Therapist interns may use any computer for clinic purposes. Therapist interns must adhere to confidentiality guidelines and not open other colleagues' files. If a therapist intern is found in another colleague's file, he/she will meet with the *PIMFT* Clinic Director and disciplinary action will be taken.

Therapist interns are to store recorded therapy sessions in his/her personal file only and download immediately. Instructions will be discussed during the orientation, and a manual is available in the Intern Workroom. Do not save any personal work, completed forms, progress notes, or any other files on a personal computer. The Clinic Director reserves the right to delete any unnecessary or mis-saved files at any time, without notice to the file author.

Therapy session recordings will be deleted from personal files at the completion of intern's internship.

Any problems with the PIMFT clinic equipment (e.g., computers, monitors, printers, recording equipment) should be reported to the Clinic Director immediately.

Visitors

Visitors of therapist interns (e.g., partners, children, friends) are not permitted to enter the therapy wing without prior consent from the *PIMFT* Clinic Director (see [Confidentiality](#) section). Therapist interns are not allowed to bring their children to the *PIMFT* clinic if they plan to do work (e.g., see clients, write progress notes, make calls) and must arrange other forms of childcare. Children should not be left unattended.

Grievance Policy

In accordance with the MFT Program Manual, any appeal process will begin at the level of the individuals immediately involved. Grievances can involve, but are not limited to, a student (if an issue ensues between students), an associated instructor (if an individual course is at issue), the Director of the Marriage and Family Therapy (MFT) Program (if an MFT policy is involved), a clinical supervisor and/or Clinic Director (if a clinical matter is involved), or the Department Chair or Provost (if a departmental policy is involved).

In the event that a therapist intern has a grievance with the Clinic Director and/or a clinical supervisor, he/she must submit a written and signed document discussing his/her concern directly to the administrative person(s) directly involved. The therapist intern will schedule an appointment to discuss his/her concerns with the Clinic Director and/or clinical supervisor.

Where satisfactory resolution has not been achieved at one level (e.g., student with student), the appeal is taken to the next appropriate level of administrative authority. Thus, certain matters proceed from the *PIMFT* Clinic Director to the MFT Program Director and then to the Provost or Vice-President of Academic Affairs. At any of these levels, there is a specified and explicit procedure.

The procedures outlined above have been developed in compliance with existing procedures documented in the Pfeiffer University Student Handbook and the MFT Program Manual. In addition, the university is in compliance with existing legislation such as Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (45 CFR 86), and Sections 503 and 504 of the Rehabilitation Act of 1973 (all requiring nondiscrimination on the basis of race, color, national origin, sexual orientation, religion, sex, or disability), plus the Age Discrimination in Employment Act of 1957. This is not an exhaustive list but each item encompasses a particular pattern of compliance with associate procedures for assuring accountability.

In almost all cases, it is preferable to handle a grievance informally at the level at which the grievance has arisen. With specific regard to therapist interns in Internship, the individual with a grievance should attempt to resolve it directly with the other person(s) involved. If satisfactory resolution is not reached, the individual should bring the grievance to the Clinic Director or MFT Site Director or Program Director who will attempt to help the parties involved reach a satisfactory resolution.

If the issue still remains unresolved, the Clinic Director will sign off that the complaint has been forwarded to the next appropriate level (i.e., MFT Site Director). If the issue still remains unresolved at that point, the MFT Site Director will sign off that the complaint has been forwarded to the next appropriate level (i.e., Provost or Vice President of Academic Affairs) and the individual with the grievance should initiate a formal grievance process by writing a letter to the Provost or Vice President of Academic Affairs outlining the grievance, summarizing the previous attempts to reach a satisfactory resolution, and requesting the initiation of the formal grievance procedure. The appeal is on the basis of whether or not appropriate procedures were followed. The goal of the appeal

process is not to resolve the issue, but rather to ensure that the therapist intern was treated fairly following established procedures.

With both the informal and formal grievance process, it is crucial to proceed in a timely manner. Typically, the therapist intern with a grievance would initiate the resolution process as soon as possible after the incident or incidents in question occurred, within 60 days at the latest.

In any grievance procedure, it is crucial that the individual bringing the grievance be protected from any negative consequence arising from the act of bringing a grievance. Fear of negative consequences is one of the reasons it is difficult to begin the grievance procedure at the level in which it must necessarily begin – with the person(s) involved. This is especially difficult when the person with the grievance is in a position of less power than the other individual. For example, a student with a grievance against a clinical supervisor or a faculty member has less power by nature of that relationship. However, a fair grievance procedure requires that difficult issues must be raised and all parties involved must be informed that the grievance exists. Every effort will be made to protect the rights of the person bringing the grievance against retaliation. The MFT Program faculty and staff are committed to insuring that the grievance procedure is a fair one and that procedures are in place for protection and appeal.

Sexual Harassment

“Sexual harassment” is defined as the unwanted written, spoken, implied, unwanted sexual or romantic advances made by any person towards another. Sexual harassment, like harassment on the basis of color, race, religion, gender orientation, or national origin, has long been recognized as a violation of Section 703 of Title VII of the Civil Rights Act of 1964, as amended. Pfeiffer University will not tolerate sexual harassment and intimidation of its employees and/or students in the workplace (see Pfeiffer University Graduate Programs Catalog 2014-2015, p. 2; see also AAMFT Code of Ethics, 3.7; see MFT Student Handbook, p. 32):

Harassment on the basis of sex exists when there are unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment or student's grades.
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions or grading status thus affecting such individual.
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working or learning environment.

Pfeiffer Institute for Marriage and Family Therapy has adopted the stance that any report or witness of perceived sexual harassment will not be kept confidential. All incidences will be reported to the proper authorities of Pfeiffer University.

Therapist Intern Remediation

In accordance with the MFT Program Handbook, there may be times when a therapist intern may need remediation. Remediation is the process of evaluating the therapist intern's current below average performance, attitude, and academic and professional development and developing a plan to improve area(s) of concern for continuation in the MFT Program.

The MFT Program Handbook specifies the circumstances under which students may be subject to the remediation process. In addition, the MFT faculty may probate, suspend, or dismiss from the program any student who does not fulfill the academic or clinical requirements specified in the MFT Program Handbook or Clinic Policies and Procedures Manual. In addition, any student whose work over a period of time shows a demonstrable lack of progress toward their degree may be put on probation, suspended, or dismissed from the MFT program.

Usually the actions described above will be initiated by communicating in writing to the student, the MFT faculty members, the Clinic Director, and the MFT Program Director. A Faculty Remediation Committee (FRC) will be formed to discuss the circumstances of the remediation. The student may request a meeting with the MFT faculty to discuss the matter and/or may appeal to the Dean of Applied Sciences. The levels of appeal follow those already stated in the Grievance section.

Due to the clinical nature of the program, it may be necessary to dismiss a student from the MFT Program for other than academic reasons. One of the most difficult tasks facing a team of faculty occurs when a student's behavior is deemed to be so inappropriate as to warrant major concern as to whether the person is emotionally, interpersonally, or ethically suited for entry into the profession of marriage and family therapy.

Gatekeeping

“Gatekeeping refers to the responsibility of all counselors, including student counselors, to intervene with professional colleagues and supervisors who engage in behavior that could threaten the welfare of those receiving their services” (Foster & McAdams, 2009, p. 271). This responsibility is a personal obligation to the profession and is mandated in the ethical standards of the American Association for Marriage and Family Therapy (AAMFT) by instructing therapists to “seek appropriate professional assistance for issues that may impair work performance or clinical judgment” (AAMFT Code of Ethics, 3.3). More importantly, it is the responsibility of all students and faculty to uphold the competence and integrity of the Marriage and Family Therapy profession by protecting the profession from unethical behavior through corrective feedback (peer colleagues and supervisors) and fair remediation assurance when necessary to assist impaired students and/or supervisors. Although reporting a colleague or supervisor may create overwhelming anxiety, it is the well-being of a classmate or supervisor, and subsequently the ultimate harm that may impact a present or future client, which must be addressed first and foremost. Failing to do so may jeopardize one's professional standing (Hutchinson, p. 175).

The role of the professional is a serious and sensitive one. Responsibility must be assumed by the MFT faculty and staff to assure that any individual who might pose serious risks to clients, the community, and to the standards of the profession (due to emotional instability or questionable ethical standards) is not allowed to enter the profession. The MFT faculty and staff have the right to refuse to endorse degree candidates to practice marriage and family therapy due to possible risks to clients (e.g., inability to regulate and modify appropriate behavior). Even though such measures are unpleasant, decisions are necessary in considering the welfare of everyone involved. Such issues may transcend effective adjustments via feedback provided in day-to-day supervision and instruction. Accordingly, when such problems occur, the MFT faculty will meet and specify their concern(s) to the student in writing. In addition, an Individual Remediation Plan (IRP) will be developed. The IRP will define the particular behaviors in question, the desired changes and means to address them, and a timeline for re-evaluation of the concern.

The IRP will accompany full verbal feedback to the student determined by the Faculty Remediation Committee, particularly from faculty or others with information from direct observations of the student. If the student feels the matter has been misrepresented, he/she will reply to these concerns and present his/her perspective on the matter. The matter may be settled at the level of the MFT Program level or the recommended measure invoked (e.g., suspension from the program pending a student's attempts to resolve the problem via personal therapy). At the end of the stated time or process the matter would be reviewed and, in the absence of sufficient change in the desired direction, measures would be taken to dismiss the student from the program.

At any point in this process, the student has the right to appeal. Due to the sensitive nature of this process, students are reminded that they are not required to appeal and that the matter may be resolved without bringing it to the attention of the full graduate faculty and administration. If the student does wish to appeal a decision of this type, he/she may do so, in writing, to the Provost or VP of Academic Affairs. From that point, the appeal procedure follows that already stated.

Usually students who would be dismissed under these circumstances would be dismissed from the graduate program. However, under some circumstances, a dismissal decision may specify that the student retains the right to apply for admission to other graduate programs within the university.

In regards to taking extended time off during Internship, remediation may occur. It is important to anticipate long term absences such as personal, legal, or medical circumstances which might make it impossible to complete the requirements of the internship. If a pregnancy has progressed in time so that time off for the delivery and post-delivery make it impossible to complete the requirements of the internship, students will be discouraged from enrolling to avoid the costs of remediation due to absence.

If a student has been convicted with a felony prior to entering the MFT program, Pfeiffer may not grant the student permission to enroll (see NC LMFT grounds for licensure denial, suspension, etc.). However, any felonies committed by the student while enrolled in the MFT program will be addressed by Pfeiffer University and may be ruled that the student must be automatically dismissed

from the program. In addition, misdemeanor offenses committed by the student while enrolled in the MFT program will be evaluated by Pfeiffer University and may also be deemed grounds for automatic dismissal from the program, especially if such offenses require probation and/or incarceration. If students conceal such legal circumstances from Pfeiffer University, the concealment may become grounds for dismissal from the internship and the MFT program.

The relationship with Field Placement sites is vital to the Pfeiffer University Marriage and Family Therapy Program. Therefore, students who jeopardize any Field Placement site relationships (through, but not limited to, cited impropriety, negative attitudes, disrespectful behavior, not fulfilling external site agreements, or excessive absences) will be evaluated through the Individual Remediation Plan process.

The therapist intern will be consistently evaluated per semester by his/her Clinic Supervisor and his/her Field Placement Site Supervisor using the Clinical Performance Evaluation (Appendix J).

Internship Requirements

The MFT Program Handbook outlines detailed requirements and expectations for completing internship. It is the responsibility of each student to be familiar with these requirements and expectations. In addition to seeing clients in *PIMFT*, if a student desires a Field Placement (i.e., to see clients through a site in the community), he/she must discuss plans with the Clinic Director to elicit feedback on readiness to meet with clients outside the clinic. Leaving *PIMFT* is determined more on student readiness as determined by the MFT faculty and Clinic Director rather than a set number of hours and/or semesters spent in the clinic or in the program. Once the student has completed all requirements named above and has received permission to start a field placement site, he/she will apply to site(s) of his/her choice. See [Field Placements](#) below for details and requirements.

At the final conclusion of internship (over a minimum of three consecutive semesters), the student therapist will have fulfilled *PIMFT* and internship agreements, completed required hours, and received passing evaluations from each supervisor. The final indication that all internship requirements have been met is the Final Report of Internship – Client Contact and Supervision Hours (Appendix O) form and Intern Self Evaluation (Appendix P). These final forms must be completed and submitted to the Clinic Director no later than the Monday before graduation day.

COAMFTE Requirements

Client Contact Hours

The accrediting body of the American Association for Marriage and Family Therapy (AAMFT), the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), accredits

Master's degree, doctoral degree, and post-graduate degree clinical training programs in Marriage and Family Therapy throughout the United States and Canada. The Marriage and Family Therapy Program of Pfeiffer University at the Charlotte Campus is a fully accredited COAMFTE program.

The Pfeiffer University MFT Program and *PIMFT* will adhere to COAMFTE guidelines. All students must complete COAMFTE requirements to graduate from the Pfeiffer University Marriage and Family Therapy Program. All students who graduate from the program will have the status of graduating from a COAMFTE accredited program.

As required by COAMFTE, all students must complete 500 hours of direct client contact. Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups with the client(s) and therapist interns in the same physical location, where the therapist intern approaches cases from a relational perspective. In addition, students who start internship prior to January 2016 must earn at least 250 relational hours (e.g., couples or families present in the therapy room) of the required 500 hours of client contact. Students starting internship in January 2016 or later must earn at least 200 (i.e., 40%) relational hours of the required 500 client contact hours. As long as a student is registered for Internship in MFT, s/he must maintain a caseload of at least three to six active (i.e., client seen at least every other week) cases at *PIMFT* at all times and must be available for a minimum of six client appointments each week. The number of minimum cases is a joint decision of the student, his/her clinical supervisor, and the Clinic Director.

Relational Hours

For a session to count as a “relational hour,” interns must utilize a family systems approach to treatment that includes more than one member in the same session at the same time at the same location as each other and the therapist intern. These members must belong to an organized system with delineated boundaries while demonstrating a social and psychological interdependence and reciprocity. The members must also directly interrelate with repeated ongoing transactional patterns that impact and influence each other on a consistent basis to meet the needs of its members. Contact must be conducted via joining, assessing, diagnosing, or intervening. Additionally, “marriage and family therapy includes referrals to and collaboration with other health care professionals when appropriate” (Marriage and Family Therapy Licensure act – NC Statutes 90-270.47. Definitions. 3a).

Relational Group Hours

For a session to count as a “relational group hour,” interns must utilize a family systems approach to treatment that includes more than one member of a group in the same session at the same time. These group members must belong to and live within an organized system with delineated boundaries while demonstrating a social and psychological interdependence and reciprocity for a period lasting no fewer than 10 days. The members must also directly interrelate with repeated ongoing transactional patterns that impact and influence each other and the group as a whole on a consistent basis to meet the needs of its members.

Supervision Hours

Supervision of students is a requirement of COAMFTE. *PIMFT* will ensure students are supervised at *PIMFT* by an AAMFT Approved Supervisor or a Supervisor Candidate (aka Clinic Supervisor).

Individual supervision is defined as supervision of one or two individuals. Group supervision is required and will be 6 students or less per group. During group supervision, each student will participate in the group class for at least one hour and then may be observed live for one hour while seeing a client. To preserve the integrity of the program for accreditation, students must participate in at least 1 hour of class time and observe others to enhance the learning process (this means that the intern will not see clients during all of supervision). Students will receive at least 100 hours of face-to-face supervision, which includes at least 30 hours of individual supervision and up to an additional 70 hours of group supervision. Of the 100 hours of required supervision, at least 50 must be conducted live (i.e., the supervisor viewing the case in real time) or a recording of a session. Under normal circumstances, students in the MFT Program will receive more hours of supervision than required.

Field Placements

After the therapist intern has become oriented to *PIMFT*, he/she may have the option of supplementing his/her required number of hours at a Field Placement. The Field Placement is to provide the intern with a supervised, full-time experience of at least one-semester duration, emphasizing relationally focused practice and/or research. The MFT Program defines “full-time” as 15-20 hours minimum per week on site (combination of *PIMFT* and Field Placement site).

The therapist intern should consider whether the field placement will provide sufficient hours of direct client contact (e.g., relational hours) and supervision to meet licensure and/or clinical membership requirements.

Prior to the start of the Field Placement without a prior relationship with Pfeiffer University, the student must submit to the Clinic Director a written internship proposal specifying how the site meets the program requirements. The Faculty Regulatory Committee will have the final decision of whether to approve the Field Placement. (The Faculty Regulatory Committee is composed of all MFT Faculty and Clinic Directors.) The Field Placement must be located within a 60-mile radius of *PIMFT* (perimeter includes cities of Goldsboro, Fayetteville, Asheboro, Greensboro, Wilson, Roxboro). Students interested in a field placement that is not in the Charlotte area should discuss the location with the Clinic Director prior to applying for the site.

The Purpose of a Field Placement

The purpose of a Field Placement is to build on the therapist intern’s existing clinical and research skills. In addition, the Field Placement is to provide an intensive professional experience. A Field Placement may be taken in a variety of settings and may include various combinations of clinical and research activities, depending on the therapist intern’s interests, needs, and previous experience. One

of the primary focuses of the Field Placement is training. The Field Placement will be established as collaboration between the student, Clinic Director, and Field Placement Site Supervisor.

The Procedures to Begin a Field Placement

There are several steps that must be completed before a therapist intern may begin working at a Field Placement. First, the therapist intern must schedule an appointment with the Clinic Director to have a conversation about his/her interest in working at a Field Placement site. The purpose for the conversation will be to assess the therapist intern's readiness, interests, and needs, to identify potential Field Placement sites, and to identify the requirements for completion of the Field Placement. Based on specific situations regarding the desired Field Placement, the therapist intern and Clinic Director will discuss whether any steps need to be revised and will proceed as agreed.

For previously approved field sites:

1. If the therapist intern chooses to pursue a previously approved field site, after meeting with the Clinic Director, the therapist intern will contact that site supervisor and schedule an interview.
2. The therapist intern and the site supervisor will meet, review the Summary of Placement Site Requirements (Appendix Q), discuss their logistical needs, and determine whether this is a good fit.
3. If the therapist intern and site supervisor choose to proceed, the therapist intern and site supervisor will complete the Field Placement Site Supervision Agreement (Appendix R), with both signatures. The therapist intern will give the original to the Clinic Director and a copy to the site supervisor.
4. All paperwork will be filed in the therapist intern's file in the clinic.

For new field sites:

5. If the therapist intern wants to explore possibilities of a new field site, he or she will provide the Clinic Director with contact information for the potential site supervisor and the Clinic Director will have a phone conversation to discuss field placement requirements and expectations.
6. The Clinic Director will let the therapist intern know if the site meets basic requirements and if the potential site supervisor wants to proceed. They will discuss characteristics of the site and the therapist intern will decide if this sounds like a good fit.
7. The Clinic Director will schedule a site visit with the potential site supervisor and will see the facilities and discuss field site requirements and the site's needs in more depth. The Clinic Director will ask the potential site supervisor to submit the completed Field Placement Supervisor Application (Appendix S).
8. Once the Field Placement Supervisor Application (Appendix S) has been approved by the Clinic Director, the Clinic Director will let the therapist intern and site supervisor know to proceed.

9. The therapist intern and site supervisor will then discuss and agree on field site placement logistics and will complete the Field Placement Site Supervision Agreement (Appendix R). This will be given to the Clinic Director.
10. All paperwork will be filed in the field site and therapist intern's files in the clinic.

Note: Any change in the Field Placement Proposal or Field Placement Site Supervision Agreement(s) must be approved by the Clinic Director. If a student wishes to have more than one Field Placement simultaneously, s/he should submit to the Clinic Director a written proposal describing the need for the second site after serving at the first site for at least one semester. The Faculty Regulatory Committee will have the final decision whether to allow a second site.

Who is Qualified to Begin a Field Placement

The Field Placement is an opportunity for the therapist intern to obtain professional experiences and training outside of *PIMFT*. Not all students may choose to pursue Field Placements. If a student does not pursue a Field Placement, he/she will be required to obtain 500 hours direct client contact (minimum) at *PIMFT*. In addition, not all therapist interns may be qualified to have a Field Placement opportunity. The following are the minimum requirements to be qualified to begin a Field Placement:

1. The therapist intern must be in good standing in the MFT Program (individuals on academic, non-academic, or clinical probation or on leave of absence cannot apply).
2. The therapist intern must be in good standing in *PIMFT*. If he/she has taken a previous semester of MMFT690, he/she must have passed with a grade B or higher.
3. The therapist intern must have permission from current Clinic Supervisor and Clinic Director.
4. The therapist intern must be sufficiently advanced in the MFT program to maximally benefit from the Field Placement experience. This means that the Field Placement activities do not interfere with the completion of coursework and continued progress in the MFT program and vice versa.

Documentation Required Before the Field Placement Begins

The following documents must be completed and signed by appropriate administration and filed in therapist intern's file before the Field Placement begins:

- Field Placement Supervisor Application (Appendix S) (required of each supervisor who will be supervising a therapist intern at each site)
- Field Placement Site Supervision Agreement (Appendix R) from each site

Supervision and Supervisory Relationship of Field Placement

The Field Placement must involve direct client contact (of which at least 50% should be relational). Each site must provide an on-site supervisor who is either clinical or administrative in function and is responsible for the efforts of the therapist intern and who provides supervision of cases at least one hour per week (record on Monthly Clinical Service Report [MCSR] but does not count toward

program requirements). **The on-site supervisor needs to be able to provide sufficient oversight and accurate assessment and evaluation of the intern's progress. The therapist intern must also continue to meet with an AAMFT Approved Supervisor (or equivalent) weekly in the clinic in compliance with COAMFTE guidelines for structured supervision. The Clinic Supervisor will provide one hour of individual supervision and two hours of group supervision which are both weekly.

An intern may count client contact hours accrued during paid employment under certain conditions. The intern cannot accrue client contact hours for their customary employment responsibilities that someone of a non-intern status could do. For example, if a pre-intern student had a job, the student may not count those same job responsibilities as client contact hours once s/he becomes an intern. However, if the employer assigned new job responsibilities due to the intern's change in status, then clinical face-to-face hours may be able to be counted. In this case, the intern would need to contract with a different supervisor than he/she had previously. Please contact the Clinic Director with any questions.

Documentation Required in the Field Placement

Therapist interns must complete the following documentation for the Field Placement:

- The Monthly Clinical Service Report (MCSR) (Appendix T) must be maintained and kept up-to-date by the therapist intern.
- At the end of each semester, the Field Placement Site Supervisor must complete a Clinical Performance Evaluation (CPE) (Appendix J) about the therapist intern and review it with him/her. The therapist intern will bring the CPE to his/her clinic supervisor for review and file with Clinic Director.
- Proof of Student Liability Insurance

Completion of Field Placement

The Field Placement requirements are deemed complete once all the following criteria have been met:

- The duration of the Field Placement experience has lasted a minimum of one full semester; and
- The concluding date as stipulated on each "Field Placement Site Supervision Agreement" (Appendix R) form has been reached; and
- All required evaluation forms for each internship site have been filed with the Clinic Director.

At the completion of the Field Placement or upon leaving a Field Placement site, the Intern Self Evaluation (Appendix P) (therapist intern), the Clinical Performance Evaluation (Appendix J) (separately, Clinic Supervisor and the Field Placement Site Supervisor(s)), and the Field Placement Site Evaluation (Appendix W) (therapist intern) must be submitted to the Clinic Director.

Procedures

Case Assignment and Scheduling

Case Assignment

A rotation system will be used in the assignment of new cases. Index cards will be used to assist in case assignment. The index card will include the Therapist Intern's Name, Therapist ID code, contact number, Pfeiffer email address, and topics/populations of clinical interest or training.

When a new client calls or submits an email to *PIMFT* to schedule an initial appointment (intake), they will be assigned to the next therapist in the rotation based on the match between therapist and client availability. Exceptions are: 1) the client requests a specific therapist or type of therapist (e.g., male/female, religious orientation) and 2) a therapist indicates they are not accepting new clients. At times clients who initially call for an individual concern may evolve into a couple or family case, or vice versa.

Students enrolled in Internship (MMFT690) will carry a minimal active caseload depending on number of new clients entering the clinic and whether or not they are providing services at a Field Placement site. It is ideal for a therapist intern to have a minimal active caseload of 10 - 12 clients per week, providing the clinic caseload is sufficient to do so. Note: It is the therapist intern's responsibility to keep an adequate case load of individual and relational hours to complete required hours for graduation.

Scheduling New Clients

Telephone intakes and case assignments for internship will be handled through the Front Desk Administrative Staff or Clinic GA, under the supervision of the Clinic Director. In addition, new intakes may be scheduled during desk duty. A professional relationship forms the moment the client makes contact with *PIMFT* (e.g., initial phone call). From this perspective, the intake process is much more than a clerical activity and requires professionalism and sensitivity at all times. The intake process and follow-up calls play a crucial role in clients' experience with *PIMFT*.

Most intake calls will be handled by the Front Desk Administrative Staff or Clinic GA (see [Scheduling Clients Using Outlook](#)). During the initial phone call, the Administrative Staff or Clinic GA will complete a Phone Intake Record (Appendix X) to collect basic demographic information about the client and the nature of their concern. The Front Desk Administrative Staff/GA/Desk duty attendant will instruct the new client to arrive at least 20 minutes in advance of their initial scheduled appointment to fill out initial paperwork or bring in forms printed from website.

Typically, clients will not be scheduled for the same day as the intake call unless it is determined by the Clinic Director that to do so is vital for client care. The therapist will be notified of any last minute or "emergency" scheduled appointments. In general, *PIMFT* does not take cases that are

assessed as a suicidal emergency at the onset during the initial call. Such cases are referred first to a local hospital emergency room or crisis assessment center.

Once a case assignment and initial appointment is scheduled, a message will be sent to the therapist's Pfeiffer email informing the therapist intern that a new case has been assigned. The therapist intern is required to contact the client to confirm the scheduled appointment, preferably 24-48 hours before the initial appointment, and to make sure the client has directions to *PIMFT*. Any phone contact with the client prior to the first appointment should be noted on the Phone Intake Record (Appendix X). Once therapy has begun, the therapist intern must use the Client Contact and Payment Log (Appendix Y).

When a therapist calls to confirm the initial appointment, he/she should determine who will be receiving services. For example, the therapist must verify that if minors will be seen, they must be accompanied by adults who can provide consent (first appointment should be adults only; see below). In addition, the therapist intern should give accurate directions to the *PIMFT* and remind the clients that sessions are usually 50 minutes in length. Subsequent sessions are usually 50 minutes in length (the *PIMFT* fee schedule assumes 50 minute sessions); however, it is possible to increase a session to 1.5 hours in length, if needed and approved by Clinic Director or Clinic Supervisor.

Scheduling Returning Clients

The therapist intern is responsible for rescheduling their clients. During the end of the session in the therapy room, the therapist intern and client(s) should discuss future appointment times. Due to confidentiality concerns and possibilities of congestion at the front desk, clients are NOT to be rescheduled at the front desk or in the hallway. This procedure needs to be done in the therapy room at the completion of the session. It is the responsibility of the therapist to go to the Intern Workroom and use a computer to input next scheduled appointment in Outlook Calendar. The front desk staff should not be used to reschedule returning clients after a session. However, if the client calls to reschedule, the Front Desk Administrative Staff/GA may reschedule clients if the intern has available times indicated in his/her calendar. See the Scheduling Clients Using Outlook section below.

Scheduling New Constellation Appointments of Returning Clients

Existing clients may request additional therapy services for other members of his/her family. For instance, a parent may be in therapy and request additional sessions for his/her child. Ideally, the current therapist would provide treatment for additional family members; however, situations may warrant a co-therapist. In an effort to continue providing systemic care, only one or two therapists (co-therapy) are authorized to be assigned to work on the same case (e.g., couple or family) at any given time.

Before a new therapist is assigned and a new appointment is created, the intern must consult with his/her supervisor. However, there may be times when the client bypasses the intern he/she is working with and call the office directly. If the front desk receives a call to add an appointment, the

front desk attendant will ask the caller if he/she is a current client and with whom he/she is already meeting.

If the caller says that he/she is currently a client with “Intern X” and he/she requests another family member to be seen, the front desk attendant should reply, “I would be happy to help you. However, before scheduling a new session, I must inform Intern X that you have requested your family member to be seen. Before I can schedule this appointment, the intern will need to speak with you first. May I take a message and have Intern X call you?”

Scheduling Therapy Appointments for Minors

Minors can benefit from therapy sessions. A minor is considered a person under the age of 18. *PIMFT* has a therapy room designated to provide treatment designed specific to the needs of children and youth. Each object in the play therapy room has a therapeutic intention. Children should not use the room unless it is a play therapy session (i.e., it is not a child’s waiting room).

Before treatment can begin, the initial session must involve only the parent(s)/legal guardian. The front desk attendant will communicate this procedure during the phone intake. This procedure allows the therapist intern the opportunity to get details about the minor’s mis/behavior without the minor being subjected to hearing the negative information again. In addition, the therapist intern can solicit information about the parents’ legal status and make determinations regarding who should attend subsequent sessions. In addition, the front desk attendant will screen whether the parents are married, separated, or divorced. The front desk attendant will instruct the parent/legal guardian what paperwork is necessary for them to bring to the initial session, if necessary (see below).

If the parents of the child are married, obtaining consent from one parent is sufficient for treatment to begin. However, best practices suggest obtaining consent from both parents whenever possible. If the parents of the child are separated or divorced, the parent with legal custody (legal custody means having the right and the obligation to make decisions about the child’s upbringing, such as medical and mental health care) can sign the Permission to Treat Minors (Appendix Z). The parent must bring the custody order, the intern must make a copy of the section of the document stating which parent has legal custody to make medical decisions for the child, and the copy of the document must be placed in the file before treatment of the child can begin. If the parents are separated or divorced and both have documentation stating equal legal custody, both parents are required to sign the Permission to Treat Minors before therapy can begin. If the parents are separated, but no legal documentation is available (e.g., parents have not gone to court) *both parents are required* to sign the Permission to Treat Minors before therapy can begin.

If the other parent is incarcerated or lives out of state/country, the intern should make his/her best effort to obtain written consent from the absent parent. However, if it is not possible and/or it has been determined that the parent bringing in his/her child for treatment has legal custody, the intern must document the steps taken and may proceed with treatment; in addition, the intern must consult with his/her Clinic Supervisor.

During the initial session with the parent(s) the therapist intern will review the Permission to Treat Minors (Appendix Z) and obtain a thorough history of concerns, behaviors, etc. of the child and family system. If an intern is assigned a child's case with separated or divorced parents, he/she must consult with his/her supervisor.

Greeting Incoming Calls

The Front Desk Administrative Staff/GA/Desk duty attendant should answer the phones in a professional manner. The greeting should follow this format:

“Good [morning, afternoon, evening], thank you for calling Pfeiffer Institute for Marriage and Family Therapy. How may I help you?”

Scheduling Clinic Rooms for Therapy

The therapist intern is fully responsible for reserving a therapy room in *PIMFT* as soon as appointments are made with his/her client. Therapy rooms are available on a first-come, first-serve basis using the Outlook Location option. If a therapist intern would like to schedule a client for live supervision, it is especially important that they make sure they reserve a room as soon as they plan for live supervision to ensure the availability of space.

The therapist intern is fully responsible for deleting his/her name reservation by “canceling” the appointment on Outlook as soon as possible if his/her appointment cancels or reschedules.

Intake Calls and Scheduling by a Third Party

When a caller wishes to schedule an appointment for a third party (e.g., a probation/parole officer, a social worker), the Administrative Staff/GA will ask the caller if he/she will accompany the other person(s) to the appointment. If the caller DOES NOT plan to attend the session, the Administrative Staff/GA must request that the client(s) call the clinic to schedule the appointment. (This procedure does not apply in the event that the initial caller is the parent/guardian for the minor who is the client.)

In the event that a person calls to obtain information on a client (e.g., an agency mandating therapy) the *PIMFT* must abide by confidentiality rules and regulations. Due to the rules protecting confidentiality, *PIMFT* personnel may not give any information without an Authorization for Release of Client Records (Appendix AA) from the client. In addition, *PIMFT* cannot either confirm or deny any client is or has been seen without this release form signed by the client. The release form can be completed during therapy sessions by client. In addition, it is required that the therapist intern thoroughly explain the confidentiality rules and procedures during the intake process. Upon receipt of the signed release form, the therapist intern may then call the identified person for whom release was granted. Only information granted by client identified on the Authorization for Release of Client Records (Appendix AA) can be disclosed. Client information from other agencies may never be copied and distributed to the client for his/her use. Original documents must be released directly from respective agencies, although the *PIMFT* intern should still ask the client to complete

an Authorization for Release of Client Records (Appendix AA) specifying what content may be discussed.

Referral Sources

Clients may be referred to *PIMFT* by agencies, other professionals, etc. It is essential that we maintain good communication between ourselves and our referral sources. If a client was referred by a particular agency or professional, please inform the Clinic Director. The Clinic Director may send a “thank you” card (without client names or identifying information) to show the appreciation of *PIMFT* for the referral. Many referral sources have an investment in the clients they refer and may want to know if their referral has been worthwhile.

Therapist interns who are aware of potential referral sources are encouraged to discuss these contacts with the Clinic Director.

Scheduling Clients Using Outlook

Instructions for New Clients:

- Open client slots will be identified by a “CT” on the therapist’s calendar.
- Indicate that the client is new by putting a (N) in front of the client’s name in the appointment slot in calendar.
- In the appointment slot, type in this information:
 - The therapist’s last name
 - The first name and last initial of everyone who will be attending the session
 - Type of session (i.e., Indiv, Couple, Family)
 - The fee the client will pay (the initial session is \$30)
 - A daytime contact number
 - Reserve a session room by clicking “Add Room” in the Location field and selecting a room from the drop-down list. Note: Discovery Room is the play room, Bateson is the group supervision room.
 - “Invite” PIMFT@pfeiffer.edu to the appointment
- Ask the client to arrive 20-30 minutes early to complete the intake paperwork. Alternatively, they can print the forms found on the clinic blog and bring them to the session.
- Ask the client if they need directions to the clinic.
- Fill out an intake sheet and put it in the therapist’s mailbox.

To schedule an appointment for established clients:

- All open client slots will have a **CT** in the appointment slot.
- When you find the appointment time you need, double click on the CT.

- A window will open for the appointment slot. Make sure your cursor is by the CT (click in the section containing the CT to get it there).
 - For all appointments, type in the therapist's last name, [CT] the client's first name and last initial, contact phone number(s), and fee.
 - Reserve a session room by clicking "Add Room" in the Location field.
 - "Invite" PIMFT@pfeiffer.edu to the appointment
 - Convert the "CATEGORY" to reflect RED. All scheduled appointments are identified as RED.
 - When all the information has been entered, **click *Save and Close*** (on the top left of the toolbar). The window will close, and the client information should now appear in the appropriate slot on the calendar.

If a client calls to cancel:

- Ask client if he/she would like to reschedule appointment.
- Open the appointment on the calendar by double-clicking the appointment slot.
- Right-click to "Copy" the client information.
- If client would like to reschedule, try to find slot in therapist's calendar to reschedule and "paste" client information, if possible. If client owes money because they did not pay for a previous session, or are being charged a late cancel/rescheduling fee, please indicate the date of the corresponding appointment: [Newman CT: Shirley H., Indiv, \\$15 \(\\$15 late RS from 4/1/13\), 919-500-1234.](#)
- If client would not like to reschedule or front desk staff is unable to find an available future appointment in therapist intern's calendar, create new email message (to Pfeiffer email address) and inform therapist intern that their client has canceled, has been rescheduled, or they need to reschedule with client as soon as possible.
- If same day cancellation, mark *****CX***** in therapist's calendar.
- If it is NOT the same day, delete the client information from appointment slot and replace it with the letters "CT" so that another client can take that appointment if needed. Change the slot to a BLANK or NON-COLOR.
- Save and close appointment box.

If possible, reschedule the client. Or inform the client that you will give the therapist a message to return their call because a new appointment time cannot be easily identified.

If a client calls to cancel within a couple hours of appointment, please call the therapist to inform of the cancellation (as long as the front desk is well staffed and has the ability to do so). A courtesy call to the therapist intern is not a requirement.

If a therapist intern cancels an appointment:

- Follow the procedure described above except indicate that the therapist intern cancelled by writing *****TX***** instead of *****CX*****.

- Therapist interns are responsible for communicating with clients about cancellations and rescheduling appointments. The front desk staff may be enlisted for help when possible.

Color coding for calendar:

- Clear: Available appointment slot; cancelations (**CX**) and reschedules (**RS**) if same day change
- Red: Client is scheduled
- Blue: Individual and group supervision
- Orange: Desk duty
- Purple: Class and external site time

General Information

Hours of Operation

Sessions may be scheduled with beginning times from 10am to 8pm Mondays through Thursdays, from 10am to 5pm on Fridays, and Saturdays 10am to 1pm. Clients should be out of the clinic no later than 9pm M-Th (6 on F, 2 on Sat) to allow adequate time for the therapist interns to complete case paperwork and nightly maintenance of *PIMFT*. Therapist interns are not allowed to schedule or meet with clients during times outside of normal *PIMFT* operating hours. Many clients prefer evening appointments. The busiest times for *PIMFT* are between the hours of 4pm and 7pm. Every attempt should be made by the therapist to schedule his/her clients' appointments during group supervision as allowed to take advantage of the opportunity for live supervision by his/her supervisor.

Directions

Clients may not know the directions to the clinic. When speaking with the new client, please ask if they have access to the internet to look up the address on mapquest or google maps. If the client does not have access to the internet, please ask if they are familiar with the Charlotte area.

Depending on their response, please give the client the following directions:

“Pfeiffer Institute for Marriage and Family Therapy is located at 1515 Mockingbird Lane Ste. 300 Charlotte, NC 28209, in the historic area of Myers Park and Montford Drive. In August 2017, we moved to our new location, in the Montford Park building, across the street from the previous Charlotte campus and clinic. You are welcome to stop by and see our beautiful new clinic and schedule an appointment as needed. We are here to serve Charlotte and surrounding communities by providing affordable mental health care.

From I-85: Merge onto Billy Graham Pkwy via EXIT 33 toward Airport/MULBERRY CHURCH RD S/Billy Graham Library/Coliseum Area/Farmers Market. Billy Graham Pkwy becomes W Woodlawn Rd. Turn right onto Park Rd. Take the 3rd left onto Mockingbird Ln. 1515 Mockingbird

Ln, Charlotte, NC 28209-0012, 1515 MOCKINGBIRD LN is on the left. Enter the building through the front door, and take the elevator to the third floor. We are located in Suite 300, on the left when exiting the elevator. Please check in with the assistant at the front desk upon arrival.

From I-77: Merge onto W Woodlawn Rd via EXIT 6A toward US-521 S. Turn right onto Park Rd. Take the 3rd left onto Mockingbird Ln. 1515 Mockingbird Ln, Charlotte, NC 28209-0012, 1515 MOCKINGBIRD LN is on the left. Enter the building through the front door, and take the elevator to the third floor. We are located in Suite 300, on the left when exiting the elevator. Please check in with the assistant at the front desk upon arrival.

If the client is using CATS Transit bus, the closest stop is at Woodlawn and Park Road, Route 30, stop 3 (approximately .5 miles from PIMFT).

Operating Schedule

PIMFT functions as a mental health service provider in the community. Therefore, appointments are scheduled year-around. Semester breaks, summer sessions, and Pfeiffer holidays should have minimal effect on the operation of *PIMFT*. Therapist interns and supervisors are expected to be available for new cases during semester breaks unless prior arrangements have been made with the Clinic Director. *PIMFT* will be closed over the Thanksgiving holiday, Christmas holiday, New Year's Day, Good Friday, Memorial Day, and Independence Day. Vacations for internship supervisors and therapist interns must be scheduled well in advance, and backup services for clients should be arranged. Therapist interns are expected to take "normal" vacation periods (during holidays) and any extended vacation time must be discussed with and granted permission by the Clinic Director and Clinic Supervisor. A Vacation/Leave of Absence Form (Appendix AB) must be completed and approved BEFORE travel arrangements are made. Additionally, it is the responsibility of the therapist intern to inform their active clients of their leave and identify who will be covering for them during their time away from *PIMFT*.

Children at *PIMFT*

Children under the age of 12 are not allowed to be left unattended at *PIMFT* due to safety issues. This includes leaving a child in the waiting room or in a therapy room. If the therapist intern must separate a child under the age of 12 from their family for therapy purposes, it is his/her responsibility to get a colleague to watch the child for the brief period of time (watching a child does not count toward client contact hours).

Fee Schedule and Collection

Pfeiffer University provides partial underwriting of the costs of maintaining the *PIMFT*. Due to this agreement, *PIMFT* is able to provide services at a reduced cost to clients who cannot afford to pay the full fee of \$30.00 per 50-minute session. Longer sessions will be charged proportionately (e.g., a 2-hour session will be 2x fee, 1.5 hour session is 1.5x fee, etc.). Reduced fees for services from \$10.00 - \$30.00 per 50 minute session are negotiated between the therapist and the client during the first session, and are set based on the current *PIMFT* Fee Schedule_(Appendix AC). If a client

discloses they are unable to pay the designated fee based on their income and number of dependents, the therapist must consult with the Clinic Director for further fee reductions. Upon final fee determination, the client must sign the Fee Agreement Form (Appendix AD). The fee for Pfeiffer University students is \$10 per 50 minute session, including the initial session. The fee for students attending other universities is \$15 per 50 minute session, including the initial session.

Clients will be informed that the initial session will be \$30 (exception: university students); however, if they need the sliding scale, they can discuss an agreement during the initial session with their therapist. Clients must pay for services at the time of their appointment, using check or cash. No credit cards will be accepted. Checks are to be made payable to “Pfeiffer Institute for Marriage and Family Therapy.” A receipt will be written in carbon copy form by the Front Desk Administrative Staff/GA. The original (white) copy will be given to the client and the second (yellow) copy will be kept with form of payment for clinic financial records. Receipts should include client’s name, date, amount paid, balance, Intern's name, and type of appointment (Regular or Intake) and sign. If client cancels or reschedules, draw a slash through the receipt and write RS or CX. If a receipt is not able to be used (e.g., incorrect information written on receipt), write VOID across receipt- **do not remove original from the book.**

The therapist intern should discuss the fee and billing procedures with the client during the initial session. Clients must be told that missing an appointment without notifying *PIMFT* 24 hours in advance may result in the session fee being charged for the missed appointment. The client must sign the bottom of the Fee Agreement Form (Appendix AD) to indicate that he/she has been notified of this policy. It is under the discretion of the Clinic Director to waive the fee for a missed appointment. If a client does not pay for a session (e.g., forgot wallet, did not get paid), the missed fee must be collected by the next session.

If a client fails to pay his or her fee for more than two sessions in a row, the therapist intern must discuss this issue with the Clinic Supervisor and/or Clinic Director.

PIMFT does not accept third-party payment from insurance companies for any services rendered in the clinic. In addition, *PIMFT* personnel will not assist clients in filing for insurance plan reimbursement for services rendered in *PIMFT*.

Case Management & Documentation

All therapist interns will maintain and store active *PIMFT* client records in the secured file room. When creating case file labels include the following information on the file label: Client’s Last name, First name, Case # (which consists of the specific Intern # and appropriate file number based what number that client is for the individual therapist; e.g., Thomas, April 007-004). Case records contain confidential information and care must be taken to ensure client privacy. The file cabinets will remain locked when not in use. Case records (including digital clips) are not permitted outside of *PIMFT* except for training purposes on the Pfeiffer University, Charlotte Campus. If files or client

recordings will be released from the Pfeiffer University, Charlotte Campus for training purposes, the supervisor must inform the Clinic Director. Files must be returned to *PIMFT* immediately after use.

In the case of Field Placement sites where the sessions are recorded with portable camcorders, the students must keep all recorded material in their possession at all times or in a secured location until she/he can return to *PIMFT* facilities and securely store material. It is the student therapist's responsibility to supply recording materials (e.g., camcorder, DVDs, tapes) if he/she chooses to work at a Field Placement site. Student therapists working at a Field Placement site may be required to record at least one hour of his or her client sessions per week and bring to MMFT690 supervision.

Session recordings and client records are the property of *PIMFT* and are not to be removed from the secure area without permission from the Clinic Director. To protect client privacy, MFT faculty, therapist interns, and *PIMFT* staff must make every effort to keep file cabinets locked, to keep the front office, storage room, and Clinic Director's office locked when not in use. In addition, all *PIMFT* personnel and MFT faculty must exercise extreme care when moving confidential material from one area to another.

It is important to keep up-to-date and accurate information in case records. It is the responsibility of the assigned therapist intern to update client's address, contact numbers, and other personal information whenever changes are reported.

To obtain the greatest accuracy, progress notes should be completed immediately after each session; however, it is not always possible to complete progress notes directly after a session. Therapist interns must complete progress notes within 72 hours after the therapy session. Progress notes should be typed on a *PIMFT* Progress Note (Appendix AE) and secured in the case record. The Clinic Supervisor is responsible for monitoring records to ensure that information is timely and accurate. Therapist interns must be prepared to show any case to their Clinic Supervisor or Clinic Director at any time.

It is not unusual for clients to return to services months or years after initial treatment. In addition, therapists who started a case may not always be present or available to reopen the case. It can be helpful to the new therapist to know prior treatment plans and client information. For this reason, *PIMFT* will archive all case records for at least 6 years, except for minor clients (5 years after the age of consent was or would have been reached). The time of storage is in compliance with AAMFT standards of ethical practice and HIPAA. After this time frame, all documentation will be destroyed.

Timely Management of Client Files

Charts are reviewed in individual supervision monthly and intermittently, as cases are discussed in individual supervision. All forms are expected to be completed within the time frame indicated for each form. It is the responsibility of the therapist intern to track timely completion of forms.

Progress note dates are compared to the client contact log and a progress note is required for every

session. Charts must be completely up to date at the end of each semester. The clinic has a supplemental Chart Audit Form that therapist interns may use to guide their documentation work. Charts not completed will result in loss of points for Internship on the Office Performance Self Evaluation form and may result in the student not passing MFT 690 or MFT 690A.

Charts are reviewed at the end of every semester and grades are not submitted for a therapist intern until all of his or her charts are completed to a satisfactory level.

Recording Therapy Sessions

PIMFT offers the latest technology for recording therapy sessions. Therapist interns are not permitted to alter the recording equipment. The recording equipment must stay on at all times and record both audio and visual material from the therapy rooms and group room. A sign will be displayed to alert all individuals on *PIMFT* premises that they may be audio and video recorded for training purposes.

In compliance with the HIPAA privacy regulations, visual and recording devices will be used only in patient/client care areas (i.e., therapy rooms, group room). In addition, clients will document consent to treatment and recording during the initial session.

Please note information below:

- Camera-equipped devices issued by Pfeiffer University are designated for therapist intern use for requirements of the MFT program.

Recordings are for clinical purposes only. Otherwise, recording is authorized only when:

- A therapist intern documents a hearing-impairment or physical challenge and who is unable to write or record information or data.
- Faculty member or staff gives permission for recording meetings or other investigatory hearings.
- The use of video or auditory recordings by students for lectures and/or classroom activities is granted permission by faculty member or staff.

Therapist interns will record each therapy session in its entirety for supervision purposes. Locate the [Milestone Recording Software: Instruction Manual for Pfeiffer Institute for Marriage and Family Therapy](#) for recording, playback, and downloading instructions. The Manual is located on the shared drive, and a paper copy is on the bulletin board in the Intern Workroom.

The video recording system can hold recorded sessions for up to two months (i.e., 60 days), depending on how busy the clinic is. However, therapist interns are encouraged to download therapy sessions he/she wants to present as soon as possible to ensure downloading and saving the recording of the therapy session.

If a therapist intern provides therapy sessions outside of *PIMFT* (i.e., Field Placement site), he/she is expected to video record therapy sessions in their entirety; however, not all therapy sessions at the Field Placement site must be recorded. The therapist intern must obtain permission from his/her Site Supervisor and Field Placement client(s) for permission to record session. Please see Field Placement Site Supervisor Agreement (Appendix R) form. *PIMFT* is not required to provide therapist interns with video equipment outside of *PIMFT*. It is the responsibility of the therapist intern to obtain video recording equipment and materials to record at a Field Placement site. If the Field Placement prohibits any type of recording (e.g., audiorecording, videorecording focused on therapist), the therapist intern must obtain special permission from Clinic Director and will be expected to increase the number of clients seen at *PIMFT*.

Session videos contain confidential information and privacy will be protected using the same regulations as the case file (e.g., Authorization to Release Confidential Information form must be signed before anyone outside the MFT Program is allowed to view the video). Session videos are used for educational and supervision purposes only (i.e., are not part of the clinical record), and are deleted after 60 days or when no longer useful for educational or supervision purposes. .

Two-way Mirrors

PIMFT has two-way mirrors in several of the therapy rooms. A two-way mirror is a mirror which is partially reflective and partially transparent. The purpose for using a two-way mirror is to allow the darkened side of the room to easily view the well-lit room. Blinds are provided on the windows to ensure privacy when the two-way mirrors are not being used.

When the two-way mirrors are used, the therapist intern will need to use the intercom (located in the intern workroom filing cabinet) in order for the observers to hear the session. The therapist intern must inform his/her client(s) that the session will be viewed by therapists and/or supervisors from the adjoining room through the two-way mirror.

Obtaining and Releasing Client Information

The communication between professionals and agencies is often an essential aspect of therapy services. Appropriate Authorization for Release of Client Records (Appendix AA) must be obtained by the therapist intern to give or receive ANY information about a client.

Documenting Authorization

If a therapist intern wants to share information about a client with another agency/professional, the Authorization for Release of Client Records (Appendix AA) must be completed by the therapist intern and signed by the client (or parent/guardian if the client is a minor) and a witness. The Authorization is in effect for 90 days from the date of signature or 90 days from the date of the last therapy session at *PIMFT*. When the therapist intern fills out the Authorization for Release of Client Records, the expiration date of the authorization should be written in if the client wishes for the authorization to end after 90 days from the date of the signature. Clients may revoke their consent for release of records at any time. To revoke an authorization for release of records, the

client (or guardian) needs to indicate the desire to revoke the release in writing. The therapist intern should note this on the authorization form and include an explanation in the file documentation.

When a former client is unable to come to the clinic in person and wants records released, the client will send a notarized Request for Records form with all needed signatures. After discussing what information is needed with the client, the Clinic Director will review information to be released. The information will be mailed to the former client marked “Confidential” and will require a signature to be delivered. Delivery tracking information will be kept in the client’s file.

Obtaining Information about a Client

If the therapist intern is collecting information from another agency/professional, the release should then be sent to the agency with a cover letter signed by the student and his/her supervisor. The therapist intern must be specific about the information being requested – diagnosis, medications, prior therapy history, etc. It is not necessary to request an entire case file. The therapist intern must keep a copy of the letter and completed forms in the client’s folder. Alternatively, the therapist intern may call and speak directly with the professional specified on the Authorization for Release of Client Records (Appendix AA). The therapist intern should identify him/herself and the mutual client, letting the professional know that we have a release to be able to speak about the case. If requested by the professional, the therapist intern can offer to email a copy of the release (ask the front desk staff for help). If the information is communicated by phone call instead of letter, the phone call should be documented using the Other Provider Contact Note (Appendix AF).

Releasing Information about a Client

If a client requests information to be sent to an outside agency/professional, the Authorization for Release of Client Records (Appendix AA) must be completed by the therapist intern (not the client) and signed by the client (or parent/guardian if the client is a minor). The therapist intern must be specific about what information will be sent to the other agency/professional – list of sessions attended, summary of treatment, etc. In general, PIMFT does not release the client’s entire case file; a summary letter is preferred, signed by both the therapist intern and the clinical supervisor. In the event that any information is requested from an outside agency/professional, the therapist intern must discuss with supervisor and /or Clinic Director. In addition, no information from other agencies may be released to the client or to third parties. As noted in the previous paragraph, the therapist intern may opt to contact the provider by phone rather than sending a letter. In such a case, the therapist intern should identify him/herself and the mutual client, letting the professional know that we have a release to be able to speak about the case. If requested by the professional, the therapist intern can offer to email a copy of the release (ask the front desk staff for help). If the information is communicated by phone call instead of letter, the phone call should be documented using the Other Provider Contact Note (Appendix AF).

Collaborator in Session

At times, a client may benefit from a support person attending session. In these situations, the therapist intern is to discuss with the client the purpose of having the support person in session. The therapist intern will then obtain an Authorization for Release of Client Records (Appendix AA)

from the client and specify what may and may not be shared with the collaborator. When the collaborator attends session, the therapist intern will give the collaborator a Collaborator Informed Consent (Appendix AG) and will explain that the collaborator is not a client, does not have access to the information in the file, information provided by the collaborator will become part of the client file, and the limits of confidentiality still apply. The therapist intern will clarify any questions the collaborator or client has before proceeding with client information. The session will be documented using the Progress Note (Appendix AE) and the Other Provider Contact Note (Appendix AF) may be used to separate the collaborator's information from the client's session note if appropriate.

Sessions that include collaborators, with or without the client present, are charged at the same rate as the client's session fee and the person responsible for payment for the client is responsible for these fees.

Considerations for Systemic Clients

It is not uncommon for the "client" to be a couple or family. In the event that information is requested and the therapist intern is working with a couple or family, he/she must obtain an Authorization for Release of Client Records (Appendix AA) from EACH individual who is named in the record. All members of a couple or family must consent to release information regarding their system's treatment.

Subpoenas, Motions to Compel, and Court Orders

If a therapist intern has reason to believe a client or client's guardian will request client information through the court system, the therapist intern is to consult with his or her supervisor. In situations where this dynamic may prevent therapy from being effective, the supervisor may recommend referring the client out to a therapist who specializes in testifying in court. Any requests for information received by a therapist intern or the front desk need to be called to the attention of the supervisor and Clinic Director in a timely manner and before a response is given. In the event an attorney or judge requests information from *PIMFT*, NO INFORMATION IS TO BE RELEASED WITHOUT THE CONSENT OF THE SUPERVISOR AND IF NEEDED, A CONSULTATION WITH PFEIFFER UNIVERSITY ATTORNEYS.

Terminating a Case

A case may be closed by either terminating the case (i.e., active therapy is discontinued) or by transferring the case to another therapist. In the case of termination, the Case Termination Form (Appendix AH) must be completed by the therapist and signed by the supervisor before being filed in the client record. The termination form must be placed on top of the case note section in the case file. The folder must be turned in to the Front Desk Administrative Staff for proper archiving. Archived cases will be stored by *PIMFT* for a minimum of six years with the exception of minor clients. In cases of minor clients, case files will be destroyed 5 years after the age of consent was or would have been reached.

Please note: The supervisor must review any and all cases before deemed closed. If the therapist intern never sees the client (e.g., the client never comes in to receive services at *PIMFT*), attempts to contact the client must be reflected on the Phone Intake Record (Appendix X), and the form returned to the Front Desk.

Transferring a Case to Another Therapist Intern

The Case Transfer Form (Appendix AI) must be completed when a case is to remain open and is being transferred from one therapist intern in *PIMFT* to another. This sheet is to be signed by both sets of therapists and supervisors. The therapist number of the new therapist is added to the original case number (e.g., Case number 001-022 becomes 014-001-022). The original copy must be placed on top of the case note section in the case file and the file itself given to the new therapist. All subsequent progress notes will be placed on top of the Case Transfer Form (Appendix AI); the transfer form will act as a divider between the work of the different therapists.

Therapist interns soon to graduate must submit a Transfer Case Grid (Appendix AJ) to his/her supervisor and Clinic Director *at least one month prior to the end of the graduating semester*. The therapist intern will discuss with supervisor any available therapist intern for transfer sessions. The minimum number of transfer sessions is two (2). Transferring a case must be discussed with the supervisor and the number of transfer sessions must be monitored and negotiated with the supervisor. It is the responsibility of the therapist interns to work out their schedules to be able to see the client for transfer sessions. Therapist interns are encouraged to plan ahead, if possible, and be flexible during this time of transition for all involved.

Managing Client “No show” or “Cancellations”

Client absences (no shows or cancellations) are not uncommon in clinics. If a client has multiple “no shows” and/or “cancellations,” the therapist intern must discuss these events with their supervisor. The supervisor may create a general policy or choose to deal with client absences on a case by case basis. The therapist intern is responsible for informing their supervisor so that appropriate action can be taken.

When a client fails to arrive for the initial session, the therapist should consult her/his supervisor. The therapist intern should make a reasonable attempt to contact the client to understand the circumstance of the missed appointment and to verify the level of engagement in the therapeutic process. All attempts to contact client(s) before the initial session must be documented on the Phone Intake Record (Appendix X). If a client fails to appear for an initial session, or otherwise indicates s/he is no longer interested in attending therapy, the Phone Intake Record (Appendix X) should be returned to the Front Desk Staff in order for the therapist intern’s card to be placed at the top of the rotation.

Established clients (i.e., three or more sessions) should be allowed to terminate therapy when they fail to make scheduled appointments. The therapist intern must make attempts to contact the client: 1) by phone, and 2) by letter (see Sample Letter to Client (Appendix AK)) stating that their file will

be closed unless they contact the therapist intern or *PIMFT*. All attempts to contact the client must be documented in the case file. Clients not seen for 60 days are considered inactive and should be terminated following the procedure outlined in this manual.

Documenting Client and Supervision Hours

Interns will document client contact hours and supervision hours using the Monthly Clinical Service Report (MCSR) (Appendix T). Interns must keep an up-to-date record of their hours to ensure that they get proper credit for their work. Interns will be provided a cumulative report of their documented client contact and supervision hours monthly. It is the intern's responsibility to confirm that the *PIMFT* report matches their own tabulation; if not, it is the intern's responsibility to find and prove the discrepancy

Monthly Clinical Service Report (MCSR) (Appendix T)

Students are strongly encouraged to use the electronic form and personalize it with their name and the name of their current supervisor. Typing in as much information on the form saves time and prevents possible mistakes due to poor handwriting. Electronic copies of the MCSR are available.

Client contact hours and supervision hours are recorded on the MCSR. This form should list contact hours for each case, along with hours of supervision. Instructions and a glossary are located on the second tab of the MCSR Excel Workbook. A MCSR must be filed for each month, even if no cases were seen. The therapist intern will bring this completed form to the weekly individual supervision meetings to review with the supervisor. After the supervisor reviews and signs the report, the student must make a copy of the report for him/herself, giving the original to the *PIMFT* Clinic Director for processing no later than the 10th of the following month (e.g., March MCSR due no later than April 10). The *PIMFT* Clinic Director will review and sign the form and return it to the student. The student may make a copy for his/her own records, then forward it to the *PIMFT* Front Desk Administrative Staff/GA. The Front Desk Administrative Staff/GA will enter the hours into a computer database and file the original. Every site at which the therapist accumulates client contact and supervision hours MUST be documented via its own, separate MCSR with all appropriate signatures in order for the hours to count toward program completion.

Due to the specific design of Pfeiffer University's COAMFTE-accredited MFT Program, only individual and group supervision hours provided by the AAMFT Approved Supervisor (or equivalent) in MMFT690 (i.e., faculty or adjunct member officially employed by Pfeiffer University to assume the specific role of Clinic Supervisor) can be counted toward program requirements. Although interns may receive additional hours from an AAMFT Approved Supervisor at his/her Field Placement, those hours are strictly part of the Field Placement site agreement and will not be counted toward the intern's supervision hours pre-degree/graduation. *Note: COAMFTE Accreditation educational guidelines supersedes state licensure requirements and other guidelines for other contextual roles (e.g., AAMFT Approved Supervisor guidelines).*

Deadlines for Accumulating Clinical Hours

MCSR forms are due on the 10th of the following month. NO MCSRs will be accepted past the 25th of the following month. Additionally, NO CHANGES will be made to the second previous month unless there is an ethical concern (e.g., therapist intern over-reported hours). Therefore, therapist interns must notice any discrepancies between their personal records and the official records and correct those discrepancies with clinic staff within a month. For example, MCSRs from February are due by March 10th and will not be accepted after March 25th. *This means the hours will not be counted towards the program requirements for graduation.* On March 25th, any revisions to official records of January hours must be completed.

Each semester, the cutoff for hours to count toward that semester is the scheduled final exam experience for Internship. Therefore, if a student plans to graduate at the end of a semester, the student's MCSRs and Final Hours Form indicating that all required hours have been obtained must be submitted by the time of the final exam experience for his or her Internship class.

First Semester: Monthly Documentation of Clinic Hours

During the first semester, students will also complete a Monthly Documentation of Clinic Hours (Appendix AL) form each month. This form will be used to track each student's scheduled client hours, as well as hours spent at desk duty and/or marketing the clinic. During the first semester, students must schedule at least 6 client hours at the clinic, and actually be present whether or not the client is scheduled or attends a session. The remaining clinic hours (total at least 10) may be earned in a combination of time spent at *PIMFT* and field placement, if applicable. First semester interns must spend at least 2 hours each week either providing desk duty or performing marketing tasks. Each week, students should document at least 12 hours total across those categories.

Therapist Vacations and Absences from the Clinic

Vacations, illnesses, attendance at professional meetings, and other absences from *PIMFT* duties should be handled in a professional manner to ensure that proper care is provided to clients. If possible, the therapist intern should notify his/her supervisor well in advance of any upcoming absence. In addition, it is the responsibility of the therapist intern to identify a backup therapist intern to respond to client's need in the event of an emergency. Furthermore, the therapist intern must inform clients of their time away from the clinic and the name of the therapist intern who will be covering their calls during the absence.

In the event of scheduled absences:

1. Obtain the supervisor's approval for the time away *in advance*, preferably before finalizing travel plans.
2. Make arrangements for one of the other students to cover cases for the period of the absence, including checking your mailbox daily and responding to any messages. Provide the

back-up therapist with a Client Contact and Payment Log (Appendix Y) to document any messages and how they were handled.

3. Complete the Vacation/Leave of Absence Form (Appendix AB), have the supervisor sign, and return to the Clinic Director for final approval. The dates of the absence, the name of the therapist providing backup coverage, and telephone numbers where the therapist can be reached for emergency consultations must be included on the form.
4. Notify each active client of the expected absence, informing the client the name of the therapist providing backup coverage, and ensuring that each client has the *PIMFT* clinic phone number.
5. Before leaving, remind the backup therapist of the upcoming absence, making sure he/she also has emergency contact numbers, and making sure that he/she and the supervisor are aware of any clients who may call with emergencies.

Case Assignment Suspension Form

In the event that a therapist intern has an active, consistent caseload and does not wish to receive new intakes, the Case Assignment Suspension Request (Appendix AM) must be completed and turned in to the *PIMFT* Clinic Director. The reason(s) for not accepting new intakes must be discussed and granted permission to be taken out of rotation by current supervisor and the Clinic Director. The request should be reviewed and resubmitted each semester, as necessary.

Therapist Intern Cubby

The clinic cubbies and email are used as a way of communication between daily clinic operations and the therapist interns. The therapist interns will check their clinic cubbies and clinic email on a daily basis. Due to the number of therapist interns and daily activity of the clinic, it is not the responsibility of the Front Desk Administrative Staff or GA to be a personal receptionist for the therapist interns. Therapist interns should not make a habit of calling the Front Desk Administrative Staff or GA to retrieve personal messages from their clinic cubby. If a therapist intern neglects to check cubby and email regularly, the therapist intern will have a conversation with *PIMFT* Clinic Director and may lose privileges due to not showing responsible client care procedures.

Case File Forms

Forms Required to Open a Case

Phone Intake Record

The Phone Intake Record (Appendix X) should be used to obtain information about a new client. Instructions on completing this form are reviewed in the section of this Policies and Procedures Manual titled [Scheduling New Clients](#).

Client Handbook

The clients will receive a *PIMFT* Client Handbook (Appendix AN) at their initial session. The handbook outlines the purpose and mission of *PIMFT* and valuable information for the client about the therapeutic process and *PIMFT* privacy policies. When they check in, clients will also have the opportunity to review the Notice of Privacy Practices (Appendix AO).

Initial Session Forms

Informed Consent

The Informed Consent for Therapy Services (Appendix AP) should be the first form completed with the client, before any therapy conversation takes place. This form is used to obtain agreement from the client for treatment in *PIMFT*. During this time, the therapist intern should review the limits of confidentiality and general policies of *PIMFT*, including the requirement that all therapy sessions are recorded for training purposes. All participants in session must sign the informed consent in order to receive therapy services. A legal guardian or parent must sign for any minors.

Research Participant Consent Form

As a training facility, part of the vision of *PIMFT* is to further the program and the MFT field through research. In order to include a client's information in research projects, they must sign the Research Participant Consent Form (Appendix AQ). The therapist must explain to the client that donating their information to the research database is voluntary, and that only non-identifying information will be included for study. The therapist intern must ensure clients that they will receive therapeutic services regardless of whether they decide to donate their information to the research archive. For any client who declines to participate, the therapist intern should write "decline" at the top of the Research Participant Consent Form (Appendix AQ) to indicate that the client declined rather than create confusion regarding whether the form was overlooked.

Fee Agreement

New clients will pay the full \$30 for the intake session (exception: university students). However, the fee agreement should be negotiated during the initial session before treatment begins. The therapist intern will inform the client of the \$30 fee per session. If a client requests the sliding fee scale, the therapist intern will negotiate a fee per session using the Fee Schedule (Appendix AC). Fees in *PIMFT* are based on a "sliding fee" scale, ranging from \$10.00-\$30.00 per session. Negotiations with clients for fees less than what is determined based on the fee schedule must be approved by the *PIMFT* Clinic Director before a new Fee Agreement Form (Appendix AD) is signed. Usually fees negotiated below \$10.00 are established for extreme circumstances and for a limited number of sessions after which an assessment of financial need is made by the therapist and the director. On occasion, the director may contract with certain parties to provide a limited number of sessions at no charge. If a case is contracted for no charge sessions, the therapist intern will be notified before

the initial session. Fees will be collected by the Front Desk Administrative Staff/GA/Desk duty attendant at the front desk at time of client check-in.

The Fee Agreement form also outlines the clinic cancellation policy. The therapist intern must be familiar with the policy and review the terms with the client. The therapist intern may use this time as an opportunity to discuss procedures for contacting the therapist intern (i.e., client should leave a message with front desk staff who will get a message to therapist; therapist will return call within 24-48 hours, what to do in case of emergency).

Assessment Packet

For clinical purposes, each adult client is required to complete the Adult Intake Packet (Appendix AR), which includes a client information page, demographic information about the client, and assessments, before beginning the initial session. For clients who are minors, an adult with custody will complete the Child Intake Packet (Appendix AS). The packet requires approximately 20 minutes to complete and clients can be instructed to leave the gray sections blank. The packet contains several measures that can be useful in opening conversations with clients about their concerns and developing therapeutic goals. Once the client(s) are finished with the Adult Intake Packet(s) (Appendix AR) and/or Child Intake Packet (Appendix AS), the therapist should make sure that all of the measures have been completed while also reviewing the client's concerns and questions regarding harm to self or others.

If a member of a couple or family indicates that physical violence is a concern, the therapist intern should interview the person individually to assess safety issues. The therapist intern may use the Risk and Safety Assessment Form (Appendix AT) to guide the process if this is helpful. If a client indicates having suicidal thoughts, the therapist should assess the lethality of the thoughts by asking the client if they have had prior suicide attempts, a plan, the means/tools to carry out their plan, feelings of hopelessness and despair, etc. A safety plan and emergency procedures should be reviewed with the client and documented in the session Progress Note (Appendix AE) and on a Risk and Safety Assessment Form (Appendix AT). If applicable, a Living Safely Plan (Appendix AV) should be completed, giving one copy to the client and original under the Progress Note (Appendix AE) for that session in the case file.

If a client has difficulty reading, the therapist may verbally administer the assessment packet. The therapist interns must be sensitive to such issues. Having clients complete the Assessment Packet after the session or sending it home with them is strongly discouraged.

Client Feedback

Collecting and implementing client feedback is important for therapeutic alliance and progress, as well as improving clinic function. The information is entered in a database by the Graduate Assistant, and the results are used by the Clinic Director and MFT Faculty to improve therapist training and clinic functioning. Pfeiffer Institute for Marriage and Family Therapy obtains written feedback in several ways.

Outcome Rating Scale

In order to further build a culture of feedback, at the **beginning of every session**, the therapist intern will have each client complete an Outcome Rating Scale (Appendix AW) (ORS; a Child Outcome Rating Scale (Appendix AX) is also available). The client should be instructed to make a mark along each line indicating how the past week has been for them on four dimensions: Individually, Interpersonally, Socially, and Overall, with “low” to the left and “high” to the right. Children indicate which faces they identify with that week. The client returns the form to the therapist intern, who scores it using a ruler (indicate number of centimeters to two decimal places; e.g., 5.25). The therapist intern will then add the four scores together and write the total at the bottom. Using the ORS/SRS graph (Appendix AY), the therapist intern will circle the approximate area of the score in the column for the first session. The clinical cutoff is 25; scores below 25 are associated with being a client. The therapist intern can use the item or added score to start a conversation about the client’s life and problems. The Outcome Rating Scale (Appendix AW) should be kept in the file under the respective Progress Note (Appendix AE) for that session.

Session Rating Scale

At the **end of each session**, the therapist intern will ask each client to complete the Session Rating Scale (Appendix AZ) (SRS; a Child Session Rating Scale (Appendix BA) is also available). Constructed much like the Outcome Rating Scale (Appendix AW), the Session Rating Scale (Appendix AZ) measures therapeutic alliance across four dimensions: Relationship, Goals and Topics, Approach or Method, and Overall. Children using the Child Session Rating Scale (Appendix BA) indicate which faces show how they feel about that session. The therapist intern scores each item and adds them, making an “X” in the approximate area of the score in the column for the first session. The cutoff score is 36; any scores below 36 should be processed with the client. The Session Rating Scale (Appendix AZ) should be kept in the file under the respective Progress Note (Appendix AE) for that session.

For further information about the Outcome Rating Scale (Appendix AW) and Session Rating Scale (Appendix AZ), including how to introduce, interpret, and integrate the measures, therapist interns are strongly encouraged to read *On Becoming a Better Therapist* by Barry Duncan. In addition, therapist interns should discuss the Outcome Rating Scale (Appendix AW) and Session Rating Scale (Appendix AZ) for each case with their Clinical Supervisor.

Client Satisfaction Survey, Parts I and II

At the end of the **first** session with EACH therapist intern, therapists should enter the identifying information at the top and give each adult client the Client Satisfaction Survey, Part I (Appendix BB) to complete in the waiting room. If children are participating in therapy and want to complete a Client Satisfaction Survey, Part I, a version for children approximately ages 8-14 is available (Client Satisfaction Survey (child), Part I (Appendix BC)) and may be used at the therapist intern’s discretion. This brief survey assesses clients’ initial communication with the clinic and their responses to the clinic environment.

At the end of the **first, fifth, tenth, twentieth, each following 10th session, and last sessions**, therapists should enter the identifying information at the top and give each adult client the Client Satisfaction Survey, Part II (Appendix BD) to complete in the waiting room. If children are participating in therapy and want to complete a Client Satisfaction Survey, Part I, a version for children approximately ages 8-14 is available (Client Satisfaction Survey (child), Part II (Appendix BE)) and may be used at the therapist intern's discretion. This brief survey assesses clients' responses to the therapist intern and the therapy process. If a client provides narrative feedback and indicates that the feedback can be shared with the therapist, the Clinic Director will do so.

When a case is transferred to another therapist intern, the scheduling of the Client Satisfaction Survey begins again.

Intermittently Used Forms

Psychosocial History on Client Intake Assessment Form

A psychosocial history provides a process through which therapist interns can obtain a range of background information about clients which will be valuable for client care. Psychosocial histories are designed to include a screening of all aspects of a client's life. This helps ensure that no significant information about the client's life will be overlooked inadvertently. For individual clients, focus on information about the individual. When completing psychosocial history forms for couple and family clients, focus information on the unit of care using interpersonal observations and terms when appropriate (i.e., include information about family members involved in the treatment process but avoid specific evaluative information about other identifiable people). When information about individuals in a couple or family case needs to be included (e.g., medications), be clear about which individual is being described.

Some clients will have no life experience to include with certain areas of the form (e.g., history of incarceration), while some clients will have extensive information for specific areas (e.g., substance use/abuse). Because treatment recommendations at times vary depending on client's history, completing the psychosocial history form early in the treatment process enables therapist interns and supervisors to work with clients to develop the most appropriate treatment plan for each client.

Information from collaborating care providers and other third parties may be included in the psychosocial history. Regardless of the source of information, language in the psychosocial history form will reference the source of information (e.g., "client reported...", "according to First Elementary School's information dated 2-15-2017...").

During the first and/or second session the therapist intern will complete the psychosocial history information on the client intake paperwork (Adult Intake Packet (Appendix AR) or the Child Intake Packet (Appendix AS)) with the client. For this process, refer to the client's information on the form and ask follow-up questions to complete the information in the shaded areas of the Adult Intake Packet (Appendix AR) or the Child Intake Packet (Appendix AS). The psychosocial history information should be completed and submitted to the therapist intern's supervisor before the third

session. All sections on the form should have a response; “no information provided,” “n/a,” or “client denied,” is preferable to no response. If the client is in crisis and completing the psychosocial history is delayed, the therapist intern will consult with his or her supervisor.

Note: Remember that this information is a permanent part of the client’s file. Therefore, use behavioral language, professional wording, and write legibly. If you are unsure what wording to use, do not write directly on the form during session but fill in the information later while watching the session video. Or, you may take notes during session on a blank form, transfer the information to the client form after the session, and shred the notes page.

Providing psychosocial history information may not be a high priority for the client. To develop and maintain rapport with the client, balance gathering information with listening to the client’s current needs. Explain the importance of the information for effective client care and help the client know what to expect of the first few sessions. As you get experienced, you will develop strategies for getting information in therapeutic ways. If the client needs to focus more on the presenting problem in the first session, attend to that need and let the client know you will gather additional information at the next session.

Treatment Plan

A treatment plan guides the therapist intern and client through the process of effective therapy. The treatment plan begins with the presenting problem and main goals of therapy, which are often the same as in the psychosocial history form. The treatment plan also includes sub-goals, which describe what the client will be doing that will collectively help the client reach each main goal (moving toward termination). When a client presents with a crisis, one sub-goal must focus on client safety. Sub-goals may be sequential or simultaneous, based on the needs of the client. For each sub-goal, 1-3 interventions will be listed. Interventions describe what the therapist intern will do to help the client obtain each sub-goal. Interventions are written with theory-congruent language and may include development of rapport and alliance.

Treatment plans are typically developed in collaboration with the client or client system. Treatment Plans (Appendix BF) must be completed for each client unit before the fourth session and submitted to the therapist intern’s supervisor. The Progress Note (Appendix AE) connects to the Treatment Plan and documents progress or lack of progress over time.

Sample Treatment Plan

1. Presenting Problem – initial
2. Goal(s)
 - a. Sub-Goal (or Objective)
 - i. Intervention
 - ii. Intervention
 - b. Sub-Goal (or Objective)
 - i. Intervention
 - ii. Intervention

3. Logistics (e.g., type of therapy (individual, couple, family, group), length
4. Termination Plan
5. Signatures

Treatment Plan Review

Treatment plan reviews provide a method for the therapist intern to document client progress, lack of progress, change in focus of treatment, or change in treatment approach. Treatment plan reviews occur intermittently as needed and best practice is to complete reviews approximately quarterly.

Treatment plan reviews are typically developed in collaboration with the client or client system.

Treatment plan reviews are completed on the Treatment Plan (Appendix BF) form and then submitted to the therapist intern's supervisor.

Forms to be Completed After Each Session

Progress Note Template

A *PIMFT* Progress Note (Appendix AE) should preferably be completed immediately following a session; however, the form must be completed within 72 hours of the session. Any progress notes for Saturday sessions should be completed before leaving the clinic for the weekend. A well-written progress note allows the therapist to quickly review previous sessions, keep track of treatment goals, and check up on tasks assigned to clients. Progress notes must be written legibly. Accurate, complete, and up-to-date progress notes are absolutely essential to protect the liability of *PIMFT* in case of legal involvement. The template of this form may be found on the computers in the Intern Workroom (more details provided during orientation). Progress notes must be recorded using the *PIMFT* case note template for continuity of record keeping and to adhere to best practice standards. Additionally, the following guidelines should be used when composing progress notes:

1. Progress notes should be typed. Other documentation, such as records of phone contact, can be neatly written in blue or black ink on the appropriate form.
2. Document the date, time, length, and session number on the top of each case note.
3. Always sign progress notes and include your credentials and the date you wrote the note.
4. Complete progress notes within 72 hours after the therapy session; progress notes from Saturday sessions must be completed before leaving *PIMFT* for the weekend.
5. Place all progress notes on the right hand side of the client's file with the most recent case note on the top.
6. Do not keep loose papers and post-it notes in the file; remove such items before turning in case for termination. Copy pertinent information onto appropriate forms for archive purposes.
7. Use form provided (Progress Note 2.1, on shared drive under Clinic Forms), complete all necessary boxes (see Progress Note Rubric 2.1 on shared drive under Clinic Forms; if you have questions, ask your supervisor or the Clinic Director). You may save your own copy in your folder.
8. Send to front desk for printing. Sign your first and last name in blue or black ink.

9. Bring progress note to individual supervision for review and supervisor signature.
10. Do not use client names in progress note. You can refer to client using confidential format (A = Adult, C = Child, M = Male, F = Female, include age; therefore, if your client is a 39 year old male he would be referred to as AM39). Alternatively, you could refer to your client as “client,” and anyone else by their relationship to the client (e.g., girlfriend, mother).
11. Refer to yourself as Therapist Intern (TI).
12. Give enough information such that another therapist could pick up the case and basically know what had been done in therapy, but only content that is significant.
13. Note any major changes since last session.
14. Note any change in mood or affect during session.
15. If there is a crisis situation (e.g., suicidal ideation), document the evidence in the Progress Note (Appendix AE) and put a check in the appropriate section. In order to thoroughly document how a crisis situation was managed (e.g., asked client if s/he had plan, contacted supervisor), interns should complete a Risk and Safety Assessment Form (Appendix AT). This form is to be completed in addition to the Progress Note for a session, and should be kept immediately beneath the progress note. If you have questions about how to complete the form, see the “Risk and Safety Assessment Form Rubric” on the shared drive under “Clinic Forms.” If you still have questions, ask your supervisor or the Clinic Director.

Forms to Complete at Third Session

According to Tracy Todd (Executive Director of AAMFT) in *Practice Building 2.0 for Mental Health Professionals*, treatment stakeholders include anyone associated with the care of a client. Coordinating with these stakeholders enhances client care, and is consistent with the systemic approach of MFT. Therefore, therapist interns at *PIMFT* are responsible for discovering treatment stakeholders and making contact with each in a three step process.

First, each therapist intern should complete the Provider Contact Information (Appendix BG) form during the 3rd session. By that point the intern should know or find out about at least the client’s physician, as well as additional potential contacts involved in the care of the client(s); for example, teachers, ministers. Therapist interns should get as much contact information as possible, explaining to the client that *PIMFT* policy is to coordinate care to provide the best and most comprehensive treatment. Therapist interns may show the client the Care Coordination Form (Appendix BH) to demonstrate that s/he will not be sharing confidential information beyond the very basics of the fact that the client is attending therapy and an overall perspective.

Second, the therapist interns should fill out an Authorization for Release of Information (Appendix AA) for *each* provider listed and ask the client to sign each form. Put the completed and signed Authorization in the client file (left side).

- check both “to” and “from”
- purpose of: continued care by other provider

- information to be disclosed: write in “care coordination form” by other, plus check anything else you think might be relevant for this client’s situation.

Third, before the fourth session, the therapist intern should complete a Care Coordination Form (Appendix BH) (found in the top drawer of the filing cabinet) for each provider listed. Attach the form(s) to the Provider Contact Information (Appendix BG) form and put it in the front desk cubby. Once the front desk staff have distributed (emailed, faxed, etc.) the forms, they will be returned to the Therapist Intern’s cubby to put in the client file (left side).

If the client and therapist intern determine that the client will benefit from a collaborator joining the session, they can discuss plans and the purpose of the meeting. The therapist intern will have the client complete an Authorization for Release of Information (Appendix AA) and the collaborator will complete a Collaborator Informed Consent (Appendix AG) prior to discussing the case with the therapist intern.

Forms Needed to Close a Case

Case Termination Form

The Case Termination Form (Appendix AH) is to be completed when the therapist and supervisor are in agreement about closing a case. A case may be closed due to multiple reasons: 1) therapeutic goals are complete, 2) the client has “dropped out” of treatment, 3) the client was referred out to another provider, or 4) the client completed mandated number of sessions. If a client “drops out” of treatment, the therapist must make several attempts to re-engage the client in therapy. The attempts must be documented in the case file (e.g., phone log sheet). Once the termination form has been completed, it must be submitted with the case file to the individual supervisor. The supervisor will review the case and sign the form if all paperwork is complete. The signed, completed form should be placed on top of the case note section on the right hand side of the case folder. Terminated cases should be turned in to the Front Desk Administrative Staff.

Case Transfer Form

In the event a case is transferred from one therapist intern to another, complete the Case Transfer Form (Appendix AI). The signature of the current supervisor, current therapist intern, new supervisor and new therapist intern are mandatory.

Additional Case Record Forms

Case Review Form

Case Review Form (Appendix BI) is to be completed each time the case is reviewed (e.g., live observation, recording, case discussion). Therapist intern will write a brief summary of what was discussed in supervision and present it to the supervisor for signing. The Case Review Form (Appendix BI) should be kept behind all progress notes on the right hand side of the case folder.

Client Contact and Payment Log

The Client Contact and Payment Log (Appendix Y) is used to document and provide an overview of any contact the therapist intern and/or clinic have with the client. This may start prior to the first session if the client and front desk or the client and therapist intern are making several phone calls to schedule and/or reschedule the initial appointment. The Client Contact and Payment Log documents the date of contact, time length of contact, type of contact (e.g., phone, in-person), people present, content, charge to the client, payment made (or not made) and whether the client has a balance due or credit on his or her account. Whenever possible, document phone calls the client has with front desk staff, also. This provides a clear picture of the case. For the “content” section, note who called whom and what the outcome of the contact was. For example, “TI called CT to reschedule. Rescheduled for 3-4-2019” or “CT called front desk to CX due to illness.” When documenting sessions, write “Session #” in the “Content” section. For the “Charge” section, write the amount a client owes for a session. For the “Payment” section, write the amount the client paid and carry the balance to the “Balance” column. For example, if a client’s fee per session is \$30 and the client pays \$30, on a row documenting a session, write “\$30; \$30; 0” in the columns. If a client’s fee is \$30 and the client pays \$60, write “\$30; \$60; \$30 credit.” If a client’s fee is \$30 and the client pays \$5, write “\$30; \$5; \$25.”

Telephone contact of a lengthy manner (more than 15 minutes) or significant content discussed requires a Progress Note (Appendix AE) to be completed to document the necessary details of the telephone conversation. Additionally, responses to emergency calls should be recorded on a Progress Note (AU) in order to document specific details. Telephone conversations with a client over 20 minutes in duration are discouraged and a face-to-face session should be scheduled. Phone therapy is not an option due to complications regarding supervision, fee collection, and ethical and legal considerations for distance therapy. The Client Contact and Payment Log (Appendix Y) sheet should be kept on the bottom of the left side of the file.

Group Processes and Forms

Workshops can be a good way to supplement clinical contact hours; up to 250 of the *total* LMFT licensure hours can be “psychoeducation.”

Facilitating psychoeducational workshops provides valuable experience for future success. Many therapists generate awareness of their practice and receive client referrals through doing psychoeducational workshops. Experience designing and facilitating psychoeducational and process groups can also help applicants stand out when employers are hiring.

Psychoeducation groups differ from process groups. Psychoeducation groups teach knowledge or skills related to mental and relational health. Psychoeducation groups may include participant discussion, but the discussion is focused on personal application of the psychoeducational information. There is overlap between education and psychoeducational groups. Process groups focus on group

discussions in which group members provide here-and-now feedback about their experiences with each other. Process groups may include some psychoeducation, but the focus is on group processing. There is also overlap between *therapy* and *process groups*.

Therapist interns interested in facilitating a psychoeducational workshop or process group initiate the process by talking with the Clinic Director. The therapist intern will create a file folder with the name of the group and the date the group met. If the group meets more than once, a date range is appropriate. At the beginning of the first meeting, the therapist intern gives all participants the Group or Workshop Informed Consent (Appendix BJ). For separate psychoeducational workshops, each participant completes a Group or Workshop Informed Consent (Appendix BJ) each time. For ongoing psychoeducational workshops or process groups, the consent form is only required for the first session. Each meeting, participants sign in on the Group or Workshop Attendance Log for Each Group Session (Appendix BK). After each meeting, the therapist intern will complete a Group or Workshop Progress Note (Appendix BL). At the end of the workshop or process group (the last meeting for multi-meeting groups), the therapist intern will ask participants to complete a Group or Workshop Evaluation (Appendix BM). All forms, including curricular guides and handouts, will be filed in the group file and locked in the clinic file cabinet in a section for groups.

Crisis Intervention and Emergency Procedures

Acute Crisis Over the Phone

Potential clients who call while experiencing a crisis (actively suicidal with a plan, or homicidal), should be referred to a hospital emergency room or crisis assessment center, or law enforcement should be notified (i.e., police). It is unwise to attempt to provide more than a brief telephone assessment, and the therapist intern should refer the potential client to a service that is equipped to deal with such an acute crisis.

If an established client calls *PIMFT* requesting immediate services, the client should be advised that *PIMFT* will attempt to reach the client's therapist intern immediately and have the therapist intern call the client. Therapist interns must keep their contact information up-to-date with the clinic and should identify a back-up person if they are out of town. If the therapist intern is not available to handle the crisis, the *PIMFT* Clinic Director and/or supervisor will be notified and he/she will respond to the client. The Clinic Director and/or supervisor will assess the situation, and he/she will take the necessary appropriate action.

If a client calls and is assessed in acute crisis, the person who answered the phone call should obtain caller's name, current location, and current contact number in the event that the call is dropped and/or if 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.

At no time should a therapist intern go to a client's home, meet a client at the hospital or other location, or transport a client.

Clinical Emergencies

If a crisis develops in the course of a therapy session, the therapist intern should contact their supervisor, if available, or the *PIMFT* Clinic Director. If there is a concern for the physical safety of the therapist intern, the client, or others, law enforcement should be called (911) at once. All therapist interns should be familiar with the emergency procedures outlined in the manual.

Certain clinical situations require immediate attention and action from the clinician. The therapist intern must be prepared to deal with these situations should they arise in *PIMFT*. The therapist intern must act immediately if he/she has reasonable grounds to suspect or conclude that the following conditions exist:

- Current or ongoing sexual or physical abuse of a child, elderly person, or a disabled person
- Current or ongoing relational violence between partners
- Current intoxication of a client in therapy room
- Suicidal threats or gestures
- Client in acute need of psychiatric hospitalization (due to hallucinations, suicidal intent, etc.)
- Homicidal intentions or threats of physical violence towards others

If a therapist intern suspects or concludes that any of the above listed exist, there are two general rules to remember:

1. Act to protect any actual or potential victims, including the client and yourself.
2. Involve another person at once, including but not limited to one or more of the following:
 - a. Supervisor in the building
 - b. Another supervisor
 - c. *PIMFT* Clinic Director
 - d. Law enforcement (911 – emergency, 919-829-1911 - non-emergency)

Safety Risk to Therapist

The therapist intern must determine if there is an immediate risk of violence or of the client(s) leaving. If there is concern about intimate partner violence, separate the clients into separate rooms, or take one with you if necessary and if no risk to the therapist intern. Involve another therapist intern or staff member – by interrupting another session, opening the door to the therapy room, contacting the *PIMFT* Clinic Director and informing him/her there is an emergency, etc. Identify options and develop a plan to handle the situation; remain calm.

If the therapist intern has been threatened or feels threatened, he/she should not go back into the therapy room by him/herself; rather he/she should wait for help.

Once safety has been established, the therapist intern should contact his or her supervisor immediately and carefully document the situation on the Risk and Safety Assessment Form (Appendix AT), session Progress Notes (Appendix AE), Other Provider Contact Notes (Appendix

AF) as appropriate, and on Case Review Forms (Appendix BI). The supervisor will inform the Clinic Director about this situation in a timely manner.

Current or Recent Sexual or Physical Abuse

Marriage and Family Therapists have an ethical and legal obligation to report physical or sexual abuse of a minor. If the therapist intern questions whether or not an incident is reportable, engage supervisor at once to help make the determination.

According to North Carolina General Statute (N.C.G.S.) 7B-302(b), “Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by N.C.G.S. 7B-301, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found.”

If the therapist intern has reason to suspect a report needs to be filed, the following guidelines must be completed:

1. Consult with his or her supervisor immediately. Discuss the case and proceed as guided. If the supervisor determines that a report must be filed, proceed with the following guidelines.
2. Explain to the client(s) that a report about the abuse or suspected abuse must be made, as required by law and ethical guidelines.
3. Ask the client(s) if they would like to make a report first; self-reporting empowers the client. Let the client know that a report will be made to the proper authorities regardless of their decision to report.
4. Inform the client(s) of the reporting process.
5. The therapist intern may make the report of child abuse by calling 919-212-7990 (Spanish 919-212-7963) Monday – Friday 8am – 5pm. After hours and on weekends and holidays, please call 911 and tell the 911 Operator that you would like to make a CPS report. The 911 Operator will contact an after-hours social worker who will return your call. For information about other NC counties, go to <http://www.dhhs.state.nc.us/dss/local/index.htm>.
6. If the therapist intern has reason to believe the abuse is happening “at this moment,” call 911 to report the abuse immediately. The therapist intern is not required to report child abuse in North Carolina to CPS after contacting the police; law enforcement will get in contact with CPS after answering the call, if they deem it necessary.
7. The therapist intern must document any instructions given by CPS/local law enforcement in the progress notes. In addition, document any CPS or local law enforcement case number in case note.
8. The therapist intern should be prepared to deal with possible anger and distress from family. Therapist intern should explain likely procedures after making a report. In addition, the therapist intern should help family prepare for any investigation that may occur.

The therapist intern must communicate frequently with his or her supervisor and carefully document the information, conversations, and supervisor guidance on the Risk and Safety Assessment Form (Appendix AT), session Progress Notes (Appendix AE), Other Provider Contact

Notes (Appendix AF), and on Case Review Forms (Appendix BI). The supervisor will inform the Clinic Director about this situation in a timely manner.

Intimate Partner Violence

Therapy is ineffective if one or both clients are being physically hurt or being threatened or intimidated with harm. The therapist intern must give attention to the “Current Concerns Checklist” items on the Adult Intake Packet (Appendix AR) that involve physical violence and watch for nonverbal cues that may suggest physical violence. If the therapist intern suspects physical violence in the relationship:

1. Separate the couple and talk with each one about alternatives such as Interact (24-hour crisis line, shelter) or temporary separation (where one partner can go for cooling off period – parent, sibling, friend, motel, shelter).
2. Find out if other individuals/groups might be at risk (parents, siblings, children, others).
3. Have client(s) sign a No Violence Contract (Appendix BN) (person who is perpetrating the abuse) or Contract of Violence Prevention (Appendix BO) (mutual violence).
4. Develop a Personal Safety Plan (Appendix BP) with target of violence.
5. If therapist intern brings a couple back together after assessment, he/she may or may not review #1-#4 above. Decision should be guided by personal judgment of risk of violence and feedback from supervisor. Do not increase the risk of further violence by revealing too much to an angry, unrepentant partner.
6. If there is a threat of domestic violence, follow the guidelines for Expressions of Homicidal Intent in a later section of this Policies and Procedures Manual.
7. Call law enforcement (911) if threat is immediate or if any physical violence occurs.

The therapist intern must communicate frequently with his or her supervisor and carefully document the information, conversations, and supervisor guidance on the Risk and Safety Assessment Form (Appendix AT), session Progress Notes (Appendix AE), Other Provider Contact Notes (Appendix AF) as appropriate, and on Case Review Forms (Appendix BI). The supervisor will inform the Clinic Director about this situation in a timely manner.

Intoxication

Similar to intimate partner violence, it is unethical and not helpful to conduct a therapy session if the client is under the influence of a substance. If the therapist intern suspects a client is under the influence of a substance, he/she must refer to the portion of the Informed Consent for Therapy Services (Appendix AP) and the Client Handbook (Appendix AN) that outlines the *PIMFT* policy on such issues and:

1. State that you can see the client is intoxicated, drunk, or high (i.e., address concern and do not ignore), and that you cannot proceed with therapy unless everyone in the therapy room is sober.

2. State that the intoxicated client cannot drive him/herself home (i.e., client must be driven home by someone else – someone in session, cab).
3. Offer to help find someone to pick up intoxicated person, such as a partner, relative, friend, taxi cab, or the police.
4. If a client threatens to leave without proper escort, explain that you must call the police.
5. If client does leave, call the police (911). Explain who you are, what you have observed, and give any information you have: Name, address, condition, car description, license number (if available), and likely destination.
6. If the client becomes threatening or belligerent, call police (911).
7. Carefully document interaction with client and the steps that were taken to ensure everyone's safety.

The therapist intern must communicate frequently with his or her supervisor and carefully document the information, conversations, and supervisor guidance on the Risk and Safety Assessment Form (Appendix AT), session Progress Notes (Appendix AE), Other Provider Contact Notes (Appendix AF) as appropriate, and on Case Review Forms (Appendix BI). The supervisor will inform the Clinic Director about this situation in a timely manner.

Suicidal Ideation

Suicidal ideation is a common symptom of depression, but the lethality of the ideation should always be assessed. Consider all expressions of “wanting it all to end,” “wanting to never come back,” “not wanting to wake up,” etc. as carrying the potential for suicide. Check the appropriate Adult Intake Packet (Appendix AR) items regarding suicidal ideation (e.g., item 8 on the OQ) and ask follow-up questions such as the following to further assess the lethality of the suicidal ideation:

1. “Have you been thinking about hurting yourself or attempting suicide?”
2. “On a scale from 1 to 10, how likely are you to hurt yourself?” (Anything over a 5 suggests a formal evaluation is necessary.)
3. “Do you think about ways to hurt yourself or commit suicide?”
4. “Have you tried to end your life before?”
5. “Do you have a plan?”
6. “When would this happen?”
7. “What would happen then?”
8. “Do you have a gun (or pills) in the house?” (or other means to carry out the plan)

You may also consult the Suicide Assessment Flowchart on the bulletin board in the Intern Workroom (Appendix AU). If the client has been thinking seriously about suicide, has a plan, does not have a plan but has the means to harm themselves, or if there is a timetable, then the situation should be considered an emergency. Use the Living Safely Plan (Appendix AV) with the client and identify at least two people besides the therapist intern to call for help when suicidal ideation occurs. Develop a safety plan and, if warranted, involve the friend/family member listed on the contract in

the current session or call them to verify willingness to be a part of the safety plan (with Authorization for Release of Client Records (Appendix AA)).

For severe suicidal ideation or other acute psychiatric concerns, have the client go for an evaluation for inpatient treatment.

If the client agrees to go to an emergency room (if client has private insurance) or a [crisis assessment center](#) (see details below):

1. Have a friend or relative drive the person. Obtain an Authorization for Release of Client Records (Appendix AA) so that you can confirm the client's arrival. If a friend or relative is not available, call law enforcement (911 if emergency or the non-emergency number 919-829-1911) and explain that you have a client who needs to be transported to an emergency room. Request that a CIT officer respond. The dispatcher will ask specific questions over the phone and will probably send more than one officer as a matter of safety for all involved. Send a *PIMFT* business card with your contact information with the client, to facilitate communication between yourself and the other care providers.
2. Contact the *PIMFT* Clinic Director and advise her/him of the situation. **Do not go with the client to the hospital, do not meet the client at the hospital, and do not transport the client in your own vehicle.**
3. Explain to any waiting clients, and/or have the Front Desk Administrative Staff/GA or a colleague call all clients scheduled with you for that day, that an emergency is forcing you to delay or cancel their appointment and that you will contact them to re-schedule.
4. Make it clear with the client that you expect either the client or other care provider to follow up by phone to discuss the outcome of the evaluation and any additional safety plans.
5. Be clear with the client about what you will do next if you do not hear from someone by the appointed time. You may call the client, call the police and ask them to do a well person visit, or follow another plan discussed with the client.

If the client refuses all other forms of assistance and will not go to the emergency room or crisis assessment center voluntarily:

1. Call law enforcement (911 if emergency or the non-emergency number 919-829-1911) and explain that you have a client who needs to be transported involuntarily. Explain who you are and what you have observed; the police will only get involved if the client is a danger to him/herself or others. Request that a CIT officer respond. The dispatcher will ask specific questions over the phone and will probably send more than one officer as a matter of safety for all involved.
2. Only discuss facts and request that a police officer be sent to help transfer the client. Stay with the client until the police arrive; tell the officer what you know and the risk to the client.
3. When the officer arrives, have the officer explain to you and the client what will happen when they leave the building.
4. Contact the *PIMFT* Clinic Director to advise her/him of the situation.

5. Explain to any waiting clients, and/or have the Front Desk Administrative Staff/GA or a colleague call all clients scheduled with you for that day, that an emergency is forcing you to delay or cancel their appointment and that you will contact them to re-schedule.

If the client leaves before the police arrive, call law enforcement immediately (911); tell them who you are and what has happened. Provide a description of the person (e.g., height, weight, hair color, and clothing). If possible, get a license plate number and a description of their vehicle (e.g., color, make, model, etc.).

The therapist intern must communicate frequently with his or her supervisor and carefully document the information, conversations, and supervisor guidance on the Risk and Safety Assessment Form (Appendix AT), session Progress Notes (Appendix AE), Other Provider Contact Notes (Appendix AF) as appropriate, and on Case Review Forms (Appendix BI). The supervisor will inform the Clinic Director about this situation in a timely manner.

Crisis Assessment Centers

If a client does not have private insurance coverage, they should be referred to a crisis assessment center, depending on their county of residence. In Mecklenburg County, emergency assessments are provided by CriSyS. A dispatcher, who may also triage the call, and/or provide more appropriate resources can be reached at 704-566-3410. An on-call assessor will respond to any requested location within the county, generally arrive within an hour of being dispatched. The client will be assessed on site, and recommendations will be made by this assessor. *Note: police and/or EMS may transport client for services, if appropriate or required.

Inform clients that they will need to show some form of identification (e.g., social security card, driver's license), and let them know that they will meet with a mental health clinician and a psychiatrist. From that triage assessment, referrals/suggestions will be provided. It is beneficial for friends or family members to wait with the client, since there is no way to know how long they may have to wait. For further information, call 704-566-3410.

Acute Psychiatric Concerns

Hospitalization is a possibility if a client seems very confused, reports hallucinations, is extremely panicky, reports being intensely and acutely depressed, suicidal (see above), or delusional. The basic rule to consider is the client's safety and well-being. (Is the client safe on the streets or at home?) If you know the client well and see a drastic change in behavior or emotions, think about acute decompensation requiring hospitalization. Use the following questions as a general guide:

1. "Have you been thinking about hurting yourself or attempting suicide?"
2. "Have you been seeing or hearing things that other people may not see or hear?"
3. "Are you afraid that someone or something may hurt you?"
4. "Is there something going on that is hard to talk about?"
5. "Is someone else worried about you or are you worried about yourself?"
6. "Do you feel safe in here?"

7. “When did you last have a good night of rest?”
8. “Are you currently on any medication or substance?”

If the answers lead you to conclude that the client needs hospitalization, follow the emergency procedures outlined above addressing suicidal ideation.

The therapist intern must communicate frequently with his or her supervisor and carefully document the information, conversations, and supervisor guidance on the Risk and Safety Assessment Form (Appendix AT), session Progress Notes (Appendix AE), Other Provider Contact Notes (Appendix AF) as appropriate, and on Case Review Forms (Appendix BI). The supervisor will inform the Clinic Director about this situation in a timely manner.

Expression of Homicidal Intent

If a client expresses a sincere desire to hurt another person, you must assess the level of danger. Explore whether or not the client has a plan, an intended target, means, or time-table for carrying out their plan (similar to exploring the lethality of a suicide threat). If the client is willing to talk with you, focus on alternative actions, likely consequences, effect of the action on friends or family, effect of action on the client him/herself; in brief, try to deflect the client’s anger into other channels. Develop future plans of action.

The therapist intern must discuss his/her responsibility with such threats. Discuss the Informed Consent for Therapy Services (Appendix AP) (especially the section on disclosing confidential information due to harm to self or others) and show the client where he/she signed. Tell the client you must act to protect the intended target. You are their supporter, you hear their anger, but they must not injure another person. Help them identify healthy options.

If a client threatens to harm another person and the therapist intern assesses that the threat is serious and imminent, he/she must contact his/her supervisor and/or PIMFT Clinic Director immediately.

Tarasoff ruling for North Carolina:

Tarasoff in North Carolina does NOT require a duty to warn; however, the clinician may still do so. The clinician has permission to warn, but may not be fully protected if he/she breaks client confidentiality.

Guidelines that need to be met before warning intended target:

1. The therapist must have a professional relationship with the client making the threat.
2. The threat must be made in the presence of the mental health professional.
3. The threat must be toward an identified or identifiable person.
4. The threat must pose a **serious** and imminent threat of physical harm to the person.
5. The therapist must assess client for potential dangerousness to that person (guideline #4).

How to warn:

1. Contact Clinic Supervisor and *PIMFT* Clinic Director and inform them of the situation. Based on their feedback, do #2 and/or #3 as follows.
2. Contact law enforcement (911). Inform law enforcement of who you are and what you heard from the client. Identify the intended target and plan. Only discuss facts and make it brief.
3. Contact intended target. Inform target of who you are and what you heard from the client. Only discuss facts and make it brief.
4. Document discussion(s) with supervisor, *PIMFT* Clinic Director, law enforcement, and/or intended target.
5. Document the facts that helped you determine the threat was serious and imminent (see guidelines above).
6. Document how you gave warning and to whom you gave the warning (e.g., time, by phone).

The therapist intern must communicate frequently with his or her supervisor and carefully document the information, conversations, and supervisor guidance on the Risk and Safety Assessment Form (Appendix AT), session Progress Notes (Appendix AE), Other Provider Contact Notes (Appendix AF) as appropriate, and on Case Review Forms (Appendix BI). The supervisor will inform the Clinic Director about this situation in a timely manner.

Other Safety Measures for *PIMFT* Staff and Therapist Interns

In the evening, there must always be at least two people in *PIMFT*. Even though a therapist intern may not have any more clients on a given evening, he/she should remain until the other therapist intern has finished seeing clients for the evening. If therapist intern has reason to believe that a client or a member of the client's family may become violent, he/she should communicate that possibility to his/her supervisor and the Clinic Director before next appointment with client. In addition, if a client is assessed as a safety concern, future appointments must be made during the day and the clinic must be well staffed. The therapist intern should notify the front desk when they leave the office; if leaving the building after dark, therapists are encouraged not to leave alone. If you notice strangers waiting in the parking lot or otherwise feel unsafe, call the nonemergency number (919-829-1911) and request a police escort.

Nonclinical Emergencies

Emergency procedures for other types of emergencies are described in the Emergency Procedures Handout (Appendix BQ). For example, interns are instructed what to do in case of an active shooter, fire, severe weather, and classroom disruptions. The handout is posted in the Intern Workroom and the Administrative Assistant's Office.

Inclement Weather

All Pfeiffer University facilities follow Misenheimer's cancellation decisions—if they close, the clinic closes, also. That may mean that the main campus is open while the Charlotte area is experiencing inclement weather that makes travel unsafe. If a therapist intern determines that it is unsafe for him or her to drive to the clinic, please call the *PIMFT* front desk and work together to cancel and reschedule clients.

If there is a concern about safety in this area, the Charlotte MFT Site Director and the Pfeiffer Institute for Marriage and Family Therapy Clinic Director will work together to contact Pfeiffer University's Human Resources department and will go through the process for Pfeiffer administration to make a decision about closing in this area. Therapist interns will be notified as soon as possible via email. The clinic closing will also be posted on Facebook. If the campus and clinic are closed due to weather, therapist interns will each call all of his or her own clients whose schedules would be effected to cancel and reschedule. If a decision to close occurs while the clinic is open (e.g., we decide at noon to close for the evening), therapist interns may call the person at the front desk and work collaboratively to ensure appointments are cancelled and rescheduled, but the responsibility for contacting clients to cancel and reschedule resides with the therapist interns.

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