Center for Counseling and Family Therapy
Saint Louis University

POLICIES AND PROCEDURES
FALL, 2013

STUDENT MANUAL

Medical Family Therapy Program
Department of Family & Community Medicine
School of Medicine
Saint Louis University
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I. MISSION

The Center for Counseling and Family Therapy was established to provide training opportunities for graduate students in the Medical Family Therapy Program, Department of Family and Community Medicine, Saint Louis University School of Medicine. The Center provides affordable counseling to couples, families, and individuals. The focus of all services, direct and indirect, is assessing and improving the way relational systems work—whether the system is a couple, family, group, classroom, or agency.

The Center strives to carry out the mission of the Paul C. Reinert, S.J., Clinics for Family and Child Development to provide quality services for families, couples, and individuals as they strive to negotiate life’s challenges, and to provide innovative teaching, learning, and research opportunities for Saint Louis University students and faculty.

The Center serves as a practicum site for individuals who are advanced graduate students in the Medical Family Therapy Program, Department of Family and Community Medicine, Saint Louis University School of Medicine. The Center provides a clinical setting where graduate students who are pursuing their training in marriage and family therapy can develop and sharpen clinical skills through the provision of counseling services to the Metropolitan Saint Louis Community.

In addition to being a training facility for the department, the CCFT is also a service facility for the community. The vast majority of the clientele who receive services at CCFT are residents of the greater Saint Louis Metropolitan area and the surrounding communities, including students, faculty, and staff of Saint Louis University. With that in mind, the CCFT operates much like any other mental health facility.

The staff of CCFT, who are marriage and family therapy interns, are supervised individually by program faculty who are licensed marriage and family therapists. These supervisors are leaders in their fields with years of professional experience in clinical practice, teaching, and supervision. Practitioners at the Center follow the American Association for Marriage and Family Therapy (AAMFT) Code of Ethical Principles for Marriage and Family Therapists in the provision of direct and indirect services.

Being a mental health service facility, the student therapists and supporting staff of CCFT are expected to function as they would in any professional mental health setting. They have an obligation to clients to conduct themselves in a professional manner including, but not limited to, the way one dresses, one’s attitude and behavior toward clients, and one’s focus to the details of how the business portion of the CCFT is conducted. Regardless of the nature of a client’s life experience, the circumstances that underlie their need for therapeutic services, or how much a client may be paying, each and every client (family, couple, individual) deserves to be treated with the utmost respect and regard. This attitude of respect extends to all students, faculty and staff continually promoting an atmosphere at CCFT which can be described as Curious, Open, Kind, Accepting, and Respectful.
### GENERAL CENTER INFORMATION

**Address:**
- Center (CCFT) Address
  - 3500 Lindell Blvd.
  - Fitzgerald Hall, Suite 20
  - St. Louis, MO 63108

**Center Phone Numbers:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Desk Phone</td>
<td>(314) 977-2505</td>
</tr>
<tr>
<td>Therapist Phone Lines</td>
<td>(314) 977-8179</td>
</tr>
<tr>
<td></td>
<td>(314) 977-2195</td>
</tr>
<tr>
<td>Director’s Phone</td>
<td>(314) 977-4066</td>
</tr>
<tr>
<td>Center Fax Number</td>
<td>(314) 977-2199</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>977-2596</td>
</tr>
<tr>
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<td>977-4000</td>
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<tr>
<td>Facilities</td>
<td>977-2955</td>
</tr>
<tr>
<td>Public Safety</td>
<td>977-2955</td>
</tr>
<tr>
<td>Long distance code</td>
<td>#128466</td>
</tr>
</tbody>
</table>

**Center hours:**
- Monday: 2:00 – 9:00pm
- Tuesday-Thursday: 9:00 – 9:00pm (8pm is the last appointment)
- Friday – Sunday: CLOSED
II. GENERAL POLICY

The Center for Counseling and Family Therapy is the clinical training setting for the Medical Family Therapy Program, Department of Family and Community Medicine. As such, CCFT is viewed as a division of the Program and department. All policies pertaining to students and faculty in the program and department apply to the therapists and staff of CCFT.

ADMINISTRATION

**Director, Clinical Services**

All activities and functions of CCFT come under the direction of the Director, Clinical Services. The Director reports to the Program Director, Medical Family Therapy Program, Department of Family and Community Medicine.

The Director manages and oversees the operation of CCFT as part of a larger responsibility as Director, Clinical Services, Medical Family Therapy Program, Department of Family and Community Medicine. In that regard, the Director oversees the activities of student therapists while functioning at CCFT as well as when they are functioning in practicum and internship sites at Family and Community Medicine residency sites, clinics and other clinical agencies off-campus.

Director, Clinical Services, has additional responsibilities which include approval of off-campus practicum and internship sites, assignment of individual supervisors, development of new off-campus practicum and internship sites, and coordination and communication with off-campus practicum and internship supervisors and administrators.

**Coordinator and Assistant Coordinator**

The Coordinator and Assistant Coordinator, CCFT are responsible for overseeing the daily operations of CCFT. These activities include, but are not limited to scheduling support staff, volunteers, observations, and other training functions; overseeing the intake process, assignment of cases, training of new clinicians and volunteers, room assignments, record storage, equipment maintenance, facility decorum, and other responsibilities assigned by the Director.

**Clinical Supervisor**

An important part of training in marriage and family therapy is the experience of being supervised by an experienced therapist and supervisor. Every clinician at CCFT is required to have their clinical activities supervised by a faculty supervisor during their entire tenure at CCFT. At the beginning of their practicum experience in the graduate program, each new student clinician is assigned an individual supervisor by the Director, Clinical Services. This individual supervisor becomes the primary supervisor overseeing the clinical activities in all settings, both at CCFT and in off-campus sites.

Each student clinician is expected to keep their primary supervisor informed of all their ongoing cases and clinical activities at CCFT and at off campus sites. Faculty from the Medical
Family Therapy Program provides individual supervision as well as live supervision of sessions, and review of videotaped sessions and case records.

By policy, the practicum supervisor is responsible for all cases seen by therapists under her/his supervision. Therefore, the therapist must ensure that the supervisor is aware of each case being seen (at CCFT and off-site) and that the supervisor is involved in decisions regarding the course of therapy, including fee setting, contact with other agencies and professionals, decisions to transfer a case or to terminate a case, and interventions.

The relationship between supervisor and student therapist is intended to be collaborative, with each party contributing to the enhancement of therapy for the client. However, differences in experience between student therapists necessarily lead to differences in the degree of control that a supervisor must have in a particular case. Some student therapists will have considerable latitude in deciding on case matters; others will be expected to consult the practicum supervisor on what may appear to be minor matters until the supervisor is convinced that the student can act alone. Disputes that may arise between the student therapist and the supervisor are best settled between the two parties. If a satisfactory resolution cannot be reached, the supervisee and/or the supervisor can request a consultation with the Director, Clinical Services, another faculty member, or the Program Director.

CONFIDENTIALITY OF INFORMATION

All client information is protected under the Health Information Patient Protection Act (HIPPA, 2001). In addition, confidentiality is maintained consistent with the American Association for Marriage and Family Therapy Code of Ethics.

Client information must be protected by the therapist, CCFT staff, and practicum supervisor. All information about clients should be considered confidential—names, personal information (age, sex, occupation, marital status, etc.), topics discussed in therapy, etc. Information regarding clients should only be discussed in private with other therapists or with the practicum supervisor. All client information including case records and video recordings must be secured at all times. This means that records and video recordings must remain within the locked areas of the CCFT administrative offices.

RELEASE OF INFORMATION: If information is to be released or obtained from another agency or professional, a properly completed and signed Release of Information Form must be obtained from the client. Additionally, each request for release of information received from a client or someone outside CCFT must be reviewed with the clinical supervisor. A plan for what information to release and the format to release information will be determined by the therapist in consultation with their clinical supervisor. All documents created as part of a release of information from CCFT will be co-signed by the clinical supervisor.

At the very least, protecting the confidentiality of our clients entails:

• refraining from discussing anything about a client anytime you are outside the clinic that could possibly identify that client
• If, while observing a session, you recognize the clients from some other realm of your life (i.e., a neighbor, a current student in a class you are teaching) you must excuse yourself from observing that particular session immediately.

• You must resist any behavior that might be in conflict with the AAMFT Code of Ethics regarding confidentiality.

Only CCFT staff, students, and faculty are allowed into the clinic, including the administrative offices and therapist work room, without prior approval of the Clinic Director. Do not bring friends, spouses, students, etc. into the facilities without obtaining permission.

**COLLEGIAL RELATIONSHIPS**

Because we understand that our working relationships create the culture that impacts our work with our clients, everyone working at CCFT strives to relate to students, faculty and staff with acceptance, openness, and respect. Developing this culture thus fosters the same atmosphere and attitudes for our clients.

**PEER SUPERVISION**

Only those hours of direct client contact which are supervised by an AAMFT Approved Supervisor or Supervisor Candidate who is not a student in the same program as the student therapist may count toward the student therapist’s required 1000 hours of direct client contact. In spite of these limitations, the MedFT Program faculty wish to encourage students to supervise each other's sessions. Such experiences are helpful to the student being supervised and to the supervising student, broadening repertoires of interventions, building confidence, and giving each party an opportunity to learn more about therapy.

To maximize the positive outcomes of peer mentoring, mentors are strongly encouraged to construct a supervision agreement to guide their work as peer supervisors, in accordance with the Supervision in MedFT courses. For more information, see the “Supervision of Supervision” section in the program manual.

When student therapists complete the three-semester Doctoral Practicum Sequence, they enter a Post-Practicum status. Upon entering this status, therapists are required to continue to receive clinical supervision and enroll in Clinical Supervision.

**CO-THERAPY**

AAMFT COAMFTE regulations determine what can be counted as co-therapy hours. To have a session count as co-therapy, it is necessary that each therapist be in the room with the client(s) for the majority of the session. Co-therapy can be especially useful in dealing with couples, families, and groups. Students are encouraged to engage in co-therapy when it is appropriate. To avoid confusion, one therapist must be declared the primary therapist; the other will be the co-therapist. The supervisor who supervises the primary therapist will provide supervision for the case.

6/8/2015
PROFESSIONAL DRESS CODE

All CCFT therapist and staff need to wear their ID’s while at clinic.

Although the CCFT is located on an academic campus, the clinic functions more like a business or community agency. Please be aware of how you are dressed whenever you are in the clinic and may come into contact with a client who might identify you as a therapist of the CCFT. Sometimes a therapist may request assistance from a reflecting team made up of all those observing the session. If you are observing, you may be asked to participate in this way, and the way you are dressed must be congruent with your role as a professional.

Since practicum night often entails several people sharing a small space to observe cases, please do your best to make sure this is a pleasant experience for everyone. Beyond being respectful in your interactions with colleagues, please avoid strong perfume/cologne and pay attention to personal hygiene. Taking care of these items on your own prevents the somewhat awkward situation of having them addressed by your peers or supervisor.

All CCFT therapists and supervisors are expected to ensure that their dress and grooming projects a positive image of our clinic to all our clients and potential clients. Choice of dress should convey respect, competence, and caring to our clients and sister organizations throughout the community.

Therapists should follow a business-casual dress code whenever they will be in the clinic, regardless of whether or not you have clients scheduled. Clothing should be clean and neat in appearance at all times. For clinic purposes, business casual dress is defined as the following: a dress shirt (button-down or polo), blouse, nice sweater, pants or skirt (no jeans), and nice shoes.

Skirts should be no shorter than three inches above the knee when seated; likewise, slit skirts or dresses should not exceed this guideline. Sleeveless shirts or sweaters are appropriate in warmer weather on the condition that they are not excessively bare. Shoes should be of a professional style (no tennis shoes or flip-flops). Dressy sandals are acceptable as long as they are appropriate for the outfit and season. If sandals are worn, feet should be properly groomed and maintained.

Exceptions to the business casual dress policy include public presentations or workshops, health fairs, or any other public event in which you are promoting the clinic. During these times, therapists are expected to dress in traditional business attire unless other dress is deemed appropriate by the clinic director.

The following items are considered unacceptable clinic dress:

• Muscle shirts, tank tops, halter tops, spaghetti strap tops, or shirts that reveal the midriff

• Torn clothing, cutoffs, and beach attire
• Very low cut pants or jeans
• Mini-skirts
• Sheer or “see through” clothing
• Plunging necklines
• Tee-shirts, sweatshirts, sweatpants
• Slippers, flip-flops, tennis shoes, or work boots
• Clothing that is excessively revealing, distracting, provocative or tight

Students who do not follow the dress code will be reminded once and are then subject to disciplinary action.

PROFESSIONAL LIABILITY INSURANCE

Every student enrolled in practicum and seeing clients at the CCFT needs to have professional liability insurance. An affordable option (student level) can be purchased through AAMFT or CPH and Associates of Chicago (at www.cphins.com).

A copy of the Certificate of Insurance should be forwarded to the CFT Department secretary, to be placed in your permanent file and a copy should be given to the CCFT Director.
III. CLINICAL PROCEDURES AND CLINICAL TRAINING

CLINICAL PROCEDURES AND RESPONSIBILITIES

Every new student (Master’s, Certificate and Ph.D.) will be given an orientation to the CCFT and its operations during their first week of the semester. Each student will be required to staff the clinic center for 2 hours weekly during their first year (or upon completion of their practicum experience). The clinic schedule will be emailed out to you prior to the beginning of the schedule. It is the student’s responsibility to cover their shift by contacting other students in the program if a conflict or illness occurs. Students should consult the clinic staff list and notify the clinic coordinator of any changes to the schedule. The clinic does not run on an academic schedule so always check with the clinic coordinator for hours that the Center will be open over semester breaks and holidays. Closing dates for the clinic are distributed every calendar year and a copy is placed in mail boxes as well as in client files. In addition, new students will be given a copy of the CCFT Policies and Procedures Manual.

CASE ASSIGNMENT

Each practicum therapist is placed on the active referral list. Referrals are assigned to therapists as their name appears on the list. Once a client is assigned to the therapist, the name and phone number of the client is left on the therapist’s clinic voicemail and the therapist’s name goes to the bottom of the list. If the therapist assigned a client is unable to schedule a first appointment due to scheduling conflicts or specific needs or requests of the client, the therapist is responsible for reassigning a new clinician and notifying the coordinator of the change. Upon case assignment, each clinician is required to contact the client within 24-48 hours, to discuss arranging an initial appointment.

INTAKE

Have your new client(s) come fifteen to twenty minutes early for the initial session to allow time for paperwork. Copies of all forms utilized in the intake process can be found in the work room.

Forms at Intake:

- **Client Information Form** – gathers basic demographic information. It is important as it provides important demographic information. It is also used by the desk staff to enter information into the client database.
  - **Statement of Understanding form**- introduces the new client(s) to you and CCFT. It helps guide your discussion to thoroughly introduce the new client(s) to you and the CCFT. Specific topics to be covered are: permission for videotaping (for supervision), confidentiality and its limits, fees, and how cancellations and missed appointments are to be handled. **IT IS IMPORTANT TO GET SIGNED AUTHORIZATION FOR VIDEO TAPING.**
  - **HIPAA Signature Page**- Next, it is important to discuss the CCFT’s privacy practices (HIPAA) and to identify the current or potential need for authorization for release of information.
• **OQ-45** – Each client beginning at CCFT completes the OQ-45 before the first session. The OQ-45 is completed again at termination, ideally following the last appointment. The manual for the OQ-45 is located in the work room.

• **Initial Session Summary** - When you have completed your first session, complete the First Session summary and place the client file in the COORDINATORS INBOX (located on the second shelf in the far left white file cabinet) so the desk staff can enter the information into the database.

• **Treatment Plan** - A Treatment Plan should be completed within the first three sessions of the therapy process.

**DETERMINING AND COLLECTING FEES**

The CCFT utilizes a sliding scale fees schedule. The fees are determined by you, after exploring and determining your client’s/clients’ income and ability to pay. The fees schedule, (a copy has been placed in every client file), has been prepared to assist you and is dependent on household income and the number of persons living in the household. The CCFT does not accept insurance plans and does not accept credit card payments. If the client pays by check, the check should be made payable to Saint Louis University. Also, if paying by check, the check number should be written on the receipt. As part of your clinical training, you are responsible for setting and collecting fees. A receipt should be prepared after every session and a carbon copy of the receipt attached to the monies received and placed in the money bag. It is important to monitor any unpaid fee balances accumulated by clients. Any client carrying an unpaid balance for more than 60 days should be discussed with your clinical supervisor. A plan to collect fees should then be established in consultation with your supervisor.

The minimum fee is $10. If a circumstance arises with a client when the clinician determines that a fee should be set at less than $10 per session, a request must be submitted to the Director, Clinical Services for permission to do so. Upon Director approval, please include signed fee agreement (see Appendix B) in the client’s file. Copies of the fee agreement form can be found in the work room or by contacting the coordinators.
Receipt Examples:

Cash Transaction:

Example

RECEIPT
DATE 7/1/13 No. 751118
RECEIVED FROM client # 3205

$25.00
twenty five DOLLARS

ACCOUNT
PAYMENT $25.00
BAL DUE

FOR RENT
FOR

O CASH
O CHECK
O MONEY ORDER
O CREDIT CARD

O FROM
O TO

BY John Doe

Check Transaction:

Example

RECEIPT
DATE 7/1/13 No. 751108
RECEIVED FROM client # 3201

$40.00

ACCOUNT
PAYMENT $40.00
BAL DUE

O FOR RENT
O FOR

O CASH
O CHECK
O MONEY ORDER
O CREDIT CARD

O FROM
O TO

BY John Doe
VOICEMAIL

At beginning of practicum, each clinician is assigned a voicemail box with fellow practicum students. A message will need to be recorded by one clinician that lists all of the individuals who use the voicemail. Message:

Hello you have reached the voicemail of _________________ at the Center for Counseling and Family Therapy. You have reached our confidential voicemail. We are not able to take your call right now. Please leave a message stating who you wish to talk to and your name and phone number and we will call you back at our first opportunity within 1-2 business days. If your call is an emergency please call Crisis Hot Line at 314-647-4357 or proceed to the nearest emergency room. Thank you!

It is important that all clinicians check their voicemails on a daily basis, whether you are on campus or off campus, as there are often important voicemails from clients or clinic coordinators that may require your attention.

At the completion of practicum, the clinician should inform the center coordinator to close his/her voicemail.

Checking Messages
Call 977-6245
Mailbox _______# (assigned by coordinator)
Password _______ # (assigned by coordinator)
Press 2 to hear messages again
Press 76 to delete messages
Press 4 to replay message
Press 6 to skip message.

Forwarding messages (Messages are most commonly forwarded when a client leaves a message for the therapist on the wrong voicemail or on the main phone number.)
Press 73
Enter mailbox number
Press ##
Press 5 to leave a message
Press # after message
Press 79 to send

OPENING AND CLOSING THE CCFT

Opening Procedures:

✓ Turn on all lights
✓ Open Blinds
✓ Unlock client file cabinet – put calendar and receipt book on desk
✓ Unlock door to waiting room
✓ Enter Door Code
✓ Enter “A4A” to open the waiting room
Unlock window to the waiting room

Closing Procedures:

✓ Turn off all lights
✓ Shut Blinds
✓ Turn off computer
✓ Turn off video equipment
✓ Straighten therapy rooms (therapists should be doing this after every session)
✓ Straighten waiting room
✓ Lock up appointment book, receipt book in client file drawer
✓ Lock up client files – each section of the filing cabinet should be locked
✓ Lock window to therapy room.
✓ Lock door into therapy room:
✓ Enter the door code
✓ Enter “A5A” to lock the room.

PHONE PROCEDURES

Answering the Phone

“Hello, Center for Counseling and Family Therapy, this is ____________, how can I help you?”

Information about the center (provided if the caller inquires)

• The Center sees families, couples, children, adolescents and adults. There are currently no groups at the Center.
• The therapists are doctoral students in the marriage and family therapy program at SLU – they are master’s level therapists and are supervised by licensed marriage and family therapists, who are on the faculty at Saint Louis University.
• We are a sliding scale facility – we do not take insurance, Medicaid, Medicare – the scale ranges from $10 - $100. Fee is decided by the therapist after determining the client’s ability to pay during the first appointment.
• All appointments and payment are made between the therapist and the client
• Center hours – Mondays: 2-9pm; Tuesday thru Thursday: 9am – 9pm (last appointment @ 8pm); Friday – Sunday: Closed

Checking Messages on Main Line

On phone, press message button.
Mailbox 72505#
Password 3740#
Press 2 to hear messages again
Press 76 to delete messages

6/8/2015
Press 4 to replay message
Press 6 to skip message.

Forwarding messages (Messages are most commonly forwarded when a client leaves a message for the therapist on the main phone number.)
- Press 73
- Enter mailbox number
- Press ##
- Press 5 to leave a message
- Press # after message
- Press 79 to send

If a client calls to leave a message for a therapist
- Tell client you can transfer them to voice mail
- Dial transfer
- Last 5 digits of home line (either 78179 or 72195)
- Dial transfer and hang up

TAKING MESSAGES AT THE CLINIC

- Follow the procedures outlined above for answering the phone.
- If you need to take a message record the information in the CCFT Voicemail Log located at the front desk and then forward it to the appropriate individual either by calling their cell phone, emailing them (with no identifying information about the client), or calling their clinic voicemail and leaving them a direct message. When taking messages or conducting intakes, please remember to write legibly to ensure that other clinicians can understand the message. Any information obtained within the phone call should be included on the intake form.
- If the caller is requesting services please use the client information intake form to obtain the following information:
  - Ask potential client name/phone number
  - Ask permission for the therapist to leave a message at the number provided
  - Ask about the type of therapy service that the potential client is requesting
  - Also, provide the client with basic information about the clinic as a training facility and a sliding-fee scale clinic. See information above about the clinic.
- Script for conversation with new client
  - (i.e.) Client: I am interested in receiving services with your clinic
  - (i.e.) Staff: At this point I will take some basic information and pass it on to your clinician who will be contacting you within 24-48 hours to schedule your first appointment. (If the client has questions about fees or other general information please refer to section above, if the client has a question that you cannot find an answer to let them know that the clinician will be able to answer further questions).

SCHEDULING
The scheduling of clients will be dependent on several primary factors—your schedule, your clients’ availability, room availability, and the CCFT’s hours of operation. Once a session has
been scheduled, it is your responsibility to make sure the appointment is written in the calendar in a timely manner to avoid overbooking. When scheduling sessions from home or from outside the CCFT, you can simply use the Google calendar from the comfort of your home computer or phone. **FOR EVERYONE’S SAFETY, AT NO TIME SHOULD A SESSION BE CONDUCTED WITHOUT SOMEONE ATTENDING THE DESK.**

In the event you wish to conduct a session during hours when the CCFT reception desk is not staffed, it is your responsibility to arrange for someone to sit at the desk. You will need to arrange with another CCFT therapist or staff to provide coverage.

Once sessions have been completed, it is your responsibility to update the outcomes of all appointments within the Google calendar. This can be done in the clinic, or via your home computer or phone. However, it is your responsibility to update all appointments within 24 hours of their completion. Please note that each appointment should be color coded according to the outcome of that particular session – red signifies that the client attended session and paid, yellow signifies that the client attended but did not pay, blue represents a cancelled appointment and green represents a no-show.

**FILE MAINTENANCE**

When a new client is assigned to a clinician, a message will be left on the clinician’s voice mail. The name, phone number and client number will be given. The prepared client file will be filed by client number. From this point on, the client file and its maintenance are your responsibility including closing the file and obtaining necessary supervisor signatures.

**FILE ORGANIZATION**

The following forms are on Carepaths ([www.slu.carepaths.com](http://www.slu.carepaths.com)).

- Initial session summary
- Contact note
- Case notes
- Closing/Transfer summary
- Treatment Plan

All of these forms remain on Carepaths and will be signed electronically by your supervisor. There is no need to print them off for the file, even upon termination. In the folder on the right side will be the initial client contact sheet. All other forms intake forms (e.g., statement of understanding, intake form, HIPAA, etc.) are placed on the left side of the file folder. Also, be sure to keep case notes brief and concise. Files are to be maintained regularly and consistently. Case notes are to be completed within 48 hours of each counseling session. All case notes and contact notes are completed on Carepaths and will need to be signed by your clinical supervisor.

Be sure to bring the case file for each client you plan to review to your individual supervision session. Each time you review the case, your supervisor will examine your file to
insure it is in order. A form exists in the file that the supervisor will date and sign with each review.

If at the end of each month the files are not in order, the supervisor will not sign off on hours accumulated for that month. You will then lose credit for the hours of therapy and supervision you have accumulated for that month.

**CASE CLOSING AND TRANSFERS**

When a case is closing or transferred, complete a “SLU Case Closing Summary” on Carepaths, obtain a supervisor electronic signature, and put the file in the Coordinators Inbox (located on the second shelf of the far left white file cabinet) indicating that it is ready to be closed or needs to be assigned to a new therapist due to the transfer.

It is also required that each client complete an OQ-45 as part of the termination and transfer process to track client progress throughout treatment at the CCFT. Copies of the OQ-45 and the Youth OQ-45 (if client is a minor) can be found in the workroom.

In the case of a transfer client, it is ideal that the terminating therapist, the client, and the new therapist meet during a session to summarize previous treatment and client goals. The following should be completed following a transfer:

1. A case transfer form (also called the “SLU Case Closing Summary” on Carepaths) must be filled out for the new therapist and filed according to number.

2. The coordinators should be notified so that the master client list may reflect the change in therapist.
IV. PRACTICUM

DOCTORAL PRACTICUM

CLINICAL TRAINING

1. Doctoral students are required to complete 1000 face-to-face clinical hours as part of their doctoral degree requirements. This figure includes clinical hours completed during the students’ Master’s degree program. (See the Medical Family Therapy Program Manual)

2. Practicum Requirements

Direct Contact Hours

- The doctoral practicum involves completing 1000 face-to-face clinical hours. 200 of those hours can be “alternative hours”.
- A minimum of 500 hours must involve counseling couples and families (relational hours).
- Clinical hours may also be completed at an off-campus site, in a Department of Family and Community Medicine Clinic or Residency Site approved by the Director of Clinical Services, Medical Family Therapy Program. (A list of approved sites, Family Medicine clinics and residency sites is available. Please contact the director of clinical services for more information).
- Students can apply to the Director to have a site evaluated for approval. (See Appendix A for contract forms and description of site requirements.) Students can begin to work at an approved, off-campus site at any point during their practicum process. (Up to 100 of the 500 hours may be alternative hours.)

Alternative Hours

Examples of alternative hours:

- Serving as a member on a reflecting team
- Intakes for screening days
- CFT projects where you are face-to-face with clients: homeless outreach, delivering backpacks, etc.
- Client recruitment documented and turned in to your instructor.
- Therapeutic telephone calls with your clients.
- Pre- and Post-observation sessions with other students in which you discuss and observe a case.
- Serving as a consistent member of a Therapeutic Team, i.e. you team on the case, are present as an observer for every session, and provide specific support and feedback to the therapist.
- Count hours, not number of sessions.
- Any session with clients may be counted as one hour in length
Client sessions lasting longer than one hour should include additional minutes in 15-minute intervals. (i.e., an 85 minute session would count as 1.5 hours; a 65-minute session counts as 1-hour)

The doctoral practicum involves enrollment and attendance in a weekly, live, group supervision experience. This experience occurs at the Center and is typically a four hour, weekly experience, over three semesters.

Each practicum student is assigned an individual, clinical supervisor. Supervisors are members of the faculty of the Medical Family Therapy Program.

Students are required to meet with their individual supervisor at least one hour per week.

3. **Clinical supervision hours**

- Each student must receive a minimum of 1 hour of supervision for every 5 hours of direct client contact.
- At least 100 hours must include live observation, videotape, or audiotape supervision.
- When your session is observed in practicum, you may count one hour of direct client contact and one hour of individual supervision
- Supervision must occur every week in which students have direct client hours.
- Individual supervision (1 or 2 students with the supervisor - face-to-face)
- Group supervision (3-6 students in supervision group). Each practicum class may count for 4 group supervision hours.

**INSTRUCTIONS FOR COMPLETING THE CLIENT CONTACT AND SUPERVISION REPORTING FORMS**

Clinical hours and supervision hours are recorded on the CCFT Clinical Hours Recording Form (See Appendix C for sample). This form is to be submitted monthly to the Coordinator, CCFT. Hours will be maintained on a clinical hours master log. Each month you and your supervisor will receive the most recent cumulative totals for your clinical and supervision hours to date.

**MODALITY:** This indicates the mode in which client contact and supervision hours were earned:

1. **Individual** - Individual mode for client contact occurs when the intern sees one individual, one couple, or one family in the therapy room. Individual mode for supervision occurs when 1-2 students work with the supervisor.
2. **Group** - Group mode for client contact occurs when the intern sees a group of unrelated individuals, a group of couples, or a group of families in the therapy room. Group mode for supervision occurs when 3-6 students work with the supervisor.

3. **Alternative** - Alternative mode for client contact occurs when the intern engages in any direct client contact as defined in standard 151.01 (ask your supervisor). No more than 100 hours of alternative direct client contact may be counted toward the total client contact hours.

**CLINICAL CONTACT HOURS**
In each cell, list the number of face-to-face client contact hours earned in each category and in each modality for both the CCFT and your practicum site.

- **Individual**: When an intern sees one individual in the therapy room.
- **Couple**: When an intern sees a couple in the therapy room.
- **Family**: When an intern sees a family in the therapy room.

**TOTAL CLIENT HRS**: Add the INDIVIDUAL, COUPLE, and FAMILY columns.

**SUPERVISION HOURS**
List the number of supervision hours earned by each intern in each category and modality.

- **Case Discussion**: All forms of supervision NOT based on raw data.
- **Live**: The supervisor (live) observes a student conducting therapy through a one-way mirror, TV monitor or other observation device.
- **Video**: The supervisor observed a videotape of the student conducting therapy.
- **Audio**: The supervisor listened to an audiotape of the student conducting therapy.

**TOTAL SUPERVISION HOURS**: Add the CASE DISCUSSION, LIVE, VIDEO, and AUDIO columns.

**RECORDING SESSIONS**

The CCFT video network is designed to provide an effective and efficient method of recording therapy sessions for training and research purposes. Once you become familiar with the procedures for using the system you will be able to quickly set up and record your sessions. Then review, edit, and archive your recordings for use in class and supervision.

The network is accessible from any networked computer in CCFT and the Medical Family Therapy Program. The system is locked down (i.e., the DNS and subnet addresses are...
physically isolated within the building and separate from the rest of the SLU network) and HIPPA compliant. However, as with anything technological, the safeguards are only effective if the people using the technology comply with the safeguards. You are professionally and ethically responsible for using the system properly. Recordings should be considered protected data and should be stored and used in the same manner as patient records. Recordings are not for reproduction or distribution outside the CCFT or CFT without prior written permission from the client(s).

CCFT Computers are accessible in the workroom and electronics room. You will need to obtain a user id and password for the system from Peggy Gathard. This will allow you access to the recording system. Be advised it may take up to 48 hours for your user id and password to be set and allow that much time prior to your first recording session so you are able to record it.

**Directions for the Recording VBRICK System**

- Counselor interns must have clients complete the Statement of Understanding form giving written permission for audio/video taping sessions prior to taping a session.

- Please arrive 10-15 minutes early to set up your room and allow all other clinicians to set up their recordings during peak times.

- Log on to a computer using your SLU user id and password.

- Open Internet Explorer and type the following address: ccftnetwork.slu.loc

- Enter your user name (your SLU email name) and the password that has been given to you at your Center Orientation. (Note: Passwords cannot be changed by users; if you forget your password contact Craig Smith at csmil12@slu.edu)

- Click on the Room you are assigned to do therapy in and select either Camera 1 or Camera 2 assigned to that room number.

- To begin recording click the record button – it will turn red if it begins recording.

- Once your recording has commenced, be sure to log off the computer to allow other clinicians to log on and start their recordings.

- Log in for recording purposes takes priority over all other computer usage. If you are using a computer for other reasons and another clinician needs to log on to begin recording, please allow that clinician access to log on.

**Directions for Stopping Recording on the VBRICK System**
Log on to a computer using your SLU user id and password.

Open Internet Explorer and type the following address: ccftnetwork.slu.loc

Enter your user name (your SLU email name) and the password that has been given to you at your Center Orientation.

Click on the room and camera the session was held. To end recording click the record button again. A dialogue box will appear to confirm stopping the recording. Click OK.

Playback of Sessions on the VBRICK System

The system moves the recording to the file associated with your User ID. You do not need to manually move it on your own.

To access sessions at a later date, select the menu option “Asset Library”. Click on your personal folder (named and labeled for you by the system). Click on your folder, it will open and all of your recordings will be listed.

Click on a recording and it will begin to play in the viewer. The viewer allows for you to Pause, Fast Forward, Edit, etc.

Storage of Sessions on the VBRICK System

Click on the Asset Library tab at the top of the system after logging in.

Click on your folder.

To modify a file’s name, info, description, or tag key words with the recording, roll your cursor over the “Info” link listed by each recording.

Conventional naming of files is case#_date of session (mm_dd_yy).wmv. It is critical you save your files with the extension “wmv” or it will not be able to be viewed.

POST-PRACTICUM

When a doctoral student completes the three semester practicum sequence, they are considered in a “post-practicum” status. This status indicates that the student has completed the three semester enrollment in CFT 672/673/674, but has not completed the 500 hour requirement. Once in this status, the student continues to see clients at CCFT and at an off-site when they are engaged at one. In addition, they continue to meet weekly with their individual supervisor, and enroll in Clinical Supervision each semester.
**INTERNSHIP**

Internship consists of a nine to twelve month supervised full-time experience. The internship may be paid or unpaid and must be approved by the Director of Clinical Services. The Internship Plan and Contract Agreement must be completed prior to beginning the internship. The Internship Contract and Agreement forms can be obtained from the Director, Clinical Services.

An internship plan is designed in consultation with your advisor/mentor. Upon completion of an acceptable plan, approved by the mentor, an internship contract and internship plan is completed.

Once these forms are completed and signed by all involved parties, the forms are submitted to the Director, Clinical Services for approval.

The following standards concerning internship and internship sites are from the Educational Guidelines of the Commission on Accreditation for Marriage and Family Therapy Education:

- There will be an internship, not to be counted toward the didactic course requirements.
- The internship is to provide doctoral students with a supervised full-time experience of at least nine months duration, emphasizing relationally focused practice and/or administrative/academic/research.
- The majority of requirements in Areas VII, VIII, IX, and XI will be completed before the beginning of the internship.
- An AAMFT Approved Supervisor, State Approved Supervisor, or the equivalent will supervise the intern’s clinical work.

**Site Requirements**

- The program will maintain clear and ongoing relationships with all internship site(s) which will be specified in a written document.
- Activities of each intern will be documented at the internship site(s). These records will be made available to the marriage and family therapy program.
- The institution sponsoring the internship site(s) will have been in operation for at least two years.
- Internship site(s) will provide adequate facilities and equipment for the intern to carry out designated responsibilities.
- Mechanisms for student evaluation of internship site(s) and supervision, and site evaluation of the intern's performance, will be demonstrated.
- Documentation of liability insurance for interns will be confirmed. Liability insurance may be provided by the internship site(s), the marriage and family therapy program, or the intern.
- Internship site(s) will publish and adhere to policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation, and socioeconomic status.
- The internship supervisor will be available to the intern for at least one hour of supervision per week.
- The internship supervisor will be clearly senior in experience to the intern.
Upon completion of the internship you will submit a report of your activities to the Director of Clinical Services and your mentor.

**ENDING PRACTICUM**

When a doctoral therapist determines that they are completing their tenure at the CCFT they should inform the Director of Clinical Services and the Coordinators. **This notification should occur no less than three months prior to the termination of all cases.**

Prior to the actual completion of cases, the therapist should investigate how he/she will terminate each case. In the event the client(s) require additional therapy, the clinician will arrange with his/her supervisor and the Director of Clinical Services to transfer the case to another practicum therapist. A closing/transfer summary should be completed on each terminated case. Upon completion of all parts of all the clinic files assigned to the therapist, a signed acknowledgment of completion will be signed by the Coordinators and distributed to the therapist, Director of Clinical Services, clinical supervisor, and advisor to the therapist.

**Crisis Intervention and Emergency Procedures**

Potential clients who call while in the midst of a crisis (actively suicidal with a plan, or homicidal) should be referred to a hospital emergency room (preferably Saint Louis University Hospital because they have an inpatient psychiatric unit), or the police should be notified. It is unwise to attempt to provide more than brief telephone counseling and referral to a service that is equipped to deal with such a crisis.

CCFT is not a “walk-in” clinic. As a result, if a prospective client appears without an appointment, their name and phone contact information will be obtained. They will be informed that they will be contacted by a CCFT therapist in the next 48 hours or less.

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

*If there is any indication that a client might harm herself/himself or others, or if the situation presents possible ethical/legal concerns, a supervisor is to be contacted immediately.* In the event a faculty supervisor, the director, or the therapist is not available, the client is to be directed to the Saint Louis University Hospital Emergency Room on Grand Avenue. If the assessment of risk is high and the client refuses to proceed to the emergency room, call Saint Louis University Public Safety (977-3000) or 9-911 and ask for an ambulance and the police.

**AT NO TIME SHOULD A THERAPIST GO TO A CLIENT’S HOME, MEET A CLIENT AT THE HOSPITAL OR OTHER LOCATION, OR TRANSPORT A CLIENT.**
If a crisis develops in the course of a therapy session, the therapist should contact the practicum supervisor, if available, or the CCFT Director. If neither the supervisor nor CCFT Director is on-site, the therapist should involve another student to page the CCFT Director. If there is a concern for the physical safety of the therapist, the client, or others, the Saint Louis Police should be called (9-911) at once. All therapists should be familiar with the emergency procedures outlined in the manual.

Except on occasions of absence, the CCFT Director is the emergency backup supervisor in situations where the therapist’s supervisor cannot be located. Therapists should CALL the CCFT Director (314-304-5120) in such situations. The CCFT Director is available at this number 24 hours a day, seven days a week. This number is for student and faculty use only; clients should never be given this number.

**CLINICAL EMERGENCIES**

Certain clinical situations require immediate action from the clinician. The student therapist must be prepared to deal with these situations should they arise at CCFT. You must act immediately if you have reasonable grounds to suspect or conclude that the following conditions exist: Always contact your supervisor for consultation, support and backup.

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

If an emergency arises during a session, there are two general rules to remember:

1. Act to protect any actual or potential victims, including the client and yourself.
2. Involve another person at once—this means,
   - your supervisor in the building
   - another supervisor in the building
   - the CCFT Director (314-304-5120)
   - your mentor or another therapist
   - SLU Public Safety (977-3000)

Determine if there is an immediate risk of violence or of the client(s) leaving. Separate the clients into separate rooms, or take one with you if necessary. Get another therapist or staff member involved—interrupt a session, open the door to the therapy room, call or page the clinic director and tell him/her it’s an emergency, etc. Identify your options and develop a plan to handle the situation; remain calm. If you have been threatened or feel threatened, do not go back into the therapy room by yourself, wait for help.
CURRENT OR RECENT SEXUAL OR PHYSICAL ABUSE

MFTs have an ethical and legal obligation to report physical or sexual abuse. If you have questions whether or not an incident is reportable, engage your supervisor at once to help make the decision. Develop a plan with your supervisor.

The following is a general outline of a procedure to follow:

1. Explain that a report about the abuse or suspected abuse must be made, as required by law and ethical guidelines.

2. Ask the client(s) if they would like to make a report first; self-reporting empowers the client. Let the client know that you will be reporting regardless of their decision to report. Inform the client of the reporting process.

3. If the perpetrator is in the home, call 800.392.3738 (Missouri area Child Abuse Hotline)

4. If the perpetrator is not in the home, this becomes a police case.
   - St. Louis City Police: 314.444.5555
   - St. Louis County Police: 314.889.2341

5. Contact your supervisor and discuss your assessment prior to making a call. If a decision needs to be made immediately, contact your supervisor and inform her that it is an emergency and you need immediate consultation.

6. See Appendix D regarding placing a Hotline call.

RELATIONAL VIOLENCE

Therapy is ineffective, and can be damaging if one or both clients are being physically hurt or being threatened with harm. Pay attention to the OQ-45 items that involve physical violence, and watch for nonverbal cues that may suggest physical violence. If you suspect physical violence is occurring:

1. Separate couple and talk with each one about a Safety Plan which could include: Women’s Protective Services, temporary separation (where one spouse can go for cooling off period—parent, sibling, friend, motel, shelter).

2. Find out if others might be at risk (parents, siblings, children, others).

3. If after meeting with the each individual you determine the situation is not safe, inform the couple that relational therapy will need to be delayed until a plan is established that can ensure the safety of all individuals. Do not increase the risk of further violence by revealing too much to an angry, unrepentant partner. Do not commence relational therapy if you determine the threat of violence is too great.

4. Your decision should be guided by your judgment of risk of violence and feedback from your supervisor. Consult your supervisor as soon after the session as possible.
5. If you learn there has been a history of violence, but it is stopped, also discuss and create a safety plan that will be followed when relational therapy commences.
6. Call Saint Louis University Public Safety (977-3000) if threat of violence seems imminent.

**INTOXICATION**

Similar to relational violence, it is clinically inadvisable, unethical, and not helpful to conduct a therapy session if the client is under the influence of a substance. If you suspect that a client is under the influence of a substance, refer to the portion of the Informed Consent form that outlines our policy on such issues and:

1. State that you can see the client is intoxicated, drunk, high, etc. (i.e., do not ignore), and that you cannot proceed with therapy unless everyone in the room is sober.
2. State that if the intoxicated client cannot drive him or herself home, the person must be driven home by someone (if available, someone at session).
3. Offer to help find someone to pick up intoxicated person, such as a spouse, relative, friend, taxi cab, or the police.
4. If a client threatens to leave anyway, explain that you must call the police.
5. If client does leave, call the SLU Public Safety (977-3000). Explain who you are, what you have observed, and give any information you have: Name, address, condition, car description, license number (if available), and likely destination.
6. If client becomes threatening or belligerent, call the SLU Public Safety (977-3000).
7. Carefully document interaction with client and the steps that were taken to ensure everyone’s safety.

**SUICIDAL IDEATION**

Suicidal ideation is a common symptom of depression, but the lethality of the ideation should always be assessed. Consider all expressions of "wanting to hide," "wanting it all to end," "wanting to run away," "crawl in a hole and die" as carrying the potential for suicide. Ask questions such as the following to further assess the lethality of the suicidal ideation:

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

If the client has been thinking seriously about suicide, has a plan, does not have a plan but has the means to harm themselves, or if there is a timetable, then the situation should be considered an emergency. Identify at least two people besides the therapist to call for help when suicidal ideation occurs. Develop a safety plan, educate client about the clinic’s procedures for responding to emergency calls through voicemail (Director is notified). If warranted, involve a friend/family member. Call them to verify willingness to be a part of the safety plan.
SEVERE SUICIDAL IDEATION

For severe suicidal ideation or other acute psychiatric concerns, have the client go for an evaluation for inpatient treatment. Refer them to the Saint Louis University Hospital emergency room; or have them call the Life Crisis Services crisis line (740-1414).

1. If the client agrees to go to an emergency room, have a friend or relative drive the person, and obtain a Release of Information Form so that you can confirm the client’s arrival. If a friend or relative is not available, call the SLU Public Safety (977-3000), and explain that you have a client who needs to be transported to an emergency room. Send a CCFT business card with your contact information with the client, to facilitate communication between yourself and other care providers.
2. Call the CCFT Director (314-304-5120) and advise her/him of the situation. DO NOT GO WITH THE CLIENT TO THE HOSPITAL, and DO NOT TRANSPORT THE CLIENT IN YOUR OWN VEHICLE!
3. Explain to any waiting clients, and/or have a colleague call all clients scheduled with you for that day, that an emergency is forcing you to cancel their appointment and that you will contact them to re-schedule.
4. Make it clear to the client that you expect either the client or other care provider to follow up by phone to discuss the outcome of the evaluation and any additional safety plans.

If the client refuses all other forms of assistance and will not go to the hospital voluntarily:

1. Call the SLU Public Safety (977-3000): Explain who you are and what you have observed. The police will only get involved if the client is a danger to him/herself or others. Make sure you clarify that the client is a danger to him/herself or others.
2. Stick to the facts and request that a police officer be sent to help transfer the client. Stay with the client until the police arrive; tell the officer what you know and the risk to the client.
3. When the officer arrives, have the officer explain to you and the client what will happen when they leave the building.
4. Call the CCFT Director (314-304-5120) to advise her/him of the situation.
5. Explain to any waiting clients, and/or have a colleague call all clients scheduled with you for that day, that an emergency is forcing you to cancel their appointment and that you will contact them to re-schedule.

If the client leaves before the police arrive, provide a description of the person (height, weight, hair color, and clothing). If possible, get a license plate number and a description of their vehicle (color, make, etc.). Call the St. Louis City police at once (9-911) and SLU Public Safety (977-3000); tell them who you are and what has happened.

ACUTE PSYCHIATRIC CONCERNS

Hospitalization is a possibility if a client seems very confused, reports hallucinations, is extremely panicky, reports being intensely and acutely depressed, suicidal (see above), or delusional. The basic rule to consider is the client's safety and well-being. Is the client safe on the streets or at home? If you know the client well and see a radical change in behavior or emotions, think about acute decompensation requiring hospitalization. The following questions may be helpful:
1. "Have you been thinking about hurting yourself or committing suicide?"
2. "Have you been seeing or hearing things that other people may not see or hear?"
3. "Are you afraid that someone or something may hurt you?"
4. "Is there something going on that is hard to talk about?"
5. "Is someone else worried about you or are you worried about yourself?"
6. "Do you feel safe in here?"
7. "When did you last have a good night's rest?"

If your questions lead you to believe that the client needs hospitalization, follow the emergency procedures outlined above addressing suicidal ideation.

**EXPRESSION OF HOMICIDAL INTENT**

1. If a client expresses a sincere desire to hurt another person, you must assess the level of danger. Explore whether or not the client has a plan, means, or time-table for carrying out their plan (similar to exploring the lethality of a suicide threat). If the client is willing to talk with you, focus on alternative actions, likely consequences, effect of the action on friends or family, effect of action on the client her/himself; in brief, try to deflect the client's anger into other channels. Develop future plans of action.
2. Talk about your responsibility with such threats. Tell the client you must act to protect the intended victim. You are their supporter, you can understand their anger, but they must not injure another person. Help them identify healthy options.
3. If the client continues to threaten another person, notify your supervisor and/or Clinic Director to formulate a plan of action, which may involve notifying the police of the threat. If the police need to be contacted, the Director or your clinical supervisor will do so.
4. When the threat is violence, not homicide, treat the situation as a potential homicide. If you feel personally threatened or the client is threatening someone in the room, call SLU Public Safety at once, explain the situation, and tell them where you are.

All of these guidelines assume you have involved your supervisor. If you cannot leave the client, get someone else to locate a supervisor. Call the CCFT Director (314-304-5120). Take the client most at risk with you to place the call if no one is around.

**EMERGENCY PHONE NUMBERS**

St. Louis City Police: 314-444-5555
St. Louis County Police: 314-889-2341
SLU Public Safety: 314-977-3000
Saint Louis University Hospital Emergency Room: 314-577-8777
Cardinal Glennon Emergency Room: 314-577-5666
Saint Louis University Department of Neurology and Psychiatry: 314-977-6082
CCFT Director Pager: 314-304-5120
Division of Children and Family Services Child Abuse Hotline: 1-800-392-3738 or 417-326-
APPENDIX A

PRACTICUM SITE CRITERIA

Sites that qualify as Practicum sites for doctoral students in the Department of Counseling and Family Therapy need to meet the following criteria:

1. Be willing to maintain a clear relationship and regular liaison with the appointed faculty in the Medical Family Therapy Program at Saint Louis University.

2. Be willing to engage in a written agreement for the duration of the time that the student is seeing clients at the site, i.e., the site needs to sign and agree to the standard practicum contract that shows a relationship between the site and the university.

3. The site needs to offer opportunities for direct client contact.

   Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective.

4. The site will provide an on-site supervisor who will provide supervision for all site-related activities and concerns. This supervisor will be clearly senior in experience to the intern.

   If the on-site supervisor does not qualify as an AAMFT approved supervisor or a Missouri Marriage and Family Therapy State Board approved supervisor, the hours at the site will also need to be supervised by one of the program faculty who holds AAMFT Approved Supervisor designation. The site will need to agree to this supervisory arrangement. These supervision hours will be in addition to the supervision hours obtained from the on-site supervisor.

   [Supervisor Criteria: We may designate a person who is not an AAMFT Approved Supervisor as equivalent to that status, for purposes of supervision if the person is an AAMFT Supervisor-in-Training. We may designate a person who is not an AAMFT Approved Supervisor or Supervisor-in-Training as equivalent to an AAMFT Approved Supervisor for purposes of supervision if (1) the equivalent supervisor has demonstrated training, education and experience in marriage and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership, or other documentation of training, education, and experience in marriage and family therapy, and (2) demonstrated training, education and experience in marriage and family therapy supervision. This may be demonstrated by state credential to provide MFT supervision, completing coursework or continuing education in MFT supervision, significant MFT supervised supervision experience, or more than 10 years of experience supervising MFT students (Equivalency criteria must include training in MFT supervision.).]
5. Access to data at site

In order to supervise your work, the designated faculty in the Department of Counseling and Family Therapy at Saint Louis University needs to have access to clinical work at the site conducted by the student. This access can occur through one or all of the following: videotape, audiotape, or direct observation of clinical work at the site.

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

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

8. Each semester, students are to evaluate the internship site(s) and supervision, and the site will evaluate the intern's performance.

9. Internship site will offer its services to the public on a 12-month calendar year basis.

STUDENT RESPONSIBILITIES AT THE SITE

1. Keep careful records of all clinical activities at the internship site(s). These records should include the number of client/s seen at the site; whether they are individual, couple, or family; and supervision hours, and the like.

2. All student interns are to carry liability insurance. This is generally inexpensive with student rates, and available through any one of your professional organizations.

3. Student must adhere to all clinical and personnel policies of the internship site.

If you are considering a site, write a detailed memorandum to Doug Pettinelli, Ph.D., Director of Clinical Services, Medical Family Therapy Program addressing the above criteria.

1. Attach a letter from the site detailing its agreement to work with you as an intern and to meet the above criteria.

2. Complete the Practicum Clinical Experience Contract, complete and signed by all parties.
Ph.D. Practicum Clinical Experience Contracts
University Section

Name of Student: ____________________________  Date of Practicum: ____________________________

Practicum Site: ____________________________  Site AAMFT Supervisor: ____________________________

CFT Supervisor: ____________________________

The Medical Family Therapy Program agrees to assign an AAMFT Approved Faculty Supervisor or Faculty Supervisor-in-Training to serve as the university supervisor for the Ph.D. Practicum if an AAMFT supervisor or equivalent is not available at the site.

The university supervisor will:

1. Meet regularly with each practicum student for clinical supervision to discuss the practicum process, cases, and other pertinent issues related to relational practice.
2. Provide the student with all the necessary forms and reports for the practicum.
3. Contact the Site Supervisor at the beginning of the student’s practicum to discuss the student’s specific practicum experiences.
4. Telephone the Site Supervisor and/or visit the practicum site to monitor the student’s progress and confer with the supervisor.
5. Provide materials for evaluation of the student and the practicum experience.

The Director, Medical Family Therapy Program will maintain close contact with the university supervisor of the Practicum.

Saint Louis University insures all students registered in classes, practica or internships. The Practicum student will also carry his or her own liability insurance.

J. Douglas Pettinelli, Ph.D.
Director, Clinical Services, Medical Family Therapy Program, Department of Family & Community Medicine
(314) 977-4066
pettinj3@slu.edu

6/8/2015
Agency/Practicum Site Section

________________________________________________________________________
(Agency/Practicum Site) accepts __________________________________________
(Student Name)

for a practicum in couples and family therapy for ____________________________
(# of months and specific dates)

The Site Supervisor agrees to the following:

1. To provide clinical/practicum experiences to the student named above who is enrolled in
   the Doctoral Practicum, Medical Family Therapy Program, Department of Family and
   Community Medicine, Saint Louis University.

2. To be present on-site when the student is on site, or have an assigned designee known
   to the student, on-site when the student is on-site, to be available if questions or
   concerns arise.

3. To provide the following student with at least one hour of supervision weekly.

4. To contact the university supervisor, Director, Clinical Services, and/or the Program
   Director, Medical Family Therapy Program if any question or concerns arise throughout
   the course of the Internship.

5. To complete the student evaluation forms when requested.

________________________________________________________________________
Designated Agency/Practicum Site Official __________________________ Date

________________________________________________________________________
Designated Site Supervisor __________________________ Date
   (AAMFT Approved Supervisor? _____ yes _____ no)

________________________________________________________________________
Supervisor License Number and Type

________________________________________________________________________
Site Address and Telephone Number/s

6/8/2015
Student Section

Name of Student

To persons concerned – I agree to:

1. Adhere to the policies and procedures for professional personnel in the setting of my practicum.
2. Maintain professional standards in keeping with the ethical standards of the American Association of Marriage and Family Therapists.
3. Cooperate with the site supervisor in my practicum setting and with my Saint Louis University supervisor.
4. Maintain an accurate and complete log of activities as requested by the university and/or site supervisor.
5. To carry liability insurance.
6. Submit required reports/evaluations in a timely manner to the site supervisor, my university supervisor, and any other agencies or persons assigned.
7. Report concerns or problems promptly and completely to site and university supervisors so that these may be resolved.
8. Attend required meetings at both the site and the university.

_________________________________________  _______________________________________
Date                                               Signature of Student

______________________________________________
Address of Student

______________________________________________
Student Telephone Number/s
APPENDIX B
CLINICAL FORMS TEMPLATES

FEE AGREEMENT
Date Requested: __________

Request to lower fee below $10.00

_________________________________________ is granted permission to lower the fee for client #_______ to $ ________/session effective immediately.

_________________________________________                     _____________________
J. Douglas Pettinelli, Ph.D.            Date
Director, CCFT
APPENDIX C
SAMPLE MONTHLY REPORT
MONTHLY REPORT TEMPLATE
**SAMPLE**  
**Monthly Report**

Therapist: ___________________________   Mon./Yr.: _____________________

Please complete all items and totals. If you do not have any hours in a category then indicate it with a zero (0). **Do not leave blank cells.**

### Clinical Contact Hours

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### Supervision

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Number of Active Clients:   CCFT_____ Practicum _____Alternative Hours for the Month: 8 INDIVIDUAL/ 1 FAMILY
Therapist Signature____________________   Data Entered on CCFT Spreadsheet: __/__/__  By:

(Note: your alternative hours should be incorporated into the table above, but please also note your alternative hours on the space provided at the bottom of the sheet.)
## Monthly Report

Therapist: _______________________________   Mon./Yr.: ___________________

Please complete all items and totals. If you do not have any hours in a category then indicate it with a zero (0). **Do not leave blank cells.**

### Clinical Contact Hours

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Practicum Site:

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### Supervision

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Practicum Site:

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</table>

Number of Active Clients:  CCFT____ Practicum ____  Alternative Hours for the Month: ___________________________

Therapist Signature______________________       Data Entered on CCFT Spreadsheet: ____/____/____  By:___________

(Note: your alternative hours should be incorporated into the table above, but please also note your alternative hours on the space provided at the bottom of the sheet.)

6/8/2015
APPENDIX D

HOTLINE PROCEDURE:

a. Inform and consult with your supervisor before placing a call.

b. Explain who you are and either describe the situation or let the client do so.

c. Find out what Protective Services wants to do: come for interview, send family home, wait for immediate investigations, etc.

d. Confirm and document the Protective Services instructions and plan for the clients. Make a note of the Protective Services Case number and document the number in your case notes.

e. Be prepared to deal with the family's anger and distress. You can still act as therapist, explain likely procedures, and help them prepare for the investigation and what happens later. Use the other therapist or supervisor to help the family process events as they occur and afterward.

f. If client becomes threatening or belligerent, call your supervisor, clinic director, and/or the Saint Louis University Public Safety (977-3000).

g. DOCUMENT, DOCUMENT, DOCUMENT!!!

For clients that are Missouri residents:
Missouri Child Abuse Hotline - 1-800-392-3738
Missouri Elder Abuse Hotline - 1-800-392-0210

For Clients that are Illinois residents:
Illinois Child Abuse Hotline - 1-800-252-2873
Illinois Elder Abuse Hotline - 1-866-800-1409
ACKNOWLEDGMENTS

We wish to acknowledge Dr. Richard Wampler and the members of the staff at the Texas Tech University Family Therapy Clinic for so graciously sharing their procedure manual, and granting us permission to utilize sections of their manual in constructing ours.