2023

COUPLE & FAMILY THERAPY CENTER

POLICY & PROCEDURE MANUAL

Welcome!

This is a very exciting time in your clinical training. This Policy & Procedure Manual is the culmination of many years of work from the original Clinic Director of the Purdue University [Calumet] Northwest [Marriage] Couple and Family Therapy Program - Dr. Lorna Hecker, who served in this capacity from 1993-2017. Additionally, over the years many graduate students, faculty and staff have added their expertise and suggestions to create a well-rounded and easy to navigate document that gives guidance and informs the Clinical Intern on the Policies and Procedures of the Couple and Family Therapy Center. While this manual has undergone extensive revision and editing, it still maintains the essence of the foundation Dr. Lorna Hecker inspired and incorporates the feedback and progress the facility has made in recent years; most notably with transitions to incorporate electronic health records (digital methods of documentation and procedures), and telemental health policies and procedures.

These policies are written to guide your internship experience while at the CFTC. Following the procedures contained herein is a standard part of your course requirements for Practicum and is part of the general requirements for the Couple and Family Therapy Graduate Program. You must read and understand these policies and procedures; failure to follow them may result in program discipline as defined in the CFT program handbook.

As an FYI – this document should be considered 'fluid' – in that over the course of the year it is often updated. These changes will be communicated to you, and you should make every effort to either replace the pages in your copy, include the information in your records – or accept a new copy for use while destroying or omitting the previous (then invalid) copy.

Again, welcome to practicum! Hopefully this document will be helpful for you; I would recommend keeping your copy close by for reference. Please do let me know if you have any questions, or need additional help interpreting one of the guidelines.

Here's to a great year!

-Dr. B

Christopher K. Belous, PhD LMFT
Director of Couple and Family Therapy

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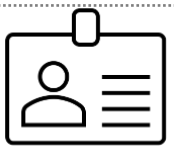
General Information about the CFTC

Therapist Intern – Position Description



Therapist interns provide mental health services to individuals, couples, families, and groups under the supervision of the CFT faculty, whom they meet with weekly in group and individual supervision. Interns must: (1) be enrolled in CFT 67500 Practicum in Couple & Family Therapy, (2) have current membership in AAMFT as a Student Member, and (3) have passed a background check prior to seeing clients (this was most likely completed prior to your arrival on campus, check with Admin Assistant if unsure). Interns are expected to privilege the contextual lived experiences of clients, and respect their diverse backgrounds from an affirmative and supportive perspective. Therapist interns are expected to adhere to all ethical and legal guidelines for the practice of couple and family therapy.

Mission and Purpose of the Couple and Family Therapy Center

The purpose of the Couple and Family Therapy Center (CFTC) is threefold:

(1) To provide quality, effective, clinical mental health services to all members of the community in the Northwest Region of Indiana, and Northeast Region of Illinois
(2) To be a state-of-the-art training facility for students in the Master of Science in Couple and Family Therapy of Purdue University Northwest
(3) To advance the science and practice of the field of Couple and Family Therapy through innovative research and evidence-based, research-informed practice.

As a center, we privilege the contextual components of the human experience, and are a supportive and affirmative environment that abhors discrimination, oppression, or repression in any form. As an extension of the graduate program in Couple and Family Therapy, we adhere to the diversity statement affirmed and ratified by the faculty and students – listed on pg. 4 of the student handbook.

Mission Statement

As a community based and social justice focused training agency for systemic mental health providers, the Couple and Family Therapy Center is a leader in providing quality, competent services to those who need it most.

Contact Information

Addresses

Mailing Address
2200 169th St; IBCC – CFTC
Hammond, IN 46323

Physical Address (Use for GPS)
7030 Indianapolis Blvd
Hammond, IN 46324

Websites
http://www.pnw.edu/cftc
http://www.facebook.com/pnwcftc
Instagram: @pnwcftc

Phone Numbers

Main Office
(219) 989-2027

Intern Office
(219) 989-8311 – or – (219) 989-8312

Fax
(219) 989-2777

Email
cftc@pnw.edu

Clinic Hours & Schedule

The CFTC is open Monday through Friday, 5 days a week. We are closed on Saturday and Sunday. The clinic is open 56 hours a week. Regularly scheduled hours of operation are:

> Monday – Thursday: 9:00am to 9:00pm
> (Earliest appointment @ 9am, latest @ 8pm)
>
> Fridays: 9:00am to 5:00pm
> (Earliest appointment @ 9am, latest @ 4pm)

**NOTE*: When Purdue University Northwest closes for inclement weather or other emergency, we are likewise closed – in addition to the regularly scheduled federal holidays that are recognized and observed by the University (when the University is not in session, we are not open). Only the Clinic Director can close the clinic; and may do so with proper notice.

Significant Dates

In the simplest of terms, the CFTC is closed whenever PNW is not holding class. This includes emergencies/weather, or any official holidays or breaks. Below is a list of dates that you may reasonably assume the CFTC will be closed. Final determination will be announced.

NOTE: Fall 2023 is an approximate as of the publication of this manual.

Spring 2023

1/1 – 1/08	Closed, Winter Break (Note: Orientation on 1/6)
1/8	CFTC Reopens for Spring 2023
1/16	Closed for Observance of Martin Luther King Jr Day
2/15-2/16	CFTC CLOSED for Mini Break #1
2/20-2/21	CFT Program Admissions Days (Will be very crowded 8:00am-5:00pm)
3/13 – 3/17	Closed for Spring Break
4/10-4/11	CFTC CLOSED for Mini Break #2
5/12	Final day of seeing clients, CFTC Closes at 5pm for Summer Break

Summer 2023

6/12	CFTC Reopens for Summer 2023
7/4	CFTC & Program Closed for U.S. Independence Day *Note, 7/3 we are OPEN
8/4	Final day of seeing clients in Summer 2022 – Clinic Closes at 5pm

*Fall 2023**

8/21	CFTC Reopens for Fall 2023
9/4	Closed for Labor Day
10/9 – 10/10	Closed for Fall Break
11/22 – 11/24	Closed for Thanksgiving Holiday
12/15	CFTC & Program Close at 5pm for Winter Break

Personnel 2023

Faculty & Supervisors

	Cell Phone	Email
Christopher K. Belous, PhD LMFT *Director, Approved Supervisor & Faculty*	517-993-7596	ckb@pnw.edu
Alyssa Maples, PhD *Supervisor in Training & Core Faculty*	763-365-2654	maples1@pnw.edu
Mialauni Griggs, MS, Doctoral Candidate *Supervisor in Training & Core Faculty*	773-726-7497	mtgriggs@pnw.edu

Staff / Support Personnel

	Cell Phone/Office	Email
Martha Espitia-Ruiz, MBA *Administrative Assistant*	219-989-2027	mespiti@pnw.edu
Migdalia Santos, BA *Graduate Assistant*	847-687-5080	sanch187@pnw.edu

Graduate Student Therapist Interns

	Cell Phone	Email
Jamie An *Therapist Intern*	219-900-3680	an156@pnw.edu
Brenda Babirye *Therapist Intern*	219-298-8613	bbabirye@pnw.edu
Jessica Benge *Therapist Intern*	219-775-2971	benge2@pnw.edu
Hebe Fung *Therapist Intern*	206-556-6872	hfung@pnw.edu
Olivia McLeod *Therapist Intern*	217-898-0740	omcleod@pnw.edu
Migdalia Santos *Therapist Intern*	847-687-5080	sanch187@pnw.edu
Gabriele Soe *Therapist Intern*	765-407-9162	gshafer@pnw.edu

Undergraduate Intern(s)

The Undergraduate Interns are enrolled in PNW undergraduate field experience, provide administrative help and evening CFTC coverage, and are mentored by the CFTC Director. They must apply for the internship and be recommended to the position. They serve ten hours per week and are able to observe cases and attend training as determined by the CFTC Director.

Cleaning Staff and other PNW Employees

There is a cleaning staff that will enter the building after the end of our clinical day. This means that cleaning staff should not be present in the facility until after 9pm; if they arrive before, or during clinical session times – please inform the Clinic Director as soon as possible! It is a confidentiality issue, if they

are there when the clinic is providing services to clients. At times, maintenance/facilities or administrative staff of the university may provide tours, be in the building to fix issues, or for some other official university business. This is, obviously, allowed and necessary to continue the maintenance and upkeep of the building and/or secure press.

→ *If cleaning staff or other PNW Employees are present in the facility, all clinical documentation and protected health information should be immediately secured and kept confidential to ensure the rights of our clients.*

Physical Space

The CFTC inhabits half of the Indianapolis Boulevard Counseling Center, the other half of which is utilized by the Community Counseling Center. The only space we share is the waiting room and the Large and Small conference rooms, which is where most classes are held.

Our facility has many layers of security; two security cameras – one in the parking lot and one at the entrance, dual lock and secure entry with buzz-in video technology, and a third layer of secure entry to clinical space and rooms, accessible by PNW ID Card (often through multiple layers).

We have a front office space, where the Administrative Assistant and graduate assistants work, an intern office where all practicum students have access to various resources and to complete work, three faculty offices, seven large therapy rooms, two with one-way mirror observation rooms, a kitchenette, and a remote observation room with three computers and monitors to observe sessions via video. Each therapy room is equipped with one or two high-definition cameras, audio mics, and bug-in-the-ear (talk back) features. We have space for couples, families, and individuals. For children, we have extensive play therapy equipment, and for expressive therapies – we have many resources available in order to accommodate any kind of therapy process.

No Smoking Policy & Care for Environment

No smoking is allowed in the CFTC or any Purdue University Northwest building. This includes the entryway inside the front door, and anywhere owned by the university. As such, no one can smoke in the parking lot or exterior locations where others in the university may be present. Smoking in a personal vehicle is up to the discretion of the owner. This policy is parallel to Purdue University Northwest's Smoke-Free Campus policy.

Waiting Room

The main client waiting area is located opposite to the CFTC Administrative Assistant's office. Please remember to safeguard client confidentiality by not discussing cases in the waiting area, hallways, or the front office, or conference room. Children under the age of 12 should not be left alone in the waiting area. When clients have children or other clients who may be unsupervised for part of a session, interns are responsible for seeing they do not disturb other therapy sessions or other programs in the building.

Intern Office

There are 6 desktop computers in the intern office, and a printer/fax/copier for CFTC use in this space. These computers were purchased and are to be used by students enrolled in the program, and have all of the standard software for PNW Lab Computers (including SPSS, Microsoft Office, etc.). These computers may also have additional, specialty software installed – see the Clinic Director for more details or to request additional software. You may save client information on the computers in the intern workroom as they are password protected, and on a secure network. Note: You should *never* save any information regarding clients on your personal laptop (HIPAA Regulation 45 CDR § 164.310(b)). This compromises client confidentiality. Do not take confidential information from the CFTC.

The intern office also holds your assigned drawer for confidential and personal items, tall cabinets and bookcases with resources and materials, a couch and other chairs, as well as your mailbox. There are lateral file cabinets and whiteboards/post boards where information is kept secure. Near the door, under the cases whiteboard is a file cabinet that holds faculty and supervisor confidential mailboxes, as well as financial and other records.

Front Office & Administrative Assistant/Graduate Assistant's Workspace

The front office (room 1024) of the CFTC is the main office for the Administrative Assistant and Graduate Assistants, as well as the "checkout" location for client departure post-session. Please respect the CFTC Administrative Assistant and Graduate Assistant's workspace by not using their office supplies and equipment. Do not make client phone calls in the front office, it may be unsecure. You should make client phone calls in the intern office. Do not speak about clients in the front office, as confidentiality is limited. Use an office with a closed door to discuss cases. Please do not leave the front office in disarray at the end of the night. Return whatever you use to the proper place.

Mailboxes & Messages

Please check your mailbox regularly for mail and important messages. If the box becomes full, please clean out old mail. Your "mailbox" is a RED hanging file in your assigned drawer. There will be a binder clamp located on the right hand side of the folder – if the prongs are "up" that means you have a new message, once you get your new message (often clipped with the binder clamp), you should lower the prongs. Client information, messages, and secure/confidential information may be shared with you this way, or through digital, HIPAA/FERPA Secure Chat on TheraNest, our Electronic Health Record System.

Therapy Rooms

Therapy rooms are typically booked through the TheraNest Calendar System. Be aware of what is occurring outside of therapy rooms - such as maintenance - if outside occurrences threaten the confidentiality or peace of clients and their sessions, please reschedule to another room.

- Always use the sliding "In Use" signs when you are utilizing a therapy room, and do not enter a room without first checking the sign. Slide them back when done.
- You should sign up in advance of your session and be respectful of therapists using the room after you by ending your session on time. If you are chronically late, habitually run over your time this information will be sent to your supervisor, and will most likely become a discussion point for growth in session management.

Some examples of our Therapy Rooms

- If you believe you need more time with a client, schedule out extra time when you initially book the appointment to avoid any problematic scheduling concerns. This should be done rarely, if ever. Please be considerate of others by sticking to the allotted time for session.
- You will be expected to vacate the therapy room 10 minutes before the next session. If you have not vacated the therapy room in a timely fashion, expect a knock on the door from the subsequent therapist who needs the room.
- While it can be difficult to manage time as you start therapy, this is a skill that is necessary in all therapy settings.

Observation Rooms

There are three observation rooms in the CFTC. The largest is along the back (west) wall of the facility – across from room 1052. This room houses three desktop PC units, and three wall mounted television sets that are connected to the PC's.

- The room should be used primarily to watch live sessions, review tape, or have small group meetings.
- The room may also be used for supervision, and/or for personal academic work, so long as it does not interrupt clinical activity (such as observation, teaming, or supervision).
- Students or undergraduate interns wishing to observe sessions must first notify the therapist.
- Therapists should always inform their clients of student observers and give them the opportunity to meet the observing team.
- Official undergraduate interns are allowed to view client sessions after they have had confidentiality training. They will arrange this with you prior to your session.
- Supervisors are permitted to be behind the mirror at any time, without prior client or therapist notification.

Kitchen & Cleaning Schedule

The microwaves, sink, and refrigerator may be used in the kitchen with proper cleanup following each use. You are expected to clean up after yourself when using the kitchen. Our cleaning service does NOT wash our dirty dishes, clean up our spills, or clean our microwave or refrigerator, so please be courteous to your colleagues by cleaning up after yourself. Do not leave dishes or food residue in the sink. Dishes that are not cleaned may be disposed of. Food left in the refrigerator will be disposed of if smelling, moldy, or expired. There will be a semester cleaning schedule posted in the kitchen. It is the responsibility of every person who uses the kitchen to keep it clean; however, the closers at the end of the night and especially on Friday should go through and complete the checklist and give the area a good cleaning.

Faculty Offices

There are three faculty offices in the main hallway of the CFTC. Room #1028 is the Director's Office, currently inhabited by Christopher K. Belous, PhD LMFT. Room #1030 and #1034 are Faculty Offices. Faculty offices are secured via card access, and are keyed to only allow entry for faculty-level (or higher) key codes. In the event of emergency, the faculty offices are to be considered secure areas. Students should not access or utilize faculty space unless given permission to do so as the space may contain sensitive, confidential student, programmatic, or other information and data that must remain secure.

Hallways/Common areas

The Indianapolis Boulevard Counseling Center has very large hallways and common areas that are shared by more than just the CFTC. You should be kind and professional, as well as proactive in these

common areas. If you see a mess, something dirty, or in need of repair – take care of it, or contact someone who can (like the Clinic Director, or Administrative Assistant). If you observe inappropriate behavior by one of the IBCC (CFTC & CCC) staff members, clinicians, students or any other individual, report it as soon as possible to the Clinic Director for review.

Noise and Conversations

Please be courteous and respectful at all times while in the CFTC. Remember that sound travels, and while we encourage collegiality and fruitful discussions among students and faculty members, you should make every effort to keep the noise and conversation levels to the minimum necessary. You should never discuss client details or have confidential conversations in a non-secure area.

Parking at the CFTC

Therapists and clients can park in front of the building or in the lot to the side. If you see lights out in the parking lot or around the CFTC, please let the CFTC Director or CFTC Administrative Assistant know so that we can get the issue corrected. Any graffiti, or uncleanliness should also be reported immediately.

As parking is limited, in times of limited availability, students are encouraged to consider parking at the Commercialization and Manufacturing Excellence Center, located just a few blocks south of the IBCC at 7150 Indianapolis Boulevard. This is to ensure that there are spaces available for clients who are attending services at the facility.

Equipment and Other Resources Available for Student / Therapist Use

Play Therapy & Clinical Inventory

The following list has been compiled to provide an overview of available materials for use in play & experiential therapies. The list is organized by room.

> *It is our responsibility to maintain these materials and make sure they continue to be usable. Pictures are included as they are now organized and efficiently placed. If you use something, put it back – in the same spot!*

If something is missing, dirty, inadequate, destroyed, or expended, please let the Clinic Director know as soon as possible so suitable replacements can be ordered.

General Inventory of Playroom #1029

- Dolls
- Army Figures
- Puppets
- Stuff Animals
- Animal Toys
- Small Houses
- Educational/Emotional Books
- Craft Supplies
- Sand Tray Table & Figures
- Letter Cubes
- Marbles
- Fabric Material
- Poster with Face Emotions in Spanish
- Board Games:
  - Boggle
  - Moods and Emotions
  - Battleship
  - Imagine Game
  - Assorted Small Games (e.g. Dominos)
  - Puzzle Rack





General Inventory of Experiential Room #1035

- Educational/Emotional Books
- Craft Supplies
- Sand Tray Table & Figures
- Cooking Toys
- Posters with Emotions (recognition)
- Large Figures/Toys/Dolls
- Wood Train
- Music Toys
- Fighting Gloves
- Pick-Up Sticks
- Play Huts
- Board Games:
  - Stop Relax and Think
  - Mad Dragon
  - Talking/Feeling/Doing Game
  - Talk it Out
  - Dr. Playwell's Worry-Less Game
  - Chess
  - Tumbling Tower
  - Assorted General Games (Domnioes, Cards, Uno, Candy Land, Chutes & Ladders)
  - The Morning Game
  - The Hedbandz Game





Art Supplies

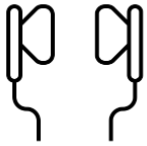
- Washable Markers
- Pip-Squeaks
- Crayola Markers
- Crayons
- General Art Tools
- Colored Pencils
- Glue, Scissors
- Stickers/Magazines

Equipment for Use with Clients – Technology & Miscellaneous

The CFTC has a wide range of office equipment including portable video cameras, desktop computers, office printers and copiers, scanners, laptops, and a fax machine. While they may not be used for personal business they are available for CFTC or University related business. Please see the CFTC Administrative Assistant if you need assistance with this equipment (after reading any posted instructions). The copier is to be used for CFTC use only and other uses as permitted directly by faculty or the CFTC Administrative Assistant. Copies for BHS classes must be made in the BHS office. Do not use the computer or printer of the CFTC Administrative Assistant.

Equipment available for use & location

Finger Pulse Oximeters..... Intern Office
Bug-in-the-ear Technology..... Observation Room
Pyramid Dry Erase Boards ..... Rooms 1029 & 1035
Art Supplies..... Room 1035 & Intern Office
Toys, Expressive Items, etc..... Rooms 1029 & 1035
Laminator..... CFTC Director's Office
Large Sheet Cutter..... Front Office
Laptops ..... Intern Office
iPads..... Intern Office


Specialized Software Available for Use on CFTC Computers

Statistical Package for the Social Sciences (SPSS – Latest Copy Available)
EQS (Structural Equation Modeling Software)
GenoPro (Create electronic genograms)
Adobe Suite (All applications including inDesign, Acrobat, etc.)
HIPAA Compliant/Secure Zoom Webconferencing & Telemental Health
VeraCrypt (Drive Encryption)

Building Security

For your protection and the protection of others the outer doors of the facility, as well as the entry points to the main area of the clinic, are locked at all times. The only way to enter is through secure access card "dipping" for approved persons. Each therapist will get their card approved for entry. The card is the same as your PNW Student Identification card. Do NOT prop the front door open, and do NOT let unidentified people into the building.

Visitors

Often, PNW Administrators or other faculty or staff may need access to the IBCC/CFTC. Upon showing appropriate identification, along with a reasonable cause for entry, any PNW Employee should be permitted access. Public visitors should be cleared with the Program or CFTC Director prior to any tours or visitations. Due to confidentiality concerns, public visitors and those without clinical clearance should not be given access to any areas where there could client data present. This includes digital content on computer monitors, physical content via paperwork, phone calls, etc. Use your best judgment to ensure confidentiality!

Panic Alarms

Each therapy room and the front office have a panic alarm velcro'd in an accessible area. This silent alarm will notify PNW police that there is an emergency situation and to respond immediately. Typically, they are velcro'd to the wall near the whiteboard in therapy rooms, and under the counter in the front office. In the intern office, the panic button is by the door. The panic alarms can be moved within a room, so you may keep one in your pocket if you are worried about a particular client. They operate on radio frequency.

In case you send a false alarm, call campus police at x2220 and let them know

The panic alarms are assigned to each room – so do not remove them or shuffle them around the rooms. If you take an alarm off the wall - be sure it is returned to the spot where it was previously attached. You should know that activation of a panic alarm will bring the PNW police to the room the panic alarm is assigned to.

Personal Security

Always err on the side of caution, no matter how trivial a matter may seem. If you see something strange or out of place, report it to the CFTC Director, a faculty member, or university police.

- → If you see someone or something that doesn't belong or looks dangerous outside or inside the building, always call the police (2220) or use the panic buttons.
- → In the evening, you should call the University Police (2220) and ask for an officer to come and walk you to your car, or be present in the parking lot to ensure safety. They are happy to do this, and you are not bothering anyone!

Keys & Badge Access

When you begin seeing clients you will be assigned two physical keys: (1) a large, external door key that is used to "dog ear" the outer entrance door in the vestibule, and (2) a smaller key that is etched with "326" on it – this key opens and locks the various file cabinets in the intern office. These two keys are very important, and you are held responsible for them. They will be returned upon graduation, and if lost, will incur a replacement fee. The large external door replacement key cost is currently set at $50 by University Police, and the "326" key is set at $5 per lost key.

If a key is lost or misplaced, you should inform the CFTC Director IMMEDIATELY. They unlock confidential documents and could potentially allow persons into the building, thereby safety is a concern.

The only way to gain access to many doors in the IBCC/CFTC is to use your PNW Student ID to "dip" or swipe them on a reader, unlocking the door. At orientation/enrollment when you began the program your ID should have been coded for access. If you lose your ID you are to inform the CFTC Director immediately, as well as go to the University Services building immediately to deactivate your old card, and have a new one issued.

Clinical Policies & Procedures

Relational Ethics

Empathy is a key concept, and something that most of us take for granted considering only our perspectives, thoughts or feelings. As a program we are developing and fostering an environment of *Relational Ethics* (not Contextual Theory/Therapy of Ivan Boszormenyi-Nagy, but a perspective, outlook, and stance). This means incorporating positive ethics and treatment, positive perspective override in interactions with others, encouraging a culture of humility and collegiality, and having a client and other-centered care perspective. Have the courage to do the *right thing* from an objective and subjective point of view.

Always treat clients with respect and decency – even when they are not present.

Relational Ethics was originally developed out of the healthcare (nursing) field, and was established out of the philosophical thought of *what is the right thing to do?* From this "thinking" idea, central concepts of mutual respect, engagement, embodied knowledge, environment and uncertainty emerged.

> *"The basic premise of relational ethics is that ethical decisions/actions are made within the context of a relationship." (pg. 364, Pollard, 2015)*

This perspective encourages and focuses on the relationship between people as the cornerstone to interaction and decision making. It encourages personal introspection, and pushes us to grow and develop not only as clinicians, but as people in this world and society. It is one of the cruxes of becoming an agent of social change by truly embodying the famous quotes we all love to repeat: "*Be the change you wish to see in the world*." (Ghandi)

Some questions to ask yourself on your journey in Relational Ethics

Professionally	*Personally*	*Intrapsychically*
→ Consider what is coming out of your mouth, what you are doing, and what you are putting out into the world (body language, etc.). → How are you representing the field, the profession, the CFTC, PNW - all of the systems to which you are a part? → If the person I was speaking about heard what I had to say, would they be upset?	→ How are you treating others? → How are you perceived / how are they interacting with you – are you helping or hindering the interpersonal environment around you? → What is the way in which you would like to be understood?	→ How is what you are doing, saying, or thinking, feel inside? → What about today or this interaction, or what you saw/heard – how did that impact you? → What does that mean? → How are you growing, improving yourself and your craft?

Across all three: *What would you like to change?*

Further Reading

Pollard, C. L. (2015). What is the right thing to do: Use of relational ethic framework to guide clinical decision-making. *International Journal of Caring Sciences, 8*(2), 362-368.

General Policies

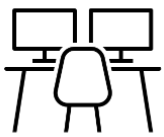
Updating, Creating, and Replacing Policies and Procedures
The Clinic Director has the authority to create, update, and/or replace any policies and procedures of the Couple and Family Therapy Center throughout the year. This manual is a starting point, and adjustments will need to be made as issues and concerns arise, new contextual information is presented, or physical space and technological updates are released. When a new policy or procedure is developed, interns will be made aware of it through multiple modalities, including email, physical meeting, verbal discussion or training, or other methods as appropriate.

Membership in AAMFT & Malpractice Coverage
Student therapists are required to be a member of the American Association for Marriage and Family Therapy. They will receive free malpractice insurance through CPH Insurance as a benefit of their membership, as well as malpractice insurance through Purdue University. Copies of the indemnification and insurance coverage should be provided to the Administrative Assistant no later than the second week of clinical experience, along with a verification letter of current membership in AAMFT.

Background Check & Clearance
Student therapists are required to submit to a background check through CastleBranch. This background check will be evaluated by the Clinic Director for inconsistencies and/or legal and ethical concerns in the criminal history of each student. Should there be an issue, you will be contacted.

"Work" hours and Time Available (information for you)
On average, most students can expect to have between 5-10 active clients at any given moment, however, you can reasonably expect to go as high as 10 active clients seen per week (this is a maximum amount). In order to calculate your time needed to devote to your clinical experience, you should plan on spending at least a half hour on documentation or case conceptualization per client contact hour. You can reasonably consider spending approximately 15-20 hours per week in the CFTC, seeing clients, working on case documentation, or participating in supervision or other clinical requirements. Of course, clients ebb and flow and often cancel – this is all an approximation.

Working in the CFTC
It is strongly recommended that you come to the CFTC at least once per day, when possible. This time will be incredibly beneficial to you – for checking voicemails & messages, calling clients, seeing clients, or completing necessary documentation and clinical work. You are free to schedule your own time, there are no "shifts."



- → **The IBCC/CFTC Closes at <u>10:30pm</u> each night**
- → **If there are clients in the building or being seen, there should be at least <u>2 people present</u> *in the CFTC*.** If there are no clients or the CFTC is closed, you can still utilize the facilities to work while alone/solo; you are, however, still highly encouraged to have another student with you.

You are expected to be available during all times that the CFTC is open, including the week prior to the semester beginning, and the week after exam week (even if we not seeing clients during these weeks). This is so that any immediate concerns of communications can be responded to. When it is necessary for a therapist to be unavailable to clients for any period of time aside from standard time off such as weekends and university breaks, the therapist is expected to arrange for coverage and communicate this information in writing through the Time Off (Leave) Request Form.

Random Chart Audits

Throughout each semester, every therapist and their supervisor will receive Random Chart Audits for two of their cases. These cases are selected at random, and a standard form is used to ensure that all policies and data entry requirements are being attended to. You will receive these chart audits via filelocker, along with your supervisor. You are expected to look over the chart audits in supervision, and fix any errors that may be mentioned/noted. In addition, it would be good to use the information learned in an audit to help you in self-auditing your own files for compliance!

Opening and Closing the Center

As therapists who work in the facility, it is your responsibility to both open and close the CFTC for use on each day that it is open. A therapist pair must be present each morning, and each evening, to open and close the clinic – even if there are no clients scheduled.

There are opening and closing checklists that are located in the intern office, on the counter by the door. Each opening pair and closing pair should complete their respective checklist each day. By completing the checklist, you are ensuring that you have done the items on the checklist!

Opening

If you are the first one to the clinic, it is your responsibility to make sure the following checklist is complete. Whenever you are getting ready to see your first client of the day – even if it's 2pm in the afternoon – you should make sure the following list is complete. You never know if you are the first person to see a client that day, or if someone has forgotten a step on accident!

> NOTE: Always be aware of your surroundings. Safety first! Report suspicious behavior or observed damage to the CFTC Director, a Faculty Member or the Administrative Assistant, and/or call the PNW Police if necessary (219-989-2220 or x2220 from campus phone)
>
> NOTE2: NEVER see a client alone! Always make sure another student therapist is present. Never admit anyone without first confirming their identity and making sure they have a valid reason for entry.

Opening Checklist

- ☐ Turn on all lights in the waiting room & front office area. Switch is in the front office, on the pillar by the door to get into the space. All but the top button should be "on."
    - Double check waiting room area – are the magazines neat and laid out for client perusal? Is there any refuse or trash left over (If so, pick up and throw away!)? Is the furniture neat, and placed appropriately?
- ☐ Unlock and open the sliding windowpanes for the front office area – key is located on the tack board under the waiting room windows in the front office. Leave the lock on the counter by the Administrative Assistant's computer.
- ☐ Double check the copier has full drawers of paper; if not, fill with paper reams from the cabinet next to it labeled as such
- ☐ Turn on light in Intern Office, and unlock all file cabinets
- ☐ Take the Credit Card machine and computer for the checkout area from their storage location in the drawer and mount/plug in at the front desk checkout area
    - Make sure each boots up appropriately and is ready for use – report any issues to the CFTC Director
    - Check the Credit Card Machine – does it have enough tape? If not, fill up, and let the Administrative Assistant know if we are running low (less than two rolls of tape)
    - Also check the Credit Card Machine for any evidence of tampering (skimmers, shimmers, damage, etc.)
- ☐ Take a walk through the therapy rooms – does the furniture need straightening? Are there any toys that were left out? Straighten up, generally, and put back items to where they belong
- ☐ Double check the doors and security at the back by the kitchen, and for the observation and back therapy room

- ☐ Check the kitchen – any cleanliness issues to report? (If there are messes to clean up, do so!)
- ☐ Double check the printer in the Intern Office – if it needs paper, fill it up!
- ☐ Log in to your TheraNest account, double check schedule or see if you have any notes or messages, confirm your appointments on the calendar and rooms you are set to use.
- ☐ Log in to your CORS account to schedule or set up recordings
- ☐ Plan your session(s), and work from intentionality! ☺

Closing the CFTC

Yay! The night is over! Time to go home, right? Well, not until you close up properly! The following checklist must be completed before you can leave.

The clinic should always be closed by at least two people. No one is to close the clinic alone! Typically, the clinic is closed by the two people who have the last appointment of the day – this is made in agreement amongst your cohort, and you should confirm this for each and every day that you are present in the clinic. Take nothing for granted and assume nothing – always talk to each other to make sure that you are doing what should be done!

Closing Checklist

- ☐ Facility checked & reset and cleaned up, including kitchen and therapy rooms
    - Dry erase boards are empty/cleaned up
    - No miscellaneous therapy materials present in rooms
    - Set up of furniture and rooms are 'typical' (including vacuuming if necessary and dusting / wiping of surfaces)
    - No dishes in kitchen, no food left out, all washed dishes are dried and put away, all surfaces are sanitized
    - IF Friday – refrigerator is cleared of any leftover food in to go boxes, expired food disposed of, microwave is cleaned out
- ☐ All lights are off (lamps)
- ☐ Front window locked, sign flipped to "closed"
- ☐ Confidential documents (if any) are locked up/put away
- ☐ Voicemail has been checked on the two phones in the intern office, none are present at closing
- ☐ End of day Batch-Out has been completed, included with cash & credit card receipts in envelope
- ☐ Cash & Credit Card Receipts in correct envelope and dropped in deposit box
- ☐ Laptop & Credit Card Machine are locked up in front office
- ☐ All cabinets in the intern office, and the front office by checkout area are locked
- ☐ Front door "dog-eared," all internal doors closed/locked

Communication Standards

Our field is built upon successful communication, and yet we all still have a ways to go! Remember, it is always helpful to communicate and share your thoughts, feelings, and questions.

General Communication Expectations

The Clinic Director, CFTC Administrative Assistant, and faculty or supervisors will be sending many e-mail communications during the semester. If there is an inquiry, please respond promptly to their e-mails. If you are sent an announcement or other information, it is standard etiquette to reply to the sender so that the individual knows you received their email. In some instances, “received” or “ok” is all you need to communicate.

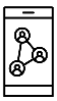
Social Media Policy

All CFTs are required to demonstrate respect for the profession. You must take care in any public statements which may reflect on yourselves as clinicians, your clients as individuals, or on the field itself. Thus, except for private email accounts, statements made in nearly all web-based forums, including social media sites and blogs, must be considered public, regardless of a user's so-called "privacy" settings.

Just as in speaking in any public forum, you must therefore avoid any web-based comments which may be considered to reflect poorly on themselves as therapists, on their clients, or the field in general. It is in your best interests to not criticize the CFTC, faculty, or actions of colleagues or other professionals in an online forum.

In using social media, you must also be alert to the risks of clients seeking to "friend" or otherwise connect with you in a non- therapeutic context, just as you must refrain from such associations in the non-virtual world. Therapists must also always recognize that they cannot verify the true identities of correspondents on the web regardless of the purported "secure" status of a site, and thus must always exercise circumspection in online remarks. Nor can they claim ownership or privilege for most online comments, and may place themselves in violation of the Code of Ethics for failure to adhere to the guidelines and cautions above. In short, online conversations on social media sites and elsewhere on the web in any way related to your work as therapists must be treated as professional conversations in all but the most limited circumstances.

Examples of prohibited behaviors include but are not limited to:



- Email or other electronic communications with clients
- "Friending" or “linking” with clients
- Posting about your clients, positively or negatively (even if you think it is de-identified!)
- Jokes or remarks which may appear to disparage clients, or certain groups or classes of people
- Chats or comments that in any way may reveal the content of therapy or the identity of clients, current or former

Therapists using the web must also be alert to the possibility of friends or relatives of clients attempting to elicit information about them through direct or indirect means. They also may need to discourage clients from writing about their experiences in therapy on social media sites or weblogs as they may inadvertently violate their own confidentiality (while this is their choice, we should discuss potential

ramifications). Lastly, interns should refrain from searching for information about clients on the internet; as in, do not "Google" your clients, or search for their profiles on social media platforms.

Client Communications Policy

All communication with clients must be in person, by telephone, via HIPAA-Compliant and secure electronic methods, or by regular mail. The only HIPAA-Compliant and Secure electronic method approved by the CFTC is through our Electronic Health Records platform, TheraNest – and is only available to those clients who have registered for, and opt in, to communicating this way (which is restricted to secure messages sent after logging in, and text message reminders – that are auto-generated by the system for appointments).

All letters written to clients must be approved in advance by the CFTC Director or Supervisor

Contact with outside sources or agencies (e.g., attorneys, school counselors, etc.) needs to be pre-approved by the CFTC Director or your supervisor. Clients' requests for letters should be reviewed in supervision and the appropriate *Release Of Information* forms obtained in advance of writing the letter. Copies of all letters are placed in the client's file. Significant information gathered in telephone calls should be documented in the client's file as a contact note. Scheduling information or other non-significant phone calls are recorded in the Contact Log tab. Please limit your phone conversations to getting the required information so you are not setting an expectation to the client that the therapist will talk with them via phone, check with them via phone, etc.

Therapists should not initiate or respond to electronic contact of any kind with clients, even for setting or changing appointments, outside of the secure Electronic Health Record System provided by the CFTC: TheraNest. This includes email, texts, and contact through websites such as Facebook. There should also be no electronic communication (e.g., fax) without a valid release. If an external party wishes to speak to you about a client and you have no release, you may ask the client for a release of information so that you may speak to the external party.

You are expected to check for client communications daily and return calls within 24 hours of their call. You should have your client numbers so you can return calls quickly. You may keep client phone numbers in a password protected or encrypted phone.

Let clients know in advance when you will be out of town or unavailable to return calls. Be sure to remind clients about emergency procedures and provide a local crisis line number (such as for Franciscan Behavioral Health or Regional Mental Health Centers); clients need to be educated that we do not have emergency services, so they don't call the CFTC in crisis, expecting an immediate response.

> EVERY DOCUMENT LEAVING THE CFTC SHOULD BE COUNTERSIGNED BY THE CFTC DIRECTOR <

Telephone & Voicemail Procedures

Yes. You are required to answer the phone, check voicemails, and respond to client inquiries!

Voicemail Policy and Procedures

The purpose of our confidential voicemail is to allow our clients to have contact with the CFTC when no one is available to answer the phone. We do not have the capacity for crisis intervention within the CFTC, and community members who use us as a crisis line will be referred elsewhere. Clients are informed in the intake session that the CFTC has voice mail. In addition, therapists should give clients alternatives for emergency services (if appropriate) in their initial session and inform clients that the CFTC is not equipped for emergency services.

Therapist interns are responsible for checking the voice mail daily and relaying the messages to other interns. Cancellation messages should be put on the bulletin board as soon as possible. You are not expected to phone therapists regarding cancellations. Please fold over the message so the client name does not show to ensure client confidentiality.

- The intern office voicemail system is different from the front desk voicemail system. The front desk, mainline, voicemail (extension x2027) is strictly maintained by the Administrative Assistant. You are not responsible for updating it for breaks or holidays, and are not responsible for checking those voicemails.

Breaks & Voicemail

The voicemail system should be maintained by the therapist interns (you!). Before break, you should collaborate to determine who will be responsible for recording the temporary break voicemail informing callers that the clinic is closed, and who will be responsible for changing it back to the standard greeting. This is true for BOTH extensions (x8311 & x8312) that can be used in the intern office.

Access & Recording Instructions. From any phone in the intern office, press the "voicemail" button. It will be on the left-hand side, top of the triangle of buttons that looks like this: [⏺⏺]. This will take you in to the voicemail system. It will ask for a passcode, which is: 2018 (press pound). The voicemails will then begin repeating with the newest first. Be sure to take copious notes. Make sure anyone is made aware of a message that was received for them. To change the voicemail greeting, follow these instructions:

1. Enter voicemail system, when prompted, enter pin: 2018 & press pound
2. Press 4 for set up options
3. Press 1 to change greeting options (it will play the current message)
4. Press 1 to re-record the greeting, using one of the following scripts (press pound – also known as a hashtag - when done):
    a. Standard Greeting
        i. Hello! Thank you for calling the Couple and Family Therapy Center of Purdue University Northwest. We are currently unable to answer the phone, so please leave a message after the tone with your name and best contact number for us to reach you. If you are a current client, please specify who your therapist is so that we can pass along the message to the correct person. We make every effort to respond to all messages within the business day, or if after our normal hours, as early as possible the following. If this is a life threatening medical or mental health emergency, please hang up and dial 9-1-1, or go to your local mental health receiving facility. To

learn more about our clinic or the graduate program in Couple and Family Therapy, visit us on the web at www.pnw.edu/cftc. Thanks, and make it a great day!

b. Closed/Break Greeting

i. Hello! Thanks for calling the Couple and Family Therapy Center at Purdue University Northwest. We are currently on break and closed until _____DATE_____. During this time, we will only have limited access to our voicemail system, and so most likely will only be able to respond to your call once we re-open. For more information about our clinic, or to learn about the graduate program in Couple and Family Therapy, visit us on the web at www.pnw.edu/cftc. Thanks, and we look forward to speaking with you soon!

5. It will ask you if you like the greeting, and to save it. Select the option to save and set it as primary greeting. You may now exit the system.

Phone Use and Etiquette

When answering the phone, you should always answer with, "Purdue Northwest Couple and Family Therapy Center, how can I help you?"

To dial out, you must first press "9" then enter the entire phone number, including area code. This is true for ANY phone number not associated with Purdue University Northwest. For example, if you need to call emergency services, you would dial 9-9-1-1.

Taking a Phone Message. Phone messages should be recorded on a pink phone message pad. Include: Who the call is for, (area code) phone number, name of caller, details, your name, the time and date of call. If the phone call appears urgent, contact the therapist immediately. If the therapist is unavailable in a potential emergency case, contact the CFTC Director, or available faculty. Record any client phone messages in the TheraNest client case file by stating how/when you responded to it (on the Contact Log for the client).

- DO NOT give a therapist's or supervisor's home phone number under any circumstances. DO NOT give out any e-mail addresses, including your own.

Requests for services (intakes) should be completed using the telephone intake form when the Administrative Assistant is not here. Please email the Administrative Assistant saying that there has been a new intake and place the intake form in the confidential mailbox for the Administrative Assistant.

Calling a Client – Helpful hints and policies

When calling a client, only provide the CFTC main number. You should NEVER call your clients from your personal cell phone number. In turn, you should also NEVER give out the personal cell phone number of a faculty, staff, or supervisor!

You should always call clients from the CFTC, where there is confidential space to have the conversation.

→ You may call clients using your personal cell phone in emergency situations ONLY. When doing so, you need to use *67 to block your number when calling clients from your cell phone. You may put the client's phone number in your phone by initials or client ID number, IF your phone is password protected and you have the remote wipe function activated on your phone. Encryption is superior to password protection, and is available on most cell phones (45 CFR §

164.310(d)(2)(i) and (e)(2)(ii)). When you leave the CFTC all client-related information must be wiped from your cell phone (HIPAA Regulation 45 CFR §164.310(d)(2)(i). Please do not to text or email your clients about anything, outside of the electronic health record system.

Be sure to ask for the client themselves and not rely on others to convey messages except in extenuating circumstances. If someone else answers the phone, ask to speak to the client directly. If you must leave a message with someone, leave our phone number with a message such as "this is Jane, please call me at…"

Record all attempted and completed calls in the Contact Log on TheraNest for the client. If calls are made away from the CFTC, transfer this information into your client files within 24 hours, or no later than Monday if you take messages on a Friday. Do not leave client phone records around your home or other locations where unauthorized individuals may view them.

Dress Code

Date of Implementation: 9/29/21; Date of Last Review: 9/27/21

The CFTC dress code is Business Casual.

The goal of the dress code is to provide guidelines for the establishment of a professional appearance within this professional environment for all members of the program. When at the CFTC the dress code should be observed at all times whenever present for classes, clients, or supervision. When at offsite placements, or assistantships, students should follow the recommended dress code of that agency/office. You should always consider yourself representing the CFTC, the program, and our university. If you have questions about what may or may not be acceptable, please talk with faculty. The following questions may help guide your choices:

- *Will my appearance or presentation draw attention away from the client/their issues?*
- *Will my appearance or presentation make the session about me, instead of the client?*
- *How will my appearance or presentation be interpreted by someone else that doesn't know me?*
- *Could any aspect of this be triggering or distracting in some way?*
- *Does my appearance or presentation violate a professional standard of presentation?*
- *Am I rationalizing my appearance from my point of view, or other immediate perspective, without considering larger systemic influences?*

The Clinic Director, Faculty, and Supervisors may request that you reconsider your attire or appearance at any time.

Apparel

Unacceptable Examples: Jeans, T-shirts, flip-flops, sports regalia, shirts with logos or sayings on them (PNW branded material OK), ripped clothing, skirts/dresses that need to be adjusted for coverage when seated or engaging in a therapeutic activity, sneakers, shorts

Acceptable Examples: collared shirts, button-up shirts, sweaters, blouses, slacks/trousers, khakis, polo shirts, dresses, skirts, ties/bow ties, blazers/jackets, dress and business casual shoes (loafers, boat shoes, flats, boots, etc.)

Tattoos & Piercings

We respect your right to display and modify your body according to your own wishes. However, it is very important to consider the field in which you are training to enter. The most important thing to consider is the client, as the most vulnerable person in the room.

Hair, Nails, Hygiene, and other Representations

You are expected to maintain certain levels of professional representation of yourself, and that extends to the way in which you style your hair, nails, and maintain personal hygiene. As a program we respect and honor cultural traditions and values, and in no way seek to diminish a student's ability to represent oneself.

The Supervision Experience

Supervision is a vital, and key component to any clinical training program. The Supervision process at PNW and in the CFTC is intense – and based on a mentoring scholar-practitioner model. Every effort is made to ensure that you get a variety of supervision experience while enrolled in the practicum and externship process. Each supervisor has their own unique styles and approaches (similar to a theory of therapy – feel free to ask them to share their perspectives with you!), but the course itself is consistent across all groups. Supervision groups are assigned by the Program Director as they are connected with an independent course (CFT 67500 Practicum in Couple & Family Therapy). You are not guaranteed to be in the same groups over the course of your training.

Multiple Supervisors & Co-Therapy Cases

There may be a time when there is more than one supervisor assigned to oversee a case (such as when a co-therapy case is assigned to therapists in separate supervision groups). This is rare, and every effort will be made to mitigate this concern by the Clinic Director (who must approve and assign co-therapy cases). If, however, there are multiple supervisors responsible for a case, the Clinic Director will notify the supervisors, and request that they discuss who will take primary responsibility for oversight. A guideline that may be helpful: If a case is already established and a new therapist is added, the original therapist's supervisor is the one responsible – If the co-therapy case is a new case to the clinic, the supervisor of the student with the first name alphabetically could become the responsible supervisor. This process is able to be decided by the supervisors. Within the EHR, both students will be assigned to the case, and so can write clinical documentation – however, whoever's supervisor is the one responsible should be the person who writes and submits the note (maybe jointly write it in person, and submit under the corresponding therapists' login).

At any time, the Clinic Director, a faculty member, or supervisor may be present in the clinic and be called in to consult or supervise a live session or situation in which a student therapist needs assistance. The supervisor will evaluate, and in the emergency situation will assist as appropriate – at the completion of the event, the therapist is directed to document all information, and confer and consult with their corresponding and current supervisor. The "fill in" supervisor and official supervisor should make an effort to be transparent and engage in ongoing communication about the incident in a timely manner.

In a dual-advice scenario, where one supervisor is telling you to engage in one avenue of treatment, and a different perspective is given by another supervisor, the prevailing advice should be that of the primary supervisor (instructor of the student's CDFS 66900 Practicum course).

Therapist-Supervisor Communication

All cases at the CFTC must be supervised. Your practicum supervisor must be kept apprised of all case activity, not just that which is being live-supervised or that which you think needs supervision. Each supervisor will have their own process for accomplishing this, but you should check in with them at the beginning of your practicum to be fully aware of their process.

- → *This does not mean we distrust your capabilities as therapists; we simply need to be informed. Remember you are operating under the license of faculty.*

All concerns related to abuse, violence, harm to self or others, ethical or legal concerns, or any other questionable situations need to be discussed with your supervisor within 24 hours of occurrence (via phone call!). In this way, we can facilitate the best therapeutic and learning environment, maintain consistency in the way we handle various situations in our CFTC, and be sure that we are operating in a clinically sound manner, ethically and legally. This is a training center and that accountability rests with the faculty and with you.

→ If the supervisors give you specific directions, follow them. Discuss any reservations you may have in carrying out supervisory directives with your supervisor.

Students come to the CFTC with varying degrees of experience. Occasionally, therapists may feel compelled to intervene in situations without first consulting their supervisors. Regardless, it is the therapist's explicit duty to consult with their supervisor on all matters of potential importance. If the assigned faculty supervisor is unavailable, therapists should contact another faculty member, trying first the CFTC Director. This is a general obligation and is not limited to specific types of issues or problems. Actively seeking supervision is a critical part of any therapist's development. When therapists believe intervention is necessary before consultation can occur, they should consult with their supervisor as soon as possible afterwards.

Supervisors are always ready for consultation and assistance for any questions. The philosophy of our CFTC is concern both for good therapy and learning. The faculty are here to ensure this happens. You should never be concerned that your questions are too trivial or that the faculty will think negatively of you for wanting to check something out.

Emergency Contact Order

1. Your primary supervisor, contact by cell phone (should be programmed into your cell!)
    a. If no response, leave voicemail expressing concern & request call back. Text if no response within 5 minutes. After ten minutes with no response, go to step 2.

2. Contact the CFT Director, Dr. Christopher K. Belous, LMFT @ 517-993-7596 (if no contact from step 1)
    a. If no response, leave voicemail expressing concern & request call back. Text if no response within 5 minutes. After ten minutes with no response, go to step 3.

3. Contact the other (3rd) Faculty Member, who was not contacted in #1 or #2 above.

Revisiting: Clinical Hours

The MS in Couple & Family Therapy requires that a student complete at least 500 hours of direct client contact, and 100 hours of clinical supervision with an AAMFT Approved Supervisor. The way in which the hours break down is very significant – so the following information is VERY important.

Direct Client Contact Hours

A direct client contact hour is a block of time in which you are engaging in systemic psychotherapy with a client in the room with you. You must get at least 500 of these hours. Of the 500 hours:

- → A minimum of 250 must be "relational"
- → You can count up to a total of 250 hours of "individual" therapy
- → You may also get a maximum of 100 hours of teaming hours.

Video hours, phone calls, documentation / paperwork, and case management time does not qualify as direct client contact.

Relational Direct Client Contact Hour

A therapy session in which there is more than one client in the room participating in the therapy process. This includes couples, families, sibling pairs, roommates, friendships, co-workers, etc. The people in the room must have some kind of relationship together in order for it to be a relational psychotherapy hour.

- → You must get a minimum of 250 relational direct client contact hours in order to graduate.

Individual Direct Client Contact Hour

A therapy session in which there is only one client in the room. This can include adults, children, adolescents – anyone in which you are doing therapy with only one person at a time.

- → You can get a maximum of 250 individual client contact hours counted toward graduation.

Relational Group Therapy Direct Client Contact

A group therapy session (more than 2, 2-pair or more client systems) in which the therapy process is systemic or psychoeducational. These hours are included with the overall relational hours needed for graduation.

Individual Group Therapy Client Contact Hour

A group therapy session made up of two or more individuals who are not related or engaged in any kind of relationship for the purpose of psychotherapy or psychoeducation. These hours are included with the overall individual hours towards graduation.

Observation or Teaming Hours

You can earn up to 100 hours of "alternative client contact" or Team Hours. These hours are built into the system in order to provide some flexibility for training and to recognize the work that you will be putting in as good therapy colleagues. A Team Hour is a block of time that you dedicated toward working with a primary therapist on a case, observing and conceptualizing the case as a team – working on treatment even though you will not physically be in the room.

- → Individual Team – an hour where you observe an individual direct client contact hour.
- → Relational Team – an hour where you observe a relational (couple, family, etc.) direct client contact hour.

Supervision Hours

Individual / Dyadic Supervision

This is a supervision session where you and up to one other student therapist are engaged in the supervision process with at least one approved supervisor.

→ You must get a minimum of 50 hours that count as individual to graduate (can be case consultation or raw data).

Group Supervision

Small group supervision of 8 students or less, and meeting with at least one approved supervisor. You can count up to a maximum of 50 group supervision hours towards graduation (can be case consultation or raw data).

Case Consultation

This is a type of supervision in which no raw data is presented when discussing the case – and can be either individual/dyadic or group supervision. This would be a situation where you discuss the case, treatment approaches, what was said, etc., and get advice on how to move forward. The supervisor and your colleague(s) do not see or hear the client in anyway. You can count up to a maximum of 50 case consultation hours towards graduation (individual or group).

Video/Audio/Live - Raw Data

This is a type of supervision where you bring in either video recordings, audio recordings, or your supervisor watches a session occur live – and can be either individual/dyadic or group supervision. It is considered raw data supervision whenever someone in the group or dyad brings in video/audio or has a live session, for all people who participate.

→ You must get a minimum of 50 hours of raw data supervision (individual or group).

Tracking of Clinical and Supervision Hours

Student therapists will track their hours with the help of the Excel document available on the CFTC Section of the Program Brightspace page, or distributed through email by the director. Each student should download a blank copy of this document, and save it. This is a 12-month document that is updated each month, printed, signed by both you and your clinical supervisor (digitally, through DocuSign), and then submitted to the Administrative Assistant in order to be accurately filed with your other student documents. This is an official form, and one of the most important documents that you will complete while in the program. After you have saved the blank template, you should "Save As" and save a separate copy that is to be edited and kept up to date. You only need the ONE file for an entire 12-month period (January-December).

> *NOTE:* Some information will only need to be entered once in the document, and will then populate across all of the months. Some information is entered, and then added to previous totals before it is populated across the rest of the months. Overall, the document is comprehensive in that it builds upon the previous data entered, for a complete summary by the time the year is complete.

Hours are DUE by the second Friday of the Month (for the previous month)

Client Contact Hour Q & A

What about if I am seeing a child, and the parents check in with me at the beginning of the session and at the end?

This is still an individual hour, if there is no real psychotherapy being conducted with the parents and children together.

How do I count an hour where there is a couple that I see regularly, but I split them up for an evaluation or individual discussion – 30 minutes for each partner?

This is an individual hour – you are not seeing the couple together during this time.

What about people who live together, but don't have a formal relationship? As in – people who bunk together in an inpatient unit, for example?

This would be relational if you are discussing the relationship they have together, and how they interact, problem solve, etc. However, if you are simply leading them in self-discovery or some other form of individual development, it would qualify for an individual group psychotherapy hour.

What if I see a group of kids, at their school, and we talk about things like bullying and how they are treating each other?

This would qualify for a relational group direct client contact hour – however, you should clarify this with your supervisor at the time, to make sure that what you are doing and covering with the group qualifies as relational.

What about if I call a client on the phone, and they talk to me for 15 minutes about their week? Does that count?

No, that is not a direct client contact hour – and you should not be engaging in any kind of psychotherapy via phone or digital methods.

What about a client who stops in, and needs some documents?

If you spend time doing psychotherapy – talking about their presenting problem, applying interventions and theory then yes, it is a contact hour. If you are simply signing a release of information, and completing documentation, then no, it is not a contact hour.

What happens if there is an infant in the room? And the parent is talking about parenting stuff?

If the child is under 1, and incapable of interacting, then it is an individual hour. If the child is 2 or older, capable of interacting, and If you are doing relational parenting / parent training psychotherapy about the relationship, then it can be a relational hour – as long as all people are participating.

What does it count as if I am seeing a case manager, or I go to a school meeting for special needs planning and there are administrators, other counselors, parents, etc., in the room?

Are you doing therapy with the whole group? If they are not participating in a therapy session, with informed consent, theory and intervention informed by treatment goals, then it is not a client contact hour. This would be considered a case management hour – something not counted or tallied toward graduate requirements, yet vitally important for your client.

Teaming Guidelines and Protocols

Teaming hours / observation should be considered in the same manner as when you are the primary therapist for a case. You are expected to be present, fully aware, and capable of presenting detailed information about any case in which you are a team member – at any time. There can be no more than 6 members of a team on a case at any one time.

Minimum expectations of Team Members

You are expected to *follow* the case over time – teaming is not about quick hours! Consider yourself the second therapist on the case, and so you must be present to observe, just as the primary therapist must be present to do the session. ALL scheduling for cases with teams must be done conjointly with the entire treatment team (primary therapist & all teamers / observers).

- Be present 10 minutes prior to the start of a session, help with set-up and confer with primary therapist about treatment planning and session details
- Observe session either behind mirror or via asynchronous video – keep a note (teaming note) that will be submitted *at the same time as* your monthly log (this note is counter signed by the therapist on the case)
- Discuss case and session for 10 minutes at the conclusion, discuss treatment plan, and goals with primary therapist. When in person - help with room reset, and/or other concerns as needed.

Minimum expectations of Primary Therapists

- Include teamers in scheduling sessions.
- Teamers should be considered as therapists on the case, and must be present for all sessions.
- Incorporate teamer feedback into treatment planning and case conceptualization.
- Inquire and seek support from your teamers when needed.

The Creation of Teams

Teams are created by the Clinic Director. As a primary therapist, you send an email stating you'd like to start a team. Then, a match will be made between at least two other therapists and your case, and all therapists will be informed. The selection of teamers will be based on a rotating basis, and all therapists are expected to be teamers on cases throughout their time at the CFTC. A maximum of 5 teaming cases can be held at any one time by a therapist in the facility.

Telehealth-Specific Teaming Guidelines

Teaming in a telehealth capacity is similar, but very different than teaming during an in-person session. We utilize a HIPAA Compliant, Secure Zoom Platform for all telehealth sessions. The primary therapist should share with each teamer the link to be able to observe the session well in advance of the scheduled appointment. The same requirements as listed above are true for telehealth teaming – meeting before the session and after the session are crucial components to ensuring successful teaming.

Teaming should occur during live sessions, as watching previously recorded sessions is not allowed to count as a teaming hour.

Logistics of Observation

1. Therapist on the case will create an appointment with the teamers on the case, using HIPAA Compliant Zoom.
2. Once in the session (ten minutes before client arrives) the therapist and teamers will discuss the case briefly as they would in face-to-face sessions about the plan for the session.
3. After the pre-therapy discussion, before the client arrives, the teamers on the case will mute their cameras and microphones.
4. During the session, the primary therapist should make sure that the client is aware of the teamers/observers and should offer to let the client meet them; should they chose to, the teamers will unmute their camera and microphone and introduce themselves before returning back to a "muted" box/cameras and mics off.
5. During the session, the teamers should complete the teaming note digitally, and discuss their thoughts and feedback immediately following the case, approximately 10 minutes.
    a. Following the post-session discussion, it is highly recommended that the teamers submit their teaming notes to the primary therapist for signature through DocuSign.

Teaming Note

You must complete a "Teaming Note" for each session that you observe – this document is initialed by the primary therapist through the DocuSign system. The teaming note is a simple document where you can keep your observations and suggestions for the case organized. The form is available on the CFTC Brightspace page.

When sending to the primary therapist in DocuSign, be sure to "CC" your current supervisor, as well as Dr. B to receive a copy of the teaming not to verify with hours logs.

Co-Therapy

Co-Therapy is a process in which two therapists are assigned to the same case, for treatment. It is an enormously complex and nuanced systemic approach to therapy where two therapists are involved in the conceptualization, treatment, and case management of the clinical therapy process. The two therapists act as a pair and provide treatment to the client system as a team, at all times (however that may occur – can be done in person or via telehealth). The process of co-therapy often looks different for each pairing, and each case.

What does co-therapy look like?

- Two therapists involved and cooperating with one another to provide mental health treatment.
    - This means that each person *must* be on the same page about what treatment looks like, and how it should unfold.
    - The therapists have to be well-versed in reading the body language and subtle movements of their co-therapist to understand when they wanting to speak, interact, or perform the process of therapy with the clients.
    - It is difficult to understand and come up with a smooth process of how to share and manage *airtime*. One therapist should not be 'dominant' or speaking more so than another. However, it doesn't always have to be a 50/50 split – there will be times when one person speaks more than the other – but that should not be the norm. Collaboration is the 'name of the game,' even though title-wise it may appear as though one therapist is "in charge" of the case, both therapists are a treatment team – *together*.
- There are alliances/therapeutic relationships to consider – between therapists, between one therapist and the family/clients, between the other therapist and clients, between the clients towards the therapists, etc. It is highly layered and can be come complex.

Logistics

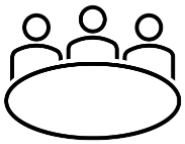
There will be a therapist identified as the "primary therapist," with the other therapist identified as the "co-therapist." Both are to be held responsible as therapists on the case – with each being held to the same standards and requirements as set forth as a therapist on any case. The Primary and Co-Therapist roles will be assigned at intake, and clearly specified on the telephone intake form.

Prior to the intake session, the two therapists must…

1. [Prior to first co-therapy case] Read at least 2 of the following articles (available on Brightspace):
    a. Ast, L., Florek, T. R., & Fanfoni, S. (2019). Co-Therapy: A collaborative odyssey. *Journal of Systemic Therapies, 38*(1), 17-29. Doi: 10.1521/jsyt.2019.28.1.17
    b. Brent, D. A., & Marine, E. (1982). Developmental aspects of the cotherapy relationship. *Journal of Marital and Family Therapy, 8*(2), 69-75.
    c. Clark, P., Hinton, W. J., & Grames, H. A. (2016). Therapists' perspectives of the cotherapy experience in a training setting. *Contemporary Family Therapy, 38*, 159-171. Doi: 10.1007/s10591-015-9358-2
2. The two therapists must have a planning meeting. At this planning meeting prior to the intake, the therapists must discuss the following topics. The therapist's supervisors may ask for information and details about how this conversation went – you can expect this meeting to be about 30 minutes.
    a. How will they talk and converse with each other on the topics of scheduling, planning, conceptualizing, and operationalizing the progression of the case?

b. What is the plan to consult before and after each session?
c. What is the plan for how the pair will write case documentation?
d. What is each person's therapeutic approach, and how do they work together as a co-therapy team?
e. How would they like the relationship to look as co-therapists?
f. What is each person's role, and what does that look like?
    i. Do you want to have a formalized role-structure? Such as collaborative-equal, complete equal, etc.?

After the intake, the therapists are expected to continue having ongoing conversations about the co-therapy process, and what that means (with implications) for the case.



You cannot just show up and "do therapy" – you must plan it in advance.

Primary therapist responsibilities

1. Complete all clinical and case documents per standard procedures as outlined in the CFTC PPM Manual. This includes signing all forms and documents.
    a. The primary therapist must consult with and collaboratively write the case documents together with the Co-Therapist.
        i. The primary therapist will ensure that on the co-therapist has reviewed and endorses all clinical documentation prior to submitting for signature to their supervisor.
2. Be the primary point of contact for all clients connected with the case
    a. The primary therapist shall schedule all appointments with the clients, ensuring the co-therapist is listed as a therapist on the case as well, and able to attend all sessions
3. Keep their supervisor up to date and informed of all activities associated with case progression and any issues that may arise

Co-therapist responsibilities

1. Attend all sessions and planning meetings from start to finish.
2. Collaborate with the Primary therapist on case management and documentation
    a. The co-therapist is expected to review and approve all documents prior to signature by the Primary Therapist's Supervisor.
        i. The co-therapist should place this statement, with their initials on every document they have reviewed: "This document has been reviewed and is endorsed by NAME on DATE. INITIALS"
            1. For progress notes, this can go at the end of the "Session Narrative" box
            2. For treatment plans, this can go at the end of the "Behavioral Definitions" box
            3. For IADC's, this can go at the end of the "Presenting Problem" box
            4. For all other documents, where directed by your supervisor, or where seems most appropriate.
    b. Assume secondary responsibility for treatment planning and case conceptualization throughout treatment
3. Be the secondary point of contact for clients connected with the case
4. Keep their supervisor up to date and informed of all activities associated with case progression and any issues that may arise

Who is the supervisor?
The supervisor assigned to oversee the Primary Therapist's cases for that semester is considered the Primary Supervisor. The primary supervisor shall be vested with the responsibility to sign all clinical and case documentation and is charged with the clinical direction and principal oversight of the treatment plan. The primary supervisor holds the "final word" on clinical direction of the case.

The co-therapist's supervisor is considered a secondary supervisor – they do not sign any clinical documents, but is still a part of the clinical conversation, specifically around the clinical development of the therapist under their supervision.

Ethical Adherence and Requirements for Practice

All students, clinicians, support staff, faculty, supervisors and others who are engaged with the Couple and Family Therapy Center are expected to adhere to, promote, and abide by the ethical and legal principles and requirements set forth by the following organizations, agencies, or government bodies:

1. American Association for Marriage and Family Therapy Code of Ethics
   a. https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx
2. Indiana Professional Licensing Agency; Behavioral Health and Human Services Licensing Board – Statutes and Rules for Marriage and Family Therapists
   a. https://www.in.gov/pla/3763.htm
3. Health Insurance Portability and Accountability Act (HIPAA)
   a. https://www.hhs.gov/sites/default/files/hipaa-simplification-201303.pdf;
4. Health Information Technology for Economic and Clinical Health (HITECH) – an extension of HIPAA
   a. https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/enforcementrule/enfifr.pdf

Failure to follow ethical and legal rules and statutes as mentioned above may result in a revocation of your ability to practice as a therapist trainee/intern in the Couple and Family Therapy Center, and may also come with significant disciplinary action as outlined in the most recent edition of the CFT Student Handbook.

→ *You are expected to download copies of all of the above documents and review them for familiarity.*

Confidentiality Policies

The duty to safeguard client confidentiality is your ethical and legal responsibility. The duty to safeguard client confidentiality serves to strengthen the therapists' ability to offer help to clients. All client information (including the fact that they are clients here) is confidential. We also adhere to Indiana law.

Privacy and confidentiality issues are complex and become even more so when the unit of treatment is a family, a couple, or a relationship. It is important that therapists at Purdue follow guidelines for practice that safeguard the privacy of our clients to the extent allowed by law. Practicum supervisors and your Ethics and Professional Issues course will provide opportunities for you to develop an understanding of these complex issues. Always contact your supervisor when you have questions regarding confidentiality and professional ethics. Be sure you have read and understand the AAMFT Code of Ethics (2015) prior to seeing any clients.

Interns who fail to maintain confidentiality will be subject to the remediation and dismissal policy outlined in the CFT Program Handbook, depending upon the nature of the breach (HIPAA Regulation 45 CFR§164.530(e)). As professionals, we adhere to the Ethical Codes set forth by AAMFT (2015).

Therapists should inform clients that if they meet in public, the therapist will take their cues from the client about acknowledging their relationship. If the client does not acknowledge the therapist, the therapist will not acknowledge the client in order to preserve the client's privacy.

Client forms given to the CFTC Administrative Assistant should always be placed in an envelope with her name and put in the intern office, as should forms given to therapists. No confidential information

should ever be left outside the intern office overnight, nor on the CFTC Administrative Assistant's desk at any time.

Defining Confidential Information

As per HIPAA regulations, there are 18 identifiers that make information confidential. The following identifiers determine confidential information, if they can be linked to a particular person (45 CFR 164.514(a),(b), and (c)):

1. Names;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Phone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)

Minimum Necessary Standard

When communicating information that is not for treatment and payment purposes, we only disclose the minimum information to satisfy the intended purpose (HIPAA Standard: 45 CFR §164.502(a)).

Center staff have access to only the minimum information necessary to do their job. There is not a minimum necessary standard when discussing confidential material for educational purposes, though staff, interns, or undergraduate interns must not be perusing files they have no direct need to access. Additionally, when a member of our clinic team knows the client, they must not have access to the client's treatment information. Supervisors also try to limit this access should they know the client, and make alternate arrangements whenever feasible.

Privilege and Client Confidential Information
Privilege means that clients maintain confidentiality in a courtroom setting (or other legal proceeding). Because you are practicing under licensed supervisors, your client information is considered privileged. Limitations to client privilege are listed in Indiana Code 25-23.6-6-1 Privileged Communications.

Release of Confidential Information
All client information is held confidential with certain exceptions as required by law. Except when mandated by law, do not reveal client information unless a signed release of information form is obtained (or in cases where we are legally obligated to divulge information [e.g. reporting child abuse]). Be sure to check expiration dates on release forms prior to releasing client information.

Therapists must maintain strict confidentiality of all client information, including case files, audio or video recordings, and the knowledge that a person simply is or was a client at the CFTC. Because of the unique purpose of the CFTC as a primary training facility for couple and family therapy practicum students, each client must be aware that clinical supervisors will be consulted in all matters pertaining to appropriate treatment of clients.

It is the student's responsibility to maintain confidentiality of all their clients, as well as inform them of the statutory limits of confidentiality (stated in the informed consent for treatment).

Communication with outside entities, even when there is a signed release, should be limited to the minimum necessary to accomplish the intended purpose. And if there is no release, there is no release!

Releasing of Information
When release of information forms are used, make sure to keep a copy in the client's case file. The original should be sent to the person from whom information is being requested (HIPAA Standard 45 CFR §164.508). The Release of Information form is a two-way capacity form that is designed to show what, who, how, and why information is being shared with the expressed consent of the client. When you have completed the ROI, you should scan a copy into the client's file, and place a contact note in the client file that releases have been obtained – in addition to mentioned in the progress note for the session. See the ROI section in the Clinical Documentation portion of the handbook for more specific guidelines on how to complete the document.

Do not release raw test data or results without consulting your supervisor. When you are working with court involved clients, in order to speak to their attorney, you must have a release. If a client asks you to speak to their attorney, advise them their attorney will likely charge them for the consultation.

Re-Releasing of Records – Secondary Releases. When another agency sends us information regarding a client (for example, psych evaluation results), we may not re-release these records to the client. The client must go to the original source to obtain these records.

Client Access to Case Records & File Retention
Clients may access a copy of their records for their own use unless there are extenuating circumstances to deny or restrict access. The client file is considered "owned" by both the provider and the client according to Indiana Code.

If for any reason you believe releasing records would harm a client, Indiana Code 16-39-2-4 allows us to withhold the information, with certain restrictions. We may restrict access when we feel as though releasing the records may be detrimental to the physical or mental health of the client, or another person. This is supported by section 2.3 of the AAMFT Code of Ethics (2015).

Process for Receiving Personal Copies. Clients must sign a release of information when the file copy is picked up, stating they are releasing the information to "Client Name" for the purpose of "personal use" or whatever reason they give for wanting the file. Personal copies are generally handled with the primary therapist (if available), and the Clinic Director directly.

NOTE:

- → We do not currently charge fees for client copies.
- → If the case is a multiple member case file, you must get a release from each individual client prior to releasing the copy, or you will need to work with the CFTC Director regarding an alternative method to ensure confidentiality of other therapy participants.
- → Clients need to be educated that they cannot obtain records immediately. Releases must be approved by the CFTC Director or practicum supervisor, and it takes time to get copies made.

Maintenance of Records

Indiana Code 16-39-2-2.2 states that all providers must maintain the original mental health record, or digital copy of it, for at least 7 years.

The CFTC Complies with the above statues and rules by retaining client records for 7 years past the termination of services date. Should a minor be involved in the case, the 7-year waiting period begins the day after the client turns 18 years of age. This is true for the entire case file. Files may be kept via hard copy or digital, scanned file for archival purposes. For data and records completed with Electronic Health Record – digital copies are stored on secure servers for the same time period, and managed through HIPAA Compliant web services.

After 7 years of storage, the case file may be deleted or cross-cut and secure shredded without detailed records kept. No records will be kept past the 7-year mark, unless completely de-identified and aggregated for comparison, normal business practices, or for Internal Review Board approved research.

Disclosures Without Client's Consent

There are times when we are legally allowed to release client records without client consent, as specified in Indiana Code 16-39-2-6, specifically in the case of medical, mental, and physical/bodily harm or security is at stake. Should there be just cause for concern related to harm or negligence to self or others, legitimate business practices, in the case of medical emergency, or court ordered United States investigative processes – reports must be made within 24 hours of the event. If any disclosure is given, it is done so in conjunction with the CFTC Director, primary supervisor, and/or faculty members of the CFT Program and should only be in good faith and best efforts for effective practice.

Determining Who Has Access To Confidential Information

Often, figuring out who can see a client's files, access information or discuss the case with the therapist is a tricky situation. You are encouraged to speak with your supervisor or the CFTC Clinic Director if you are confused, or have questions. At a basic level, only the client(s) or their legal guardians, and other treatment staff have implicit access. From there – everything gets very tricky! Especially when you

consider parenting, divorces, legal decrees, adoption complications, etc. Indiana Code 16-39-2-9 specifies exactly who has access to client records.

Confidentiality and Therapy with Minors
Confidentiality for minors in therapy ends with parents and legal guardians. Either has the right to know what went on in therapy on demand. Minors who are seen individually must always be informed of this limit at the outset of therapy. It is also appropriate to inform parents and guardians of this right, while at the same time pointing out that this is a right best used with restraint, if at all. The age of majority (adulthood) in Indiana is 18 – and once this age is obtained by a client, the record and all information and services provided after that point are considered confidential to the Client ONLY.

If a minor begins treatment at age 17, parent's consent is required – once the person's birthday cycles around and they are then 18, new documentation must be completed and the change in status must be explained to both the client and the parents. Without a Release of Information form signed, no information can be shared about events and treatment post 18 years of age.

For every family that you see at the CFTC, you should ask about parental consent/legal ability to provide consent for treatment. Each parent with legal custody must provide consent for treatment of the minor.

Custodial Consent
Legally, therapy with minors requires the consent of at least one custodial parent (or guardian). If parents are married, or if custody is joint, either parent can authorize therapy. If custody is not joint, only the parent (or person) with legal custody can authorize therapy.

However, it is CFTC policy that if a parent brings a child to therapy, the other parent must be notified and involved. We require both parents to agree and sign consent for children to be seen. In the case of divorce, this is particularly important. Failure to notify the other parent is not acceptable except in extenuating circumstances. Do not take the report of one party at face value without verification. *We need a copy of any custody agreement prior to seeing children for therapy when one exists.*

Therapist notes should reflect documentation that the adult consenting to therapy states they have the legal right to consent, or a copy of the relevant portion of the divorce or custody decree should be placed (scanned and uploaded) in the client's file. Parents need to be involved in therapy with minors. It is CFTC policy to meet with only the parents prior to any child case for assessment and then involve all family members in the treatment. Parental Consent forms are available in physical copy in the intern office – for when a legal guardian is present, and when one is not able to be located (with evidence). It is preferred that all parents complete consent documents through TheraNest, unless extenuating circumstances exist.

Getting parental approval (from both parents) for us to see minors in session is very important; this includes infants; minors should not be allowed to enter any therapy room unless these documents are signed. This means sending clients home who bring children to session without the proper paperwork.

When we see minors in therapy, family sessions are also required. It is not enough for the therapist to see the parent for a few minutes at the start/end of a session and call that good enough for family involvement. This is a systemic conceptualization issue.

Child Abuse Or Neglect

In Indiana, everyone is a mandated reporter, even non-therapists. In order to provide protection for children, Indiana law requires that any person who suspects that a child has been abused or neglected by parents or other persons responsible for their care, report such information to the Department of Child Services (DCS). That is, we can be prosecuted if something happens to a child and we have not reported our suspicions. The law establishes immunity from liability (for breaking client privilege to confidentiality) for those persons who, in good faith, report child abuse or neglect. Each County has a special telephone listing under "Child Protective Services." You must consult your supervisor before reporting if this becomes relevant. Our duty is to report suspected abuse - not to investigate it. Investigation is the job of the Protective Service investigators. Always discuss these issues with your supervisor prior to acting upon them; it is imperative that you contact your supervisor immediately upon suspicion that abuse or neglect may be occurring. When you speak with DCS ask for the name and identifier number of the person you speak to, and clearly document your conversation.

Lake County Department Of Child Services (DCS) Phone Number

Child Abuse and Neglect Hotline: 1-800-800-5556 *Hotline Hours: 24 Hours*

DCS Address:	661 Broadway; Gary, IN 46402-2407
Telephone Number:	219-881-6944
Northside Fax:	219-881-2142
Southside Fax:	219-881-5859
Administrative Fax:	219-881-2013
Office Hours:	8AM-4:30PM

Illinois Department Of Child And Family Services (DCFS) Phone Number

Child abuse that occurs in Illinois must be reported in Illinois.
Hotline for Illinois is 1-800-252-2873.

Referrals and Other Professional Interaction

You may find it valuable to contact a referral source or other professionals for information or consultation. You may find yourself being contacted by another professional. Anytime you wish to communicate with anyone other than the client(s), you must obtain a release of information form and a request for an information form from your client(s). The family has the right to know and approve the release of any information related to treatment, including the fact that they are in therapy.

Never talk to anyone about a case without first having a valid release form in hand! If they call you on the phone, ask them to fax a release form over to us (219-989-2777) and then you can talk to them based on information provided on the ROI (be sure to check out the validity of the release form, and limit your discussion to the matters indicated by the release).

→ *"You cannot confirm nor deny that that person is a client of this agency, nor can you speak to the person until you have a confirmed release in hand."*

Duty To Warn Or Protect

It may become necessary to have a client hospitalized if the person is dangerous to self or others (in which case, warn the potential victim). In cases where there is the potential for suicide or violence to others, seek advice from the CFTC Director, your supervisor, or other faculty immediately.

Duty to warn falls under the special situations allowed by law to break client privilege to confidentiality. Most cases are not clear and require consultation. Duty to warn requires that we notify potential victims (or relatives in the case of self-harm) and appropriate authorities. Indiana Code 34-30-16-1 & 2 supports this process.

When you must disclose

1. Tell the client of your duty & begin the process of completing the suicidal/homicidal referral and safety packet – or – let them know of your mandated reporter status and encourage collaboration
2. Establish a safety contract and notify others as necessary
3. If the client wishes or agrees to hospitalization, provide copies and information necessary to facilitate the process
    a. The client most often will be unable to take themselves to the hospital for evaluation. Request that they contact someone they trust to come and get them to take to the emergency room.
    b. YOU CANNOT TRANSPORT A CLIENT – If they are unable to contact someone, call the police and request a safety transport
4. Follow-up with the client in the days after the situation, in consultation with your supervisor

We do notify clients whom we report against, unless we believe there to be danger to the child/children or other parent or guardian in the case (HIPAA 45 CFR § 164.512(C). We do not notify persons who are not involved in therapy.

→ *If your client is threatening immediate harm to themselves or others, contact the police at 9-911, or press the panic button located in every room*

ALWAYS: Document your actions in writing with copies for the confidential client file and the CFTC Director.

Elder Abuse

Indiana has an Elder Abuse Law that applies to endangered adults over the age of 18 years. It requires the reporting of suspected neglect, abuse, or exploitation, drug addiction, or old age-related illness. Report suspected abuse to the Lake County Prosecutor's Office, 2293 North Main, Crown Point, IN, and Phone 219-755-3720, ext. 56. Consult your supervisor before taking action. Document your action and reasons for suspicion in writing, in clear behavioral, objective terms. Notify (if not involved in the case already) the CFTC Director, the Director of the Program, and your supervisor. Be sure to document with whom you spoke to when you filed the report, ask for their identifier number, and document and what specifically was said.

Professional Consultations

Psychiatric. Clients in need of psychiatric assessment will be referred out to the psychiatric referral sources listed on the regularly updated Referral List. Some of these sources are available on a sliding fee scale. Give at least 3 referral options to clients when you are referring them to a psychiatrist. Therapists should obtain appropriate release forms from the client(s) so that consultation can occur between the psychiatrist and student therapist/supervisor.

*Legal***.** Legal questions that may arise during your treatment of CFTC clients will be answered through the Purdue attorney whenever possible. Contact the CFTC Director and they will help you determine when it is appropriate to consult an attorney on a particular issue. For resources and reference, therapists and clients may find the following website helpful: https://indianalegalhelp.org

Subpoena Response Protocol

The CFTC is served with subpoenas from time to time. Although most client records are privileged, clients who assert a mental or emotional disability as part of a legal matter are presumed to have waived that privilege and their records in fact may have to be produced. When there is a custody case, typically client records are discoverable. When a subpoena is received the therapist should notify the CFTC Director and their supervisor immediately. The subpoena must be read carefully to determine who is seeking client records or therapist testimony, the deadline for testimony or production of the records, the name of the parties to the action, and the court in which the matter is being adjudicated. The client whose records are being subpoenaed should be informed immediately and asked if they intend to have the subpoena quashed. This should be done verbally as well as by certified mail. All correspondence with the client, as well as the subpoena itself, should be scanned and included in the client's file, including records of phone conversations. We will consult with University Counsel as soon as possible; most subpoenas need clarification to determine what information may be released. Client release may also be waived under conditions of mandatory reporting and duty-to-warn situations. Clients (except in rare circumstances with faculty approval) should be informed of reports and subpoenas. You should explain the purpose and reason for the report or subpoena, explain likely procedures, and offer to help the family through the process. Always consult your supervisor immediately when any questions or concerns related to mandatory reporting or duty to warn arises. Indiana and federal subpoenas must be responded to; subpoenas from other states are ignored upon advice from University Counsel. In the event that at student therapist is being subpoenaed to appear in court, the student's supervisor or the CFTC Director will attend with the student, unless directed not to by University Counsel.

Breaches of Confidentiality

If you are aware of a breach of confidentiality or breach of security of electronic data, inform the CFTC Director as quickly as possible so that remediation steps may be taken immediately. It is much better to be straightforward about this so any damage can be minimized. The CFTC Director will aid you in determining if the breach is such that the client must be notified. In addition, University Counsel will be consulted whenever there is a breach of confidentiality. (HIPAA Regulation 45 CFR §164.308(a)(6)(ii).

Health Insurance Portability and Accountability Act (HIPAA)

The CFTC does not do electronic billing to insurance companies or clearinghouses - or otherwise meet HIPAA requirements that trigger covered entity status for us. Therefore, we are not required to be compliant with federal HIPAA standards. However, state law is typically more stringent than HIPAA regulations, which means that virtually most client information is confidential, with some legal exceptions as noted above. In spite of this, we try to follow HIPAA regulations closely as they are the standard of care, providing a floor of privacy protection for clients. In addition, by remaining compliant with HIPAA standards, student clinicians will be more prepared for post-graduation employment.

Electronic Security of CFTC Confidential Database Policy

The CFTC database is backed up weekly or biweekly, except when the CFTC is closed. The backup occurs on an encrypted, passcode protected server-based storage system, which is then kept outside of the CFTC for safekeeping should there be a building emergency threatening our on-site database. The CFTC

Director, Program Director, and CFTC Administrative Assistant have the ability to contact Information Services Customer Service Center for restorative services. In addition, an external hard drive is kept secured on site, under triple or quadruple lock and secure access key. (HIPAA Regulations 45 CFR § 164.308(a) (7)(ii)(A)).

Security Risk Analysis
The CFTC will undergo a security risk analysis on a semi-annual basis regarding security of both paper and electronic confidential data (HIPAA Regulations 45 CFR §164.308(a)(1)(ii)(A)& (B)). A remediation plan will be produced, with security risks addressed in order of importance – should any be found. This security risk analysis will be conducted by qualified technicians under the employ of Purdue University Northwest.

Observation & Recording of Therapy Sessions
We use the Clinical Observation and Recording System (CORS) for video recording the sessions, storage, and editing of clips. You may not save client videos to your personal computer. The computers in the student work room are encrypted, and you can safely save client information to the H drive if needed, however there should be no reason to download or save videos outside of the CORS System as it creates copies for clipped files, and retains original raw data.

You can access the secure server at: https://cors.pnw.edu/ from the computers in CFTC. Usernames and Passwords are set up for you during your orientation training, and provided at that time. It is your responsibility to maintain your login information and credentials.

Clients are prohibited from video or audio recording their own therapy sessions.

*Recording of Therapy Sessions***.** As a training institution, it is critical that CFTC sessions are observable and regularly recorded. You will be trained on how to operate video equipment. All sessions must be recorded. The recordings are used by therapists and supervisors for case review and for practicum. Our informed consent form allows therapists to store recordings until the end of their practicum experience. If you wish to keep a recording longer, you must request a special release of information from your client(s).

All persons 18 or older who appear in a recording must sign the release form(s). Clients who are not willing to sign recording consent forms should be given (3) referrals elsewhere. It is our policy to not do therapy with clients who are reluctant to be observed or recorded since all therapy must be available for supervision.

*Observation of Therapy Sessions***.** Observation of therapy sessions is limited to CFTC supervisors, CFT Program faculty and students, and undergraduate interns who are trained in confidentiality, and have signed a Non-Disclosure Agreement. No one else should be allowed to observe sessions without the approval of the therapist, supervisor, and the faculty of the Couple and Family Therapy Program.

Clients of the CFTC have a right to know when they are being observed except when being observed by the supervisor or CFTC Director. Always inform clients when you have a clinical team or observers (approved by the CFT faculty) present during a session. If by chance you know someone you are about to observe, exempt yourself from viewing the session. Ask your supervisor for clarification on this issue.

As a matter of courtesy and ethical conduct, do not enter the one-way mirror room to observe another therapist's session without approval from the therapist.

Near the end of the fall semester, the CFTC Director will assign current cases to first-year students for transfer. The first-year students are allowed to observe behind the mirror and receive team hours after the assignment has been made. Towards the end of November, the first years who will be transferred the cases may sit in the room and act as co-therapist for the remainder of the semester.

Is [this] confidential, or "protected health information?"

If you have to ask, the answer is most likely, "YES!"

If a document contains ANY confidential information (see above "Defining Confidential Information") then yes, it is Protected Health Information (PHI). Minimum standards dictate was is required for documentation, but there is rarely policies surrounding verbal expressions of information – mostly restricted to sharing information in public spaces.

As a general rule – if anyone can identify or know who you are talking about, it is Protected Health Information, and should be treated as confidential. Do not share, disclose, or divulge information (including innuendos, jokes, etc.) about any client system when not in a secure location.

Intake Procedures and Process

It all starts with a phone call…

The Administrative Assistant is the primary person responsible for taking and assigning intakes to student therapists. In the absence of the Administrative Assistant, the Clinic Director assigns new intakes to student interns.

NOTE: Always be prompt in contacting clients once you have been assigned an intake. If you have difficulties contacting a client, notify the CFTC Director. Unnecessary delays for clients should be avoided. Be sure to arrive at the CFTC at least 15 minutes before your scheduled appointment so that you can let your client into the building upon arrival. Do not assume someone else will be available to let your clients in the building. Therefore, do not schedule clients at 5:00 if you have a class until 4:50 unless you know someone will be in the building to let them in.

Presenting Problems we DO NOT Address

The following is a partial list of concerns that we immediately refer out to other treatment centers:

- Active Substance Abuse of Significant Nature (Heroin, Cocaine, Meth, Opioids, etc.)
- Violent Offenders for crimes such as murder, violent assault, habitual harassment or stalking
- Violent Abusers of Domestic Terrorism or Violence without prior treatment
- Custody or Parenting Evaluations
- Psychological Evaluation
- Developmental/Cognitive Evaluations – Learning and Development
- School Evaluations for Psychological Fitness to Determine Safety -- *Note, we will see someone who is referred from a school for outpatient mental health treatment. We simply do not evaluate for safety or appropriateness for social / academic contact.
- Immigration Evaluation
- Expert Testimony or Witness
- Acute Suicidal or Homicidal Ideation or Threat
- Active Psychosis
- Medication Management

Long Term Clients at the CFTC

Some clients get very attached to their therapists and the facility. In order to allow for best, most ethical treatment, we may refer clients out if they have been seen at the CFTC for an extended period of time – specifically around the transition time near the end of the year. If a client has been seen within two different calendar years, they cannot be automatically transitioned to a new therapist for a third year. Instead, the case and client will need to be reviewed by faculty and supervisors prior to approval of transition or referral out to a new facility/agency/provider.

Case Modality Policy

As a general rule, it does not make sense systemically to provide treatment to multiple variations of the same client system within the same training facility. As a provider, it is unethical to provide treatment to multiple versions/variations of the client system, and when this extends to the consideration of supervision and case consultation/teaming opportunities, etc., it becomes a very convoluted process to

contend with. As such, it is the policy of the CFTC to only provide one method of treatment to a client system at any one specific time. If a client wishes to have multiple types of therapy within the client system, this should be discussed with the supervisor to determine appropriate referrals. In rare circumstances, the Clinic Director may approve specific, tightly supervised multi-modal conjoint cases.

Receiving Intakes

You all have a therapist account, and a "client" account on TheraNest (information on accessing and using TheraNest in Documentation section of Manual). When you log in to your THERAPIST account – the same way that you log in to complete paperwork - you can look yourself up as a client – search for your own name.

Your "profile" as a client is set up the exact same way as a standard client. You will have the same tabs. Do NOT open cases or worry about filling in any information. In your "General Documents" tab – as a client – you will see two folders, "New Intakes" and "Completed Intakes." When you get a new client, the new client telephone intake form will be uploaded to the "New Clients" folder. You will receive an email to let you know of the assignment and that the form is on TheraNest for you.

The "Completed Intakes" folder is for when you have already seen a client, or they have no-showed/cancelled their sessions, and you are returning the sheet to the Administrative staff for processing.

If any risk issues are present, there may be notes on the document from the Clinic Director to provide additional guidance or let you know it was reviewed.

Criteria for Assigning Intakes

The Administrative Assistant is the primary person who assigns new intakes to therapist interns. There is a tracking document that keeps an accurate count of all open, pending, teaming, co-therapy, and overall assigned cases – in conjunction with current totals of hours overall. These aggregate numbers are used in a system to assign intakes objectively.

Students will get intakes until they are no longer the one in most need, and then it cycles to the next person. It may seem as though this process favors those with fewer hours – and that is true. As the overall goal of the CFTC is to help students gain quality experience, it is important to make sure that all students have relatively the same amount of active clients at any given moment. As such, when there is an imbalance, this system will load clients onto the student with the least amount, until they are equalized with the remainder of the student interns.

Other factors that may influence assignment of intakes

- If you are have not submitted recent monthly hours logs
- If you have inaccurate client counts on our tracking log (these are checked weekly)
- If you take extended time off for vacations beyond the scope of the CFTC Closing schedule (this would be an uncontrollable issue)
- Special Request of Supervisor

You should know that there may be some extenuating circumstances around assigning intakes which faculty may not be able to divulge (due to confidentiality or other reasons), which may impact the

assignment schedule. For example, intake assignments may change if a student is on the Student Problem track (see CFT Program Handbook). In addition, if interns have an increased pattern of client no-shows or cancelations, intakes may be reduced while the supervisor works with the intern to help increase their retention of clients.

Procedures For Contacting, Scheduling, and Inputting Clients into TheraNest After Intake Phone Call
You are expected to contact the client via phone to schedule their intake appointment within 24 hours (or 1 business day) of assignment. When you call the client, use only the phones in the Intern Office. Do not use your personal cell phone. Call the client, and introduce yourself. If you receive a voicemail/no answer, leave a message such as the following (no identifying information),

> "Hi, this message is for _____. My name is _____, and I am calling from Purdue about your recent inquiry – please give me a call back at 219-989-2027 as soon as possible. Thanks!"

Confirm information on the Phone Intake Sheet. Be VERY clear on the email. This is vitally important as this is where their documentation will be sent to set up their Client Portal and to review and sign/submit documentation for therapy. Make sure they are aware of this, and that they give consent to do so. (If they don't or don't have internet or a device at home, it can be completed in office) Also confirm with them that they would like to receive text notifications for reminders about their appointment.

Each member of a client system, 18 and older, must have their own email or login for the client portal. Each client must be entered into TheraNest separately, and then combined together to form a "group" – this is done from the client sub menu!

1. Log in to TheraNest – Go to Clients tab -> Add New Client -> A pop up box asking for their name will appear.
2. Upon entering this, it takes you to the details page.
3. Enter in as much information as you now, but especially enter in the email address!
4. Also put in their cell phone number, triggering the option to remind them about their appointment.

Put the client's appointment on the calendar, now that you have them in the system as a client assigned to you. Be sure not to conflict with other's appointments (the system shouldn't let you, though).
As soon as the appointment is upheld, and treatment has begun (or the client has decided not to continue or start treatment) – *return the Phone Intake Form with the appropriate outcome box checked at the bottom*. This form does not need to be scanned or become a part of therapy. This information is used to enter data into a database for tracking purposes. See above screen shot of form, and notice the bottom box with outcome lines. This sheet is most often submitted as part of the Clinic Meeting, held once per week.

Therapist Intern's Initial Phone Call To Clients

The goal of the telephone call is to make contact with the client system and empower them to come for the initial interview. Make your initial contact as soon as possible with the person who called the CFTC. Consult your supervisor if you have questions about who should be involved in the assessment (intake appointment) and how to handle client concerns about who should attend therapy.

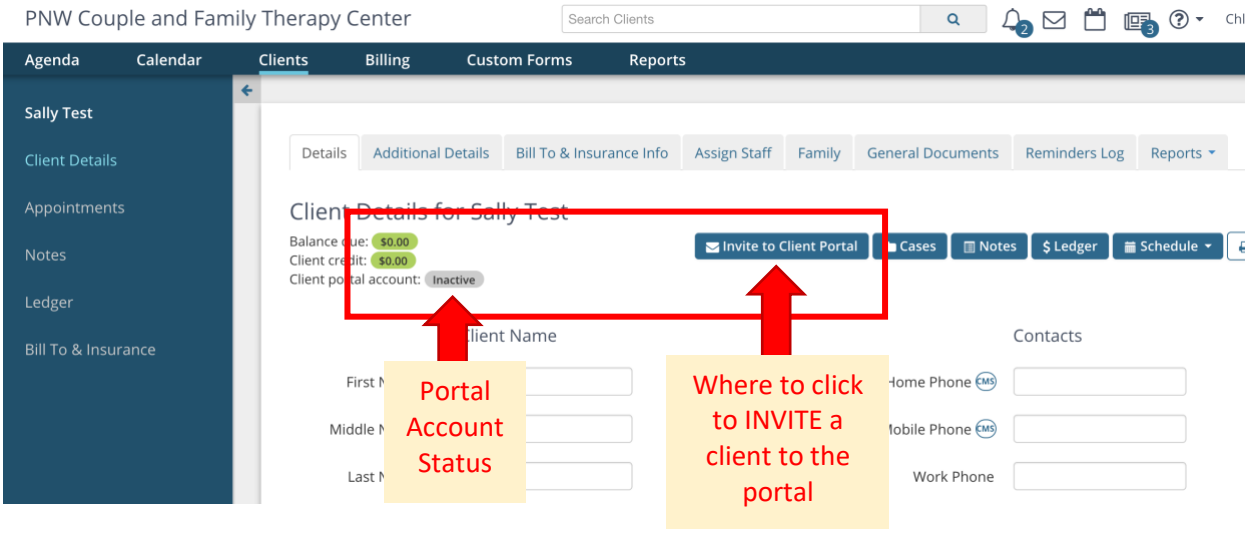
Immediately inform the CFTC Director if the client indicates presenting problems which are outside the purview of the CFTC (see above). These include, but are not limited to, severe alcohol or drug abuse, active psychoses, or acutely suicidal or violent clients. If you are unsure or have questions about which problems we are able to treat and which we need to refer, ASK THE CFTC DIRECTOR OR YOUR SUPERVISOR.

Specific items to be discussed on the phone

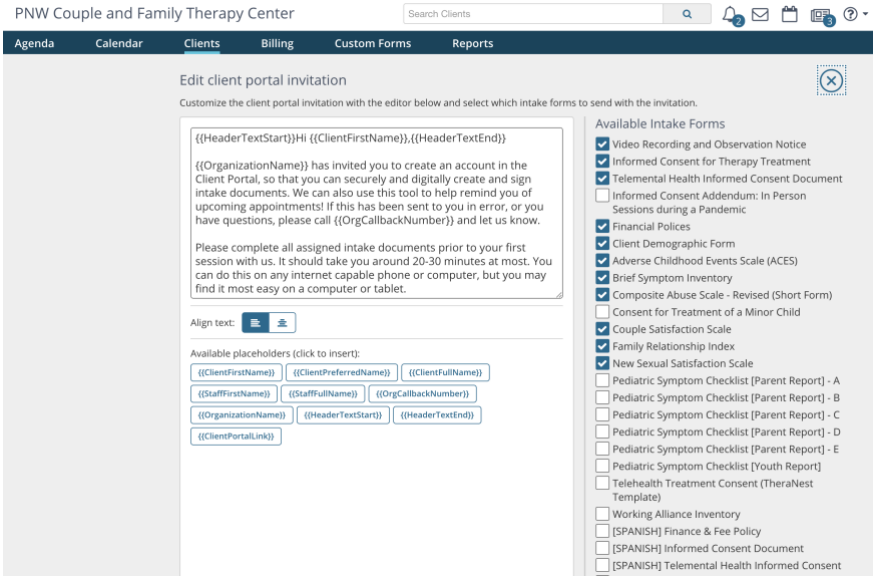
1. Identify yourself as a "family therapist intern" with the Couple and Family Therapy Center at PNW.
2. Get an abbreviated idea of why they want therapy; spend a little time joining with the client on the phone – but do not spend too long. It is a balancing act. You do not want to begin treatment on the phone, merely get a brief understanding of the client(s)' concerns.
3. Set specific time and date for appointment.
4. Double check the client's email address and cell phone number for contact
5. Make sure they are comfortable with receiving an invite to our Client Portal through TheraNest – to complete paperwork and documentation prior to attending their intake appointment
6. *(you need to do this right away after you get off the phone!)*
7. Let them know they can sign up in the portal to receive text notification reminders, and that you can also put this on their file when entering their information
8. Be clear about who should attend the first interview - consider the concern and the family constellation
9. In family cases, for the first session we only meet with the parents/partners
10. We require both parents to agree and sign consent for children to be seen.
11. We need a copy of any custody agreement prior to seeing children for therapy.
12. Give directions, where they can park and where the entrance is.
13. Fees are determined by family size, income, and need. You may rely on the client's report of their joint home income. Deviations from the scale based on need should be approved by the CFTC Director, though we generally try not to turn anyone away due to fee issues.
14. Inform clients that their initial intake is for 1.5 hours, so the rate is 1.5 times their normal rate. If they are assessed at the $5 rate, then the intake is $10. Minimum fee is $5.
15. Let your clients know that this is a training facility; their sessions may be observed and/or recorded (this is the reason a sliding fee scale is afforded to them). IT IS NOT AN OPTION TO NOT BE OBSERVED OR RECORDED. IF CLIENTS REFUSE, YOU MUST REFER THEM ELSEWHERE.
16. You can also tell them that this procedure ensures they are receiving the best possible care. Let them know that all of their work is faculty supervised and discuss your qualifications (being in the master's Program and your bachelor's degree).
17. Ask them if they have any questions prior to meeting you.
18. Confirm appointment date and time, summarize they will receive an email within a few hours, and thank them for their time – let them know they can call with questions.

The Client Portal – Invitations and Sending Documents

1. Create a new client in the system; enter all contact information (phone number, address, and email address) from the phone intake form on the Client Details tab. Once you save an email address to the client file, you should see the following at the top of the Client Details page:



2. If you see "Active" in a green bubble where it says, "Client Portal Account:" (Arrow above that says Portal Account Status) that means they already have a client Portal Account – this should only be true for returning clients.
3. To invite a client to create their portal account, you click the "Invite to Client Portal" button. The trick is that when you invite a client to the portal account, you are also sending them their assessments/documents at the same time.
4. Once you click the button to invite someone to the portal, a screen slides over the Client Details page that looks like this:



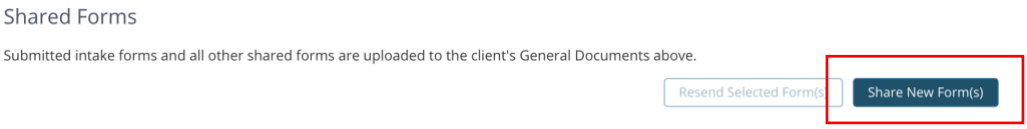
There may be a form(s) selected already under "Available Intake Forms" on the right, or it may be blank. The system remembers the last documents you selected/sent.

**** You have to be very careful at this stage. ****
Make sure that you select/deselect the appropriate assessments and intake forms to be sent to the client.

5. Select the appropriate forms to send, and scroll to the bottom. There will be a button that says "Preview Message" – Click this. It will bring up another screen that looks pretty much exactly like the one before, except you cannot select additional forms to be sent. It is like a *are you sure?* screen.
    a. NOTE: Do not ever edit the message to the left of the forms that you can select. This would change it for the entire CFTC. Never, ever, edit this. Just pretend it isn't there.
6. Double check the forms you are sending. If all looks good click "Share Intake Forms" – if not, click "Edit Message."
7. Once you select "Share Intake Forms" it will take you back to the Client Details Page. From here you can see that the button by where it says, "Client portal account:" changes to "Invitation Sent" (will be Orange). Once a client registers their account, it will turn green and say "Active."
    b. NOTE: An "Active" Client Portal Account does not mean that they have completed documents. You will still need to wait for a notification, or look in the General Documents Tab to see if they have completed their forms.

How to Send Additional Forms / Re-Assessments or New Documents to Clients

1. Navigate to your client in the system -> General Documents tab.
2. From here, scroll down to the bottom where it says, "Shared Forms" and click the button that says "Share New Form(s)"



3. This will bring up a box very similar to what it looked like when you initially invited the client.
4. Select forms to send to the client, and click "Preview Message >" This will bring up the confirmation screen, similar to the invite process. When you are certain you are sending the right forms to the client, click "Share Intake Form" and it will send the documents to the client to complete.

At any time, you can click the "X" with a circle around it on the 'pop up' that offers the documents and message to exit without sending any messages to a client.

What to send to adults at Intake

*Spanish Versions Available

All Adults

1. Video Recording and Observation Notice*
2. Informed Consent for Therapy Treatment*
3. Telemental Health Informed Consent Document* -or- Informed Consent Addendum: In Person Sessions During a Pandemic
4. Financial Policies*
5. Client Demographics Form
6. Adverse Childhood Events Scale (ACES)
7. Brief Symptom Inventory (BSI)

Add the following for Adults *<u>in a Relationship</u>*

1. Couples Satisfaction Index-16 (CSI-16)
2. Composite Abuse Scale Revised-Short Form (CASR-SF)
3. New Sexual Satisfaction Scale (NSSS)

Add the following for Adults *<u>with Children</u>*

1. Family Relationship Index (FRI)
2. Pediatric Symptom Checklist – 17 (PSC-17) Parent Report (One for Each Child!)

Adults at 5th Session Follow-Ups -or- Termination Session

All Adults

1. Brief Symptom Inventory (BSI)
2. Working Alliance Inventory (WAI)

Add the following for Adults *<u>in a Relationship</u>*

1. Couples Satisfaction Index-16 (CSI-16)
2. Composite Abuse Scale Revised-Short Form (CASR-SF)
3. New Sexual Satisfaction Scale (NSSS)

Add the following for Adults *<u>with Children</u>*

1. Family Relationship Index (FRI)
2. Pediatric Symptom Checklist – 17 (PSC-17) Parent Report (One for Each Child!)

What to send to adolescents at intake

All adolescents get the following documents/assessments sent to them.

Adolescents = anyone 10-18 Years old. Parental consent is required for Client Portal (can get via verbal confirmation over the phone when scheduling). Ask parents about capability to complete documents well; remember that younger adolescents may not be mature enough. Also, their completion of information or consent forms is a version of assent, not consent – parents must give consent.

1. Video Recording and Observation Notice
2. Informed Consent for Therapy Treatment
3. Telemental Health Informed Consent Document *-or-* Informed Consent Addendum: In Person Sessions During a Pandemic
4. Client Demographics Form
5. Family Relationship Index (FRI)
6. Pediatric Symptom Checklist – 17 (PSC-17) Youth Report
   * Each client only gets ONE of these items, NOT both.

Adolescents at 5th Session Follow-up

All adolescents get the following documents/assessments sent to them.

Adolescents = anyone 10-18 Years old.

1. Family Relationship Index (FRI)
2. Pediatric Symptom Checklist – 17 (PSC-17) Youth Report
3. Working Alliance Inventory (WAI)

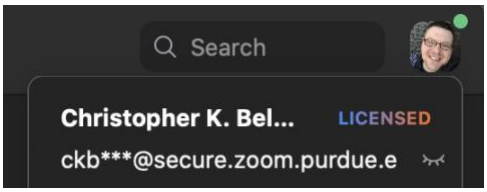
Telemental Health Policies

Due to the Global COVID-19 Pandemic, certain new policies and procedures have been enacted to allow for the continuation of treatment for our clients, and to facilitate the continued clinical experience necessary for therapist interns. This is a collection of many of those telemental health policies that are not elsewhere specified as subcomponents of individual procedures.

HIPAA Compliant Zoom

You must be *very careful* to ***only*** schedule client, supervision, or teaming sessions with your @secure.zoom.purdue.edu login. You will receive an email that invites you to create your secure zoom account. Click the button to create a new account – and when it asks you if you'd like to log in with an email address/etc -> slect the small link at the bottom that says "Use Link Instead." This is very important – do NOT try to sign in with your @pnw or @purdue email account. Part of the new account is a "two factor authentication" option that Information Services has required. You can enter in your phone number, or use Duo Mobile like your boilerkey.

Additionally, when you login to your account, if you click on your picture in the upper right-hand corner of the zoom screen, you should see the following (with your name and login), indicating that your account is licensed and you are on the correct account.



After you have created your account, you should go into your settings, and make sure they are setup correctly.

Use of the Software

Using Secure Zoom is basically no different from using traditional zoom. You schedule, join, etc. meetings in the same manner.

Scheduling a Client Session

NEVER USE FULL CLIENT NAMES IN MEETING TOPIC / TITLE

→ Use the following text description: "[Type of Case] Appointment – [CLIENT ID#]." So, if I were seeing a couple, with case ID of 2345-10, I would enter this in the "Topic" blank when scheduling the appointment as "Couple Appointment – 2345-10"

1. From the zoom screen, click on "Schedule" – and enter in session details (date, time frame).
    a. Do not use recurring meeting option. Enter each session individually after client schedules. This is done to ensure a higher level of security (new codes for each meeting).
    b. NEVER use your personal meeting ID, You should always use Randomly Generated Meeting ID Code
    c. Always use a password, you can just use the one supplied if you'd like
2. Under the "Advanced Options" area (may have to click to reveal) – make sure that it does NOT allow for "join before the host" *and* make sure it says "Automatically Record Meeting on the local computer"

You must move the zoom recordings from their automatically saved location on your computer to your encrypted flash drive for storage.

3. Once you schedule the appointment, it will want to put it on your calendar for you. For those of you with a calendar application on your computer, it will most likely launch that application and attempt to add it for you automatically. It is your choice if you'd like to use a digital calendar or not – if you don't want to use the calendar on your phone/computer, you can click "Cancel" and it won't add to the calendar. You can still get the calendar invite details from the zoom home screen. If you click the three dots by the meeting, you can select to "Copy Invitation" to get the details of the appointment to send to your clients.

Sending Zoom Meeting Details to your Client
***You should already have set up the appointment on zoom.*

1. Login to TheraNest.
2. Schedule the client session on the Calendar (just like always, just don't click "Telehealth Session")
3. In the "Notes" section of the appointment screen, paste the invitation/session details from zoom.
4. Save the appointment.
5. Go to the Envelope Icon at the top of the screen for "Client Messaging." – Click here, which will take you to your inbox.
6. Click on "Compose"
7. Enter in client name in "To" field, it should auto populate as you start typing/click on the box.
8. For subject, put "Telehealth Details for Appointment Scheduled [DATE]"
9. In the body of the message, you should send your client a quick note to remind them of the appointment, but also include the zoom session information. An example of this might look like:

> Hi [Client],
>
> I look forward to seeing you on [date] at [time]. To join our session, click the link below to start our telehealth appointment. If it asks you for a password to join, it is: [password].
>
> [Zoom Session Info Pasted Here]
>
> See you then!
>
> [Therapist Name]

   After you have written the message and it includes the information to join the zoom session, you can send it to your client.

In text message reminders of appointments, which are automatically sent to clients, they will receive a reminder to login to the portal account to get the details for joining the session through secure messaging. However, some clients may forget or not get it – so you may need to call and remind them.

Cool Things about HIPAA Compliant Zoom that you now have access to!

- → Telehealth and Recording all in one platform
- → Use of "white board" feature from zoom (easier!). For those of you with an iPad/Tablet and a drawing device (e.g., Apple Pencil), you can share screens with the tablet, and use it as a drawing board directly onto your screen, instead of drawing with your mouse!
- → Easier to share screens!!!
- → Chat feature, can send links if appropriate
- → Does have option for "polling" and/or "reactions" and/or "breakout rooms" -> but these aren't really all that helpful for therapy sessions, to be honest. But they are cool.

Additional Details

- → Zoom recordings are typically sent to:
  Documents\Zoom\[Folder name that is the date and time of the meeting]
  The folder that the recordings are in generally pop up immediately after it is done processing following the session, so you can immediately drag it over to your secure flash drive and save it there. Be sure that once it is in the secure location, there is no trace of it on your computer (delete the folder in Documents\Zoom, as well as delete from your Trash or Recycle Bin!).
- → If you do use the "Whiteboard" feature, you may want to use a screen capture tool to grab a picture of it before you end the session, to make sure that it is saved for inclusion on your notes/in their file.
- → You should be able to record a session, then go into a session immediately after and record that session, even if the first session hasn't finished processing the recording yet. However, if there is an issue with this, it shouldn't take longer than 10 minutes to process a video recording -> so if you are maintaining appropriate boundaries and ending with at least ten minutes before your next session, than you shouldn't ever have a problem.

VeraCrypt – Secure Encrypted Storage

You are required to store all raw data and secure protected health information files or documents on secure, encrypted storage solutions. We require the use of the free software, VeraCrypt. This software can be installed on any computer. This software, including documentation, links to download, and support help is available at their website: https://www.veracrypt.fr/en/Home.html You should purchase a flashdrive, preferably a strong and durable kind, of at least 128gb.

You must keep all PHI/Raw Data Files under double lock when not in use. You should make every effort to ensure that the files and data stored on this device are kept as secure and confidential as possible, understanding that the data contained on them are Protected Health Information, and disclosure or loss of confidentiality of the data in these files would be considered a serious breach of confidentiality and ethics.

Geographic Restrictions

The following guidelines are to be in effect from the date of notification until further notice, or until amendment or modification. These guidelines have been developed to help better ensure HIPAA Compliance, along with adherence to current legal rules, laws, and mandates (States of Indiana and Illinois, Federal US Law).

1. The therapist providing treatment must practice, and be physically located within, the States of Indiana or Illinois when delivering psychotherapy, counseling, consultation, or intervention services to clients.
2. The clients obtaining treatment must live, and be physically located within, the States of Indiana or Illinois when receiving psychotherapy, counseling, consultation, or intervention services from the therapist.
3. In an instance where a client leaves the state (e.g., goes on vacation, extended visit, etc.) treatment must stop for the length of time when a client is not in the states of Indiana or Illinois. Additionally, if a client is not present for a period beyond 4 weeks, the case should be formally closed and re-opened upon return.
4. Scheduling conversations are permitted and may occur while the client is not in the states of Indiana or Illinois, but no mental health treatment should occur during these interactions.
5. All interaction with clients should be documented through standard best practices (e.g., contact log or note in file).
6. Supervision/Direction meetings and processes may occur in any location, and is not bound by geographic location. However, all supervisors must be duly licensed in the jurisdiction in which the psychotherapy, counseling, consultation, or intervention services are taking place (either by the therapist or client).

In sum, all clinical intervention with clients must occur solely while both the therapist and the client reside and are physically present in the States of Indiana or Illinois. Scheduling contact with clients may occur while not physically located within the geographic boundaries of these two states, but any and all contact should be minimal and solely focused on scheduling matters. Supervision may occur no matter the physical location of the supervisor or clinician, so long as the supervisor is licensed in the jurisdiction where the service is taking place.

Financial Operations

Payments Accepted

We only accept cash, check, and major credit and debit cards. For telehealth appointments, we accept payments online via the "Hosted Payment Page." There is a link on our homepage that allows a client to pay their bill directly through this service. They will need to be informed of the amount owed, as the system is not connected with our electronic health record.

Sliding Fee Scale

The fee per 50 minute / session, is based on a sliding scale that was developed from the Federal Department of Health and Human Services 2019 Poverty Guidelines, referenced by the number of people who live in the home. The first session fee is charged at a rate of 150%, rounded to the nearest dollar. The chart below details the exact income ranges and fees based on the number of people who live in the home.

RANGE of ↓ Annual Income ↓		*LESS THAN* ↓ Hourly Wage ↓		↓ Weekly Wage ↓		*Household Size (Total # of People Being Supported by Income)* 1 to 2 INTAKE	1 to 2 GENERAL	3 to 4 INTAKE	3 to 4 GENERAL	5 to 6 INTAKE	5 to 6 GENERAL	7 + INTAKE	7 + GENERAL
$0 - $15,613	or	Minimum Wage	or	$0 - $301	=	*$10*	$5	*$10*	$5	*$10*	$5	*$10*	$5
$15,614 - $26,663	or	$10.00	or	$400.00	=	*$15*	$10	*$10*	$5	*$10*	$5	*$10*	$5
$26,664 - $32,188	or	$13.00	or	$520.00	=	*$23*	$15	*$15*	$10	*$10*	$5	*$10*	$5
$32,189 - $37,713	or	$16.00	or	$640.00	=	*$30*	$20	*$23*	$15	*$15*	$10	*$10*	$5
$37,714 - $43,238	or	$19.00	or	$760.00	=	*$38*	$25	*$30*	$20	*$23*	$15	*$15*	$10
$43,238 - $48,763	or	$22.00	or	$880.00	=	*$45*	$30	*$38*	$25	*$30*	$20	*$23*	$15
$48,764 - $54,288	or	$24.00	or	$960.00	=	*$53*	$35	*$45*	$30	*$38*	$25	*$30*	$20
$54,289 - $59,813	or	$27.00	or	$1,080.00	=	*$60*	$40	*$53*	$35	*$45*	$30	*$38*	$25
$59,814 - $65,338	or	$30.00	or	$1,200.00	=	*$68*	$45	*$60*	$40	*$53*	$35	*$45*	$30
$65,339 - $70,863	or	$33.00	or	$1,320.00	=	*$75*	$50	*$68*	$45	*$60*	$40	*$53*	$35
$70,864 - $76,388	or	$35.00	or	$1,400.00	=	*$83*	$55	*$75*	$50	*$68*	$45	*$60*	$40
$76,389 - $81,913	or	$37.00	or	$1,480.00	=	*$90*	$60	*$83*	$55	*$75*	$50	*$68*	$45
$81,914 - $87,438	or	$40.00	or	$1,600.00	=	*$98*	$65	*$90*	$60	*$83*	$55	*$75*	$50
$87,439 - $92,963	or	$43.00	or	$1,720.00	=	*$105*	$70	*$98*	$65	*$90*	$60	*$83*	$55
$92,964 +	or	$46.00	or	$1,840.00	=	*$113*	$75	*$105*	$70	*$98*	$65	*$90*	$60

Special Fees

Regardless of income or family size, the following fees are established –

Referral Source	Intake Fee	Standard Session Fee
Court Ordered / Mandated Clients:	$40	$20
Domestic Violence Shelter Referral:	$0	$0
Northwest Indiana Cancer Kids (NICK Foundation):	$10	$5
Any College Student:	$10	$5

From time to time, there may be other special arrangements added to this list – this will be formally announced through email or at Clinic Meetings. Only the special fees listed here, or announced, are able to circumvent the traditional sliding fee scale.

Fee Adjustment Form
The Fee Adjustment Form is used whenever there is a client need to change the amount owed per session from the standard rate given on the sliding fee scale. We never turn someone away due to inability to pay. We simply ask them to give us clear reasoning as to why they cannot afford services. Basic information and evidence is all that is needed. This form is completed digitally and is signed through DocuSign by the Client and Clinic Director, facilitated by the therapist. After completion, this form should be uploaded to TheraNest. This document is available on Brightspace.

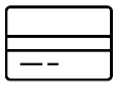
Client Check-Out Procedure (Collection of Fees)
Everyone at the CFTC is responsible for certain aspects of payment procedures. This includes tracking all appointments in the calendar on TheraNest, securing all received cash or check payments in the payment box, and documenting and recording collected fees appropriately on the Client Ledger.

Telehealth Online Payments
When we are not seeing clients in person, and solely seeing clients through Telehealth, payments may only be made online through our website. Clients can go on to our main landing page (pnw.edu/cftc) and click the link that says "Pay your bill online ->" – this will take them to the "Hosted Payment Page" where they can purchase / make a payment for the total of their bill. Please note that this process is not connected with our EHR, does not enter payment details automatically, and cannot remember Credit Card Information. It also does NOT update the ledger for a client automatically for you. You will need to ask the client to share their screen when they have completed their payment, so you can take down the information to adjust / update their ledgers accordingly.

Taking a Credit Card Payment
Use the credit card machine/terminal to accept payments. If a chip is present on the card, a chip payment / dip must be used.

Clients can pay with credit or debit card. We accept all major forms / types of cards.

1. Press 1 for Sale
2. Press 1 for Credit
3. Enter amount, press green "enter" button
4. Swipe, insert, or tap the card or device that is paying (client does this); If prompted for a pin, they can enter it then
5. Copies of the receipt will print. Be sure to put the Merchant Copy receipt in the envelope for that day



Taking Cash Payment
Your clients may choose to make cash payments. We do not accept bills larger than $20. In taking a cash payment, open TheraNest, create the invoice, accept the payment, and then specify a cash payment for the amount provided. Place cash received in envelope of specific day.

Taking Check Payment
Your clients may write checks; they should be made out to "PNW" only. Returned checks for Non-Sufficient-Funds (NSF) are charged $25 by the business office. In taking a check payment, open TheraNest, create the invoice, accept the payment, and then specify a check payment for the amount

provided via the drop-down box. In the payment number box, indicate "Check #####" for recording. Place check received in envelope of specific day.

Receipts
The credit card machine will automatically print out receipts for clients to take with them, if they would like. Be sure to place the signed receipt in the day's appropriate envelope for reconciliation at the end of the day, and for deposit.

Client Balances
Clients sometimes cannot pay their fee at the time of service, due to technical error or other reason. You may allow them to accrue a balance up to 2 session fees in total, before payment must be received prior to additional sessions being conducted. If there are extenuating circumstances (e.g., crisis), approval from the CFTC Director may be gained to continue treatment for additional sessions.

No Shows, Late Cancellations, Fee Waivers
If the client has cancelled their appointment on the same day as the appointment or simply failed to show for the appointment, you need to note this on the Contact Log in TheraNest, and on the Client Ledger – as a balance owed for no-show.

Clients will be charged a 50% of standard fee for late cancellations or no-shows; rounded up to the nearest whole dollar amount.

If you believe a fee should be altered or waived (you were late for the session, for example) consult the CFTC Director. If the client fee has been waived, email the CFTC Director and they will "write off" the balance amount in TheraNest.

Petty Cash
There is a $300 petty cash account kept in a locked drawer in the Intern Office. This account is available for you to make change. If you notice that we are low on petty cash (i.e., it is filled with large bills), please let the CFTC Graduate Assistant in charge of Fiscal Operations know as soon as possible. Be very careful in accounting for petty cash; if cash is missing, petty cash will be discontinued and you will be asked to provide your own change for clients. We are subject to audits for our petty cash.

Entering Client Fees/Payments onto Ledger in TheraNest
Completed behind the desk; using the laptop.

1. Launch TheraNest (only app on home screen); Log in to TheraNest with your username and password
2. On the Calendar, select the appointment; this takes you to the client Details page
3. Go to the client "Ledger"
4. Click "New Invoice"
    a. This should show you the one appointment you just finished, select the check box and say "Save" – after you save it should take you back to the "ledger," which should now show a red balance owed button at the top (left hand side)
5. Click "Accept Payment"
    a. This will create a one-line entry to record how money was received from the client. You should see the INVOICE that you just created below this line. Select the invoice, so that the system knows to apply this payment to that specific invoice. The first box on the line

asks how much; the second is a drop down to say what type (Credit, Check, Cash), the third is the date box (this is the date you accepted payment), and the fourth box is the most important – Payment Method, then a Notes box.

i. PAYMENT NUMBER BOX:
    1. For Credit/Debit card payments: "Batch ID-Ref#"
        a. Example: 71-1
    2. For Cash payments - Leave blank
    3. For Checks – Enter "CK #[Check Number]"
    4. For Hosted Payment Page entries – input "HPP ####" where the four 'hashtags' or pound signs are the last four digits of the transaction number (client can provide this)
ii. Please follow the example, do not include brackets, quotation marks, or parentheses.
iii. Do not put anything in the Notes box, as it will not show up for our reports.

b. Click SAVE. This should apply the payment to the invoice, and show a zero balance for the client (if they do not owe anything).

If a client does not pay for their session, or does not pay the full fee;

1. If no payment, create an invoice, but do not "accept payment."
2. If they pay partial fee, create invoice, accept partial payment, which will still show a balance owed (and potentially multiple invoices for next payments).

If a client NO SHOWS or CANCELS without proper notice;

1. Change the appointment status to "No Show" or "Late Cancel"
2. Create an invoice – adding in the service charge of "No-Show/Late Fee" – fee is $5.00; save and apply to ledger
3. Do not accept payment unless the client is there at the time and pays for the fee. If not, inform the client, and have the fee paid at the next session.

→ *Always apply payments to oldest balance first*. ←

Quick Steps:

Calendar → Click Client Name → Click Ledger → Click New Invoice → Correct Info (double check amount and date/service)? → Click Save → Take Money (Cash/Run Credit Card Machine) → Click Accept Payment → Select Invoice Being Paid → Payment Type → Payment Number info (for credit/debit or checks only) → Save (Ledger should be balanced now / calendar should show green BILLED)

Credit / Batch Report Sheet for End of the Night (Receipts)

At the end of each night, you must 'batch out' the credit card machine. This releases all the charges to the various companies to provide the funds and payments to the CFTC/PNW. Batch-outs only need to be done for the credit card machine located in the CFTC, Hosted Payment Page charges automatically batch out on their own overnight.

Steps to Complete a "Batch-Out" / Settlement (Completed Daily!)

1. Press 6 for "Settlement"
2. Press 2 to close the batch and deposit funds
3. Press 2 to print the report

After the Batch Report/Settlement Report prints out, fold up and put in the same envelope as the cash and checks for that day, and deposit all into the safe box in the drawer under the counter.

Lending Library

There is a "cash box" type tan color metal container in the bottom drawer in the front office (same place where the end of day drop box is). It is labeled as "Lending Library." Inside this box (it will remain unlocked!), you will find some cash from previously checked out books, and two slips, along with paperclips and a key. The key is for the lending library bookcase in the lobby. There are two slips, one for our records to check out a book, and one to give to the borrower.

When someone wants to borrow a book:

1. Meet them at the checkout counter with the key to the bookcase, and one copy of each of the slips from the box.
2. Complete all fields on the slips, and have the borrower sign the slip by their name.
3. Take a $10 cash deposit from the client per book they are borrowing (this money is returned when the book is)
4. Open the case, and give the borrower, along with the lending reminder (put it in the book)
5. Paperclip the lending slip to the money they used to deposit, and put the cash and the slip in the tan metal box.

You should always let them borrow the book for approximately 2 weeks, unless you feel as though that is too short or too long. Longest window of being able to borrow a book is 4 weeks. Be sure to explain how the deposit works - $10 cash, cannot use credit, and it is kept until they return the book. If they are more than a week late, they don't get their deposit back.

Emergency Procedures

If you have an immediate crisis or emergency (ex: potentially violent or suicidal clients) always contact your practicum supervisor immediately after your safety is assured. If they cannot be reached, follow the protocol for emergency supervisor contact listed in this manual.

Clients are informed by the Informed Consent that the CFTC is not an emergency service. However, an emergency in a client's life can occur at any time and may prompt a crisis telephone call or require the use of crisis procedures within a session during the initial session. Therapists are expected to help clients manage emergencies they may experience or to arrange for another CFTC therapist to be available if the therapist has to be away from the CFTC. Clients should be given ample referrals for crisis services as therapists are not available to answer phone calls during semester breaks or weekends--be sure to give clients the telephone numbers of community emergency services (pink sheet). Emergency cases are often time intensive, and therapists should be prepared to devote several hours to pursue the proper assistance. Therapists may solicit the help of their supervisor or other therapists to cancel other client appointments or to contact the therapist's family to inform them that the therapist will be detained at the CFTC.

Purdue Northwest Emergency Procedures

The Purdue University Northwest Police Department is incredibly helpful and full of resources for faculty, staff, and students on either PNW Campus. Offering a multitude of trainings, safety services, and policy resources, they are an invaluable component to your emergency preparedness. For a complete listing of services, visit https://www.pnw.edu/police/services/

The entirety of the PNW Emergency Procedures are available, and updated regularly, at:

https://www.pnw.edu/police/emergency-guide-hammond/

Please visit this website and become familiar with University Emergency Procedures!

CFTC Specific Emergency Procedures

We strive to create a safe, affirmative, and welcoming atmosphere that clients and therapists can grow within. However, there are times when significant events will occur – including risky or dangerous situations. These emergencies are usually unexpected, but to help assuage the possibility of surprise, the following guidelines have been enacted.

Incident Report

An incident report should be completed for any of the following circumstances, or upon request of the Director:

- A potential client calls in under duress or in emergency
- A person is referred out for emergency treatment, or treatment outside of our scope of practice
- A building concern occurs in which outside/other help is needed (think, maintenance request)
- Any safety concern of any level of significance
- A technology, building, furniture, or space issue
- Financial concern with reporting / end of day batch out / concerns about safety or financial piracy. This includes technology such as suspected skimmers placed on device
- Significant clinical issue
- Sanitation issues
- Anything else that is of importance to the functioning of the facility, center, or space

An incident report form is available on the CFTC Brightspace page as a word document. Please download, complete, and submit via DocuSign to the Clinic Director whenever one is necessary to be completed.

The incident report, and procedures, do not take the place of standard emergency protocol or contacting a supervisor for guidance.

Telephone Emergencies

Urgent telephone messages left in voicemail from night or weekend hours will be directed to the therapist or their backup as soon as possible. If the therapist or replacement cannot be reached, the CFTC Director will be notified by the CFTC Administrative Assistant or CFTC Graduate Assistant. If the situation deems immediate intervention, such as in the case of a direct threat to the safety of a client or another person, call your supervisor, and 9-911. Police/University police have the capacity to detain someone such as this for 24 hours under Indiana Code 16-14-9.1-3.

Any therapist who answers an emergency call should follow the procedure outlined below:

1. Establish trust/rapport. Establish trust if client is unfamiliar to you and explain if the primary therapist is unavailable.
2. Identify the problem. Determine the type of emergency – life-threatening, non-life-threatening, therapeutic issue, non-therapeutic issue – and focus on the immediate stress being experienced.
3. Ensure client safety. Determine if the crisis can be handled in session, or if you need external resources (police, hospital, etc.). Identify and deal with any lethal concerns and any lethal items involved such as guns, poisons, medicines or other drugs. Clients with guns, drugs, or other lethal items should be strongly encouraged to remove them from their home by turning them over to a friend, clergy, or local agency, such as the police.
4. Provide emergency referrals.
    a. 911

   b. Regional Center in East Chicago (219-398-7050)
   c. Regional Center in Merrillville (219-769-4005)
   d. Edgewater Systems for Balanced Living (219-885-4264)
   e. Franciscan St. Margaret Health (800-783-7663).
5. Inform your supervisor and the CFTC Director regarding your handling of the emergency so that they can assure all of the necessary steps was taken to protect your client (and you).
6. Document! Complete an Incident Report.

Weather Concerns

When Purdue University Northwest closes for inclement weather, the CFTC follows suit. If, in the opinion of the CFTC Director, the weather is severe enough to warrant closing outside of official PNW closures, that decision may be made and relayed to all current therapist interns via text message and email announcement. In the event of closing for any reason, you should always have access to your client's phone numbers and contact information to reschedule appointments (securely, and confidentially stored – see other policies on phone use and confidentiality).

Violence (Physical Concern)

Should you have concerns for physical safety – for yourself, or your clients – you are encouraged to respond to them. Safety is a number one priority! This means exiting the space or hiding if able. Always shout, use your resources – get a fellow student or faculty/staff or supervisor to help. Press the panic button to have police arrive within moments for safety. Follow your gut and trust your instincts. Always process with a supervisor after an event, and inform the CFTC Director. Complete an Incident Report.

Fire

There are many easily accessible fire extinguishers available in the IBCC. Near the main entrance, and near the rear emergency exit there are fire extinguishers build into wall-mounted (flush) cabinets. There is a third fire extinguisher at the end of the hallway by the bathrooms.

In the event of fire in the facility, you should get yourself and your clients to safety as quickly as possible, while sounding the first available fire alarm. Exit calmly, and group in the parking lot, near the corner of Indianapolis & 171st St. Complete an Incident Report.

First Aid

For minor injuries (e.g., paper cut), there is a first aid kit in the first cabinet (supply cupboard – upper doors) in the hallway. For serious injuries, call 9-911.

In addition, there is an Automated External Defibrillator (AED) in the public hallway, outside the bathrooms. You are walked through instructions by the device itself. In the event it is needed, you should be on the phone with emergency services, and following all directions. Complete an Incident Report.

Building Evacuation

In the event of fire or other threat to the building structure, therapists and supervisors should immediately exit the building and make way to the corner of Indianapolis Boulevard and 171st St. Everyone should be taking count and attendance of who is present, so that reports can be made to

emergency personnel if someone is missing. On your way out of the facility, warn and notify everyone you can to evacuate and help when needed for those with disabilities. Complete an Incident Report.

Clients and Emergency Situations

In the event of emergency situation while in session, clients should be helped as necessary and are expected to follow the same emergency protocols as staff and students. Additionally, confidentiality is an inherent concern when an emergency situation arises, so you should make every effort to calm your clients, but inform them that in this emergency situation minor breaches of confidentiality may occur if pictures are taken, reports made, etc. in the course of handling the situation. Complete an Incident Report.

Intoxication

It is unethical and inappropriate for any clinician to treat a client when there is reasonable suspicion they are under the influence of drugs or alcohol for the purpose of pleasure or to get "high." This altered state of consciousness negates any informed consent for services as outlined in the AAMFT Code of Ethics, 1.2 Informed Consent.

If you suspect a client is under the influence of drugs or alcohol, you should ask them to confirm. If they respond that they are in fact under the influence, you are no longer able to conduct therapy, and the session is over. You should require them to contact a friend or family member to come and drive them home; or contact and connect with a ride share or taxi service to pick them up. If the client refuses and leaves the facility – driving away while you know they are under the influence - you are legally required to report this to the local police department as it falls under "Duty to Warn and Protect" laws in that they could be considered suicidal/homicidal or intending to do damage. In this situation, you should collect as much information as possible – the client's vehicle description and license plate number, direction they were heading, and time frame – to report to the authorities. Document everything in your notes, and contact your supervisor or the CFTC Director.

If your client is court mandated for substance abuse treatment, and you have a signed release of information, you cannot withhold this information on any requested reports.

If you suspect your client is intoxicated, but they deny it – take a small break to consult with your supervisor. If you believe they may be intoxicated, and have reason to believe they may be lying to you about it, your supervisor may direct you to contact PNW Police, who can come and perform a field sobriety test. It is important to collaborate with your supervisor on this to get appropriate guidance on how to talk with your client and gain their cooperation.

Complete an Incident Report.

Suicidal Ideation or Intent

If you suspect your client is engaging in suicidal ideation or expresses intent – you should begin the suicide prevention protocol listed below. Trigger words and points of suspicion include statements such as *"I wish I weren't here anymore… I wish I could sleep forever… I wish I could disappear… No one would miss me if I were gone…"* or behavioral conditions such as giving away important personal belongings, drastic changes to mood or appearance.

Suicide Prevention Assessment Protocol

1. Ask directly if the client has thoughts of harming themselves or someone else.
   (Note: If a client is potentially suffering post-partum depression, you must also ask if they have thoughts of harming their child)
2. If they state they are concerned or have thought about it, engage in a SLAP Assessment to determine the seriousness of thoughts
   a. S – Specifics: Has a clear plan been thought out? Do the client's reasons for dying outweigh their reasons for living? Is the client verbally stating they will attempt or complete/commit suicide?
   b. L – Lethality: In the plans or thoughts – are they serious enough to result in death? What are their emotional states when discussing this plan or idea? Do they seem resigned to death?
   c. A – Available: Has a method, a time, or a place, been selected? Is it actually possible?
   d. P – People/Proximity: Is the client focused on the futility of the future? Are friends or family of the client reporting the presence of suicidal thoughts?

Always contact a supervisor regarding client suicide ideation or intent.

Do not assess risk without supervisor input.

When There Is Reasonable Suspicion Of Suicidal Intent

If a reasonable suspicion of suicide is present, the therapist should get help by:

1. Contacting a supervisor or the CFTC Director – engage with your colleagues to help in this process if necessary
2. With client's permission, involve family members, friends, or others in support and monitoring and crisis plan implementation
3. Begin working through the suicide risk packet for referral to a behavioral health assessment unit (evaluation for inpatient treatment / hospitalization) – some steps are outlined below.

Voluntary Hospitalization. If the therapist does not trust the client's willingness to manage themselves, the therapist should urge the client to go to a hospital emergency room or admit themselves to a psychiatric hospital, such as Regional Mental Health Center in East Chicago (219-398-7050), Regional Mental Health Center in Merrillville (219-769-4005), Edgewater Systems for Balanced Living (219-885-4264), or Franciscan St. Margaret Health (800-783-7663). Children and adolescents should be referred to Franciscan St. Margaret Health.

Determine Transportation Method. If the therapist thinks the client needs to go to an emergency room directly from the CFTC, the therapists should have the client call a family member or friend to accompany them. The therapist should never leave the client alone, and therapists should never personally drive or accompany a client to the hospital. Regional Mental Health Center will provide transportation. If the client will not voluntarily commit themselves to hospitalization, you will need to find someone who will admit them to a hospital or treatment. This may be their family physician, a psychiatrist, or an intake worker with one of the hospitals listed on the referral sheet. You can also contact University Police, or the Police Department in their home jurisdiction to perform a wellness check and request escort to the hospital for evaluation.

Alerting Hospital of Incoming Emergency. If they agree to go, there is an information form in the suicide referral packet that you should complete that includes your information and asks you to describe the

reasons why you are referring the client for evaluation. Complete this form, and retain copies for the client record. When the client leaves, and you know which hospital they are going to, you can call the referral number and ask to be connected to Emergency Services; describe the situation, giving them the person's name (if he/she agrees), your name, and that you are with the Purdue Northwest CFTC. This way they can match up the incoming client with the referring agency when the client arrives. Additionally, we have a form that we send with the client regarding their symptoms, a release of information, and our card for reference.

→ When coordinating with outside sources regarding hospitalization, beyond the risk to self or others, information should not be given from the client file to others such as the police (unless there is an immediate threat to the client or others).

Things you can do & Reminders (when client's suicidal ideations are severe)

- Express care and concern, worry about client's safety
- If client refuses to go, contact the police (inform your client of this procedure)
- Have client call a friend or relative to meet them at the clinic to accompany them to the ER
- If client is reluctant, have them sit with you while you call the hospital
    - Ask the hospital about the procedures and go over them with client
- After client leaves, call the ER and request that someone calls to inform you of the client's arrival
    - When you hear from the ER, get the employee's name and position for your file
    - If you do not receive a call check with the ER one more time and if still no confirmation then contact the police (if client seems reluctant as they leave, inform them of this procedure)
- Keep your supervisor constantly updated
- Be sure to document step-by-step the entire session
- Be prepared to describe exactly what the client said or did to prompt you to call the hospital

Homicidal Ideation

If the client makes active homicidal threats or threats which could result in serious injury to others, consult your supervisor or the CFTC Director <u>immediately</u>.

If at any time you feel you are unable to handle the situation or your safety is endangered, push the panic button.

When Verbal Statements Are Made

Evaluate seriousness of complaint - Is a client making active homicidal threats or threats which could result in serious injury to others? Any threat is a serious threat. Consider "MAM" - means, availability/access to the person, and methods described or imagined.

If the therapist or supervisor/CFTC Director deems a threat valid, the therapist is directed to gain as much information from the client as safely as possible. This includes the identity of the threatened person and their contact information.

The therapist should inform the client that the threat will be reported to authorities immediately. The therapist should then notify their supervisor immediately or the police if the threat is truly imminent and then attempt to warn the target of these threats after consulting with their supervisor. In all but the rarest situations such warning should be done by faculty and every effort must be made to alert the

targeted person of the danger. In the rarest case, when time does not allow, supervisors should be informed as soon as possible following any intervention. See Indiana law regarding duty to warn (below). Document all the steps of the notification process for records.

For involuntary commitments: If you and your supervisor determine that the client is at risk of danger to themselves or others either arrange for a family member to transport or call 911. If you and your supervisor decide a client is in need of a hospitalization evaluation, you will send the client to the hospital for the evaluation. Contact the emergency intake person at the hospital to tell them you are sending them a client you would like to have them evaluated for hospitalization (we cannot make that determination).

Complete an Incident Report.

Suicide/Homicide Referral Packet

This packet should only be used when you have a legitimate concern regarding client safety related to suicidality or homicidality of an immediate nature. Additionally, as a general rule, whenever you have to use this packet you should immediately engage with your colleagues for help, contact your immediate supervisor, and the CFTC Director.

The Suicide/Homicide Referral Packet includes three letters/forms and a business card for the CFTC. The first document is a letter that outlines how we are concerned, our policy regarding seeking help, and gives the three referrals for local accessibly emergency mental health service centers within a reasonable distance. Read this letter. Much of what is written here should be stated out loud to the client in the session as well.

The next document is similar to a Release of information, but is instead called a "Referral Evaluation," in that it is a document that provides contextual information to the emergency receiving center. Complete fully, all blanks must have entries. You should do this with your client. After it is complete, a copy should be made and uploaded to their TheraNest File.

The third item is a general release of information form that allows you to communicate with the receiving facility with regards to the client's treatment. This document needs to be completed and signed before the client leaves, with a copy being made and uploaded to the TheraNest file as well. See the section on the Release of Information for specifics on how to do this.

Safety Agreement/Plan

Sometimes, clients have suicidal, homicidal, or substance abuse ideation – but no intent, plan, or desire to actually complete the behavior/action. In this situation, but when a client discusses one of these ideologies – you should complete a Safety Agreement with them in the session. Whenever completing a safety agreement, you should always confer with your immediate supervisor and/or the CFTC Director.

Once completed conjointly and collaboratively with the client, you should upload a copy to the Client's file in TheraNest. The client also receives a copy of this document for their own records and reference. If you have to complete more than one safety agreement/plan with a client, you should discuss with your supervisor and the CFTC Director the appropriateness of fit for the client to continue services at the CFTC.

The Safety Agreement has sections for warning signs, internal coping strategies, people who can be called, people who can be asked for immediate help, professionals or agencies to contact, and how the client can make their immediate environment more safe for themselves or others.

All sections should be completed. This is an opportunity to find and discover resources and strengths for your client, and can be utilized as a positive change intervention.

This document was created with reference to the
National Suicide Prevention Lifeline example Safety Contract.

Abuse and Neglect
See section on "Therapy with Minors" for information about how to handle and report suspected Child Abuse or Neglect.

Domestic Violence & Intimate Terrorism

As a facility, we do not see clients who are actively involved in domestic violence situations.

If a client is a victim of violence – they should be referred to a shelter or protection program, and given resources to help them out of the situation. If a person is a batterer – they should be referred to a Batterer Intervention Program, with the caveat that we will need to report any threatening statements, behaviors, or reported events to authorities. We will only see clients who have a history of minor violence, or have completed treatment prior. If someone begins treatment and then discloses the abusive behavior, we will take appropriate steps as outlined below. If someone discloses abusive behavior during intake session, but not prior, we will engage that client into the social service system – and help them find resources that can help.

In General, the first time a family or couple is seen, each member of the client system should be interviewed separately regarding possible relational violence—partner to partner, parent to child, child to parent, sibling to sibling, etc. Therapy is ineffective if one, both, or more clients are being physically hurt, sexually abused or exploited, or being threatened with harm. Although there are a number of measures that could be used and will be available for the client to complete (e.g., Intimate Violence Scale), the most basic question to ask each client privately is, *"Because violence in families is so common, I routinely ask everyone I see about it. Are you safe at home and when you come to therapy?"*

Denial or minimization of violence or abuse is common, for therapists as well as clients. Therefore, the therapist must pay attention to the nonverbal cues that may suggest physical violence or abuse (e.g., strong control attempts in session). In addition to an initial assessment for violence, each therapist should assess for violence during any session where there seems to be a risk or symptoms/signs.

If you suspect physical violence is occurring after initial assessment, or the client reports violence in the relationship:

1. Immediately contact the CFTC Director or your Supervisor and ask for further instructions.
2. Separate the couple or family and talk with each partner/member about violence (attempted, completed, in the past, present, etc.).
3. Find out if others might be at risk (parents, siblings, children, others).
4. If you are given the okay to continue to see the clients (only if violence is not ongoing), have them sign a safety contract.

Violence and aggression in couples and families is much more common than assumed. 16-20% of all couples will report some level of violence or aggression occurring within the relationship. As mentioned previously, most therapists or clients will downplay the level of severity or danger perceived in these

instances. A thorough assessment and discussion with your supervisor and the CFTC Director should occur whenever there is reported violence.

In the CFTC, we do not provide Batterer Intervention Programs (BIPs) or manualized treatment for the cessation of violent behavior. We can provide couple and family therapy when minimal violence has occurred in the past; and all partners and family members agree to a **zero-tolerance policy of aggression**. Therapy cannot continue or begin when there is active ongoing violence. For cases in which violence or aggression has occurred, but is no longer occurring, the following steps must be taken:

1. The couple/family must agree to a zero-tolerance policy for violence in the client system.
    a. This means that if ANY violent or aggressive behavior occurs after the start of treatment as reported by any member of the client system, significant and sever consequences will occur. This includes:
        i. Reporting to the Department of Child Services (if not already contacted, or if the child observes violence in the home)
        ii. Police involvement for reporting of battery or wellness checks
        iii. Cessation of services at the CFTC and referral out to BIP's and Survivor groups / Individual therapies
3. Safety plans must be in place to account for aggression and lack of impulse control
    a. An addendum referral and resources list for domestic violence shelters and services for survivors and batterers must be included.
4. *Safety check-ins individually with each member at the beginning AND end of every single session*

It is highly recommended that the therapist engage in Domestic Violence Focused Couples Treatment – a moderately effective evidence-based practice for the treatment of violence in couples.

Suggested Articles/Readings

Stith, S. M., McCollum, E. E., Rosen, K. H., Locke, L. D., & Goldberg, P. D. (2005). Domestic violence-focused couples' treatment. In J. L. Lebow (Ed.) *Handbook of Clinical Family Therapy* (pp. 406-430). Hoboken, NY: Wiley.

Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). *Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy*. Journal of Marital and Family Therapy, 30, 305–318. doi: 10.1111/j.1752-0606.2004.tb01242.x

Special Situations

Hospitalizing Minors. For atypical minor commitments: If minor clients are not a danger to themselves or others but require a hospitalization evaluation (for severe substance abuse, for example), parents can transport their minor for evaluation. If the parents have a family physician that is willing to admit the minor, hospitals will generally detain the minor for treatment. If family and friends are unable to transport, call 9-911.

Non-Cooperating Clients. If the client will not voluntarily admit themselves to an inpatient facility, then the therapist may need to testify before a magistrate. The therapist should consult their supervisor and CFTC Director who can contact the university attorney. If it is an immediate emergency, dial 911 or use the panic alarm in the therapy room.

Fleeing Clients. If a client who is at risk to self or others flees the CFTC, contact the CFTC Director or your supervisor immediately; police will be called if the situation warrants.

Florid Psychosis Or Severe Manic Behavior. Clients with florid psychosis or severe manic behavior should be referred for psychiatric evaluation. If clients are unwilling to go for evaluation voluntarily and are severely decompensated or out of touch, the therapist should immediately call a supervisor or the CFTC Director. If the client's behavior is immediately dangerous to self or others, the therapist should also call 9-911.

General Protocols For Threats To Safety

Document Everything! Document all actions taken by you in response to the emergency. These notes become part of the official case record. Always follow-up with crisis clients (or have them call you) to be sure they are managing their plan, and document your follow-up actions. Work with the CFTC Director regarding appropriate documentation of client crises or urgencies. Always complete an incident report!

Threats To Safety. In the event of any immediate threats to the safety of persons at the CFTC, in person or by telephone, secure the CFTC as soon as possible. Call 9-911 immediately. Give police a clear and concise summary of the nature of the threat, our address of 7030 Indianapolis Blvd. (Hammond Campus), when and how it was made, and any information they ask for about the person or persons making the threat. Confidentiality does not apply in this situation. Notify the CFTC Director or supervisor if none are present. Find a secure room (one that locks preferably without windows), and lock yourself in. Complete an Incident Report.

Anticipated Threats. Therapists on occasion may anticipate a threat from a client or third party. Such situations should be discussed with the CFTC Director and steps taken to ensure safety. These may include the PNW Police sending an officer to be at the CFTC when a potentially threatening situation occurs. Complete an Incident Report.

Informing CFTC Staff Of Emergency Issues/Threats. The Administrative Assistant should be informed of any potential threat or issues of concern where she may be contacted or approached; faculty and other students should also be apprised. Discuss this with the CFTC Director. Complete an Incident Report.

Clinical Documentation Policy & Procedures

Style Guide for Documents and Letters

Icon/Logo

The CFTC Logo (word mark) was designed in 2017/2018 when a new wave of marketing materials was developed and ordered for the center as it transitioned to the new space from the E-Center on 169th St. The logo is a bold statement of blue, black, and yellow hues, signifying our connection to Purdue Northwest, and yet showing our distinct service as an entity. The logo is to be used on official business only.

COUPLE & FAMILY
THERAPY CENTER

You will see the logo on our brochures, website, and other marketing materials – in addition to paperwork and formal correspondence.

The logo should always have a 'safe zone' of at least ¼" on all edges. It can be used in conjunction with formal PNW logos, but most often when the Official PNW Logo is used, the CFTC Logo is replaced with typed words of our name in the standard PNW sanctioned font families.

Colors

The 4 stylized colors for the CFTC are:

Grey Blue		RGB: 76-91-111	Hex Code: 4C5B6F
Light Teal Blue		RBG: 116-166-190	Hex Code: 74A6BE
Gold		RGB: 209-173-67	Hex Code: D1AD46
Dark Grey Black		RGB: 26-26-25	Hex Code: 1A1A19

Preferred Fonts & Sizing

The preferred fonts for and sizing/headings are as follows, for this manual, and other publications and texts:

Level One Heading (Left Aligned, 20 pt.): Avenir Next Condensed, Bold
Level Two Heading (Centered, 14 pt.): Calibri, Standard, Bold
Level Three heading (Left Aligned, 12 pt.): Calibri, Standard, Bold Italics
Level Four Heading (Left Aligned, 11 pt.): Calibri, Standard, Bold
Level Five Heading (Left Aligned, in line with text, 11 pt.): Calibri, Standard, Italics

For all standard documentation, letters, and correspondence, **Calibri, 11 pt.**, is the preferred typeface with single spacing, left alignment – except for dates (center aligned) or topic/subject lines (indented).

Letterhead

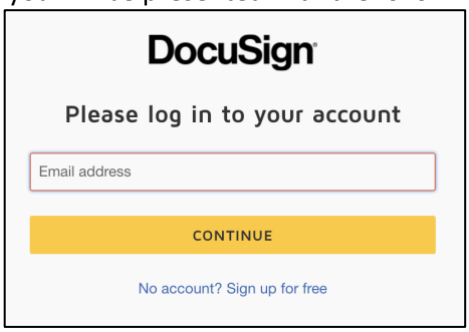
Digital letter head designs have been uploaded to the Brightspace website for the CFTC. Please only use this file/version of the letterhead for all correspondence. This letter head conforms to the most recent PNW Style Guide and Branding Policies of the university.

Using DocuSign for Digital Signatures

All therapists have access to the digital signature platform, DocuSign with their @purdue.edu email address/account.

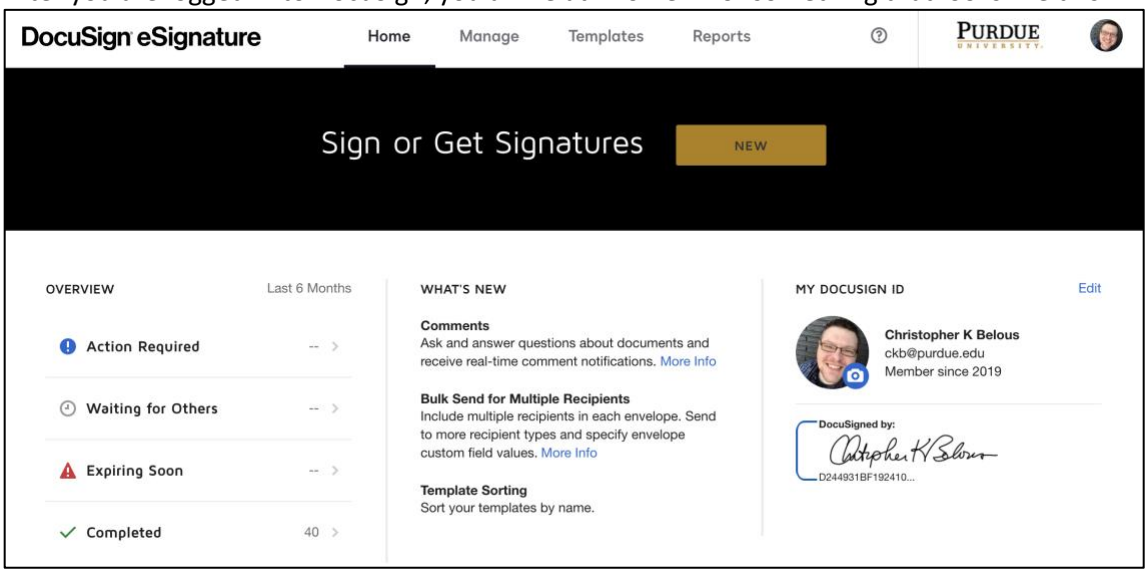
1. You can login to the DocuSign system through your MyPNW website, or by logging in at docusign.com (upper right-hand corner, click Log In link)

2. Initially, you will be presented with the following screen:

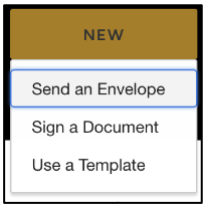


   a. Enter in your career account email, with @purdue.edu as the email address. So, for example, my PNW email is ckb@pnw.edu. For the DocuSign program, I enter in ckb@purdue.edu as my email address.
   b. After you hit continue, you are presented with the standard boiler key login screen. Login as you normally do with boiler key

3. After you are logged in to DocuSign, you arrive at "Home" – or something that looks like this:



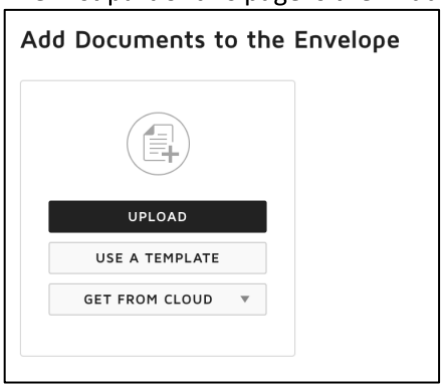
4. To start sending an envelope, you will want to click on the gold button where it says "NEW" – this will bring up a small submenu, that has three options, Send an Envelope, Sign a Document, or Use a Template. Always select "Send an Envelope"



5. After you start an envelope, you are brought to a page where you can upload the document(s) that need signatures, identify and enter in each person that needs to

sign or receive a copy, and edit the email notice they will receive to let them know they need to login and submit a signature.

6. The first part of this page is the "Add Documents to Envelope" section. It looks like this:



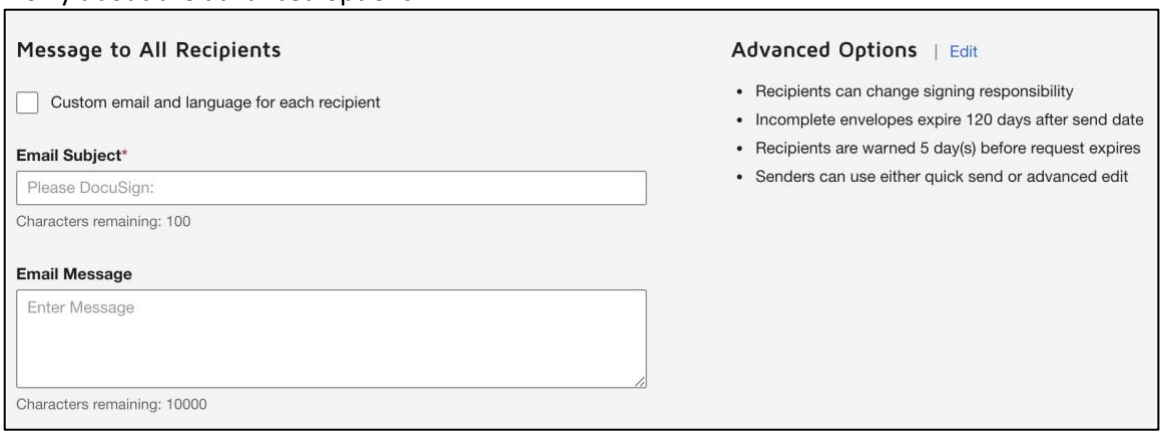
   a. Click the "Upload" Button, and select the file that needs signatures. The system will upload and process it. You can upload pretty much any kind of document.

7. The second part of the page is the "Add Recipients to the Envelope" Section. This is where you identify who needs to get a copy, or who needs to sign the document. It looks like this:

   a. You can add as many people as you would like to the envelope, the only information you need is their name and email address. They do NOT have to be a part of the Purdue System. Any name and email is acceptable.
   b. You should check the box that says "Set Signing Order" – this will initiate an order to who signs the document when. After you click this box, it numbers the signatures on the left, so you know what order it is in.
   c. You can also click the drop down to the right of the person's name – where it says "Needs to Sign" in the image above. This gives you many options. The two you will use are "Needs to Sign" and "Receives a Copy"
      i. Needs to Sign means the person must sign the document to complete it.
      ii. Receives a Copy means that person will get a fully finished version of the document after all signatures are affixed (think – this is what you will do for the Administrative Assistant, to ensure that she gets a copy of your hours, for example).

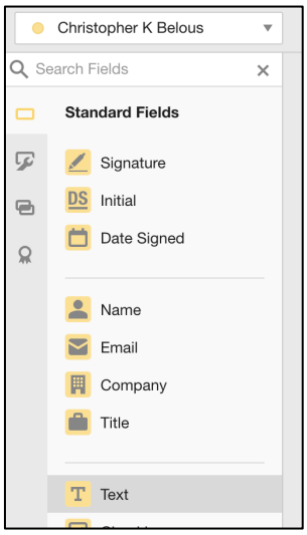
> *ALWAYS send DocuSign envelopes to a person's @purdue.edu email address – never to their @pnw.edu. The @purdue.edu email is the account with paid access, so will allow for all features and to retain all documents.*

8. The third part of the page is the Message to All Recipients Box. This is where you enter in information that each person will receive in the email notifying them that they have a document to sign. I would recommend leaving "Please DocuSign:" at the beginning of the Email Subject, but you can put whatever professional message you would like in the Email Message. Don't worry about the advanced options.



9. After you have completed these three segments, click the golden "NEXT" button at either the top right or bottom right of this screen. *Do not click "SEND NOW" because it will send the document without any place for signatures!* This will bring you to the document preparation page. This is where you will tell the system where signatures need to be on the document.

10. To tell DocuSign where signatures should go you will first make sure you are telling it which person needs to sign where. This is done with options on the left-hand side of the screen. It will look something like this (right):



    a. You will notice that your name is the first at the top – because you are the first signer of the document. Scroll on the document in the middle of the page to where you need to put a signature. Then click and drag over where it says "Signature" under standard fields to where the signature should be. After it is placed, you will see a yellow box. You can resize this box as necessary.
    b. You can also drag over "Date Signed" or "Name" – these will be filled automatically when the person goes to sign the document. Be sure that whenever there is a date line on the document, or their name, that these options are placed.

11. To tell the system someone else needs to sign it – click where your name is, you will see a drop-down list of all the people who have been entered as signers on the previous page. Select the person who you want to add signature spaces for. You'll notice they are a different color.
    a. You will use the same process as when you put your signature/date entries etc., only the color of the box will be different.

12. Once all signatures and other fields have been placed, you can hit the "Send" Button in the upper right-hand corner. This will trigger the sending of the document.

13. You will see a pop-up that looks like this:

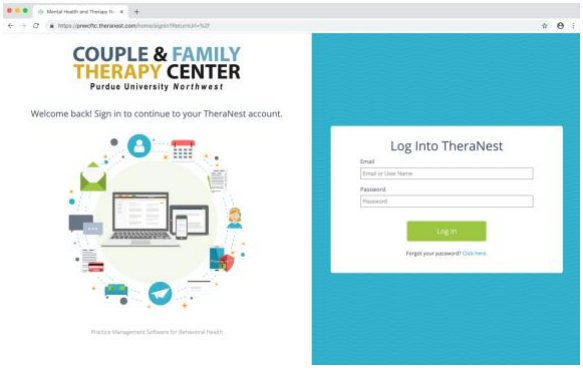
Select “Sign Now” – and apply your signature.

14. After you have signed the document, it will be sent on to the next person in the signature list. After all signatures are applied, everyone involved (or listed as “Receives a Copy”) will get the final version of the document with everyone’s signatures.

If you need any help or have questions, just let me know. I’d be happy to set up a time to screenshare or walk you through the process of using DocuSign.

TheraNest

The Couple and Family Therapy Center uses TheraNest EHR (Electronic Health Record) to manage, complete, and safely record client records and documentation. The system is a HIPAA Secure and Compliant web-based digital system that can accommodate the latest in technological advances with the ease of point, click, and type record keeping.



Your log in and password information will be made available to you at your clinic orientation. Your log in is always going to be your Purdue University Northwest email address. Your initial password will be provided, and is different for each year's intern cycle. To begin accessing the system, launch your favorite browser (does not matter which that you use), and log in via our dedicated, personalized access point: http://pnwcftc.theranest.com.
The first time you log in, you will get a few pop-ups, and a standard layout for your agenda screen (homepage). All of this will be adjusted, and you will customize the experience per the specifications listed below. While extremely customizable to the taste of the clinician, it is recommended that you ONLY customize in the following ways.

Customizing your Profile Settings

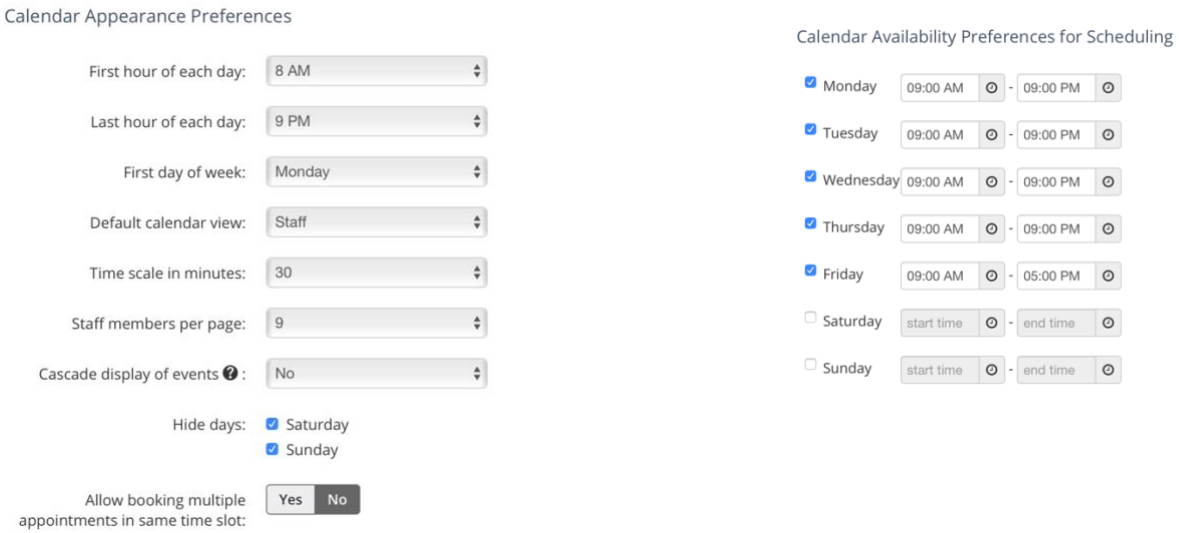
After logging in, go to the upper right-hand corner of the screen, click your name and go to your profile.

1. Profile Tab
    a. Most fields should be completed correctly for you. Enter any missing information, or correct any present. You do not need to enter your mobile number!
    b. Select "Change my Electronic Signature Option"
        i. Either type one in or select to draw it in. Be sure to "save" it – then preview it
2. Password Tab
    a. Enter in your current password, and choose a secure, confidential new password. Make sure you remember it!
3. Preferences Tab
    a. Make sure that you make your profile selections look exactly the same as the selections below! Each section is shown via screen shot below:
        i. General Preferences Section

- [ ] Alert me when someone else changes a calendar event
- [x] Email me when someone else changes my schedule
- [x] Email me when a client sends me a message through the Client Portal
- [x] Print Calendar PDFs in black and white
- [x] Show only client initials in Calendar and staff email alerts
- [x] Show only client initials in synced calendars (Google, iCal, etc.)

        ii. Client Communications Preferences: DO NOT CHECK ANY!
        iii. DO NOT SYNC CALENDAR
        iv. Calendar Appearance Settings

(see top of next page)



<<<< At the bottom here, is a draggable list of all users/therapists on TheraNest. You should order this so that members of your cohort are the first in the list, so that way they show up first on your calendar view! >>>>

Scheduling Clients on the TheraNest Calendar

The CFTC will only be using the scheduling system within TheraNest for all appointments. When you first go to the calendar tab/page on TheraNest, it should show only the therapists for your cohort, if settings have been correctly applied.

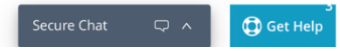
This is a calendar view based on "Staff" and is for a single day. To select a different day, use the arrows under the "Staff" section to move forward and backward. You can also change the view type to select a different day. On each day, you will be able to see who has appointments, and at what time – the appointment block on the calendar should also show you which room the appointment is scheduled in. This will be helpful for when you are scheduling your own clients in the system.

Scheduling a Client. If you click the green calendar with a "+" sign on it, next to the date in the upper left-hand corner, you will see a dialogue box pop up to enter information to schedule a session with.

TheraNest views anyone who is not coming in individually as a "Group" – family or psychotherapy group (more on this later). If you are scheduling a couple or family therapy session, you should select the option in the right-hand corner that says "Group Appointments" – and then enter in the group (family/couple) information. It should be easy to schedule clients, as all of the client background information should be already in the system.

You can also schedule clients directly from the opened client pages within TheraNest, by clicking the option that says "Appointments" on their details page/tab. Each component of the dialogue box is "smart" in that it will start searching and populating the field based on what you are typing in. So, when you start typing in a client's name, it will find the client, and you can select them from a list. In the Service Types & Room options, a drop-down list appears. The bottom line is for date, and start and stop times. Select Save when done.

Secure Communication



Secure Chat. When you log in to TheraNest, at the bottom right corner you will see notifications pop up, and any new messages you have received from other TheraNest Users will be available in the "Secure Chat" box in the corner. Use this box to communicate with your supervisor and/or other therapists about protected health or client information.

Messaging Clients. If a client has registered and agreed to be contacted in the system, they can be messaged via the compose/email system integrated in TheraNest. It is accessed by the "envelope" in the upper right-hand corner of the screen. This envelope is circled in red in the figure above. This will bring up an interface where you can "compose" respond to, and see sent messages between you and clients.

General Documentation Information

This section of the handbook will be divided up and organized around the document that is being created or utilized within clinical practice, for easy reference.

What should be completed, and when?

Before we start talking about individual documents, it may be helpful to know how many documents there are, and when they should be completed – and how they can be completed. The chart below does just that.

	Given, or due at…				
Document	Intake	Treatment Phase	Termination	As needed	*Completed Via…*
Telephone Intake Form	■				Digitally
Informed Consent	■				TheraNest
Fee Agreement Form	■				TheraNest
Client Demographic Form	■				TheraNest
Missing Parent Affidavit				■	TheraNest
Consent for Treatment of a Minor	■				TheraNest
Release of Information				■	DocuSign
Assessments	■	■	■	■	TheraNest
Fee Adjustment Form				■	DocuSign
Intake Assessment & Diagnostic Code Form (BEFORE 2nd SESSION)	■			■	TheraNest
Progress Note	■	■	■		TheraNest
Treatment Plan (COMPLETED PRIOR TO THIRD SESSION! / EVERY 12)		3rd		■	TheraNest
Termination Form			■		TheraNest
Case Transfer Form			■		TheraNest
Teaming Note				■	DocuSign
Safety Packet (Suicide / Homicide)				■	Paper/Pencil
Special Documents (Verification Letters, NDA's, Mandated Client Completion Certificate, Interpreter Letters, Form Letters, etc.)				■	DocuSign or TheraNest

Rules About Documentation

1. All documentation that can be completed in TheraNest, MUST be completed in TheraNest, unless directed otherwise by the CFTC Director.
2. All documentation for a session, client, or file, should be completed within **48 hours** of the event. That means if you have an intake on Monday at 2pm, by Wednesday at 3:30pm you should have ALL documentation completed (notes, scoring of assessments, etc.). Plan accordingly.
3. You should NOT get "behind" in notes or documentation. If you are struggling with how to manage your paperwork process, please meet with the CFTC Director to discuss resources and helpful ways to recover.
4. Log and Document EVERYTHING. If you interact or work with a client – talk to them on the phone – reschedule an appointment – they come in and pay a bill – *anything* – Document It!
    a. Generally speaking, a therapeutic encounter should result in a *Progress Note*, a generic interaction or working with another service provider, intense supervision, or supervisory notice all can be recorded on the *Contact Log* as a quick note.

5. You should expect to get documentation BACK from your supervisor to FIX concerns they have or adjust language/wording, etc. This is a good thing. Embrace it.
6. You SHOULD utilize the secure chat feature!
7. Make sure that your clients are comfortable and well versed in the Client Portal System. Send reminders, check up in session. Be knowledgeable yourself.
8. On the flip side - Do not rely too heavily on the Client Portal System! Don't assume your client has read everything on there – GO OVER MATERIAL! Just because you are not covering the information in person does not mean that you can take for granted they understand what they signed in the portal. Cover the major themes, go over content, and ask for confirmation of understanding (answering questions!).

Progress Notes vs. Psychotherapy Notes

A *Progress Note* is an official document that is part of a client's file that describes treatment, progress made, and is aligned with goals and outcomes of clinical work. A *Progress Note* can be subpoenaed by legal systems, can be provided to other helping professionals, and is co-'owned' by the client system.

DO	*DON'T*
• Write accurate client data • Describe Client's Mental Status • Include quotes as necessary • Utilize theoretical language • Provide the Minimum Necessary Information • Accurately describe progress and treatment • Discuss goal attainment and status • Plan future directions for treatment • Address Risk Issues or Safety Concerns • Document Interactions with other Helping Professionals	• Write personal reactions • Make assumptions • Use pejorative language • Use jargon for no reason • Provide too much detail • Mention unfounded "guesses" or hypothesis that cannot be discussed from a clinical basis of evidence

A *Psychotherapy Note* is a personal "jotting" of ideas, concepts, notes to self for remembering later, document that is created by a therapist or another person around a case, but not considered officially part of the case file itself. *Psychotherapy Notes* cannot be subpoenaed and are solely owned by the therapist themselves as a working professional document that is temporary in nature.

DO	*DON'T*
• Write information on these notes that will be helpful for you when you are writing your official progress note • Jot down drawings or genograms before an official one can be completed • Make connections with logical or academic knowledge • Attempt to hypothesize and connect previous information to current sessions	• Include this note in your client's file • Lose this document or transport it around

• Write questions that you would like to ask in supervision • Keep this document secure and stored appropriately and confidentially	

Intake Documentation

The following information should be used to help you write and utilize the various forms that are necessary in the CFTC as part of the Client's Case File. Should you have questions, you should schedule some time to meet with the CFTC Director.

Intake documents that are completed on TheraNest **should be summarized and gone over with the clients at the Intake Session/Evaluation.** At no time should a student take for granted that a client has read over and understands all the documentation. Paper/Pencil documentation should be gone over in detail in session to ensure understanding.

Each adult client completes their own set of individual, unique intake forms to begin treatment.

Video Recording & Observation Notice
This document must be signed prior to being seen for the client's intake session. This document outlines how we record sessions, the purpose of those recordings, how they are kept and stored, and who has access to them. This document requires a signature.

Informed Consent
The informed consent document is the primary document that gives consent for the treatment of the client system. Without this document being completed fully and executed by signature, providing mental health treatment for someone is unethical and inappropriate. The document outlines the risks, benefits, expectations, rights, and limitations to providing treatment at our facility. Each intern/therapist should be very familiar with this document and go over it with clients at the intake appointment, and as needed throughout treatment.

Telemental Health Informed Consent Addendum
The TMH Informed Consent Addendum was added when we began offering telemental health sessions. This should only be given/signed by a client when they are using telemental health as the vehicle through which to receive their treatment from us (synchronous secure video chat). This document must be completed prior to attending any TMH sessions.

Informed Consent Special Situations
What if someone joins for a single session? ("Witnessing?")
If someone joins treatment (say as a witnessing scenario, or as a support person for a few sessions), they must additionally complete the informed consent! They can complete a paper version if they must, or they can register and have a client portal as well. It should be noted they have access to all records for sessions that they were a part of, no more, no less.

Consent for Treatment of a Minor Child
Ethics codes and State Law require that we obtain consent from all persons who hold custody for a child. As such, even if the parents are not together, we as therapist must make every effort to secure the informed consent of the caregivers, custody holders, and parents of any minors that we treat. *We must have the consent of all custody holders before we can begin treatment with a minor.* Some parents will push and say that they do not have any contact with a biological parent, but have no documentation to prove that they have sole custody. In this unfortunate situation, the parent must reach out/attempt to contact the other custody holder in three distinct ways, prior to being eligible for the missing parent affidavit.

Missing Parent Affidavit
Sometimes, a parent has chosen not to participate in their child's life. Often when this happens, the parent loses touch over time – which results in a complete lack of knowledge or ability to contact the person. In order to account for this situation, we simply need assurance that every reasonable effort has been made to find and contact them to gain consent. This is done through the completion of the Missing Parent Affidavit form.

This form should only be used in a case when there is legitimate cause and substantiated reasoning for inability to contact a custodial parent. The consenting parent must provide reasons and documentation to discuss how and why they were unable to locate or provide information on the other parent in at least three different ways. Additionally, it states that the consenting parent has engaged every conceivable effort to find and secure consent from the other parent. In addition, the form states that should the other parent contact the center, and be able to provide proof of identity, they will in fact have access to any and all records.

Fee Agreement Form
This document will be used to confirm a client's intention and ability to pay, as well as outline our specific requirements for accepting payments. This document is completed on TheraNest.

Client Demographic Form
The Client Demographic Form is similar to a history-gathering document that pulls together all of the various types and pieces of information of a person's background, presenting problem, and bio-psycho-social history. Our Client Demographic Form is quite extensive! It will most likely take your clients a moment to fill out, especially in conjunction with our assessments that are given at intake. You should warn them ahead of time on the phone when discussing the Client Portal and going over the requirements for what they need to finish before they arrive.

Release of Information
The Release of Information form is your friend. You will want to complete this document WHENEVER you are talking to someone about a client, outside of our facility! Even if the other helping professional is another student at an offsite placement – you MUST get an ROI before you can talk to them. It is an easy form to complete, but you should know that being easy also means it is very easy to complete incorrectly.

Every line should have something on it – if there is no information to provide (fax number, for example), then you should direct the client to enter in "N/A." The client should have all of this information – you should merely go over it and answer questions for them. Numerous paper copies are available in the Intern Office. It should be scanned and uploaded to the TheraNest file upon completion. Be sure to fax or send copies to whomever it is that you are collaborating with! This document can also be completed digitally and then sent through DocuSign for completion/signatures.

Assessments – Guide

Everyone's favorite topic! Evaluation! Assessments can be very helpful, and they have honestly gotten a bad rap over the years.

Interns and Therapists at the CFTC should engage in a modified version of *Therapeutic Assessment* procedures. This means that assessments are not given simply to be given, scored, and placed in a file. They are *interventions* for use in the therapy process, and should be valued by both the therapist and client. For a detailed breakdown on the Therapeutic Assessment approach, therapists are encouraged to read:

> Finn, S. E., & Tonsager, M. E. (1997). Information-gathering and therapeutic models of assessment: Complementary paradigms. *Psychological Assessment, 9*(4), 374–385. https://doi.org/10.1037/1040-3590.9.4.374
> (Full Text download link available at: http://www.therapeuticassessment.com/docs/Finn_Tonsager_1997.pdf)

At the CFTC, we do have a standard set of assessments that should be utilized at intake, and then a re-assessment every five sessions. We only assess clients ages 11 and above. Results should always be shared from an appropriate, Therapeutic Assessment Perspective, collaborating with the clients to gain their "buy in" on the therapy process. Results should be shared with the client in the session immediately following distribution.

All of the our assessments are available and able to be assigned via the Client Portal, except for the STAXI and SASSI for Mandated Clients. After a client completes the assessments via the Client Portal, you will be able to see their responses within the system. You will then need to open up the scoring calculators or worksheets (available for download from Brightspace – you should save a blank template for easy access!), score the evaluations and instruments, and then upload the digitally created results to the client file (to be interpreted on the "Initial Assessment and Diagnostic Codes" tab/worksheet in TheraNest). After the intake session, everyone 11 years and older should get the *Working Alliance Inventory*.

Assessments are re-given to clients every 5 sessions for comparison and monitoring of symptom change.

Information on Specific Measures

Adverse Childhood Experience Scale (ACES)

Childhood trauma can have lifelong effects – including impairment in social, emotional, and cognition; adoption of high-risk behaviors (suicidality, sexual risk taking, sleep disturbances, etc.); disease, disability, and social problems; and even early or premature death rates. ACES are defined as significant events such as: Physical, sexual, or emotional abuse; physical or emotional neglect; intimate partner violence; observation and witnessing of maternal abuse; substance misuse; parental separation or divorce; household mental illness; and incarceration of family members.

Scoring/Interpretation

The ACES assessment is a very simple 10 item measure with yes or no answers. Your client will complete this in the Client Portal, and you will see their responses. For each "yes" response, the client gets a "1" – add up all of the points, to get the overall ACE Score.

87% of respondents will have a one or higher ACE score. If a client scores an ACE score of 4 or more, you should do further assessment related to health factors, trauma, and/or resilience factors. Confer with a supervisor about the results.

Working Alliance Inventory - Short Revised

Munder, T., Wilmers, F., Leonhart, R., Linster, H. W., & Barth, J. (2010). Working Alliance Inventory – Short Revised (WAI-SR): Psychometric properties in outpatients and inpatients. *Clinical Psychology and Psychotherapy, 17*. 231-239.

The 2006 update to the original Working Alliance Inventory by Hatcher & Gillaspy created a 12 item, stable 3 factor (RMSEA < .10, CFI > .90, and TLI > .90) and reliable (α = .90) model. The WAI-Short Form provides information on the alliance, specifically in the areas of tasks, goals, and affective bonds. The table below provides information on sample scores for an outpatient (n = 88) sample. While not cut-offs or standardized scores, these interpretive levels can be helpful for discussion with your supervisor, in introspection, and with clients.

	Bond	Task	Goal	Total
Mean	4.0	3.4	4.0	3.8
Standard Deviation	*.78*	*.77*	*.68*	*.63*
Cronbach's Alpha	*.82*	*.85*	*.81*	*.90*

Scoring/Interpretation

Sum & Average. Items #: 1, 4, 6, 11 are in the Goal Subscale; Items #: 2, 8, 10, 12 are in the Task Subscale; and Items #3, 5, 7, 9 are in the Bond Subscale.

Use the table above to compare your average (mean) to that in the normed sample. Is your score within one standard deviation of the mean? Higher scores indicate strength in this area, lower scores indicate deficits.

Couple Satisfaction Index – 16 (CSI-16)

Funk, J. L., & Rogge, R. D. (2007). Testing the ruler with Item Response Theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology, 21*(4), 572-583.

The CSI-16 is a well-developed and researched measure of relationship satisfaction for couples. It solely measures relationship satisfaction. It is a simple 16 item measure that asks multiple questions about the

couple's relationship. You will receive the raw responses to items, which you will use to calculate their answer. In each response, you will see a number, add these numbers together to get a total score.

Scoring /Interpretation
To score, simply add all items together.
The CSI-16 can have scores ranging from 0-81. The mean for the normed sample was 61, with a standard deviation of 17. A clinical cut-off score to show distress has been identified as 51.5 (52). Scores below this cut-off amount should be considered experiencing distress, above, should be considered strong.

New Sexual Satisfaction Scale (NSSS)

Stulhofer, A., Busko, V., & Brouillard, P. (2010). Development and bicultural validation of the New Sexual Satisfaction Scale. *Journal of Sex Research, 47*(4), 257-268.

The NSSS was developed to get a more sophisticated and nuanced understanding of individual's sexual satisfaction, including that for themselves, and for when they are with a partner. The NSSS is a 20-item scale that has been validated in the United States, and in the country of Croatia – in clinical, community, and student settings. With stable factor structure, and evidence of reliability, it is a strong measure for use to determine overall sexual satisfaction – both with personal performance and with partner/activity focus.

Scoring/Interpretation
Add up the first 10 items for the "Ego Focused" subscale (individual satisfaction of sexual functioning). Add up the second 10 items for "Partner/Activity Focused" subscale (partner's response to sexual stimuli, interpretation of activity). Add both subscales together for a total sexual satisfaction score.

Scores above the following MEAN scores should be considered "satisfied" – those more than one standard deviation above the mean should be considered highly satisfied (in respective area). Similar interpretation with lower than mean scores is acceptable.

	Ego Focused	Partner/Activity	Total Score
Mean	37.41	35.79	72.96
Standard Deviation	*7.85*	*9.05*	*15.22*

Pediatric Symptoms Checklist – 17 (PSC-17)

Jellinek, M. S., Murphy, J. M., Robinson, J., Feins, A., Lamb, S., & Fenton, T. (1988). The Pediatric Symptom Checklist: Screening school-age children for psychosocial dysfunction. *Journal of Pediatrics, 112*, 201-209.

The PSC-17 is a helpful scale that can provide information on a minor's current psychosocial problematic behavior or symptoms, and can be used to track efficacy of treatment. The assessment can be completed by the minor themselves, or a parent. For minor completion, it is recommend that it be given to those 13-17 years of age; for those younger, only a parent should complete the document.

The scale has 17 items that measures overall psychosocial functioning (all items together), and has three subscales: Attention Problems, Internalizing Problems, and Externalizing Problems. Each item is rated as Never (0), Sometimes (1), or Often (2).

Scoring/Interpretation
To score, add items endorsed together.

Subscale	*Items to Sum*	*Cut-Off Recommendation & Interpretation*

Attention Problems	1-5	> 7 exhibit significant impairments in attention
Internalizing Problems	6-10	> 5 exhibit significant symptoms of depression or anxiety
Externalizing Problems	11-17	> 7 exhibit difficulty with behavioral conduct

Having a total score of 15 or more is considered a "cutoff" score for having psychosocial difficulties.

Family Relationship Index (FRI)
The FRI is a subscale of the larger Family Environment Scale assessment, developed by Bernice & Rudolf Moos. It consists of 27 total items, which measures overall family functioning. The scale contains 3 subscales: Cohesion, Conflict, and Expression.

Scoring & Interpretation

Subscale:	Cohesion	Expressiveness	Conflict	Total
Sum Items:	1, 4, 7, 10, 13, 16, 19, 22, 25	2, 5, 8, 11, 14, 17, 20, 23, 26	3, 6, 9, 12, 15, 18, 21, 24, 27	All Items
Mean:	5.34	4.57	4.4	14.31
SD:	2.55	1.99	2.45	6.99

The FRI has an Excel Scoring calculator available for it on the Brightspace page. This scoring calculator will convert scores to T-Scores for easier interpretation.

State-Trait Anger Expression Inventory (STAXI-2)
The STAXI-2 is a measure that is used to evaluate and assess anger, trait anger, and anger expression. This information is used to help develop effective treatment plans, and to assess for risk issues. The STAXI-2 is sophisticated licensed assessment that is used with our Anger Management referral clients. All forms, scoring, interpretation and manuals are available in the Clinic Intern Office.

The STAXI-2 is completed via Paper/Pencil and scored in a similar fashion. All results, including assessments and raw responses are to be scanned and uploaded to the Client's TheraNest file.

Substance Abuse Subtle Screening Inventory (SASSI-4)
The SASSI-4 quickly identifies adolescents and adults who may have a substance abuse disorder. This information is used to help develop effective treatment plans, and to assess for risk issues. The SASSI-4 is sophisticated licensed assessment that is used with our Substance Abuse referral clients. All forms, scoring, interpretation and manuals are available in the Clinic Intern Office.

The SASSI-4 is completed via Paper/Pencil and scored in a similar fashion. All results, including assessments and raw responses are to be scanned and uploaded to the Client's TheraNest file.

Other Available Instruments
Other than the Standard Assessments we have numerous assessments at the CFTC. Any public domain instruments are available for you to keep by accessing them on the CFT Brightspace page, or scanning a copy in the clinic.

Clinical Treatment Documentation

Initial Assessment & Diagnostic Code Worksheet
Immediately following your intake session, you will complete the "IADC" documentation form on TheraNest. These are individualized assessments. *Each client gets their own*. Each one has to be signed by a supervisor. Supervisors are not informed these need to be done, you need to remind them via chat or in supervision.

Diagnostic Codes: As a refresher, "Z" or "V" codes are a *Focus of Treatment* and not a diagnosis. In the world of insurance and agency work, often if you attempt to bill under a Z code, you will get denied, and not be able to make a claim or receive reimbursement. Only "F" codes are reimbursable; you should make every effort to have your clients engaged with a "F" code - and then have a supplemental "Z" or "V" code as what you are focusing on.

The more information you provide in each section of the IADC, the better the note will be. Think of this document like a report of all of the presenting problems uncovered in the first discussion, coupled with a connection between multiple elements. This document allows you to interpret assessments, mention and discuss how to interact with other helping professionals, assess risk, etc. It is very important that this document is completed thoroughly and well.

The Progress Note
There are two types of Progress Notes available in TheraNest – one for Individual Cases, and one for Relational Cases. The Individual progress note auto-populates with information entered on treatment plans, from the calendar/etc. The Relational note does not. The Individual note also informs your supervisor that they need to sign the document – the relational note does not, you will need to keep track and remind your supervisor to sign it.

Individual Progress Note
Various information is auto-populated to the individual progress note for you. For example, after the completion of the treatment plant, the goals will be on each progress note. Greyed out areas will not be able to be edited, but you will be able to edit everything else. Some stuff is simply drop down or point and click, other stuff is narrative focused.

On the left-hand side of the form is where you will complete a miniature mental status exam for each session (start typing and will auto populate or take your custom phrases or words) and the right side of the form is for the narrative component of the progress note. The system is set up for a modified "DAP" format for notes – Data, Assessment, Plan. In this modified version it is labeled as "Session Focus" (Data), "Therapeutic Intervention" (Assessment), "Planned Intervention" (Plan).

Relational Progress Note
With the Relational Progress Note you should only complete ONE progress note for a couple or family session - there is a form entry spot where you will input the client's names who attended. It is important that you do this! This document should only be completed for relational cases. The relational progress note includes the same information as the individual note, however it does not get autopopulated. You will need to copy over and complete all forms in this document. For example, you will need to type full (first and last) names for each client present, copy & paste the goals for the case in the goal box, copy & paste diagnosis, etc.

→ NOTE: The relational progress note when submitted will NOT inform your supervisor that it needs a signature. You will need to send a message to your supervisor and ask them to sign it! It may be helpful to speak with them and ask how they would like to be made aware of things that need signature.

Information on Progress Note Completion
Progress Notes help with case management. They help therapists and supervisors monitor ongoing therapy, and are a legal record. They also allow us to ensure that a quality service is being provided, and clients' needs are being met. Progress Notes identify changes in client's conditions that may warrant an adjustment to the treatment plan. They help your supervisor keep you and your clients safe by ongoing review and monitoring of risk issues. Progress Notes record important details about services provided to clients, and record the client's participation in therapy and in their own progress.

- *TIPS:* Avoid using slang, street language, clichés, or jargon. Avoid metaphors; say what you mean directly. Be clear so that another reader would understand what you are talking about. Omit non-essential details of client's lives. Avoid biased language. Double check the information, and always specify what theory you have used in that session.

Progress Notes are required of all therapists seeing CFTC clients. These notes, along with all the other documents created in the course of treatment, constitute the official record of each case seen at the CFTC. It is official record material that is often targeted by subpoenas. Thus, notes must be written in a manner sensitive to the consequences of the release of such material to a court of law. Your supervisor is a source of information on the proper manner in which to record your observations and reports of information relevant to treatment.

Your Progress Notes and all Clinical Documentation are to be reviewed by your supervisor;
they are due within 48 hours of each clinical experience.

Treatment Plan
Treatment plans must be completed by the start of the third session, and reviewed at least every 90 days. Treatment Plans are designed to be the foundation and skeleton of the treatment for the client system. It provides the framework – informed by the client's context and history, presenting concerns, and your clinical knowledge and expertise associated with healthy functioning – to progress from the difficulties of the current situation to the well place that each client wants to be in. In TheraNest, Treatment Plans are created to be easy to create, update, and use in monitoring treatment progression. Information entered on the Treatment Plan is automatically transferred and included on Progress Notes, and throughout the client file.

To create a Treatment Plan, all you have to do is click on the "Treatment Plan" tab – and you will be brought to a page with some simple form fields. Be sure to select the correct client from the dropdown list for relational cases. Each person in the case needs to have their own treatment plan!

Adding in Goals
Click on "Add Goal" which will take you to a new page. This new page has a large box for the long-term goal (listed as "Client Goal"), and accompanying target completion date (set out for same date as when you plan to review the treatment plant). Where it says "Objectives" – consider these the short term goals, or steps needed to be completed, on the way to achieving the long term goal just created above.

You can also put in interventions here that you plan to use, but remember, all of this shows up on each and every individual note – and the overall goal is to be copied to all relational progress notes, so you don't want to go crazy. You are also guaranteeing that this is the plan for how you will be working with the client, so don't put things in that you aren't familiar with or won't be providing/doing with the client.

Be sure to save often, and add as many goals as needed. A unique goal page will be available for each goal that you create, so after you are done with each goal, save, then go "Back to Treatment Plan."

Writing Effective Goals
All goals are made up of 4 elements, and when put together form a complete sentence. Goals are not single words. Goals are not minor change sentences. Goals are measurable, achievable, and give direction. Here is the 4-compound method:

1	*2*	*3*	*4*
Movement Language / Action Words	Symptomology or Complaint	"as measured by"	Measurable Outcome or Data Point

Example:
"Decrease depressive symptoms as measured by PHQ-9 overall scores to non-clinical levels."
1 2 3 4

The great thing about the 4 Compound Method is that it gives you all the ideas necessary to create comprehensive treatment plans with long-term goals and linked short-term objects that are able to be measured and give intentionality to the work you are doing.

An example of an objective linked to the Long-Term Main goal above would be:
"Client will sleep less than 10 hours, but more than 6 hours at least 5 out of 7 days of the week."
1 2 3 4

Termination or Transfer Form
It is so incredibly important that you close cases as soon as possible once they have ended services by whatever method. As an agency, we pay for the TheraNest system based on the number of clients that we have "Active" – "Archived" clients are not counted as part of our quota – which is the TheraNest terminology used for "closed."

A case should be closed if any of the following conditions are met:
- You have no contact with the client for a total of 3 weeks, despite repeated attempts to contact
- Client completed goals and therapy was complete
- Client terminated treatment and requested their case be closed
- The case is being transferred to another therapist

To Close a Case, complete the Case Termination Form (tab in the case). After this form is completed and signed by your supervisor and you, you can then close the case in TheraNest, and then archive the clients.

Be sure to check the appropriate box in the top right column – is the case being "CLOSED" or "TRANSFERRED" to another therapist.

Steps for Closing a Case / Arching Clients in TheraNest

AFTER you and your SUPERVISOR sign the Termination Form, and all fees are collected, Go to the Client's Cases page (do this from their client details tab). You will see a list of all active/open cases. Click the button on the right that says "Close." It will bring up a new form for you to complete – you do NOT need to complete anything on this form, just click the green Close button.

You should then go to the "Clients" main tab at the top of the screen, in the dark, dark blue ribbon – find your client, then select "Archive." The system will ask you if you are sure – select yes or OK. While a client is "Archived" they cannot be accessed. However, it is as simple to unarchive a client as it is to archive it.

ABSOLUTELY, UNDER NO CIRCUMSTANCES SHOULD YOU *EVER* DELETE A CASE FILE OR CLIENT

Tips & Tricks to Be Successful with Paperwork

- ✓ Always complete documentation within a timely manner… this is a no-brainer, but honestly – you need to keep your paperwork up to date! If you fall behind, it will become insurmountable!
- ✓ Always be thorough and thoughtful in your documentation
- ✓ Do NOT ever take "the easy route" with documenting – full names, add in DOB, add in objective evidence!
- ✓ Do use appropriate vocabulary in documentation, but refrain from jargon for jargon's sake
- ✓ *Enjoy the process* – paperwork and documentation is a way to *conceptualize* the case, think about what happened or what you would like to happen, and gather information to inform a hypothesis about what is troubling your client(s)
- ✓ Realize that paperwork *is not the enemy*. Let your stress go – it is NOT a struggle!
- ✓ Always put your FULL Name on all documents, including your degree (e.g., BS or BA), and place a "T/S" after your degree. This indicates you are a Therapist *under* Supervision.
- ✓ Signatures should be legible, and include your degree and T/S
- ✓ NEVER EVER Scribble out information. If you make a mistake, and need to edit by hand – single line through the error and initial
- ✓ Black or Blue pen is always best if you are writing something by hand

Transitioning to Externship

So, it's time to go?

"Every new beginning comes from some other beginning's end…"
– Seneca (Popularized by Semisonic, after translation)

Yes, you too, will have to leave the safety and comfort of the clinic and move on to an externship placement in the community. It will be an exciting time! The specifics of the process by which placement and the externship placement unfolds is discussed in the program handbook, for the clinic – the procedures by which you exit our facility are outlined here.

In your 12 months as a therapist intern with the CFTC, you will have amassed many personal effects and 'settled' into the space at the CFTC. This includes your "personal" drawer, potentially personal effects on shared workspace, etc. This is encouraged! Please make yourself comfortable. However, all of these items must also go with you when you leave the clinic, and anything left behind will be forfeit and considered "donated" to the CFTC.

During Finals Week of the fall semester (typically the second week of December), several things happen in quick succession – you are asked to close out all of your cases, clear out all your belongings, return any keys or access mechanisms, return any equipment borrowed, and complete a departure checklist for clinical clearance out of the clinic. Prior to this week, your active clients will be surveyed (by you), and in conjunction with your supervisor, a determination will be made as to whether or not they should continue treatment at the clinic (transferring to an incoming therapist intern), transferred to another area facility, or their case should be closed due to achievement of progress.

Case Transfers and the Transition Process

If you cannot continue seeing a case that is not ready to terminate, you may arrange transfer to another CFTC therapist in consultation with your supervisor and the CFTC Director.

In situations in which a client system is not appropriate within our scope of practice, referral to an outside agency may occur (this is done after consulting with your supervisor and the CFTC Director) – this procedure is as simple as closing the case with specific referral sheets to other agencies, along with a release of information in case they would like you to speak with their new therapist.

Please use the following procedures before transferring/referring a case:

- ☐ Discuss the case with a supervisor and explore options. The decision should be made jointly between the supervisor, therapist, and client
- ☐ Inform the family in session of the change and outline options. The therapeutic relationship should be taken seriously; clients need time to adjust to such changes. Ideally you should give at least a four-week window of time for the transfer to complete.
- ☐ If the treatment team—including the client(s)—decides to continue therapy at the CFTC, discuss potential therapists with your supervisor or the CFTC Director. Your perspective and suggestions will be taken into account when assigning to a new therapist.
- ☐ After the case transfer decision has been made, and the new therapist is selected:
- ☐ Discuss the case with the new therapist. Be sure they know about previous or potential violence or substance abuse.

- ☐ Cases involving violence, abuse or substance abuse should be considered at-risk and handled carefully.
- ☐ Assist in the smooth transfer of the case by introducing the family to the new therapist. Be aware that this transition may be stressful for the family.
- ☐ Be sure that your paperwork is up to date. Complete a Termination Form, marking the option for transfer, including your recommendations for further treatment.
- ☐ Be sensitive to potential problems the family may have during the transition, particularly if cases have involved abuse, substance abuse, or hospitalization.
- ☐ Be sensitive to the fact that many transfers occur at the end of the semester, potentially leaving a client/family in limbo for a time. Make sure the family knows who to call in case of need.

Therapists completing their CFTC internship are expected to give clients at least one month's notice of the transfer, although the exact timing will depend on the needs of each client. They should discuss with their clients and supervisor the possibility of their transfer to another therapist. The departing therapist should then confer with the CFTC Director or supervisor about the new therapist to be assigned. A Termination Form must be completed upon transferring the case (with Case Transfer option selected), and the CFTC Administrative Assistant must be informed so they can note the change in the client database.

A General Timeline for Transitions is as Follows

Month	Week	Director Task	Student Therapist Task (Year in Parentheses)
September	1		
	2		
	3	Request Feedback about Externship Sites	(3) Respond to Feedback Request
	4		
October	1	Confirm Site Willingness to Host Interns & Number Interested for Upcoming Year	
	2	Faculty Review of Student's Readiness Inform (2) students about current/potential sites	(2) Begin preparing generic Cover Letter and Curriculum Vita/Resume (2) Review Current Sites, and potential new ones
	3	Solicit Application Materials & Site Rankings from Students	(2) Submit Cover Letter & CV to Clinic Director (2) Submit Preference List of Sites to Clinic Director
	4	Review Application Materials & Match Students to Sites	
November	1	Inform Students & Sites about Match-Up	(2) Respond to Requests for Interview *– Inform CD Immediately Upon Internship Offer!*
	2	Send Agreements / MOA/U's Confirm Completion Status/Trajectory of All Previously Placed Student Therapists	(2) Respond to Requests for Interview *– Inform CD Immediately Upon Internship Offer!* (3) Let Clinic Director know about plans to complete or not complete hours requirement this semester
	3	Send Agreements / MOA/U's	(2) Respond to Requests for Interview *– Inform CD Immediately Upon Internship Offer!*
	4	Send Agreements / MOA/U's	(2) Respond to Requests for Interview *– Inform CD Immediately Upon Internship Offer!*
December	1	Send Agreements / MOA/U's Send Extension Announcements for those Not Completing	(2) Work with site to set up orientation and training (3) Work with site to ensure smooth transition out of internship (care for clients!)
	2	Confirm all MOU/A's are Received and Executed Send Confirmation of MOU/A Termination for those Completing	(3) Complete all clinical activity, and submit logs for verification of final hours – *final hours must be submitted by 4:30pm on Wednesday of Exam week to count!*
	3-4	*No Clinical Activity – Between Semesters*	
January	1-2	Start at New Internship Sites	

Rules of the Transfer Process

1. The current 2nd-year CFTC intern is responsible for the case until the incoming 1st-year CFTC therapist begins practicum the following spring semester.

2. The incoming 1st-year CFTC therapist may not see clients by themselves at any time until they are officially enrolled in Practicum.
3. The 2nd Year Student MAY return to "observe" the first session of the new semester of the 1st Year Student begin the primary therapist – if available.

The transfer process will be gone over in detail during clinic meetings, and at special meetings in the Fall Semester. There will be timelines, notifications, and special instructions distributed to students frequently during this time, with many, many, follow-ups about client status, etc. It is important that you respond and engage with all of these requests, and keep the CFTC Director up to date at ALL TIMES about your clients and case status.

Non-Compete?
You will grow attached to your clients – however, you do not "own" the clients. The clients are connected with the CFTC, not the individual therapist. As such, when you leave for your externship placement, it is expected that you will not recruit your clients to follow you to your placement site, unless given explicit permission with just cause from the Clinic Director.

Clinical Clearance for Departure Form
The form is a simple checklist that helps you to identify that you have completed all steps necessary to depart from the clinic and start at your externship placement. This form must be verified by the Clinic Director, and only after signature as procured are you considered "clear" of the CFTC.

The Memorandum of Understanding at Placement
Similar to the Memorandum of Agreement for Placement at the CFTC; there is a memorandum of agreement placing you officially at an offsite location. This is a formal legal document that is very important. In the fall when we are getting placements ready, you will be shown this document and asked to sign it prior to your placement site signing it. You should review this document carefully!

You will additionally be provided copies of two documents for use at your placement site, unless a suitable version is already in place. These documents are:

1. An informed consent document (simple) that identifies you as an unlicensed therapist intern under supervision at PNW, outlining the limits of confidentiality and identifying your supervision process at PNW. This must be signed by every client you see at your externship site.
2. A request for release of raw data – video or audio recording form. This document will allow you to record sessions at your offsite placement. This document is optional for each client to complete, but should be offered to all clients.

Video and Technology Equipment Checkout
You will be provided either a video camera or audio recorder before the end of your final semester in the CFTC – this piece of equipment is assigned to you, and you are responsible for it. This is being provided to you so that you can continue to have raw data to use in supervision and for personal clinical growth and development. The Checkout Form provides details of the individual piece of equipment provided, as well as any replacement costs should an unfortunate accident occur.