

Center for Counseling and Family Therapy



STUDENT MANUAL POLICIES & PROCEDURES 2019-2021

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 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 and internship site for individuals who are advanced graduate students in the M.A. Couple & Family Therapy and Ph.D. Medical Family Therapy program. The clinical experience at the CCFT is space for graduate students to obtain clinical experience with individuals, couples, families and others and fulfill the program's mission "to train marriage and family therapists who are engaged in service to individuals, couples, families, and the community." Students develop and sharpen clinical skills and Marriage and Family Therapy (MFT) Core Competencies (AAMFT, 2004; Northey & Gehart, 2019). This is done through the provision of counseling and family therapy services to the Metropolitan Saint Louis Community, a highly diverse and underserved community. In this way, graduate students gain experience in working with diverse clientele consistent with the program's mission, student learning outcomes, and MFT Core Competencies of cultural and contextual awareness (Northey & Gehart, 2019).

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. 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. With that in mind, the CCFT operates much like any other mental health facility.

The staff of CCFT, who are couple and family therapy and medical family therapy interns, are supervised individually by program faculty. Faculty are licensed marriage and family therapists and/or professional counselors. 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 (AAMFT, 2015) 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, sexual orientation, gender identity, race/ethnicity, immigration status, age, abilities, 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. Students, faculty, and staff at the CCFT must adhere to our non-discrimination policy (see Appendix C). 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 for Counseling and Family Therapy (CCFT)
3700 Lindell Blvd
Morrissey Hall, Suite 1100
St. Louis, MO 63108

Center Phone Numbers:

Front Desk Phone:	(314) 977-2505
Therapist Phone Lines:	(314) 977-8179
	(314) 977-2195
Director's Phone	(314) 977-4066 or (763) 443-4289 cell
Center Fax Number	(314) 977-2199
Housekeeping	977-2596
ITS	977-4000
Facilities	977-2955
Public Safety	977-2955
Long distance code	#544754

Center Hours:

Monday – Friday: 12:00pm – 9:00pm (8pm is the last appointment)

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.

Policies were created to be consistent with and/or fulfill the programs overall goals and student learning outcomes outlined for the M.A. and Ph.D. programs. The individual student learning outcomes are located in the student handbook and will be referenced by number in this policy manual, however, the overall mission and goals of the entire Medical Family Therapy program are included below for reference.

Medical Family Therapy Program Mission Statement

The mission of the Medical Family Therapy Program is to train family therapists who are engaged in service to individuals, couples, families, and the community. Through a scholarly and reflective process, we are involved in the development of professional clinicians who understand and recognize the primacy and importance of scientific inquiry, diversity, social justice; who respect and accept multiple perspectives; and strive to practice in a collaborative engagement with other professionals and the community.

Definition of Diversity

Diversity is represented by acceptance of individuals identifying themselves (or as identified by others) as belonging to any combination of ethnic, racial, cultural, gender, identity, religious, sexual orientation, age, persons with different categories of disabilities, economic, and educational cultures.

Program Mission Statement on Diversity:

The Medical Family Therapy Program is committed to an inclusive and accepting environment for all learners and instructors. The program acknowledges several contextual and historical injustices in our society creating marginalized and stigmatized communities. We are committed to creating a culture where students, faculty, community partners, and visitors feel valued and celebrated in our diversity. We seek to provide anti-racist, anti-ableism, LGBTQ-affirming, and culturally humble clinical care, research, teaching, and service. We are equally committed to educating students from all backgrounds to promote a future workforce of diverse clinicians, researchers, and social justice leaders in the field.

Professional education in this pluralistic society demands therapists become knowledgeable about and sensitive to issues surrounding human diversity. Diversity is represented by acceptance of individuals identifying themselves (or as identified by others) as belonging to any combination of ethnic, racial, cultural, gender identity, religious, sexual orientation, age, persons with different categories of disabilities, economic and educational cultures.

Medical Family Therapy Program Goals and Objectives

The program has established student learning outcomes that reflect the expectations and competencies established by the profession. These learning outcomes are derived from the Program Goals & Objectives, which are, in turn, derived from the five dimensions of the Saint Louis University Experience. These goals and objectives include:

1. **Scholarship and Knowledge.** To train sound clinicians who are equipped to work with a wide variety of presenting problems and a diverse array of families.

2. **Intellectual Inquiry and Communication.** To foster and develop rigorous and original scholarship for both faculty and students.
3. **Community Building.** Students will be trained to be adept at understanding and working with clients from a variety of multicultural backgrounds, with a specific emphasis on the concerns of poor and underserved populations.
4. **Leadership and Service.** To educate professionals who are knowledgeable and skilled clinicians and leaders in their profession and community; and promote social justice among all people.
5. **Spirituality and Values.** To prepare reflective practitioners who understand themselves in relation to those they serve and who incorporate spiritual, moral, and ethical principles into their personal and professional lives.

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 of the Medical Family Therapy Program, in the 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.

Program Director

The Program Director oversees the operations, duties, resources, and curriculum of the program. In addition, the program director communicates and corresponds with division directors routinely within the Department of Family and Community Medicine. Specific roles and responsibilities of the program director include:

- Continually assesses and makes any necessary adjustments to curriculum and/or course of study for the MA and PhD programs (including program objectives, student learning outcomes and assessment of these outcomes)
- Approves decisions around any substantive changes taking place in both programs
- Monitors the program budget around fiscal year income and expenditures
- Oversees resources and facilities in the Medical Family Therapy Program
- Helps assist and support the Director of Clinical Services around operational and/or training decisions with students in their clinical work
- Provides input to the Department Chair around changes, opportunities or expansion of services in behavioral health division of the department

- Performs continuous quality improvement and review of feedback from students, faculty and supervisors, in efforts to maintain and enhance the necessary goals of the program.

Coordinator and Assistant Coordinator

The coordinator positions were designed to be leadership experience for graduate students in the management of a counseling clinic. This includes the management of: 1) tasks for insuring smooth clinic functioning (see below), 2) dual relationships with student therapists and faculty, and 3) yourself as a model of professionalism and cultural humility. This requires strong communication skills, dedication to the mission of the center, and, pragmatically, 10-20 hours per week of time spent in the center's office. The coordinator and assistant coordinator work as a team to complete tasks and share responsibilities.

Tasks of Coordinators

- Timely completion of all financial and clinic reports
 - o Financial reports due Monthly on the 15th
 - o Annual report of client demographics serviced due July 15
 - o Submit all reports to the Director, MFT Program Director, Department Chair, and Department Business Manager
- Complete biweekly or monthly deposits and accounting
- Create and maintain Carepaths users and supervisor groups every semester
- Scheduling desk service and training of new therapists into the CCFT
- Maintain IRB protocols and research processes in the CCFT as directed by the director
- Oversee collection of client outcomes data
 - o Verify iPads/tablets are in good repair and working properly, verify all client appointments are being recorded via outcomes data system, verify data is being managed in database accurately
- Oversee and maintain client intake process, assignment of cases, open and close files, record storage, waitlist, and mainline voicemail
- Set up voicemails and mailboxes for new students
- Training and oversight of new clinicians and undergraduate interns
- Attend to equipment maintenance, office and room decorum, and cleanliness
- Communication with administrative secretary about materials/supplies needed (e.g., light bulbs, batteries, paper for credit card machines, etc.)
- Change door and safe lock yearly at the beginning of each fall
- Frequent communication with director about needs and concerns in the CCFT
- Meet on at least monthly with the director
- *And other responsibilities as 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 provide 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.

Supervisor Qualifications

Clinical supervisors must hold either a state approved supervisor designation or be an AAMFT Approved Supervisor or Supervisor in Training to teach either the internship or practicum courses. Students may only count hours from clinical supervisors who meet these qualifications.

AAMFT Code of Ethics

Therapists and staff in the CCFT are expected to adhere to the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics. Please review here:

https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx

Below particular policies associated with our responsibility to clients (Standard 1) are detailed below. In appendix C is our Non-Discrimination policy that needs to be read and signed by all therapists. See the Director of Clinical Services for any questions or concerns.

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 AAMFT Code of Ethics. HIPPA training is required through Saint Louis University for all new graduate students. See myslu.slu.edu for more information.

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 in 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.

Subpoena and Legal Requests from Attorneys and Families

Therapists may receive a request from an individual, family, or attorney representing them to provide testimony or medical records documents as part of a legal case (e.g., custody dispute, divorce proceedings, etc.). Advise your clients that we do not get involved in legal proceedings and screen out clients where this might be a case. This is due to the fact that majority of therapists at our Center are unlicensed and are not prepared to be expert witnesses.

Therapists at the CCFT do not provide expert testimony at the request of clients or attorneys representing them. Students confer with their supervisor and then the attorney or family who requested is given feedback that to testify would create a dual relationship (consistent with the AAMFT code of ethics 1.2), therefore a therapist cannot function as an expert witness. This would also be a breach of confidentiality and likely not be helpful for their case or health in the long term.

If a subpoena is received this needs to be directed to the supervising faculty member. If that occurred, we then must comply and a faculty supervisor will provide the testimony in the place

of the student or in tandem with them. Exceptions to confidentiality exist in the state of Missouri ([§ 337.736](#)). In the case, the client signs a release of information for the court and we inform the client the implications of this.

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 direct client contact. In spite of these limitations, the program faculty encourages 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 courses. For more information, see the "Supervision of Supervision" section in the program manual.

When Ph.D. student therapists complete the 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.

When M.A. student therapists complete the Masters Practicum Sequence, they enter internship status. Upon entering this status, therapists are required to continue to receive clinical supervision and enroll in Internship.

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.

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, jeans (if clean with no holes and clean wash, no jewels or writing), and nice shoes with soles (no slippers or flip flops).

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
- One-shoulder shirts, sweaters, or tank tops

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 program administrative secretary, to be placed in your permanent file and a copy should be given to the CCFT Director.

CCFT Revenue Sharing

The Center for Counseling and Family Therapy has maintained a designated fund for revenues generated from session fees. These funds are used to support clinical research and training, CCFT equipment maintenance, student assistance for conference travel and financial assistance. In an effort to make these funds more accessible to students and to do so in an equitable manner the following policy will be implemented effective July 1, 2019.

- Each month, 40% of the CCFT fees collected will be allocated to student therapist support.
- These funds will be available to students at the end of the fall and spring semesters for use in defraying tuition expenses, professional conference expenses, research expenses, or testing fees.
- From this pool, allocations to individual students will be made based on the students’ number of paid encounters. Unpaid encounters will not be included in the calculation. The amount will be based on the average fee for the month in order to level the variance of fees due to the sliding fee scale. In other words, everyone who recorded paid encounters, whether for \$10 or \$75, will receive an amount based on their encounters.
 - For example:
 - In December of 2018 the CCFT recorded 45 paid encounters and 5 unpaid encounters, totaling \$1,614.00. We'll assume those 50 encounters were from 5 therapists.
 - Therapist 1: 10 encounters (10 paid/0 unpaid)
 - Therapist 2: 9 encounters (7 paid/2 unpaid)
 - Therapist 3: 12 encounters (12 paid/0 unpaid)

- Therapist 4: 9 encounters (6 paid/3 unpaid)
 - Therapist 5: 10 encounters, (10 paid/0 unpaid)
- The average fee collected for the month was \$35.87. \$14.35 (40%) would be disbursed per paid encounter:
 - T1: \$143.50
 - T2: \$100.45
 - T3: \$172.20
 - T4: \$86.10
 - T5: \$143.50
- On a quarterly basis each student will receive a statement of service delineating the encounters by month, the average fee for each month, the support accrued for the fiscal quarter, the beginning balance for the quarter and the total amount of funds available for use. Allocations will be disbursed on a semiannual basis.
- Once students graduate they are no longer eligible to withdraw funds.

III. Clinical Procedures and Training

Climate of Safety, Respect, and Appreciation

Safety is our main priority. To accomplish this, we have two policies:

1. All students with a smart phone must download the **RAVE Guardian app and activate with your mobile phone**. This will connect to campus security, 911, and other emergency services. It will allow you to have a PANIC button with you all times that takes very little time to operate.
2. All students and faculty must wear their name badges in a visible location so clients, faculty, and staff can quickly identify them.

Clinical Procedures and Responsibilities

Every new student (M.A. 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 your first two years of coursework. 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 mailboxes 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 In-Person or via Telehealth

The first session is 90 minutes long and costs all clients \$10. This is meant to lower the barrier to care and allow for enough time to complete all the paperwork, give the client a chance to become comfortable in the CCFT, and to allow time for assessment and joining. The first 20-30 minutes are for completing all intake paperwork and assessments. Copies of all forms utilized in the intake process (including telehealth related agreements) can be found in the workroom or via our shared Google drive. Access to the Google drive is granted by the director.

Shared Google Drive “CCFT (Staff & Supervisors)” was created for CCFT therapists with client forms and documents for easy retrieval. You can find it here after permission is granted by the director: <https://drive.google.com/drive/u/0/folders/0AAMLw22U9pORUk9PVA>

Public shared Google Folder “CCFT New Client Documents” is available for clients to download paperwork. You can find and share it with clients through this link: <https://drive.google.com/drive/u/0/folders/1wgICfoiClgHqCv7xB2iAyBivCAdTb-mO>

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 VIDEOTAPING.**
- **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.
- **Assessment packet** – Initial formal assessments are provided for assisting therapists in screening for possible problems and to identify critical issues to be addressing immediately (e.g., safety concerns, violence, etc.).

Getting Ready to See Clients via Telehealth

Training Requirements

Online Training:

- ✓ Attend Telehealth 101 with Dr. Heiden-Rootes, Monday March 23, see Zoom link in email.
- ✓ An Introduction to Setting up a Telebehavioral Health Practice: Competencies and Considerations: <https://youtu.be/dj4DJWVXXTM>
- ✓ Distance Counseling: <https://www.telehealthresourcecenter.org/event/nctrc-webinar-distance-counseling-best-practices-in-higher-education/>
- ✓ 12-hour online seminar typically cost \$445.00; free with promocode TELEFREE (limited time).
https://catalog.pesi.com/item/52191/?utm_source=featuredad&utm_medium=banner&utm_campaign=BH_telehealth_POS055645&fbclid=IwAR2XLIL6m30iBJIAMEVXiL-U7hf6pLNXf0W-5TT0SK0_CeF2t_SbdUGdRzA
- ✓ [Optional and Recommended] 2-hour online seminar with Melissa Douglass, LCSW (based in St. Louis) in getting started with tele-therapy. The price is only \$9.97. Link to the seminar: <https://goaldriven.thinkific.com/courses/transitioning-to-tmh-webinar-replay>

Read:

1. Couple & Family Therapy Guidelines for Telehealth:
https://www.aamft.org/Online_Education/Online_Therapy_Guidelines_2.aspx
2. American Psychological Association Guidelines for Telehealth:
<https://www.apa.org/practice/guidelines/telepsychology>
3. Therapeutic Boundaries in Telehealth:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4234043/>
4. Psychological Distress when Quarantined:
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)
5. Barnett, J. E., & Kolmes, K. (2016). The practice of tele-mental health: Ethical, legal, and clinical issues for practitioners. *Practice Innovations*, 1(1), 53-66. [**available via lib.slu.edu**]
6. Gifford, V., Niles, B., Rivkin, I., Koverola, C., & Polaha, J. (2012). Continuing education training focused on the development of behavioral telehealth competencies in behavioral healthcare providers. *Rural and Remote Health*, 12, 1-15. [**available via lib.slu.edu**]
7. Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of marital and family therapy*, 45(2), 296-308. [**available via lib.slu.edu**]

GETTING STARTED WITH TELEHEALTH

PREPPING FOR YOUR SESSION



Light

Choose a well lit area for your sessions. Do not place light sources behind you. Keep background spaces clutter-free.



Noise

When conducting sessions, ensure that noise from your environment (doorbells, phones, etc.) is silenced or minimized to avoid distraction.



Privacy

You need a private, confidential space for Telehealth sessions. Make sure no one else is within hearing range.

Must Have: A secure, HIPAA compliant videoconferencing system

(Like Telehealth in TheraNest)



EQUIPMENT

- Computer, tablet, or phone
- External or integrated webcam & microphone
- High speed internet connection

Pro Tip: How you position your webcam matters.

Place your webcam in a position that shows your whole face and allows you to maintain eye contact. Test your webcam positioning before starting your session. Remember it can be distracting for your viewer if you are looking at other screens or not fully in the frame during your session.



TELEHEALTH DO'S AND DON'TS



- Use the latest version of Google Chrome, Mozilla Firefox, Safari.
- Check your audio and video connection before your session.
- Find a confidential, distraction free space.
- Shut down all other background applications on your computer, table, or phone to ensure the best connection.



- Do not conduct sessions in cluttered or public spaces.
- Do not do other work or get distracted by outside items.
- Avoid conducting sessions in poorly lit spaces.
- Do not dress inappropriately.
- Avoid keeping the other person waiting.



Determining and Collecting Fees (Payment)

The CCFT utilizes a sliding scale fees schedule. The fees are determined between the therapist and the client after exploring and determining the clients' income, number of people in their home, 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 fee can be paid by cash, check or credit card. The CCFT does not accept insurance plans. If the client pays by check, the check should be made payable to Center for Counseling and Family Therapy or CCFT. Also, if paying by check, the check number should be written on the receipt. As part of clinical training, therapists 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 locked safe. 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 and this is the fee charged for ALL first sessions. 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 A) in the client's file. Copies of the fee agreement form can be found in the workroom or by contacting the coordinators.

Credit Card Payments:

Online Payment Transaction

The CCFT Marketplace mall: https://billpay.slu.edu/C20197_ustores/web/classic/index.jsp

You will see our store is towards the top, "Center for Counseling and Family Therapy". Once you click on the store, you'll see the two telehealth psychotherapy sessions listed. (If there's a different picture you would like to use, just send it my way and I'll change it out).



The customer/client will click on the session they want to purchase and enter in the amount they need to pay based on the sliding scale amount or the amount due on the account. Once they select “add to cart” they will checkout like they would on any other site using their credit card.

Telehealth Psychotherapy - 30 Minute Session

Home | Center for Counseling and Family Therapy | Telehealth Psychotherapy - 30 Minute Session

Payment method for 30 minute telehealth psychotherapy session. Fee is based on the CCFT sliding scale agreed upon by both client and clinician.

Payment Amount:

\$

[Add To Cart](#)

In-Person Transaction

- Once the home screen appears, your terminal is ready to use. You may swipe a card on the top of the machine between the screen and the receipt printer (FD4000T), swipe a card on the right hand side of the terminal (FD410) or you may enter a CHIP card on the front of the machine.
- Next, the screen will read “Enter Amount” and you will use the keypad to enter the amount of the transaction followed by the green button to go to the next screen.
- You will then be prompted to match the last four numbers on the card. Select Yes or No.
- The next screen will say “transmitting” until the receipt begins to print. Always select “Yes” to print a customer receipt.
- Your transaction is complete. The customer will sign the merchant copy that you will keep for your records and the customer will take the customer copy for their records.

Void

You will perform a void if you run a transaction on the wrong card or for the wrong amount and the customer is still present.

- On the home screen select “Other”
- Select “Void”
- Enter in the Sequence number. This is the second number on the receipt. “SEQ #”. Press the green button.
- The next screen will ask you to verify the information of the transaction to be sure you are voiding the right transaction. If all is correct, select OK.
- The next screen will say “transmitting” until the receipt prints. There is no option for a customer receipt for a Void.

Reprint

You may use this feature to print a Void receipt for a customer or to print a second copy of any receipt.

- On the home screen, select “Other”
- Select “Reprint”
- Enter the SEQ# at the top of the receipt and press the green button
- The receipt will reprint.

Manual Key Transaction

- On the home screen select “Sale”
- The next screen will say “Enter Amount”, enter the amount and press the green button.
- The next screen will say “Please present card”, you may go ahead and type in the card number on the front of the card and press the green button.
- The next screen will prompt you to “enter expiration date MMY”, enter the date in the MMY format and press the green button.
- The next screen will prompt you to “enter address digits”, this is not a mandatory screen, you may leave it blank and press the green button.
- The next screen will prompt you to “Enter ZIP Code”, this is not a mandatory screen, you may leave it blank and press the green button.
- The next screen will say “transmitting” until the receipt prints. Always select “yes” to print the customer receipt.
- Your transaction is complete. The customer will sign the merchant copy that you will keep for your records and the customer will take the customer copy for their records.

If you have any other questions regarding other transaction types or errors you may receive, please contact the Treasurer’s Office by calling Katelyn Zobrist at 314-977-2221 or Katie Benenati at 314-977-7161. If it is after hours, please call the help desk number located on the white label sticker on the back of the terminal 800430-7 161 and provide the merchant ID of 313045401889 for SLU Special Events. The help desk is open 24 hours.

Receipt Examples:

Cash Transaction:

Example

RECEIPT		DATE <u>7/1/13</u>	No. <u>751118</u>
RECEIVED FROM <u>client # 3225</u>		\$ <u>25.00</u>	
<u>twenty five</u>		DOLLARS	
<input type="radio"/> FOR RENT		<input checked="" type="radio"/> CASH	
<input type="radio"/> FOR		<input type="radio"/> CHECK	
ACCOUNT		<input type="radio"/> MONEY ORDER	FROM _____ TO _____
PAYMENT	<u>25.00</u>	<input type="radio"/> CREDIT CARD	BY <u>shufone</u>
BAL. DUE	<u>0</u>		

Check Transaction:

Example

RECEIPT		DATE <u>7/1/13</u>	No. <u>751108</u>
RECEIVED FROM <u>client # 3201</u>		\$ <u>40.00</u>	
<u>forty</u>		DOLLARS	
<input type="radio"/> FOR RENT		<input type="radio"/> CASH	
<input type="radio"/> FOR		<input checked="" type="radio"/> CHECK <u># 1576</u>	
ACCOUNT		<input type="radio"/> MONEY ORDER	FROM _____ TO _____
PAYMENT	<u>40.00</u>	<input type="radio"/> CREDIT CARD	BY <u>shufone</u>
BAL. DUE	<u>0</u>		

Voicemail

At beginning of practicum, each clinician will need to setup a Google Voicemail.

Steps to change voicemail scripts

- Dial 77216 (voice item maintenance)
- For 977-8179
 - Application ID 8179#
 - 123456#
- For 977-2195
 - Application ID 2195#
 - 123456#
- For 977-5180
 - Application ID 5180#
 - 123456#
- **To record message:**
 - Hit 1 for main recording
 - 5 to record
 - # to stop
 - 2 to listen

All mailbox's default password is 1+(mailbox #)

To change main voicemail line:

- Log into the mail box
- Press 82 to change the greeting
- Press 1 for external greeting
- Press 5 to record
- Press # when finished
- Press 2 to listen
- Press 76 to delete, the press 5 to rerecord

Computer Setup

-Setting up Google Voice on your computer, go to voice.google.com.

-Sign in to your Google Account.

-Accept the Terms of Service and Privacy Policy.

-Search by city or area code for a number. Voice doesn't offer 1-800 numbers. If there aren't any numbers available in the area you want, try somewhere nearby.

-Next to the number you want, click Select. Follow the instructions.

-After setting up Voice, you can link another phone number.

Android Setup

- Make sure your phone is on and you can get texts. To check, we'll send your phone a text with a code.
- On your Android device, download the Google Voice app from the Play Store if you haven't already.
- On your Android device, open the Voice app .
- Sign in to your Google account.
- To accept terms and conditions, tap Continue.
- To pick your Voice number, tap Search.
- Search by city or area code for a number. Voice doesn't offer 1-800 numbers.
- If there aren't any numbers available in the area you want, try somewhere nearby.
- Next to the number you want, tap Select. Follow the instructions.
- After setting up Voice, you can link another phone number.

iPhone and iPad Setup

- Make sure your phone is on and can get texts. To verify, we'll send your phone a text message with a code.
- On your iPhone or iPad, download the Google Voice app from the App Store if you haven't already.
- On your iPhone or iPad, open the Voice app .
- Sign in to your Google Account.
- To accept terms and conditions, tap Continue.
- To pick your Voice number, tap Search.
- Search by city or area code for a number. Voice doesn't offer 1-800 numbers.
- If there aren't any numbers available in the area you want, try somewhere nearby.
- Next to the number you want, tap Select. Follow the instructions.

A message will need to be recorded by the clinician on the voicemail. *Sample Message:*

Hello you have reached the voicemail of _____ at the Center for Counseling and Family Therapy. You have reached a non-confidential voicemail. I am not able to take your call right now. Please leave a message stating your name and phone number and I will call you back at my first opportunity within 1-2 business days. If your call is an emergency please call the 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.

Opening and Closing the CCFT

Opening Procedures:

- ✓ Turn on all lights
- ✓ 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
- ✓ 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 groups through the Memory Clinic and The Family Clinic for Queer & Trans Youth.
- The therapists are graduate students in the marriage and family therapy program at SLU – they 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 – Monday 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
Press 4 to replay message
Press 6 to skip message.

If a client calls to leave a message for a therapist

Tell client you can give them the therapist direct Google voice mail number.

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 Communication Log located at the front desk. Forward it to the appropriate individual either by calling their cell phone, emailing/texting them (with no identifying information about the client), or calling their Google 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 after each appointment should be updated according to the outcome of that particular session – Attended, Cancelled, Rescheduled or No Show.

File Maintenance

When a new client is assigned to a clinician, an email will be sent to the clinician stating “you have been assigned a new client”. The initial contact form will be placed in the clinician’s mailbox. The clinician is responsible for organizing the client’s chart after the client’s first session. After the initial session with a client, it is the clinician’s responsibility to inform the Coordinator or the Assistant Coordinator that the client’s file needs to be opened.

File Organization

The following forms are on Carepaths (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

Completing Client Contact and Supervision Reporting Forms

Clinical hours and supervision hours are recorded on the CCFT Clinical Hours Recording Form for the Master's Program (See Appendix B for instructions and a blank copy of the form). 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. Clinical Hours should be submitted in the Coordinator’s box no later than the 15th of each month. Hours submitted after the 15th will be entered the following month.

Documentation of client contact is a way of verifying the completion of key overall student learning outcomes (SLO #1.B, 2.B, and 3.A). The completion of 500 client contact hours for M.A. are required for graduation. At least 40% of these hours must be relational and occur over a minimum of twelve months of clinical practice. The client contact hours may include a maximum of 100 alternative hours (**see appendix B for a definition of alternative hours**) or clinical activity (e.g., couple or family groups, live cases where reflecting teams are directly

involved in working with clients, etc.).

Technological Resources & Recording Sessions

All sessions of therapy must be recorded in the CCFT office and via telehealth because we are a training clinic. This will happen with Learning Spaces when in-office and then via Zoom when offering telehealth. Clients are informed of this in the first session because it is part of the training process. It cannot be opted out of.

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 Medical Family Therapy program without prior written permission from the client (s).

Directions for Learning Spaces for in-person sessions

Before each appointment with a new patient CREATE THE CASE:

1. Use **Internet Explorer** or **Google Chrome** web browser
2. Log into Learning Spaces. Username is your SLU email and password is 123456 (PLEASE CHANGE TO SOMETHING YOU WILL REMEMBER AND IS MORE SECURE).
3. On the home page and click on Cases
4. Select your name from the list of cabinets on the left hand side
5. On the right hand side select + New next to CASES
6. Use the initials of your patient family. You can use multiple initials if needed.
7. Under Cabinets should be your name, if not look up your case cabinet (your name) there.
8. **Check the box ENABLE CASE IN ACTIVITIES.**
9. Go to SHARE (on left side) and remove EVERYONE for “can read only” and add your name to the “can read and write.” **This will Auto-Save.**
10. Click on the X in the top right corner to exit back to the cabinets/case screen.
11. Go to the home page by clicking on the little home icon in the top left corner. **Never use the browser’s back button.**
12. Click on Activities

13. Go to your Activities Cabinet and then double click on your activities (student name “recordings”)
14. Add the new case to your Activities in the Case section.
15. An open text box that says “Assign Case” is there
16. Start typing the patient initials you used to create the case and it should populate as a case then click on the case
17. Click on the X in the top right corner

To record:

1. Log into Learning Spaces. Username is your SLU email and password is 123456 (PLEASE CHANGE TO SOMETHING YOU WILL REMEMBER AND IS MORE SECURE).
2. On the home page click on Recording
3. Select the MFT Room you are scheduled to be in
4. On the left side select your name for Activity, Group, and Learner
5. For the Case select the case you made for this patient.
6. Click on the red circle to begin recording.
7. You can log off and close the web browser and the recording will continue for up to 3 hours.
8. Log on to end recording by clicking on Recording, selecting the room you were in, and clicking on the square in the top left side. In a few minutes the video will be available for your review.

To review video:

1. Log into Learning Spaces. Username is your SLU email and password is 123456 (PLEASE CHANGE TO SOMETHING YOU WILL REMEMBER AND IS MORE SECURE).
2. On the home page click on Video Review.
3. Search by your name or the initials of the patient.

Directions for Zoom video access and recording for telehealth sessions

Zoom for Telehealth Sessions for CCFT Clients

1. Log in Myslu.slu.edu
2. Tools Tab
3. Click Zoom icon
4. Takes you to you Zoom profile page
5. Click Meetings
6. Click Schedule A New Meeting
7. Set up Meeting with date, time, and reoccurrence
 - a. DO NOT require registration (automatically unchecked)
 - b. Require passcode for HIPAA compliant entry
 - c. Leave video off at first to give people a chance to get situated to choose to turn on their video when session starts
 - d. Enable waiting room and recording so you can have the session start when you are ready
8. Copy an invitation for sending to your client via text or email
 - a. I would highlight the link and passcode for them to use. The extra phone numbers can be confusing unless they are calling in or technologically savvy.
9. Recordings should be saved securely and then destroyed after supervision.

Ending Service at CCFT

When a 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 they will terminate each case. In the event the client(s) require additional therapy, the clinician will arrange with their 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.

IV. 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 or closest hospital. 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. Verify their physical location with an address and phone number if meeting via telehealth.
2. Act to protect any actual or potential victims, including the client and yourself.
3. Involve another person at once—this means,
 - your supervisor in the building (or if working from telehealth, call their cell phone)
 - another supervisor in the building (or another supervisor via phone call)
 - the CCFT Director (763-443-4289)
 - 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 Abuse 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); 1-800-252-2873 (Illinois 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.

Relational Violence

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 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?"
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 (763-443-4289) 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 (763-443-4289) 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 (763-443-4289). 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 Cell: 763-443-4289

Division of Children and Family Services Child Abuse Hotline:

1-800-392-3738

417-326-6241

Appendix A

Request for Fee Lower than \$10

Date Requested: _____

Request to lower fee below \$10.00

_____ is granted permission to lower the fee for client
#_____ to \$ _____/session effective immediately.

Katie Heiden-Rootes, Ph.D.
Director of Clinical Services, CCFT

Date

Appendix B: MA Program Clinical Contact & Supervision Form

Weekly Summary of Client Contact & Supervision

Therapist	Supervisor													Semester, Year	Total Hours (contact/sup)
Week of															Total Hours
CLIENT CONTACT: Locations listed here															
Individual															
Couples Therapy															
Family Therapy															
Group Therapy															
ALTERNATIVE HOURS: Locations listed here															
Individual															
Couples Therapy															
Family Therapy															
Group Therapy															
TOTAL PER WEEK:															
Supervision Individual: Name and credentials of supervisor here, e.g., Brittany Robinson, PhD, LMFT															
Live															
Videotape															
Case Report															
Supervision Group: Name and credentials of supervisor here															
Live															
Videotape															
Case Report															
SUPERVISION - Individual (e.g. Student Supervision): Name and credentials of doctoral supervisor here															
Live															
Videotape															
Case Report															
TOTAL PER WEEK:															
Signature of Supervisor															

Instructions for Completing the Weekly Summary

Program Requirements

Includes a minimum of 500 clinical contact hours with individuals, couples, families and other systems physically present, at least 40% of which must be relational. The 500 hours must occur over a minimum of twelve months of clinical practice. A maximum of 100 alternative hours can be part of the total 500. **Each week your supervisor needs to sign at the bottom of your hours and then this sheet is turned into the Director of Clinical Services at the end of the semester. It is your responsibility to maintain records of your hours and to have your supervisor sign off on them. If this is not received to the director by the end of the semester, none of the hours will count towards meeting program requirements.** We encourage you to also keep your own copies/records of these hours.

Definition of Terms

Individual Therapy refers to either one person or a group of unrelated people in a therapy session

Couple & Family Therapy refers to more than one person who are related or in a relationship in a therapy session

Supervision is distinguishable from psychotherapy or teaching, and focuses on the development of competencies and professional growth of the supervisee. Supervision may utilize secured digital technology in which participants are not in the same location. The majority of supervision must be with both participants physically present. This can occur in both a group (2+ students) or individual (2 or fewer students) meeting with the supervisor. **Students must receive at least 100 hours of supervision, and must receive supervision from an AAMFT Approved Supervisor or Supervisor Candidate for at least one hour each week** in which they are seeing clients. *Supervisors* are a) faculty members who also serve as supervisors in programs, or b) individuals who are appropriately credentialed and who partner with the program to clinically supervise students in the program.

Alternative Hours represent individuals seen in therapy that you observed live and are part of the on-going care team but are not the direct therapist. You could step as the therapist if needed given your involvement as team member. These hours should also be represented in box 5 or 6. Hours represent couples or families seen in therapy that you observed live and are part of the on-going care team but are not the direct therapist. You could step as the therapist if needed given your involvement as team member. These hours should also be represented in your totals.

Reporting Hours from Continuity of Care Rotations

Direct Client Contact Hours: Any type of treatment, intervention or skills that you provide *directly* to a patient, couple or family *in a therapeutic context*.

St. Mary's: 1) Direct interaction with a patient in their room of the hospital (Intervention or assessment); 2) Family meeting or family consultation in the patient room and/or meeting room in the hospital.

Family Care: 1) Providing a psychotherapy session to a patient, couple or family in an examination room; 2) Providing a BH consultation to a patient, couple or family in the room; 3) Conducting a group session with families or patients in an exam room or group room.

Alternative Hours: The student *does not provide an intervention, skill or assessment* to the patient, couple or family *in a therapeutic context*. This is purely an educational or observational training experience at either site.

St. Mary's: 1) Observing with a team in a patient room without interacting with the patient; 2) Observing/shadowing in hallway (curbside) consultations with the medical team

Family Care: 1) Precepting cases with doctors and/or residents in the clinic (preceptor's office or hallway); 2) Consulting with residents and/or team in the residents' room; 3) Helping staff a patient or family (speaking with them in the hallway before entering a room).

Appendix C

Non-Discrimination Policy and Signature page

The American Association for Marriage and Family Therapy (AAMFT) code of ethics states the following in regards to non-discrimination: **1.1 Non-Discrimination.**

Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.

We as a program embrace the spirit and letter of this non-discrimination policy. Therefore, the policies of our Medical Family Therapy program are likewise committed to the following university policy of non-discrimination: *Visit the website (<https://www.slu.edu/general-counsel/institutional-equity-diversity/index.php>) of the Office of Institutional Equity and Diversity for information on Saint Louis University's nondiscrimination and equal opportunity policies.*

Having read the professional code of ethics and the university policy of non-discrimination and equal opportunity, I fully understand:

1. As a student therapist, I will be trained to see a diversity of patients.
2. I agree to maintain respect for the diversity reflected in our community, which includes but is not limited to age, sexual orientation, gender identity, health/ability, racial and ethnic background, socioeconomic status, spirituality, religion, culture, family configuration, nationality, and immigration status. *Per AAMFT code of ethics: 3.1 Maintenance of Competency. Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.*
3. It is my responsibility to seek additional supervision, diversity training, and/or personal therapy should I feel uncomfortable seeing a client on the basis of any factor of diversity listed above. *Per AAMFT code of ethics: 3.3 Seek Assistance. Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.*
4. It is the goal of this program to provide opportunities for me to effectively work with a wide range of patients and presenting problems. I understand that I am free to continue my religious and spiritual practice of choice, but I cannot refer patients on the basis of religious and/or personal beliefs. *Per AAMFT code of ethics: 1.11 Non-Abandonment. Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.*

I understand the above program expectations and the reason for them. I also understand that any diversion from these expectations may result in a negative performance review, a required remediation plan, and ultimately (should failure to comply with these program expectations continue) dismissal from the program. My signature below indicates that I have read and understand the program policies and procedures as they relate to patient referrals and my

responsibilities as a therapist-in-training, which is consistent with the program's commitment to non-discrimination, to the non-discrimination, to the non-discrimination policies of the university, and to those of our professional organization.

Printed Student Therapist Name

Student Therapist Signature

Date

*****Return to the Director of Clinical Services*****

References

- American Association of Marriage and Family Therapy (2004). Marriage and Family Therapy Core Competencies. Retrieved from [https://www.coamfte.org/Documents/COAMFTE/Accreditation%20Resources/MFT%20Core%20Competencies%20\(December%202004\).pdf](https://www.coamfte.org/Documents/COAMFTE/Accreditation%20Resources/MFT%20Core%20Competencies%20(December%202004).pdf)
- American Association of Marriage and Family Therapy (2015). Code of Ethics. Retrieved from https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx
- Northey, W.F. & Gehart, D.R. (2019). The condensed MFT core competencies: A streamlined approach for measuring student and supervisee learning using the MFT core competencies. *Journal of Marital & Family Therapy, online*, doi: 10.1111/jmft.12386