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Pfeiffer Institute for Marriage and Family
Therapy (PIMFT)

Clinic Policies & Procedures Manual

Division of Applied Health Sciences

Marriage and Family Therapy Program

Pfeiffer University, Charlotte, NC

Charlotte Campus

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Table of Contents

Pfeiffer University	7
Mission	7
Educational Goals for the Graduate Program.....	7
Vision	7
Purpose and Philosophy	7
Administrative Policies	8
Internship MMFT 690	8
Procedures to Begin <i>PIMFT</i> Internship.....	9
Documentation Required Prior to Internship	10
Early Entry to <i>PIMFT</i>	11
MFT Competencies.....	11
Reflecting Team.....	12
Role of the Clinic Director	12
Piloting	13
Role of the Supervisor	13
Professional Fitness Evaluation	14
Live Observation Assessment.....	Error! Bookmark not defined.
Clinical Performance Evaluation	15
Servant Leadership Self-Assessment	16
Core Competency Completion	17
Registration for MMFT 690A	17
Confidentiality	19
Social Media.....	20
Clinic Team Meeting.....	23
Co-therapy	23
Professional Dress Code.....	23
Front Desk Staff.....	25
Exceptions	25
Religion, Ethnicity, or Disability.....	26
Other products	26

Office Maintenance.....	26
Recording Equipment.....	26
Intern Workroom.....	27
Computers.....	27
Visitors	27
Grievance Policy.....	28
Sexual Harassment	29
Therapist Intern Remediation	30
Gatekeeping.....	30
Internship Requirements	32
COAMFTE Requirements	33
Client Contact Hours	33
Relational Hours.....	34
Relational Group Hours	34
Supervision Hours.....	36
Field Placements.....	37
The Purpose of a Field Placement.....	39
The Procedures to Begin a Field Placement	39
Who is Qualified to Begin a Field Placement	40
Documentation Required Before the Field Placement Begins.....	41
Supervision and Supervisory Relationship of Field Placement	41
Documentation Required in the Field Placement	42
Completion of Field Placement	42
Procedures	43
Case Assignment and Scheduling.....	43
Case Assignment	43
Scheduling New Clients	43
Scheduling Returning Clients	44
Scheduling New Constellation Appointments of Returning Clients	45
Scheduling Therapy Appointments for Minors.....	46
Greeting Incoming Calls.....	47

Scheduling Clinic Rooms for Therapy.....	48
Intake Calls and Scheduling by a Third Party	48
Referral Sources.....	48
Scheduling Clients Using Outlook.....	49
General Information	51
Hours of Operation	51
Directions.....	51
Operating Schedule.....	52
Children at <i>PIMFT</i>	52
Fee Schedule and Collection	53
Case Management & Documentation	54
Timely Management of Client Files.....	56
Recording Therapy Sessions.....	56
Two-way Mirrors.....	58
Obtaining and Releasing Client Information.....	58
Terminating a Case.....	61
Transferring a Case to Another Therapist Intern.....	61
Managing Client “No show” or “Cancellations”.....	63
Documenting Client and Supervision Hours.....	64
Monthly Clinical Service Report (MCSR)	64
First Semester: Monthly Documentation of Clinic Hours.....	66
Therapist Vacations and Absences from the Clinic	66
Case Assignment Suspension Form.....	66
Therapist Intern Cubby	68
Case File Forms.....	68
Forms Required to Open a Case.....	68
Phone Intake Record	68
Client Handbook.....	68
Initial Session Forms.....	69
Informed Consent.....	69
Research Participant Consent Form.....	69

Fee Agreement.....	69
Assessment Packet	70
Client Feedback	71
Intermittently Used Forms	72
Psychosocial History on Client Intake Assessment Form	72
Treatment Plan	74
Treatment Plan Review.....	75
Forms to be Completed After Each Session	75
Progress Note Template.....	75
Forms to Complete at Third Session.....	77
Forms Needed to Close a Case.....	78
Case Termination Form.....	78
Case Transfer Form	78
Additional Case Record Forms	78
Case Review Form	78
Client Contact and Payment Log.....	78
Group Processes and Forms	79
Crisis Intervention and Emergency Procedures	80
Acute Crisis Over the Phone.....	80
Clinical Emergencies	82
Safety Risk to Therapist.....	82
Current or Recent Sexual or Physical Abuse	83
Intimate Partner Violence.....	84
Intoxication.....	85
Suicidal Ideation	86
Acute Psychiatric Concerns.....	88
Expression of Homicidal Intent	89
Other Safety Measures for <i>PIMFT</i> Staff and Therapist Interns.....	90
Nonclinical Emergencies	90
Inclement Weather.....	91
List of Appendices	93

Alphabetical List of Appendices by Document Title.....**Error! Bookmark not defined.**
Appendices.....**Error! Bookmark not defined.**

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).

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 current Pfeiffer University Graduate Catalog)

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 therapist interns 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 most recent 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, as well as the requirements from the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). In addition, PIMFT adheres to the policy and procedures of the Pfeiffer University Marriage and Family Therapy Program Handbook.

PIMFT serves as the primary clinical training facility for the MFT Graduate Program at Pfeiffer University, Charlotte Campus. Each entering therapist intern is required to obtain an adequate amount of their clinical training and the majority (if not all) 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 – (670, 630) Therapeutic Alliance), participation in community outreach opportunities, an on-site practicum in the clinic (MMFT690), and possibly through an off-site externship (MMFT690). However, if students at PIMFT plan to complete their required hours in the minimum three semesters, they should plan to see clients in both the clinic and at a community placement, concurrently. Placement at an externship site generally requires training and onboarding with that site, which generally begins the semester before the student actually enrolls in their first semester of MMFT690. Additionally, often there are clients who need to be transferred for continuity of care, from student interns who are finishing their hours in PIMFT. As a result, most first semester student interns will actually start seeing clients the last few weeks of the semester before they actually begin in MMFT690. As per COAMFTE requirements, any student interns actively seeing clients are required to have a minimum of one hour of supervision each week in which they are seeing clients. Thus, if a new student intern begins seeing clients the semester before they enroll in MMFT690, they will need to meet with the Clinic Director (unless directed otherwise), weekly, for supervision.

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 PIMFT during the second year. Students are encouraged (and at times, required) to observe other therapist interns working with the clients in PIMFT during their first year in order to become better acquainted with 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 at its new location in 2017.

As a service facility, the therapist interns 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 therapist intern 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 a **mandatory** clinic 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. These orientations are offered once a semester, at the end of the application cycle, and in-person attendance is *required* before being allowed to see new clients in the clinic.

During these training 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.

Additional experiential activities (e.g., a mock intake session) may also be required during the application process, see the current student intern checklist for a complete list of requirements for clinical entry. An objective clinical competency exam is also required as part of the application process. This test is based on a pool of questions meaning that each attempt will likely involve different questions, including clinical application vignettes. Questions for the exam come from AAMFT Code of Ethics, this clinical handbook, state requirements for MFTs (document available online and via Blackboard), and the prerequisite courses in the program which are required for clinical entry (see student handbook or later in this document). This exam is offered via Blackboard, available 27/7, may be taken multiple times, and must be passed with a 70% or better within 30 days of the application cycle. Students may take this exam as many times as they wish, at any point in the program. However, the verification of passing which is printed and turned in with the application materials must be within the last 30 days of application for entrance into the clinic.

Procedures to Begin PIMFT Internship

When the student completes required coursework and obtains approval from MFT faculty (see application checklist for required documents), the student will schedule an interview with the Clinic Director before the initial semester of MMFT690 begins (see clinic calendar for specific dates). The student may contact the Clinic Director approximately 8 weeks prior (see clinic calendar for start dates) to the anticipated entrance semester of MMFT690, during the posted time frame only (this is not a process that may be started early). At the time of the initial interview the student will turn in documentation (see next section for details) to the Clinic Director to begin application to become a therapist intern in PIMFT. The student must have taken and successfully completed MMFT606 within the previous two 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 two semesters of successful completion of MMFT606.

Clinic Entrance Exam

To ensure that incoming therapist interns are aware of the most current laws, ethical codes, and clinic policies and procedures, a clinic entrance exam is required. The exam is available on the clinic Blackboard page, under the “Organizations” tab. Therapist intern applicants may take the exam as

many times as they wish prior to applying to the clinic, but not more frequently than once every 24 hours. A passing score of 70% is required within the 30 days prior to submitting an application to the Clinic Director.

The exam consists of 50 questions randomly selected from a question pool and is limited to 2 hours of time to take the exam per attempt. The exam includes true/false, multiple choice, and multiple answer items. Students may look up information in any materials (open book, open note) but may not use human resources (e.g., talk to others) while taking the exam.

The exam is designed to mirror content areas of the comprehensive exam, which mirrors the licensure exam. The exam refers to information from North Carolina MFT Licensure Board statutes and codes, AAMFT Code of Ethics, AAMFT Core Competencies, information from previous courses, and the Clinic Policies & Procedures Manual. All of these materials are available via Blackboard.

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)
- Confidentiality Agreement (Appendix C)
- Photo/Video/Audio Recording Release (Appendix BR)
- 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, prior to expiration of the original certificate. 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)
- Clinic Entrance Exam passing score from the 30 days prior to submitting Application for Internship Candidacy. Please print score and submit with application packet.
- HIPAA Training – Therapist intern will complete a free online HIPAA Training (TBD) and provide documentation of successful completion.

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 intake therapy session. Some student interns may be allowed to accept transfer clients prior to completing the clinic orientation, at

the clinic director's discretion, but new clients may not be scheduled until after the student intern has completed the required clinic orientation.

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. At PIMFT, this is the regular process. Often, 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 field placement, and need an incoming student intern to take their place at this site. Thus, incoming interns at PIMFT are often required to begin their clinic experience early to help with availability of training/onboarding with externship sites, with transfer in PIMFT, and/or desk duty. Although early entry may occur often, it is not a guarantee that the need or offer will exist every semester. However, this is a common practice, and expectation, for PIMFT. Incoming interns should discuss their availability for transfer sessions (2-8 weeks prior to the start of the official first semester or MMFT 690) in both the clinic and at an externship site. Some externship sites require this transition period in order to be placed at the site.

For students to be considered for early entry, they must have completed the clinic interview and any meetings with the Clinic Director, submitted all clinic application forms, and attended any trainings required by the Clinic Director (e.g., Orientation, Front Desk Training). Additionally, all therapist interns seeing clients, in the clinic or at an externship site, must receive a minimum of one hour of supervision weekly (see clinic calendar for dates/times, note these are subject to change).

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 in the middle and end of each semester of MMFT 690 and MMFT 690A, by their clinical supervisor, but only at the end of the semester by their externship supervisor (see MMFT690: PMFTPs (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 assignments require students to demonstrate competency for specific core competencies. At the end of the semester, the instructor will review the PMFTPs with students and students will initial the competencies which they successfully demonstrated during the semester. If the therapist intern has not achieved each competency at the minimal level of success by the last day of the semester, the therapist intern 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 after the 30 day period, the therapist intern will be referred to the Faculty Remediation

Committee (FRC) who will meet with the therapist intern and provide corrective feedback through the use of a written Individual Remediation Plan (IRP) and timeline.

The therapist intern will have until the end of the semester to demonstrate fulfillment of the minimal performance level. If the therapist intern does not address the therapist intern learning outcome prescribed at a minimal performance level, the therapist intern will be dismissed from the program at the recommendation of the FRC Committee members (see Student Handbook).

Reflecting Team

PIMFT was designed using the reflecting team model. All first semester interns will read about this model, as well as the assessments used in the clinic. 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 (or the clinic video recording program), 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.

When a reflecting team occurs, the therapist intern begins by letting the supervisor know what will be happening in session and what he or she wants the reflecting team to focus on. The therapist intern begins the session by discussing the reflecting team process with the client. The therapist intern will conduct the therapy session for approximately 20 minutes, then take a break for 5-10 minutes and return to the supervision room. During that break, the therapist intern will discuss the case with the supervisor and other interns present. The therapist intern then has two options. He or she may return to the session and complete the case, using the input from the team. Or, the therapist intern may invite some or all of the reflecting team to join the clients and discuss the case with the clients (the therapist intern would have discussed this possibility with the clients prior to leaving the room). The therapist intern must still end the therapy session at 50 minutes. For the final 10 minutes, the therapist intern will discuss the case with the supervisor and other therapist interns in supervision. If the therapist intern obtains supervision during the session and after the session, the therapist intern doing therapy may count this hour as one hour of live supervision and one hour of direct client contact (final determination made by the supervisor).

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.

Registering for MMFT 690

At PIMFT, the clinic director registers all interns for sections of MMFT 690. Student interns never register for this course themselves. Ideally, each intern will have the opportunity to learn from each supervisor who works in the clinic, which may require being assigned to a section of MMFT690 on a different night each semester. Also, multiple other scheduling quirks must be taken into consideration when determining which intern will be placed in which supervision course. This is all done by the clinic director. Prior to the beginning of the semester, the clinic director will inquire from each intern their desired section of MMFT 690. The clinic director will make every effort to accommodate these requests. However, requests are granted on the needs of both the clinic and the externship sites. Additionally, student interns who already have clients scheduled on certain days and/or are required to be at their externship sites on specific days must be considered. As such, second and third semester interns generally have seniority in selection of MMFT 609 sections. Additionally, in the summer semester (and occasionally during the long semesters), a section of MMFT 690 is held on Saturdays. It is often the first semester interns who are assigned to this section.

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 PIMFT, MFT faculty, the Clinical Coordinator, and the Clinic Director provide both live supervision of sessions, review digitally recorded sessions, and/or case records. Supervision will occur in a group format (6 therapist interns or fewer) and individually (one or two therapist interns) 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. This is generally done via monthly "Supervision Snapshots," an assignment in MMFT 690(A), which is turned into the current clinical supervisor. It is the student therapist's responsibility to ensure that ALL clients the student therapist is seeing are on the snapshot. It is also the student therapist's responsibility to ensure that they discuss all clients (from the clinic and externship site) with their supervisor, ensuring the supervisor is aware of any ethical and/or legal issues relating to any clients.*

The relationship between supervisor and therapist intern is intended to be collegial, with each party contributing to the enhancement of therapy for the client. However, differences in experience between therapist interns necessarily lead to differences in the degree of control that a supervisor

must have in a particular case. Some therapist interns 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 therapist intern can act alone. Disputes that may arise between the therapist intern 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).

If an Internship Supervisor is aware that a therapist intern is not following clinic policies and procedures, he or she may address it with the therapist intern and will provide information to the Clinic Director. The Clinic Director will address the policy and/or procedure requirements with the therapist intern, first verbally, then in writing, and if needed, will proceed to a written remediation plan, which may culminate in a Faculty Remediation Committee if not corrected. This allows the Clinic Director to be aware of potential ongoing concerns regarding a therapist intern even when the therapist intern's supervisor changes each semester. The Clinic Director will track these verbal conversations using a form such as the Verbal Training Tracking Form (Appendix N). Written corrections will be documented on the Written Correction form (Appendix U).

Monthly Supervision Snapshots

Supervisors are responsible for all cases on the therapist intern's case load, both at the university clinic and at any field sites. To enable supervisors to be aware of all cases, each therapist intern will complete the Monthly Supervision Snapshot: Pfeiffer Clinic (Appendix BU) for the clinic and the Monthly Supervision Snapshot: Field Site (Appendix BV) at the beginning of each month. Because field sites have various types of client contact (e.g., groups), therapist interns should work with his or her internship supervisor to determine how to complete the snapshots for each site. The therapist intern will submit these to his or her internship supervisor and will email them to the Clinic Director at the beginning of each month.

Evaluations and Assessments

Professional Fitness Evaluation

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.

The Professional Fitness Evaluation uses a growth scale. As a GROWTH evaluation, expected scores change as the student progresses through the program. Specifically, a score of 0 is problematic at any stage of the program. Students in their first year of the program/clinic are expected to obtain scores of 1 or 2. Students in their second year of the program/clinic are expected to obtain scores of 2, 3, and 4, with an average of 3. Students approaching graduation are expected

to have an average of 4 with no scores below a 3. Students demonstrating outstanding professionalism may obtain scores of 6 in specific areas of strengths but scores of 6 are not generally expected.

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. The student should meet with each evaluator to discuss their scores; the student must have no scores of 0 and must earn an average of 3 in order to enroll in MMFT 690. Students applying to enter the clinic with scores lower than 0 or an average lower than 3 will work with their academic advisor to create an Individual Remediation Plan addressing low scores. Upon completion of the IRP, the student will be re-evaluated by the Faculty Remediation Committee.

The Professional Fitness Evaluation is completed by the therapist intern's Pfeiffer University faculty clinical supervisor at the end of the therapist interns' final semester in the clinic. If the therapist intern has a score below 3 on any items or an average below 4, the therapist intern will discuss this with his or her supervisor and will develop a plan to demonstrate improvement in these areas so that the required scores are met prior to graduation. This may require a remediation plan and/or a delay in graduation. The therapist intern may request a copy of the evaluation; the original will be kept in the therapist intern's clinical file and an electronic copy will be stored in the therapist intern's file on DropBox.

Clinical Performance Assessment

The Clinical Performance Assessment provides a way for supervisors to evaluate therapist interns on the major themes of the AAMFT Core Competencies and MFT Common Factors for effective therapy. It uses a developmental evaluation scale, allowing supervisors to provide ongoing feedback about strengths and growth areas to therapist interns based on the expectations of the therapist interns' developmental level.

During each semester of MMFT690, the therapist intern will be evaluated by his/her internship clinic supervisor mid-semester and at the end of each semester and field placement site supervisor at the end of each semester using the Clinical Performance Assessment (Appendix J). Each supervisor will meet with the intern to provide feedback and review the evaluation. The therapist intern must have no scores of 0 and an average score of 1.5 in the first semester, 3 in the second semester, and 4 in the third and subsequent semesters, based on the 0-6 developmental scale. If the student is deficient (any scores of 0 OR an average score lower than 1.5 in the first semester, lower than 3 in the second semester, or lower than 4 in the third and subsequent semesters, based on the 0-6 developmental scale), the supervisor will discuss ways with the therapist intern how he/she can improve. However, if the therapist intern 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 PIMFT, and an electronic copy will be stored in the therapist intern's program file on

DropBox. If requested, a copy will be given to the therapist intern for his or her personal file. The purpose of the evaluation is to provide feedback and track the progress of the therapist intern.

Clinical Competencies Assessment

The Clinical Competencies Assessment divides the PMFTPs into the three semesters of internship and guides the clinic supervisor and therapist interns to focus on specific competencies in each semester. It uses a snapshot, 0-5 developmental scale in which 0 is problematic and 3 is the expected performance level. The Clinical Competencies Assessment will not be completed by field site supervisors.

During the first three semesters of MMFT690, the therapist intern will be evaluated by his/her internship clinic supervisor mid-semester and at the end of each semester and field placement site supervisor at the end of each semester using the Clinical Competencies Assessment (Appendix BT). Each supervisor will meet with the intern to provide feedback and review the evaluation. The therapist intern must have no scores of 0 and an average score of 3. If the student is deficient (any scores of 0 OR an average score lower than 3), the supervisor will discuss ways with the therapist intern how he/she can improve. However, if the therapist intern 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 *PIMFT*, and an electronic copy will be stored in the therapist intern's program file on DropBox. If requested, a copy will be given to the therapist intern for his or her personal file. The purpose of the evaluation is to provide feedback and track the progress of the therapist intern.

Live Observation Assessment: Observed Clinical Skills Assessment (OSCA)

Each time a therapist intern is supervised live or via video during group supervision (i.e., while meeting with a client), the supervisor will complete an Observed Clinical Skills Assessment (OSCA) (Appendix I) and provide the feedback to the therapist intern. Observed Clinical Skills Assessment (OSCA) (Appendix I) focuses on specific skills for therapy and can be used to track progress and areas of concern. The therapist intern may have areas of "1" at times throughout the process. For any items scored "0," the supervisor provides written and verbal feedback to the therapist intern. The original form will be kept in the therapist intern's file in the Clinic Director's office.

Servant Leadership Self-Assessment

During the second semester of MMFT690, the therapist intern 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 therapist intern 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 therapist intern’s clinical file.

Diversity Assessment

A diversity assessment will be used multiple times in the Pfeiffer University Marriage and Family Therapy program to assess the program’s effectiveness in teaching multicultural knowledge and awareness. This tool is also useful for self-reflection and discussion in supervision. Therapist interns will complete the assessment in their second semester of Internship and submit it to their Pfeiffer University faculty clinical supervisor. The original will then be placed in the student intern’s file in the clinic director’s office.

Core Competency Completion

Therapist interns must successfully achieve all core competencies at the end of three semesters of MMFT690. Through the assessments listed above, therapist interns are evaluated each semester as they move through their internship. If a therapist intern 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 therapist intern 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 therapist intern 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 therapist intern must earn at least a 3 on each core competency associated with MMFT690.

Registration for MMFT 690A

Therapist interns are eligible to register for MMFT690A after they have completed three semesters of MMFT690 and met all of the Core Competencies (PMFTPs) in MMFT690 (Appendix G). In MMFT690A, therapist interns continue to see clients at PIMFT and their field placement site for the purpose of accruing client contact hours. Since the core competencies have already been met, therapist interns 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), as well as complete monthly supervision snapshots and other minor requirements. PIMFT and field placement supervisors will complete the Clinical Performance Evaluation (Appendix J) to monitor progress. Supervisors will complete the CPE at the middle and end of each semester and field placement supervisors will complete the CPE at the end of each semester. Therapist interns 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 Therapist Intern by Supervisor(s)
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1 st Semester of MMFT 690	<ul style="list-style-type: none"> • Clinical Performance Assessment – field site supervisors end of semester; clinic supervisors middle and end of semester (Appendix J) • Clinical Competencies Assessment for Semester 1 – clinic supervisors middle and end of semester (Appendix B'I) • Observed Clinical Skills Assessment (OSCA) (Appendix I) – at least twice
2 nd Semester of MMFT 690	<ul style="list-style-type: none"> • Servant Leadership Self-Assessment (Appendices K and L) • Diversity Assessment • Clinical Performance Assessment – field site supervisors end of semester; clinic supervisors middle and end of semester (Appendix J) • Clinical Competencies Assessment for Semester 2 – clinic supervisors middle and end of semester (Appendix B'I) • Observed Clinical Skills Assessment (OSCA) (Appendix I) – at least twice
3 rd Semester of MMFT 690	<ul style="list-style-type: none"> • Completion of Core Competencies (PMFTPs) (Appendix G) • Clinical Performance Assessment – field site supervisors end of semester; clinic supervisors middle and end of semester (Appendix J) • Clinical Competencies Assessment for Semester 3– clinic supervisors middle and end of semester (Appendix B'I) • Observed Clinical Skills Assessment (OSCA) (Appendix I)– at least twice
4 th and 5 th Semester (as needed) MMFT 690A	<ul style="list-style-type: none"> • Clinical Performance Assessment – field site supervisors end of semester; clinic supervisors middle and end of semester (Appendix J) • Observed Clinical Skills Assessment (OSCA) (Appendix I)– at least twice
Exit Paperwork	<ul style="list-style-type: none"> • Professional Fitness Evaluation (Appendix E) • External Site Evaluation (for each site) (Appendix BW) • Field Placement Site Evaluation (for each site) (Appendix W) • Final report of Internship – Client contact and supervision hours (Appendix O) • Intern Self Evaluation (Appendix P) • Servant Leadership Self-Assessment Profile (Appendices K and L)

Confidentiality

Client information will be protected by the therapist, PIMFT staff, internship supervisor, and the clinic director. 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. This includes any notebooks a therapist intern may use during sessions. If identifiable client information is written in these notebooks, they also must be stored in the clinic, in a locked cabinet. 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 and reviewed by the Clinic Director before any information is requested or released.

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

- Refrain 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.
- Resist any behavior that might be in conflict with the AAMFT Code of Ethics regarding confidentiality.
- Only PIMFT staff, *current* therapist interns, 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.
- Files and papers with client information may only be on the desk or out of a locked file cabinet if the therapist intern is actively working on the file. Files are to be locked in the designated file cabinet when the therapist intern is in session.
- Computers with client information have a default setting of logging out the user with only a few minutes of inactivity. This protects client information.
- All clinical work (e.g., progress notes, recordings) must stay in the clinic and cannot be uploaded to a personal computer, to a flash drive, to a dropbox or online drive, or to any other method that allows clinic work to be seen outside of the physical clinic.
- Requests for records are responded to with follow-up inquiries and only the minimal amount of information needed is released, only after consulting with the clinic director and the current clinical supervisor.

Therapist 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 only client initials rather than names in one's calendar) and the device must be password-protected. Therapist interns who choose to view their Outlook calendar on a smartphone or other device must have the calendar under an additional password and disable notifications that could display appointment information.

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 intern 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, therapist interns, and faculty. Procedures in protecting the confidentiality of PIMFT staff, therapist interns, or faculty involve the following:

- Do NOT from disclosing personal email, contact number, or home or work address to clients or any person without rights to such privileged information.
- DO NOT accept client "friend" requests on Facebook, follow on Twitter, or interact in any other manner via social media or other networking/social platforms.

Electronic Interaction With and Information of Clients

Electronic information related to client attendance in therapy is protected health information and must be handled in compliance with HIPAA regulations, ethical codes, and state laws.

Outlook Calendar

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, do not include any additional identifiable information) and the device must be password-protected. Interns who choose to view their Outlook calendar on a smartphone or other device must have the calendar under an additional password and disable notifications that could display appointment information.

Emailing clients

All therapist interns are given a Pfeiffer.edu email account when they begin seeing clients. This is the ONLY email account that may be associated with any client information. Therapist interns are not to forward this email to any other email account or to contact the front desk with information about a client from any other email account.

Emailing clients is only for scheduling therapy, sending forms to clients, and receiving electronic documents from clients. Any email communication that pertains to the client's treatment is considered distance therapy and is subject to additional ethical and legal codes, which students are not currently trained to be competent on. All such interactions must also be printed out, and included in the client's file. Distance therapy also requires additional forms, resources, and procedures which the clinic does not currently use. All emails containing information beyond scheduling sessions must be printed, filed in the client's file, and logged on the client contact sheet.

Texting clients

To maintain accurate records and to protect the therapist interns' personal information from client, therapist interns are NOT to text clients.

Pictures of client work in session

To protect client confidentiality, no confidential information may be stored on the therapist's phone, nor do we encourage clients to maintain therapeutic work on their own phones. If available, clinic technology (e.g., a digital camera with memory card that does not require photos to be uploaded to a cloud, etc.) may be used to document client work. If pictures are taken using clinic technology, the picture needs to be printed and included in the client file. Be sure to include the client number and the date of the session on this document.

Phone apps with voice recognition

Many phone apps and phone operating systems have voice recognition automatically turned on. In these situations, the phone microphone is constantly listening to what is happening in that space; voice recognition often allows the app to record without notification to the user or others in the vicinity. To avoid phone apps listening to confidential therapy sessions, all therapists, supervisors, and clinic staff must turn off voice recognition when in the clinic, specifically when in session, supervision, the therapist intern workroom, and in offices where discussions about clients are occurring. Voice recognition is accessed in the phone's and/or app's settings. Failure to do this may result in a violation of client confidentiality, and ethical violation for any student intern, and may include appropriate sanctions. It is also important that clients also are aware that their phones may be recording information from sessions, and be encouraged to turn off microphone permissions on their own phones.

Use of personal cell phones in the clinic

Program policy: During class, cell phones **must be off**. Vibrating phones are also not acceptable. If you have an emergency situation, please speak to the instructor before class to discuss options. Additionally, text messaging is prohibited during classroom instruction. If a student does not abide by this policy, he/she will be asked to leave the class session immediately. A second offense will result in lowering of the grade by one-half letter. A third offense will result in expulsion of the student from the class. No cell phones will be allowed in the classroom during final exams.

Phone calls are **never** to be taken in the supervision room. Accepting a call during supervision (or walking into supervision while on an active call) could result in your caller hearing information being discussed, and is a violation of the client's privacy. Failure to adhere to this ethical requirement will be dealt with accordingly. Additionally, the same consideration must be made in the intern room. Recall that if other interns are in the room and discussing client information, your caller may overhear this information and again you are violating client confidentiality. All interns must be mindful of their environment when using a cell phone, or the desk phone, in the clinic.

Additionally, using your cell phone to text a client is not HIPAA compliant. All interns are instructed to only communicate with their clients via phone calls or email, following clinic procedures. If you chose to use your cell phone to text clients reminders about their appointment, understand that the **ONLY** information you are to discuss over text is confirming/rescheduling appointments. However, clients **OFTEN** text confidential information, regardless of this policy. Thus, when you text your client, you open yourself up to this likelihood. If/when your client texts you anything other than information about scheduling or rescheduling an appointment, you **MUST** document what the client has sent you, and you then should delete it. Understand that taking a screenshot of messages, and then downloading them to a PC is likely to result in your provider saving the screenshot and/or uploading it to a cloud, which is again a violation of client privacy (see clinic manual for more information about this). Therefore, it is best if you type up the message sent from your client (word for word) in an "Other Provider Contact Note" (not a progress note), as opposed to taking and printing a screenshot of the message(s). If you chose to text your client, you **MUST** maintain a password lock on your phone at all times that others in your household do not know.

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. In general, anything that is specific enough for a client (or a friend of theirs) to read wherein the client or friend could reasonably assume that you are posting about them, is inappropriate. Failure to adhere to the social media policy may result in disciplinary action (up to and including dismissal from the clinic/program), which may be kept in your file, and may be reported to the

licensure board as appropriate. It IS possible to lose your license before you even get it. Once you begin working in the clinic, assume (and behave) as though you have a license that you would like to keep.

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. These meetings usually occur after the general town hall meeting, and are required meetings.

In addition, the Clinic Director may schedule two Clinic Team Meetings during the semester. Typically, the meetings will be scheduled the first half and second half of the semester. When possible, two time options for each meeting will be scheduled. Therapist interns are required to attend both team meetings (if held); attendance is part of the MMFT 690 or MMFT 690A grade. If the scheduled times create difficulties, therapist interns should discuss this with the Clinic Director. Alternately, the clinic director may disseminate this information via email instead, which requires written responses from all interns. See the MMFT 690 syllabus for more information, as a grade is connected to this as well.

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. Therapist interns 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) at one time.

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. In other words, if one will be entering the clinic, for any reason, during business hours, the person should be in clinic dress code. 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 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.

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, closed-toed shoes
- Belts and dress socks (for men)
- Neck tie (optional)
- Jackets (optional)* – sports jackets

*minimum elbow-length sleeves (women)

Unacceptable Attire and Accessories

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

- Jeans or jean/denim material (of any color)
- Spandex clothing and leggings
- 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
- 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

Tattoos should be covered by clothing or accessories. If tattoos are visible ink on the hands/fingers/arms/neck/décolletage, then tattoo/flaw conceal tape, make-up/cover-up, a solid colored sleeve/gloves, or fingerless gloves may be required to cover (i.e., ink/image cannot be seen through cover-up/tape/gloves/etc.) 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 therapist interns 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 therapist intern'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. Therapist interns 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, which may include cancelling/rescheduling any client sessions and/or being counted absent from clinic required meetings/class.

Other products

The employees and therapist interns of 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. Excessively smelly foods (e.g., microwave popcorn or reheating/cooking smelly items such as fish), should not be made during clinic business hours, or immediately prior to opening the clinic.

Please be aware that talking, coughing, or laughing while you are observing a session from one clinic room to another, are in the hallway, or are in the front desk area can be seen and heard by clients, even if in another room/the waiting room. 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 therapist interns 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 section in this Policies and Procedures Manual titled “Recording Therapy Sessions.” Session are NOT to be downloaded to any portable devices and/or removed from the clinic.

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 therapist intern(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 therapist intern 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) on any school owned computer. 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, and should have access to this shared folder from any computer in the clinic. 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 PIMFT 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 by therapists or clients.

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; see also AAMFT Code of Ethics, 3.7; see MFT Student Handbook):

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.

PIMFT 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. Failure to consistently follow clinic policies and procedures is grounds for remediation, as are other items listed above. Any violation of this handbook, the AAMFT Code of Ethics, NC State Statutes, or HIPAA constitutes a breach of PIMFT policies and may be dealt with via remediation, without prior warnings.

The MFT Program Handbook specifies the circumstances under which therapist interns may be subject to the remediation process. In addition, the MFT faculty may probate, suspend, or dismiss from the program any therapist intern who does not fulfill the academic or clinical requirements specified in the MFT Program Handbook or Clinic Policies and Procedures Manual. In addition, any therapist intern 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 therapist intern, 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 therapist intern 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 therapist intern from the MFT Program for other than academic reasons. One of the most difficult tasks facing a team of faculty occurs when a therapist intern'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 (therapists) 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 (at the middle and end of each semester) and his/her Field Placement Site Supervisor (at the end of each semester) 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 therapist intern 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. NOTE: Concurrent externships, while also seeing clients in the clinic, is required at PIMFT if one wishes to complete their 500 hours in the minimum 12 months. However, leaving PIMFT is determined more on therapist intern 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 therapist intern 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/12 months), the therapist intern 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 last day of Internship class. These original forms are then kept in the student intern's file.

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 both the Charlotte (PIMFT) and the Raleigh/Durham Campus (*Reach*) are fully accredited COAMFTE programs.

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, and any and all benefits that come with this (such as being able to use some hours obtained at PIMFT towards the hours required for licensure as a MFT in NC).

As required by COAMFTE, all therapist interns 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. Therapist interns must earn at least 200 (i.e., 40%) relational hours of the required 500 client contact hours. As long as a therapist intern is registered for Internship in MFT, s/he must maintain a caseload of at least six to ten active (i.e., client seen at least every other week) cases at PIMFT at all times and must be available for a minimum of 10 client appointments each week. The number of minimum cases is a joint decision of the therapist intern, his/her clinical supervisor, and the Clinic Director.

Clinical Contact Hours Definitions

According to the COAMFTE Standards, Version 12, "Clinical Contact Hours are defined as therapist and client therapeutic meetings in the same physical location. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. A 45-minute therapy session must be counted as 45 minutes, not one hour or as a contact hour" (p. 44).

According to the North Carolina Marriage and Family Therapy Licensure Board, "Article 18C. § 90-270.47. Definitions. "Clinical experience" means face-to-face therapy between a therapist and a client, whether individuals, couples, families, or groups, conducted from a larger systems perspective that relates to client treatment plans, is goal-directed, and assists the client in affecting change in

cognition and behavior and effect. Chapter 31: 21 NCAC 31 .0506 "direct client contact" means face-to-face therapy between the therapist and client, therapy within individuals, couples, families, or groups from a systemic perspective and includes relational hours. Direct client contact must: (1) Relate to client treatment plans; (2) Be goal-directed; and (3) Assist the client to effect change in cognition, affect, and behavior.”

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.

COAMFTE regulations define relational hours as “Relational hours is a category of clinical contact hours which requires that a practitioner deliver therapeutic services with two or more individuals, in the same physical location, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, and enduring friendship/community support subsystems. Short-term and long-term residential/situationally focused subsystems may also provide relational hours experience when the context includes ongoing relationship interaction beyond sessions with significant influence on the individuals involved. Typical group therapy sessions of otherwise non-related individuals are not considered as relational hours. Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of, (above and beyond) the group itself. If the individuals in the group had relationships with one another before the group began, then the group therapy hours may be counted as relational. An example of this may be in-patient groups where the individuals lived together all day in a program” (p. 53).

The North Carolina Marriage and Family Therapy Licensure Board rules define relational hours as follows: “Chapter 31: 21 NCAC 31 .0502 (a) "relational hours" shall mean hours spent providing therapy with more than one client in the room who are all part of the same treatment plan. Relational hours may also include face-to-face communication with members of the larger system, as defined in G.S. 90-270.47(2b), who are also working with the same client(s). This contact may only be counted if it is authorized via written release by the client(s) or required by law for the purpose of developing and carrying out a treatment plan.”

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.

Assessments

North Carolina's Marriage and Family Therapy Licensure Board tracks assessments as a specific category of clinical experience. According to Chapter 31. 21 NCAC 31 .0506 (b) "Assessments (intake and otherwise) may be counted up to 250 hours of direct client contact [for LMFT licensure in North Carolina]. For the purposes of this Rule, "assessment" shall mean a clinical encounter that involves gathering of current and historical data from a client that is then used to determine what type of therapeutic service is most appropriate. If the individual who conducted the assessment does not provide the therapeutic service, the Board shall consider it as an assessment hour only."

Psychoeducation

North Carolina's Marriage and Family Therapy Licensure Board (NCMFTLB) tracks psychoeducation as a specific category of group clinical experience. According to Chapter 31 21 NCAC 31 .0506 (c) "Client psychoeducation may be counted up to 250 hours direct client contact [for LMFT licensure in North Carolina]. For the purposes of this Rule, "Psychoeducation" means a treatment approach that provides education for individuals and families in assistance with emotional, mental, social, and relational disturbances."

Hours Which Are NOT Clinical Experience

In addition to defining experiences that do accumulate as clinical experience, the NCMFTLB and COAMFT define hours that are not clinical experience. COAMFTE includes a list of hours which could be accrued as "alternative hours." At this time, Pfeiffer University does not routinely allow for alternative hours. Therefore, these activities are not considered clinical experience. According to COAMFTE, these include "**Alternative Hours** is a clinical activity, which demonstrates competency level related to the program's mission, outcomes, and goals. The Alternative Hour must be evaluated to provide evidence of program effectiveness" (p. 43). COAMFTE further explains, "**Alternative Hours** is a clinical activity involving a therapist and person(s) receiving the alternative service in the same physical space and a therapeutic meeting that is more than clerical in nature and focus. Examples may include interactive experiences that are therapeutic, psychoeducational, or assessment in nature and designed to support a therapeutic goal. All therapeutic activity completed as alternative hours must be evaluated for student competency and included in the clinical student's supervision process. **Examples of Alternative Hours:** • Interactive experiences with specific diverse or marginalized populations (KE II-C) designed to be responsive to the therapeutic needs of the persons involved and offered in a manner that is respectful of the person and context • Interactive activity, individually or in a group, structured to promote specific therapeutic goals such as PTSD symptom management skills, parent-child attachment, couple/family relationship skills, trauma/abuse/domestic violence recovery, or community disaster stress management/support. • Short-term assessment focused activity using a structured interview process, instrument, or task (e.g. genogram) as part of a personal/relational enrichment experience. • Teaming approaches (such as reflective teams) are allowed as Alternative Hours, provided the team has consistent

and sustained relationship with the client system in the same physical space (such as through a one-way mirror)” (p. 52)

Supervision Hours

Supervision of a therapist intern is a requirement of COAMFTE, as well as the state of NC. PIMFT will ensure therapist intern are supervised at PIMFT by an AAMFT Approved Supervisor or a Supervisor Candidate (aka Clinic Supervisor).

“Individual supervision” is defined as supervision with one or two supervisees/student interns. Group supervision is required and will be six therapist interns or less per group, if more than six therapist interns are present, no one may count these hours as supervision. During group supervision, each therapist intern will participate in the group class for at least one hour and then may see a client for one hour (two hours during the summer semester) to facilitate live observation/reflecting team opportunities. To preserve the integrity of the program for accreditation, therapist interns must participate in at least one hour of class/group time and observe others to enhance the learning process (this means that the intern will not see clients during all of supervision). Therapist interns 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, therapist interns in the MFT Program will receive more hours of supervision than required. Therapist interns should be aware that class absences may affect accrual of required hours. It is the therapist intern’s responsibility to monitor accrual of required hours, and the student intern may choose to see fewer/no clients during scheduled group supervision (to obtain more supervision hours) if the clinical supervisor is in agreement with this.

Weekly Supervision

According to COAMFTE, therapist interns are only permitted to count direct client contact during weeks in which they receive one hour of supervision. Because of this, weekly supervision will occur between semesters and during weeks in which classes do not meet (e.g., Spring Break, holidays that fall on the day of Internship class). Usually, the instructor teaching the Internship course will meet with the therapist interns at the Internship class time for one hour during breaks and until the subsequent semester begins. However, at times the arrangement for meeting the weekly supervision hour may differ, specifically if the regular class time falls on a holiday. The instructor will discuss this plan with therapist interns at the beginning of each semester. Any therapist intern not meeting for one hour of supervision in any given week will not be able to count direct client contact for that week unless approved by the clinic director.

Documenting Supervision and Direct Client Contact Hours

During an hour in which the therapist intern is seeing a client (client contact) and being observed by his or her supervision group (live group supervision hour), the therapist intern may count this one hour as BOTH client contact AND supervision, IF BOTH the following criteria are met. The

therapist intern must 1) come out of the session halfway through and receive supervision (i.e., reflecting team style), AND 2) at the end of the session the therapist intern receives supervision. This means 1) the clinic will return to the reflecting team style of taking a break between sessions for live supervision, AND the intern must finish their session on time to return to the supervision room with enough time to hear feedback from the group before the end of class. If BOTH of these criteria are not met, this hour may ONLY be counted as a client contact hour—not as a supervision hour. If therapist interns are not able to obtain supervision hours in this manner, it is unlikely that they will meet the 100 hours of supervision, as required by COAMFTE, within three semesters.

This means that if the therapist intern is in supervision and the group is watching the session, the therapist intern will want to review this process with your client before the session and advise the client that he or she will be taking a short break (5-10 minutes) about 20-25 minutes into the session. The therapist intern will then return to the session and discuss the feedback of the treatment team with the client. The therapist intern will still need to end the session at ten till the hour and return to the supervision room to obtain supervision. Failure to do this will result in only being able to count the hour as observation OR client contact, not both.

Non-Direct-Client Internship Requirements

Group Facilitation

Workshops can be an effective way to supplement clinical contact hours; up to 250 of the *total* LMFT licensure hours in North Carolina 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/or 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 are required to be involved with the process of offering psychoeducation or process groups through PIMFT **each semester**. The specific requirements for therapist interns during first, second, and third semesters are outlined in the Internship syllabus. Therapist interns are encouraged to discuss their interests with their Internship instructor and the Clinic Director to

personalize this requirement. Speak with the clinic director for clarification regarding the workshop/group requirements for MMFT 690.

Professional Success Talks (PS Talks)

To enhance the breadth of learning, therapist interns obtain during their clinic experience and expand the didactic component of internship without disrupting the case focus of supervision time (and to simulate the requirements of maintaining licensure post-graduation) the Pfeiffer University Marriage and Family Therapy program established Professional Success Talks. These TED-style talks may be focused on topics not typically covered in graduate classes but directly related to therapist interns' professional success, both in and out of the therapy room, or may simply be review of material from previous classes as needed by the intern group as a whole. PS Talks are typically 20 minutes of presentation with 10 minutes of question and answer time. These talks are scheduled at various times throughout the semester. A schedule of available PS Talks will be listed on Blackboard, where therapist interns will "register" for attendance. On-line options are also available. These include previously recorded PS Talks and also online video clips relevant to therapy. Talks cover various topics, and therapist interns are encouraged to attend the talks addressing topics the therapist intern is most interested in either currently, or for future practice.

Therapist interns are required to attend a minimum of three (3) Professional Success Talks per Fall and Spring semester and two (2) PS Talks during summer semesters. Generally, one of these may be completed via reviewing a prerecorded PS Talk, but will also require a follow up paper (see MMFT 690 syllabus for more detail). At times, longer PS Talks may be scheduled or additional, relevant events may be approved for credit for PS Talks. The Clinic Director will make decisions about credit for PS Talks. Therapist interns are responsible for asking if an alternative event would count as PS Talk credit and obtaining that approval *prior* to attending the event. For alternative events/options, a written reflection of the event will be required for the therapist intern to obtain credit.

For face-to-face Professional Success Talks, seats are determined by the space available and are on a first come, first serve basis. Therapist interns will fill out an evaluation with their name on it to obtain credit for attendance. These forms will then be turned into the clinic director who will track attendance, and assign credit, for all interns. Failure to complete the evaluation will result in the therapist intern being considered as not attending, regardless of actual attendance. For recorded or online PS Talks, the therapist intern verifies "attendance" by writing a one page reflection paper, with cover sheet, APA format, directly connecting the information (to the point that it is obvious the therapist intern watched the entire PS Talk) in the PS Talk to his or her work with clients and/or future professional goals.

Field Placements

After the therapist intern has become oriented to PIMFT, s/he may have the option of supplementing their 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 (usually

three semesters at PIMFT), emphasizing relationally focused practice and/or research. The MFT Program defines “full-time” as 15-20 client contact hours minimum per week on site (combination of PIMFT and Field Placement site).

The therapist intern, in conjunction with the clinic director, 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 therapist intern must submit to the Clinic Director a written internship proposal specifying how the site meets the program requirements. If needed, 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 25-mile radius of PIMFT, unless a previous arrangement has already been made with the clinic director. Therapist interns 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 therapist intern, 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 (after receiving approval from the clinic director) 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 file in the clinic director's office.

Note: Any change in the Field Placement Proposal or Field Placement Site Supervision Agreement(s) must be approved by the Clinic Director. If a therapist intern 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, as needed.

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 therapist interns may choose to pursue Field Placements. If a therapist intern does not pursue a Field Placement, he/she will be required to obtain 500 hours direct client contact (minimum) at PIMFT, which is usually not possible within the minimum 12 months. In addition, not all therapist interns may be qualified to have a Field Placement opportunity (e.g., therapist interns with current IRPs). 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 supervision requirements). **The on-site supervisor needs to be able to provide sufficient oversight and accurate assessment and evaluation of the intern's progress, as well as safety oversight for all clients seen at the site. 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. To enable the Internship supervisor to track all cases, the therapist intern will submit a Monthly Supervision Snapshot: Field Site (Appendix BV) to the Internship supervisor at the beginning of each month, which must include client's initials and/or client number so as to track clients one month to the next and any legal/ethical concerns for all clients. The therapist intern will also email this form to the Clinic Director at the beginning of each month.

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 therapist intern had a job, the therapist intern 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.
- The Monthly Supervision Snapshot: Field Site (Appendix BV) must be submitted electronically to the internship supervisor and Clinic Director at the beginning of each month.
- At the end of each semester, the Field Placement Site Supervisor must complete a Clinical Performance Assessment (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.
- Current 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 (usually 12 months/3 semesters for PIMFT); 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 Clinical Performance Evaluation (Appendix J) (separately, Clinic Supervisor and the Field Placement Site Supervisor(s)); Intern Self Evaluation (Appendix P) (therapist intern); the Field Placement Site Evaluation (Appendix W) (therapist intern); and the External Site Evaluation (Appendix BW) forms 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. If an intern changes their phone number during their time in the clinic, it is the therapist intern's responsibility to notify both the front desk as well as the clinic director.

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.

Therapist interns 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, and to notify the clinic director if they do not have a sufficient case load to obtain the required number of client contact hours to graduate in their desired time frame.

Scheduling New Clients

Telephone intakes and case assignments for clinical services 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/email. Clients will not be scheduled within 24 hours of the intake call unless it is determined by the Clinic

Director that to do so is vital for client care. If a client is requesting an emergency session, we would refer them to other local resources, such as the CriSyS Mobile team (704-566-3410) if in Mecklenburg county, or the nearest emergency room. There are also several free hotlines clients may call if needing emergency services (see our informed consent or local resources guide for info). If approved by the clinic director, the therapist will be notified of any last minute or “emergency” scheduled appointments via phone conversation. 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, and advise them of the required parking pass which the client will need to come to the front desk to obtain, then place in their vehicle, during their first visit. The assigned therapist should also ensure the client has received the appropriate intake paperwork needed, including directions to being any required legal documents (e.g., custody paperwork for minors in treatment). 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 may 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, for a proportionally increased fee.

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, being sure to include the fee amount for each session (and if the client owes for any previous sessions). 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. Each situation has ethical and legal implications that need to be carefully considered before therapy moves forward with changes. These implications can include things such as who has legal access to see the information in the file, whose permission is needed to release confidential client information, how confidential information is maintained (e.g.: A therapist intern seeing an individual would have confidential information about that person that he or she may not want shared. However, the clinic policy when seeing couples is that we maintain a no-secrets policy, which puts the therapist intern in a difficult situation regarding previously disclosed information.) Therefore, the therapist intern will staff these situations with his or her supervisor to determine the best course of action. Generally, 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.

As PIMFT is a training clinic, generally a different therapist intern is assigned to individual components of a client system when different constellations of therapy are requested (in outside clinical work, this is not generally how this is handled). While the informed consent that clients sign does allow for therapist interns, supervisors, and the clinic director to communicate with each other about what happens in each of these sessions, discretion should be used, and any information (about other people within the family system) obtained from these conversations should NOT be taken back to a therapist intern's client unless directed to do so by the clinical supervisor. It is also important that the alliance with various parts of the client system be balanced, thus when working with a client system with multiple people, if any time is spent with any subset of the system, this time must be balanced with individual time with the other subsets of the system. Otherwise, a new clinical file will likely need to be opened, and may also require a new therapist intern to be assigned to the client system.

Before a new therapist is assigned and a new appointment is created, the intern must consult with his/her supervisor, and possibly the clinic director. 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?"

File Management for New Constellation of Client(s)

Treatment modalities of individual, couple, and family therapy have specific ethical and legal concerns regarding consent, confidentiality, and access to records. As stated previously, the therapist intern will discuss these situations with his or her supervisor prior to proceeding. When

the treatment modality changes between individual, couple, and family therapy, the therapist intern makes this change overt to the client and discusses the implications for the client(s). If the client chooses to change treatment modality, the therapist intern will close the current file using the Case Termination form (Appendix AH) and will open a new file for the new treatment modality, which may also require a change in therapist(s). All new paperwork is required for each file—every file MUST have all required documents in (each) file.

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). During the phone call when the appointment is scheduled, the front desk attendant will ask who has custody of the minor client. 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). However, it is the therapist intern's responsibility to ensure that this paperwork is received, copied, and placed in the client file. Before treatment can begin, the initial session may involve only the parent(s)/legal guardian(s). 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.

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 which may be listed separately in the legal custody paperwork) 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 may be required to sign the Permission to Treat Minors before therapy can begin (speak with the clinic director). If the parents are separated, but no legal documentation is available (e.g., parents have not gone to court) in most cases, *both parents are required* to sign the Permission to Treat Minors before therapy can begin. To verify identity, the parents or legal guardians may be required to sign in person at the clinic or sign out of the clinic and have the signature notarized. Questions regarding requirements for specific cases should be directed to the clinic director.

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 and possibly the clinic director in some cases.

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.

While the student intern will work with their supervisor to determine the best course of treatment for a minor, usual best practice includes (when doing individual therapy with a minor) regular check ins with the parent by having the parent come in for a portion of a session (at regular intervals) and/or doing family therapy at regular intervals. Sometimes it will be best to do this check in with the minor present, and other times without the minor present, being mindful of maintaining therapeutic alliance with the client(s). It is also best practice to notify in the first session with the minor, and via reminders when appropriate, that anything said to the therapist will be disclosed to the parent(s) if required by the parents, and that parents do have access to the minor client's file. However, we also ask parents to allow therapists to work with the minor children, without extensive/intrusive questioning of the therapist. It must be made clear that any indication of suicidality or homicidality reported to the therapist intern will also be reported (immediately) to the parent/person bringing the child in for sessions (may require a RoI if anyone other than parent will be bringing the child in for therapy). While self-harming behaviors may not require immediate reporting to parents, this should be immediately discussed with the intern's supervisor, the supervisor on call (for new clients) and/or the clinic director. Clinical documentation should always be extremely clear as to who was in the session (for how long if only present for a portion of a session), and who was notified of what, when, how, and by whom, as needed.

Difference between Consent and Assent

Consent refers to the legal ability of a person to provide permission for treatment. This is a legal term and consent must be obtained by the people with legal authority to do so. Adults usually have the legal ability to consent to their own treatment (unless this ability has been removed by a court of law), and legal parents usually have the ability to legally consent to treatment of their minor (including legally adopted) children. Assent refers to the willingness of a person to participate and may be obtained by people who are not eligible to provide legal consent, such as minor children. While the parents/legal guardians must provide consent for treatment, it is best practice to also review informed consent with minor/differently abled clients, in terms appropriate for their age and/or developmental level, and obtain assent for treatment.

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. Therapy rooms are available on a first-come, first-serve basis using the binder located in the front desk area. 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 erasing his/her name reservation in the binder 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, and after discussing this release with the intern’s supervisor and/or the clinic director, 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
 - “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 website or received the intake form via email and bring them to the session. However, they will still need to arrive a little early to park, come into the clinic to obtain a parking pass, then return to their car to place this on their dashboard to avoid a possible ticket. Advise the client there will still be paperwork to be completed with the therapist intern during the first session (e.g., informed consent, fee setting, etc.).
- 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.
 - “Invite” PIMFT@pfeiffer.edu to the appointment
 - Convert the “CATEGORY” to reflect RED. All scheduled appointments are identified as RED after being confirmed.

- 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 the intern’s Pfeiffer email address ONLY) 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, but is encouraged.

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 3pm on Fridays, and Saturdays 10am to 2pm. Clients should be out of the clinic no later than 9pm M-Th (4 on F, 3 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 south Charlotte area. Depending on their response, please give the client the following directions:

From the North

- Take I-77 South and take the Woodlawn Road exit (6A).
- Continue on Woodlawn Road to Park Road.
- Make a right on Park Road and Pfeiffer University will be on the left at the intersection of Park Road and Mockingbird Lane

From the South

- Take I-77 North and take the Woodlawn Road exit (6A).
- Continue on Woodlawn Road to Park Road. Make a right on Park Road and Pfeiffer University will be on the left at the intersection of Park Road and Mockingbird Lane.

From the East

- Take US-74 West
- Take I-277 South then I-77 South and take the Woodlawn Road exit (6A).
- Continue on Woodlawn Road to Park Road.
- Make a right on Park Road and Pfeiffer University will be on the left at the intersection of Park Road and Mockingbird Lane.

From the West

- Take I-85 North and then I-77 South.
- Take the Woodlawn Road exit (6A).
- Continue on Woodlawn Road to Park Road.
- Make a right on Park Road and Pfeiffer University will be on the left at the intersection of Park Road and Mockingbird Lane.

Free parking is available in the lots next to the campus building, but these do require parking passes. During the first visit, the client will need to park, come into the clinic, obtain a parking pass and return this parking pass to their car's dashboard prior to their first appointment.

We are located at: 1515 Mockingbird Lane Suite 300, Charlotte, NC 28209. Ask client to check in at the front desk upon arrival.

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, and any other days when Pfeiffer University is closed. Weather related closures will be correlated with the local school district closures. 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 well in advance. Generally, absences of longer than a consecutive week, during internship, are not approved. 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

PIMFT does not provide childcare. 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). Any time a PIMFT intern/staff member is observing a child for another intern, this MUST be done on camera at all times. This may be done in the waiting room, or in another therapy room adjacent to the therapy room in which the parents are. Ideally, this would be in a room with a one way mirror, where the parents can see the child but the child cannot see the parents.

Generally, though, PIMFT will NOT accept responsibility/liability for any minor children left unattended by parents. PIMFT staff/interns MAY NOT removed a child from PIMFT for ANY

reason. If a child is under the observation of PIMFT interns/staff while the parents are in session, and needs a drink or to use the restroom, the parent/guardian/person who brought the child to therapy must accompany the child out of the clinic. Parents of children under the age of 12 must remain in the clinic at all times while their child(ren) is receiving therapy, even if the parent is not participating in that session.

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 instruct the client to complete the Fee Reduction Application (APPENDIX BZ) and consult with his or her supervisor and/or 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. The fee for members currently serving in the military and veterans is \$15. Clients requesting the military reduced rate may provide verification of this eligibility by showing a military ID or the military designation on their drivers license.

If, through the course of treatment, a client experiences financial increase or financial difficulties (e.g., job change or medical bills), the client's fee may be re-evaluated. If the client's income has changed, a new Fee Agreement should be completed and a new fee assigned. If the client experienced financial difficulties that make it difficult for s/he to pay the sliding scale fee, the therapist intern will instruct the client to complete the Fee Reduction Application (APPENDIX BZ) and consult with his or her supervisor and/or Clinic Director for approval of the fee reduction. The fee may be reduced for a specified period of time, after which the original fee will be automatically reinstated if a new Fee Reduction Application is not completed. No-shows or late cancellations will not extend the reduced rate, and may actually void any short-term additional fee reductions. A client's file may be closed after multiple no-shows or late cancellations. No client will be denied services due to inability to pay.

Clients will be informed that the initial session will be \$30 (exception: university students and current military members or veterans); 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 "PIMFT." 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 cabinet in the front desk reception area. 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).

To assist with file management, the therapist intern will also add a File Closure label to the front of the file (Appendix BX). This label will include the session constellation (i.e.: I = Individual, C = Couple, F = Family, G = Group), the date of the last session, whether there were children (18 years or younger) in session, and the date of file destruction. The date of file destruction is determined as 7 years after the final session or last case activity for adult clients or 7 years past the date of consent (18 years of age) for minor clients. If a case is closed and then the client returns within a few weeks with the same intern, the same file may be used for that client and the label on the front of the file is covered with a new File Closure label with updated information. Otherwise, a new file is created (this is the default policy).

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 with written permission of the clinic director.

In the case of Field Placement sites where the sessions are recorded with portable camcorders, the therapist interns 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 therapist

interns' responsibility to supply recording materials (e.g., camcorder, DVDs, tapes) if he/she chooses to work at a Field Placement site where they will be recording. Therapist interns 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. This includes downloading clinical documentation to personal devices so as to complete clinical documentation at a location other than the clinic (this is a violation of HIPAA, and possible confidentiality). 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. Additionally, in January, the front desk will ask all clients to complete a client update form (see appendices), which the intern will then review and place in the client's file on the left. It is the therapist's responsibility to ensure that the client's contact information is updated in the Outlook Calendar, and ensure that the client completes an update form each year, and as needed throughout.

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), placed in the supervisor's file for review, and then secured in the case record once the supervisor has signed off on the document. The Clinical Supervisor is responsible for monitoring assigned intern's 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. The Clinical Supervisor, Clinical Coordinator, and/or Clinic Director will review client files throughout the semester, and provide written feedback to the intern/supervisor. These forms should be signed, corrections made as needed, and then filed in the client file (on the right).

It is not unusual for clients to return to services months or years after initial treatment. When a client whose file has been terminated calls to begin therapy again, the original file will be retrieved for the new clinician's review, and while closed, may still be kept in the current therapist intern's file jacket. However, unless the client is returning to the same therapist intern previously seen, a new client file will be created. Note that if the same client attends therapy in more than one modality, the files from different treatment modalities are NOT combined. For example, if a client comes to therapy for individual therapy and then couple's therapy, the individual therapy file is kept separate from the couples therapy file. Once the file Termination Form (Appendix AH) has been signed, all new intake paperwork must be completed to re-open the file, including a new File Closure label on

the front of the file indicating the updated date for the file to be destroyed (Appendix BX). All components of the file are maintained for seven (7) years after the final session for adult clients and for clients involving minors, the file will be maintained for seven (7) years after the youngest client reaches age of consent (typically 18 years of age). 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. For example, progress notes must be completed and in the clinical supervisor's file within 72 hours of the session, treatment plans should be created after the third session and turned in for supervisor's review with the third progress note. (Note that in practice post-graduation, this timeline is often 24 hours; it is helpful to form good habits now.)

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. Regardless of date of completion, all documentation must be signed and dated in ink, using the date of which the intern (and supervisor) are signing the form. Backdating (using a date prior to the date of creating/signing the document) is fraud and grounds for dismissal from the clinic. 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/not completed in a timely manner 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. For interns planning to graduate the clinic, all client files must be up to date and either transferred or closed prior to receiving the final report of hours required for graduation. The clinic director and/or the clinical coordinator will sign review and sign off on this.

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 will be audio and video recorded for training purposes. It is not an option to turn off the camera and/or audio recording for any therapeutic sessions.

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. Clients who do not wish to be recorded should be referred to services elsewhere.

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 clinic director and/or clinical coordinator.

Therapist interns will record each therapy session in its entirety for supervision purposes. Locate the Milestone Recording Software: Instruction Manual for PIMFT for recording, playback, and downloading instructions. The Manual is located on the shared drive, and a paper copy is in the front desk area of the clinic.

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. Remember that these recordings may ONLY be downloaded to the intern's folder of the shared drive, and may NOT be downloaded on a personal device and/or shared via any means such that the videos may be taken outside of the clinic, without the clinic director's written permission.

If a therapist intern provides therapy sessions outside of PIMFT (i.e., Field Placement site), s/he 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 (required in writing). 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 three 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 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, and that the intern may leave the session to obtain feedback from the reflecting team and/or persons from the reflecting team may join the client session.

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. All information released from PIMFT must be reviewed/approved by the clinic director prior to any release.

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, and this must be provided in person. The therapist intern should note this on the authorization form and include an explanation in the file documentation. Any physical information released must be reviewed and approved by the clinic director and clinical supervisor, prior to release. Any verbal information released must be discussed and approved by at minimum the clinical supervisor, prior to release.

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. Any fees required by the informed consent in the client's file (signed by the client) must be paid prior to the release of any documents.

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 therapist intern 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 must be documented using the Other Provider Contact Note (Appendix AF). It is imperative to be clear about whether the Release allows PIMFT/the therapist intern to PROVIDE information about the client or to only RECEIVE information about the client when speaking with other professionals. Review the release with a supervisor or clinic director for clarification as needed.

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 must be documented using the Other Provider Contact Note (Appendix AF). All information about a client that is to be released is reviewed by the Clinic Director before it is released to outside agency.

Fee for Requested Records

Beginning January 1, 2020, when a request for records exceeds 5 pages, the request will be charged at a rate of \$1.00 per page. The charge for this fee will usually be assessed to the client. At times, the agency requesting records may be charged instead of the client (e.g., Disability Services offices or a lawyer).

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 having the collaborator sign the Collaborator Informed Consent, and then proceeding with client information. Note, all sessions must be recorded. 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. Place the Collaborator Informed Consent into the file, on the left side. Each file will need one collaborator informed consent, for each and every collaborator.

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.

If the session focus changes so that the collaborators are part of the treatment process, then the case needs to be changed in constellation to a new therapy constellation that includes the new person as part of the client system. The therapist intern should discuss this with his or her supervisor and make an appropriate decision as to whether a new file needs to be created and if a new therapist needs to be assigned to the client system. If a collaborator attends more than two (2) sessions, the therapist intern should (re)consider the modality of therapy.

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.

Multiple family members may be in therapy with different therapists. When this occurs, it may not be appropriate for the therapist interns working with family members in separate cases to discuss client information in the office or in supervision as client information may be disclosed from one client that can impact the therapy with a different client without the client's knowledge. When family members know that each other are in therapy, therapist interns may ask to obtain a release of information from their clients so they may discuss the cases in depth. However, the updated informed consent does allow for discussions between multiple therapists who are working with different part of a family system. Discretion should be used, though, and discussions about individuals other than one's own client, with other therapists working with other members of the

client system should be limited to the supervision room. Therapist interns should discuss these situations with their supervisors to determine the appropriate level of disclosure between therapist interns.

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 and possibly the clinic director. 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 CLINIC DIRECTOR 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, after it is signed by the clinical supervisor. 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 seven (7) years with the exception of minor clients. In cases of minor clients, case files will be destroyed seven (7) 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 for archiving. We generally retain these forms for six months, before they are shredded.

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 supervisor and the therapist intern taking the case will review the file prior to signing and will request any file corrections be made by the previous therapist intern prior to transferring the case. 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 of the Case Transfer Form (Appendix AI) must be placed on top of the case note section in the case file and the file itself given to the new therapist.

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 their supervisor and/or the clinic director any available therapist intern for transfer sessions. In general, the therapist interns will plan 1-3 transfer sessions, based on the needs of the client. 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. Client files must be updated and all documentation current prior to time of transfer.

Accepting a Transfer Client

Upon receiving the file of a transfer client, the therapist intern taking the case will begin a new file with that client's information. The therapist intern will follow these instructions for creating a new file:

1. LABEL
 - a. Update the label on the previous file so that the client number now includes your TI number to the left of the previous client number. For example for TI #58, "Smith, L. 39-23" would change to "Smith, L. 58-39-23."
 - b. Print the label twice and start a new file with the same label.
 - c. On the previous file, create a label that says "File 1 of 2." Put this on the front of the file. Create a label that says "File 2 of 2" and put this on the front of your new file. *(Note: If the file already has multiple folders, you will need to update labels on all files appropriately. If these are archived, ask the front desk team to help you find them.)*
2. FORMS TO CARRY OVER
 - a. From the right side of the previous file, copy the Transfer Form and Treatment Plan. Write "COPY" on the forms. File them on the right in the new file. The Transfer Form goes on the very bottom and the Treatment Plan goes under the SRS/ORS graph.
 - b. From the left side of the previous file, copy the Client Intake forms, Research Participation Form, and Fee Agreement Form. Also copy any ROIs that are current and any other forms that may be needed, for example, copy custody forms. Write "COPY" on all copies and file according to the typical file order.
 - i. *(Note: Please copy in black and white and on both sides as much as possible to reduce costs.)*
 - ii. *(Note: If the client has been seen for more than 9 months, you may opt to have the client complete all new forms. In this situation, you would not need to copy the previous forms.)*
 - c. If there is a balance owed from the previous file, this will be on the Client Contact and Payment Log. Copy this amount to the top row of the new Client Contact and Payment Log and describe it as "Balance carried forward at transfer."
3. DO WITH ALL TRANSFER CLIENTS
 - a. When you meet with the client, complete the following forms:

- i. Informed Consent
- ii. Client Update form if needed
- iii. Client Satisfaction Survey (Parts I and II)
- iv. Any other intake forms that need to be updated (e.g., Fee Agreement)

Managing Client No shows, Cancellations, and Late Arrivals

No Shows and 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. As per the client handbook, if a client no shows for their session, the session time may not be held for that client. Also, if a client cancels their scheduled session two weeks in a row, that time may not be held for that client. This is up to the therapist, as the therapist may need to place other clients in these time spots so as to obtain the required client contact hours. If a client is going to “lose” their expected time slot, the therapist intern should inform the client of this immediately.

If a client fails to appear for an initial session, or otherwise indicates s/he is no longer interested in attending therapy, any and all contact with the client should be documented on the Phone Intake Record (Appendix X), and the form should then be returned to the Front Desk Staff in order for the therapist intern’s card to be placed at the top of the rotation. The front desk staff will contact the client to verify the level of engagement in the therapeutic process and reschedule, if appropriate. All attempts to contact client(s) before the initial session must be documented on the Phone Intake Record (Appendix X).

Established clients (i.e., three or more sessions) should be considered to have terminated therapy when they fail to make two scheduled appointments without notifying their therapist intern. The therapist intern must make attempts to contact the client: 1) by phone, and 2) by letter/email if appropriate (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, including phone calls, must be documented in the case file. Any letter/email sent must also be printed and placed on the right side of the file prior to closing the file. All files for clients who do not communicate with the clinic for 30 days will be closed.

Late Arrivals

If a client arrives more than 15 minutes late for a session, the client will be asked to reschedule. It is the therapist intern’s responsibility to have this discussion with the client. The front desk staff will direct the client to discuss the late arrival with the therapist intern and will avoid engaging in this conversation with the client to the degree possible. The therapist intern will decide if the client will be required to pay the missed session fee, communicate this to the client, and to update the calendar to reflect any fees due. The therapist intern will document the late arrival and fee decision on the Client Contact and Payment Log (Appendix Y).

Generally speaking, if a client is more than 15 minutes late, the client will need to reschedule. However, under some circumstances, it would be acceptable to conduct a shortened session with a late client, provided the client is not more than 30 minutes late. IF a therapist intern decides to allow a client to have a shortened session after being late, 1) the intern MUST end the session on time, and 2) the intern MUST discuss this session with the supervisor, with a focus on why the intern allowed or denied a shortened session to the late client. Generally speaking, it is appropriate to allow a client to have a shortened session the first time they are late. However, if being late is a pattern, then it would be better for the therapist intern to enforce boundaries and have the late client reschedule.

Anytime a client is asked to reschedule their appointment due to being late, the intern should bring the client(s) to a therapy room, remind the client of the scheduled appointment time and the late policy, inquire as to why the client was late, and determine if the client will need to pay the fee for the session. The therapist intern will determine if a shortened session can be held. If the client is more than 30 minutes late, and or the intern determines it is not appropriate to conduct a shortened session with this client, the intern will then let the client know if they will need to pay the fee (therapist discretion as to why the client was late, how often it happens, etc.), and confirm the next scheduled session time. This conversation should take no more than ten minutes. The intern would then walk the client out to the waiting room, and update their appointment calendar accordingly.

It is not the front desk staff member's responsibility to have this discussion with clients, nor should these conversations be had in the waiting room or a hallway.

Therapist interns are expected to wait 30 minutes for a client. After waiting 30 minutes for a client, the therapist intern may leave the clinic. If the client arrives after 30 minutes and the therapist intern has left, the front desk staff member will attempt to reschedule the client and will instruct the client to direct all client questions to the therapist intern at the next scheduled appointment.

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 within one month of receiving the report. Interns are strongly encouraged to make a copy of all signed MCRS prior to turning these into the clinic director (for their own records). It is best practice while at PIMFT and after for therapists to maintain copies of all forms related to licensure, including hours reports/MCSRs.

Monthly Clinical Service Report (MCSR) (Appendix T)

Therapist interns are to use the electronic form provided by the clinic and are strongly encouraged to 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. However, it is inappropriate for one supervisor to sign off on hours for which they were not responsible. For example, if in August, you have two supervisors due to a break in the semesters, the therapist intern will need to create two different copies of the MCSR, separating the hours each supervisor would be responsible for.

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 therapist intern must make a copy of the report for him/herself, giving the original to the Clinic Director for processing no later than the 10th of the following month (e.g., March MCSR due no later than April 10). The Clinic Director will review and sign the form and return it to the therapist intern, if requested. (The therapist intern may make a copy for his/her own records.) The Front Desk Administrative Staff/GA will enter the hours into a computer database and file the original in the student intern's file, located in the clinic director's office. 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 therapist intern plans to graduate at the end of a semester, the therapist interns' 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, therapist interns will also complete a Monthly Documentation of Clinic Hours (Appendix AL) form each month. This form will be used to track each therapist interns' scheduled client hours, as well as hours spent at desk duty and/or marketing the clinic. During the first semester, therapist interns 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, unless this requirement is waived by the clinic director. Each week, therapist interns 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, even if the clients are not scheduled during the therapist intern's absence. 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 therapist interns 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.

Attendance Policy for MMFT 690: Group and Individual Supervision

Rationale and Explanation: Under COAMFTE, traditional classroom education and clinical education are treated slightly differently. Each of these are treated as semester hours (for our program; quarter hours for some programs), and require a certain amount of time in the seat (i.e., clock hours). Based upon these hour requirements, most of our classes allow for up to three absences a semester. This means that a student could miss up to three classes, and still meet the seat/clock hour requirements for COAMFTE. Of course, missing classes impacts a student's learning, so fewer absences is always ideal, and three absences will be reflected in a student's grade.

However, there is a significant difference in regards to clinical training. In addition to these semester hours that are required (which translate into seat hours, and would still allow for up to 3 absences and still meet the COAMFTE seat hour requirement for the "class" portion of these requirements), there is also a requirement for supervision in relation to client contact hours. Specifically, COAMFTE requires that each week that a student intern sees clients, the intern must receive at least one hour of supervision by an AAMFT Approved Supervisor/Candidate (Key Element IV-C in COAMFTE Standards Version 12), and failure to receive this one hour/week of supervision would mean that an intern cannot count their client contact hours from the week in which they missed supervision. In other words, if an intern sees clients on Monday, but is sick on Thursday when they normally would attend supervision, the intern may not count ANY client contact hours for that week. So while a student is allowed three absences from "class" these do not transfer to absences from a minimum of one hour/week of supervision.

Therefore, the program and clinic have established the following policy regarding absences for MMFT 690.

The policy regarding missing 15 minutes or more of a class period will still be used to determine absences. Students may still miss up to three classes, in accord with the program's general attendance policy. However, missing all three hours of supervision any given week may affect the student's ability to count ANY client contact hours (at the clinic AND at an externship site).

Students are allowed one "free" absence. The student still needs to notify the supervisor that they will be absent, but they do not need to provide an excuse for the absence. The student will not be required to attempt to "make up" the missed supervision that week, and may still count any client contact hours obtained that week.

Any subsequent absences (i.e., the second or third absence) will either be made up (if there is an opportunity present; understand it is not the supervisor's responsibility to make times available for an intern who missed scheduled supervision), or requires the clinic director's approval for the intern to be allowed to count client contact hours during the week that the intern missed supervision. Any intern who fails to receive at least one hour of supervision in a given week, for a second or third time in a semester, must still notify their direct supervisor of the absence. They must also 1) notify the clinic director of the second or third absence (via email), and 2) set up a time to meet with the clinic director and explain the second or third absence to determine if the intern will be allowed to

count client contact hours from the weeks in which the intern missed obtaining an hour of supervision. The clinic director is the only person who can authorize an intern to count client contact hours (beyond the first “free” absence) if the intern does not receive an hour of supervision in a given week.

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 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, or via email before. 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 PIMFT

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, and must be completed in person. Even if this form is emailed to the client prior to their session (for their review), and the client signed the form prior to the session, a new form must be signed in person and the therapist intern must then sign as witness. This document must be reviewed with all members of the therapy session, and must be signed by all members before the session progresses. 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. Review of this form should then be included in the narrative section (SOAP note) of the progress note.

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), as well as the date the client declined, to indicate that the client declined rather than create confusion regarding whether the form was overlooked. This form should then be filed on left side of the client's file.

Fee Agreement

New clients will pay the full \$30 for the intake session (exception: university students, current military members and veterans). 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 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, and a Release of Information will likely be required from the client for billing purposes only. Fees will be collected by the Front Desk

Administrative Staff/GA/Desk duty attendant at the front desk at time of client check-in. At no time may a therapist intern authorize free sessions to any client.

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). All parties, including the therapist intern, should then sign and date all sections of this form, and the form is to be placed on the left side of the client's file.

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), however if the minor client is able to write, they should also complete their own intake form. 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 (SI) or homicidal (HI) thoughts, the therapist should assess the lethality of the thoughts by asking the client if they have had prior suicide/homicide 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. The therapist intern should also consult with the supervisor on call prior to the client leaving, if the client indicates any form of plan, intent, or high impulsivity. If the client does not report a plan, intent, or high impulsivity, and can contract for safety, the client may be allowed to leave the clinic, with a copy of the living Safely Plan. For new clients, the clinic director and the therapist's clinical supervisor should be notified immediately (document this on the Risk Assessment form). For clients with ongoing SI/HI, only the supervisor needs to be notified, unless the client's risk level changes. All first semester interns are strongly encouraged to consult with the on call supervisor for any SI/HI reported by intake clients, and all other clients as needed, BEFORE the client leaves the clinic.

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, and many of our forms require the client to sign the form in front of a witness (e.g., you, the therapist intern) who then signs the form indicating that the witness SAW the client sign the form. Signing a legal document, as a witness, when you did not actually see the client sign the form is fraud (at minimum).

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. PIMFT obtains written feedback in several ways. Each and every form in a client's file should include the date of the session in which the document was used/created, as well as the client's ID number.

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 write the measure of each mark next to each line. 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 SRS/ORS graph form has space for 10 ORS results. Once the graph form is filled, the therapist intern will insert another graph form into the file and continue documenting the results on the graph form, indicating session numbers clearly. 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 therapist intern will write the measure of each mark next to each line. The SRS/ORS graph form has space for 10 ORS results. Once the graph form is filled, the therapist intern will insert another graph form into the file and continue documenting the results on the graph form, indicating session numbers clearly. 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. These forms are then either given to the front desk attendant or placed in the appropriate box (in PIMFT this box is on the cabinet near the front entrance door).

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; initials or first names of relevant people may be included but never use full/last names in a client's file unless directed to do so by the clinic director). 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 (and other forms such as progress notes, when appropriate) 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/blank areas. 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/or after consultation with your clinical supervisor, and shred the notes page when done.

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. If information is gathered and added to the form after the first session (the form is designed so as to guide the first 2-3 sessions), it is best practice for the therapist intern to initial and date any updated sections of the form.

Treatment Plan

A treatment plan guides the therapist intern and client through the process of effective therapy. An example of how treatment plans are to be written is available on Blackboard, as are several video resources. The treatment plan begins with the presenting problem and main goals of therapy, which are often the same as in the psychosocial history form and are written in a specific format which must include the treatment modality. The treatment plan also includes sub-goals, written using the SMART goal format, 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, 2-3 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, may include development of rapport and alliance, and should connect clearly to both the model identified and the presenting issues of the client.

Treatment plans are typically developed in collaboration with the client or client system and will require the signature of the client. Treatment plans, including the diagnoses, should be created with this in mind. Treatment Plans (Appendix BF) must be completed for each client unit before the fourth session and submitted to the therapist intern's supervisor for review. Once the treatment plan is signed by the supervisor, the therapist intern will then present the treatment plan to the client, review, answer questions, and obtain the client's signature. Once all signatures have been obtained, the therapist intern will then file the treatment plan in the client's file, on the left hand side. 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, according to how the treatment plan is written, and best practice is to complete reviews approximately quarterly (i.e., 9-12 sessions, if not more often). 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 via the same process as new treatment plans.

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. Examples of well written progress notes are available on Blackboard. Progress notes must be written legibly, preferably typed. Accurate, complete, and up-to-date progress notes are absolutely essential to protect the liability of PIMFT in case of legal involvement, which requires up to date progress notes in a client file. 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 or typed.
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. 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.
6. 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.
7. Print the documents. Sign your first and last name in blue or black ink, and date (with the date you are signing the form, not the date of the session).

8. Progress notes should be reviewed by your clinical supervisor, and approved, prior to being filed in the client's file.
9. Bring progress note to individual supervision for review and supervisor signature, or place the documents into your supervisor's file.
10. Once approved and signed by the supervisor, place all progress notes on the right hand side of the client's file with the most recent case note on the top, above the SRS/ORS or any other documents used/created in the session.
11. Do not use client names, or anyone else's name (e.g. coworker) 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).
12. Refer to yourself as Therapist Intern (TI).
13. In the narrative section of the progress note:
 - a. Use the SOAP note format
 - b. 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, and ideally related to the stated client goals.
 - c. Note any major changes since last session.
 - d. Note any change in mood or affect during session.
 - e. If you used scaling questions to track client's goals/symptomology be sure to ask the client what their number is for the week, and include this in each progress note. (If the client reported depression at a level of 7 at intake, and would like to be at a 3 as a goal, each week, you would ask your client what their level of depression is, and record that in your progress note.)
 - f. Do not include full names or identifying information for any persons other than your client, unless directed to do so by your supervisor
14. 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). (Be sure to notify your supervisor AND the clinic director if this form is completed, and document this on the form.) 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.

Additional Papers

Forms to Complete at Third Session

According to Tracy Todd (former 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, at times, the therapist intern may use handouts, write safety plans, provide the client with worksheets, or generate other papers during session (e.g., a genogram). Anything given to the client or completed in therapy must be copied and included in the file. The therapist intern will write the client number and date on each page and put these forms on the right side of the file, above the SRS/ORS forms, and below the session progress note.

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, whenever possible. 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. Note, that while this step is best practice, not all clients will be complaint with this request. If a client systems does not want to authorize this coordination of care, simply document that in the progress note, along with the client's reason(s) for not wanting this.

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 (usually 3, documented) 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. After all signatures are obtained, this form is placed in the client’s file, on the left, on top of the last progress note from the therapist who is transferring the client. NOTE: Generally speaking, it is not therapeutic for a client to attend therapy weekly for years on end. Clients who have been attending sessions at PIMFT for a year or more MUST be reviewed with the Clinic Director, prior to that client being transferred to another therapist. The client will also need distinct, clear goals that they wish to work on with this new therapist.

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.” The therapist intern will need to coordinate with the front desk staff to ensure this information (specifically the fee related information) in the file, and the clinician’s calendar, are accurate and up to date.

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.

Destruction of old files

Files of terminated clients will be destroyed in compliance with local and national laws and ethical codes. Terminated files of adult clients will be destroyed seven (7) years after the last date of the final service date or termination. Terminated files which included a minor will be destroyed seven (7) years after the youngest client turns 18 or after the age of consent, whichever is later. The time of storage is in compliance with AAMFT standards of ethical practice and HIPAA. To accurately identify files which may be destroyed, the therapist intern will note the date which the file may be terminated on the File Closure label placed on the front of a file when a case is opened (Appendix BX).

Group Processes and Forms

Workshops can be a good way to supplement clinical contact hours; up to 250 of the *total* LMFT licensure hours in North Carolina 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. North Carolina's Marriage and Family Therapy Licensure Board requires psychoeducation to be tracked as a separate category of clinical experience. Please refer to the definition of psychoeducation provided previously in this Manual. 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 are required to be involved with the process of offering psychoeducation or process groups through PIMFT each semester (see MMFT 690 syllabus for more information). 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 for any PIMFT staff/intern 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, however the client should also be reminded that we do not provide emergency services (as we may not be able to reach the client's intern right away) and the client should be provided with other emergency services (such as going to the nearest Emergency room and hotline numbers). 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 in any way (e.g., personal vehicle, Uber, etc.).

Clinical Emergencies

If a crisis develops in the course of a therapy session, the therapist intern should contact their supervisor, if available, or the on call supervisor, and/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) immediately. All therapist interns should be familiar with the emergency procedures outlined in the manual. If needed, the therapist intern may step out of the session, identify someone else in the clinic who can find/get either a supervisor or call 911—even if this means getting another intern out of an ongoing session (as a last resort).

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 s/he 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, including members of PIMFT

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 (the on-call supervisor)
 - c. PIMFT Clinic Director
 - d. Front desk staff/another intern in the clinic
 - e. Law enforcement (911 – emergency, 704-336-7600 (or 311)– CMPD non-emergency)

Incidents

“Incidents” at the clinic refer to any event that could put the physical health of any person at the clinic at risk. This could include, but is not limited to, physical building problems that create danger, physical altercations, and threats made to people in the building, or weather in which a person is injured. Every incident must be reported to the Clinic Director and also to the therapist intern’s supervisor if the incident involves a client. The supervisor and/or Clinic Director may request a meeting with some or all parties involved, as well as documentation about the event beyond that which would go into a progress note.

Depending on the nature of the incident, additional reporting may be required. This may include calling local police or reporting the incident to Pfeiffer University Title IX officer or police for investigation and tracking purposes. Consult with the Clinic Director regarding which additional reports may need to be completed. Note that these may have varying deadlines that require immediate attention.

Incident Reporting Procedures

Any incident of violence at the clinic must be reported to the Clinic Director with a narrative of the incident by the end of the business day using the Incident Report Form (Appendix BY). Additional documentation may be required by the Clinic Director.

A Risk and Safety Assessment form (Appendix AT) will be used if the client's safety is a concern. If this is used, this is filed in the client's file.

Safety Risk to Therapist

The therapist intern must determine if there is an immediate risk of violence in the room or of the client(s) leaving PIMFT. If there is concern about intimate partner violence, separate the clients into different 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 Clinical Coordinator/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 may contact the supervisor on call and/or their clinical supervisor to process the situation. The therapist intern should also contact his or her supervisor immediately (if they have not already done so), 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 a supervisor at once to help make the determination. This should be the on call supervisor if the client system in question is still in the clinic. If the client system is already gone, then the supervisor on call or the intern's clinical supervisor should be consulted. The inter will need to document who was consulted, when, and how.

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, however it is often most helpful if the client reports the incident(s) themselves.
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 (or the CMP non-emergency number at 704-336-7600) and tell the 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,” or that the minor will be at risk immediately if they leave the clinic, 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(s) in case note, as well the name of the person with whom you spoke.
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 (or ask someone else in the clinic to call) law enforcement (911) immediately, 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 immediately (911).
7. Carefully document interaction with client and the steps that were taken to ensure everyone's safety.
8. Notify clinical supervisor and clinic director.

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). All first semester interns should consult the on call supervisor for guidance in this process. The intern will also need to notify their own supervisor and the clinic director after the fact.

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 704-336-7600) 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 or pay for other types of transportation—only EMS/LE services may transport clients.**
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 704-336-7600) 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 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:

Client lives in Wake County	Client lives in Mecklenburg County
Wake Crisis and Assessment Services	Crisys Mobile Team
107 Sunnybrook Road, Raleigh	704-566-3410

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 the mobile crisis line or (800) 510-9132.

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 the 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 Clinical Supervisor and 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, 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 CMP nonemergency number (704-336-7600) 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. In general, the student intern's responsibility is to ensure safety of self, then other students and clients.

Emergency Procedures

This brief statement is designed to provide personnel at PIMFT with a concise plan of action for basic emergencies. In the event of any type of emergency, call 911. This is the best way to alert

emergency personnel and get the proper response to the situation. Please remember you must dial “9” on all office phones to connect with an outside line. Thus, you will dial 9-911, or 704-336-7600.

Event Type: PHYSICAL THREAT/ACTIVE SHOOTER

In this type of event, an alert will be issued. If the event is not in your building, you may be instructed to remain where you are and secure that location. This procedure is known as Shelter in Place.

GET OUT

If the event is in your building, exit the building (see the Building Floor Plan) and seek a secure location if it is safe to do so.

HIDE OUT

If the event is in your building and you cannot safely leave the building, go to a secure room and lock and barricade the door (see Building Floor Plan). Turn out the lights and remain quiet; do not draw interest from the subject. Session rooms cannot be locked; rooms that can be locked are:

- Clinic Director’s office
- Administrative Assistant’s office
- Intern workroom

If these rooms are not available, go into a session room, barricade the door, stay hidden and quiet. Try to avoid session rooms with one-way mirrors.

CALL OUT

If it is safe to do so, call 911 and give them as much information as you can about the situation.

STRIKE OUT

If an assailant is able to get into your room or area, do not be passive! Do anything to disrupt the assailant: throw objects, chairs, books, laptops. This is a last resort! If you cannot escape, do not be passive about protecting yourself and others.

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 MFT Program Director and the PIMFT 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, and sent out to interns via emails. 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.

List of Appendices

APPENDIX A:	Intern Checklist
APPENDIX B:	MMFT 690: Supervision Contract for Therapist Interns
APPENDIX C:	Confidentiality Agreement
APPENDIX D:	Application for Internship Candidacy
APPENDIX E:	Professional Fitness Evaluation
APPENDIX F:	Therapist Intern Agreement Form
APPENDIX G:	MMFT690: PMFTPs
APPENDIX H:	Professional Fitness Evaluation
APPENDIX I:	Observed Clinical Skills Assessment (OCSA)
APPENDIX J:	Clinical Performance Assessment (CPA)
APPENDIX K:	Servant Leadership Self-Assessment
APPENDIX L:	Servant Leadership Profile Response Sheet
APPENDIX M:	Office Performance Self-Evaluation
APPENDIX N:	Verbal Training Tracking Form
APPENDIX O:	Final Report of Internship—Client Contact and Supervision Hours
APPENDIX P:	Intern Self-Evaluation
APPENDIX Q:	Summary of Field Placement Requirements
APPENDIX R:	Field Placement Site Supervision Agreement
APPENDIX S:	Field Placement Supervisor Application
APPENDIX T:	Monthly Clinical Service Report (MCSR)
APPENDIX U:	Written Correction
APPENDIX V:	<i>n/a</i>
APPENDIX W:	Field Placement Site Evaluation
APPENDIX X:	Phone Intake Record
APPENDIX Y:	Client Contact and Payment Log
APPENDIX Z:	Permission to Treat Minors
APPENDIX AA:	Authorization for Release of Client Records
APPENDIX AB:	Vacation/Leave of Absence Form
APPENDIX AC:	Fee Schedule
APPENDIX AD:	Fee Agreement Form
APPENDIX AE:	Progress Note
APPENDIX AF:	Other Provider Contact Note
APPENDIX AG:	Collaborator Informed Consent
APPENDIX AH:	Case Termination Form
APPENDIX AI:	Case Transfer Form
APPENDIX AJ:	Transfer Case Grid
APPENDIX AK:	Sample Letter to Client
APPENDIX AL:	Monthly Documentation of Clinic Hours
APPENDIX AM:	Case Assignment Suspension Request
APPENDIX AN:	Client Handbook
APPENDIX AO:	Notice of Privacy Practices
APPENDIX AP:	Informed Consent for Therapy Services
APPENDIX AQ:	Research Participant Consent Form
APPENDIX AR:	Adult Intake Packet

APPENDIX AS:	Child Intake Packet
APPENDIX AT:	Risk and Safety Assessment Form
APPENDIX AU:	Suicide Assessment Flowchart
APPENDIX AV:	Living Safely Plan
APPENDIX AW:	Outcome Rating Scale (ORS)
APPENDIX AX:	Child Outcome Rating Scale (CORS)
APPENDIX AY:	ORS/SRS Graph
APPENDIX AZ:	Session Rating Scale (SRS)
APPENDIX BA:	Child Session Rating Scale (CSRS)
APPENDIX BB:	Client Satisfaction Survey, Part I
APPENDIX BC:	Client Satisfaction Survey (child), Part I
APPENDIX BD:	Client Satisfaction Survey, Part II
APPENDIX BE:	Client Satisfaction Survey (child), Part II
APPENDIX BF:	Treatment Plan
APPENDIX BG:	Provider Contact Information
APPENDIX BH:	Care Coordination Form
APPENDIX BI:	Case Review Form
APPENDIX BJ:	Group or Workshop Informed Consent
APPENDIX BK:	Group or Workshop Attendance Log for Each Group Session
APPENDIX BL:	Group or Workshop Progress Note
APPENDIX BM:	Group or Workshop Evaluation
APPENDIX BN:	No Violence Contract
APPENDIX BO:	Contract of Violence Prevention--Partners
APPENDIX BP:	Personal Safety Plan
APPENDIX BQ:	Emergency Procedures
APPENDIX BR:	Photo/Video/Audio Recording Release
APPENDIX BT:	Clinical Competencies Assessment
APPENDIX BU:	Monthly Supervision Snapshot: Pfeiffer Clinic
APPENDIX BV:	Monthly Supervision Snapshot: Field Site
APPENDIX BW:	External Site Evaluation
APPENDIX BX:	File Closure Label
APPENDIX BY:	Incident Report Form
APPENDIX BZ:	Fee Reduction or Fee Waiver Application

Alphabetical List of Appendices by Document Title

Adult Intake Packet	APPENDIX AR
Application for Internship Candidacy	APPENDIX D
Authorization for Release of Client Records	APPENDIX AA
Care Coordination Form	APPENDIX BH
Case Assignment Suspension Request	APPENDIX AM
Case Review Form	APPENDIX BI
Case Termination Form	APPENDIX AH
Case Transfer Form	APPENDIX AI
Child Intake Packet	APPENDIX AS
Child Outcome Rating Scale (CORS)	APPENDIX AX
Child Session Rating Scale (CSRS)	APPENDIX BA
Client Contact and Payment Log	APPENDIX Y
Client Handbook	APPENDIX AN
Client Satisfaction Survey (child), Part I	APPENDIX BC
Client Satisfaction Survey (child), Part II	APPENDIX BE
Client Satisfaction Survey, Part I	APPENDIX BB
Client Satisfaction Survey, Part II	APPENDIX BD
Clinical Competencies Assessment	APPENDIX BT
Clinical Performance Evaluation (CPE)	APPENDIX J
Collaborator Informed Consent	APPENDIX AG
Contract of Violence Prevention--Partners	APPENDIX BO
Emergency Procedures	APPENDIX BQ
External Site Evaluation	APPENDIX BW
Fee Agreement Form	APPENDIX AD
Fee Reduction Application	APPENDIX BZ
Fee Schedule	APPENDIX AC
Field Placement Site Evaluation	APPENDIX W
Field Placement Site Supervision Agreement	APPENDIX R
Field Placement Supervisor Application	APPENDIX S
File Closure Label	APPENDIX BX
Final Report of Internship—Client Contact and Supervision Hours	APPENDIX O
Group or Workshop Attendance Log for Each Group Session	APPENDIX BK
Group or Workshop Evaluation	APPENDIX BM
Group or Workshop Informed Consent	APPENDIX BJ
Group or Workshop Progress Note	APPENDIX BL
Incident Report Form	APPENDIX BY
Informed Consent for Therapy Services	APPENDIX AP
Confidentiality Agreement	APPENDIX C

Intern Checklist	APPENDIX A
Intern Self-Evaluation	APPENDIX P
Live Observation Assessment	APPENDIX I
Living Safely Plan	APPENDIX AV
MMFT 690: Supervision Contract for Therapist Interns	APPENDIX B
MMFT690: MFT Competencies	APPENDIX G
Monthly Clinical Service Report (MCSR)	APPENDIX T
Monthly Documentation of Clinic Hours	APPENDIX AL
Monthly Supervision Snapshot: Field Site	APPENDIX BV
Monthly Supervision Snapshot: Pfeiffer Clinic	APPENDIX BU
No Violence Contract	APPENDIX BN
Notice of Privacy Practices	APPENDIX AO
Office Performance Self-Evaluation	APPENDIX M
ORS/SRS Graph	APPENDIX AY
Other Provider Contact Note	APPENDIX AF
Outcome Rating Scale (ORS)	APPENDIX AW
Permission to Treat Minors	APPENDIX Z
Personal Safety Plan	APPENDIX BP
Phone Intake Record	APPENDIX X
Photo/Video/Audio Recording Release	APPENDIX BR
Professional Fitness Evaluation	APPENDIX E
Professional Fitness Evaluation	APPENDIX H
Progress Note	APPENDIX AE
Provider Contact Information	APPENDIX BG
Research Participant Consent Form	APPENDIX AQ
Risk and Safety Assessment Form	APPENDIX AT
Sample Letter to Client	APPENDIX AK
Servant Leadership Profile Response Sheet	APPENDIX L
Servant Leadership Self-Assessment	APPENDIX K
Session Rating Scale (SRS)	APPENDIX AZ
Suicide Assessment Flowchart	APPENDIX AU
Summary of Field Placement Requirements	APPENDIX Q
Therapist Intern Agreement Form	APPENDIX F
Transfer Case Grid	APPENDIX AJ
Treatment Plan	APPENDIX BF
Vacation/Leave of Absence Form	APPENDIX AB
Verbal Training Tracking Form	APPENDIX N
Written Correction	APPENDIX U