MICHIGAN STATE UNIVERSITY

Couple & Family Therapy Clinic

Therapist Manual

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A Service of the Couple and Family Therapy Program
Department of Human Development and Family Studies
Michigan State University

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INTRODUCTION TO THE COUPLE AND FAMILY THERAPY CLINIC

Goals and Mission

Our mission is to provide the best services possible to our clients, using a systems perspective to enhance their mental health and quality of relationships. We strive to help families, couples, and individuals assess their current situations and promote change toward more positive functioning. Our primary goal is to assist our clients in creating a system that functions in ways that best serve its members.

The Couple and Family Therapy Clinic

Training Facility. The Michigan State University (MSU) Couple and Family Therapy Clinic (CFTC) has been established to provide training opportunities for students in the doctoral Specialization in Couple and Family Therapy in the Department of Human Development and Family Studies, College of Social Science. The CFTC is a service of the MSU Couple and Family Therapy Program. CFTC therapists provide direct services to couples, families, individuals, groups, and/or collaborate with other community agencies to provide services. The focus of services is on assessing and improving the way relational systems work – no matter the system structure. No one and no system exists in a vacuum, and we recognize the way each environment has an influence on systemic functioning, and vice versa.

The CFTC functions in strict compliance with the *Code of Ethical Principles for Marriage and Family Therapists* of the American Association for Marriage and Family Therapy in the provision of direct and indirect services. The Couple and Family Therapy Program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), and adheres to their standards and principles of educational attainment and outcome measurement.

As the primary training facility for the Couple and Family Therapy specialization, all students enrolled in the program must complete a portion of their clinical hours at this facility. Clinical service and supervision hour requirements are detailed in the *Couple and Family Therapy Program Manual, Sections VIII and IX*.

Clinical training and experience in the CFTC are obtained through practicum and internship experiences and the supervision process. All students entering the Couple and Family Therapy Program, regardless of experience, will spend time at the Clinic seeing clients, observing cases, and participating in the educational process. Students with a master's degree from a CFT/MFT program accredited by the COAMFTE will begin taking clients at entry into the Clinic. Students without this degree will observe therapy sessions and will begin providing therapy as a co-therapist with a more experienced therapist until the supervisor deems them ready to carry a caseload of their own.

Community Resource. The CFTC is a community clinic, and most of our clients are from the surrounding five-county area, including the cities of Lansing, East Lansing, Okemos, Mason, etc. With that in mind, the CFTC operates much like any other public mental health-related service. The Clinic is a United Way affiliated agency, and receives limited funding through the Capital Area United Way. At present, the Human Development and Family Studies Department (HDFS) provides additional limited funding for two Clinic Coordinators and a Clinic Director. Michigan State University also provides the clinic space rent free. Other than these funding sources, the Clinic is a self-funded facility. Operating costs must be paid from the fee revenues collected from clients. All client fees are paid by cash or check. Change is not available. We do not accept insurance or credit/debit cards at this time.

Hours of operation. The CFTC operates during the following schedule* (earliest appointment-latest appointment);

Monday	8 am-7 pm
Tuesday	8 am-7 pm
Wednesday	8 am-7 pm
Thursday	8 am-7 pm
Friday	8 am-5 pm

*When Michigan State University closes for holidays the CFTC is also closed.

Year-round services. The CFTC operates year-round, with the exception of two weeks in August and two weeks during Winter Break, i.e., the week around Christmas Day and the week around New Year's Day. With these exceptions, therapists are expected to be seeing clients each week unless (1)a leave is approved by the therapist's faculty supervisor, (2)a therapist is named who will be available to cover cases is identified, and (3)the leave form is submitted to the Clinic Director through the Clinic Coordinator prior to the absence from the Clinic.

THERAPY PROCESS

Clinic spaces. The Clinic is divided into the lobby/waiting room area, the therapy rooms, and the "student area." The Clinic is set up so that there are only two areas where clients should be present – the lobby/waiting room and the therapy rooms. For client use, there is a restroom adjacent to the lobby area and restrooms located in the corridor outside the Clinic entrance. Each therapy room has two doors; one that leads into each therapy room directly from the waiting room; the other leads to the "back area." Therapists should greet their clients by entering the therapy room through the back door, and then opening the door to the waiting room. To preserve confidentiality and the privacy of other clients, clients should not come into the student area. They enter from the waiting room, and exit the same way. During breaks, the therapist exits into the student area to discuss the case.

Preparing the therapy room. It is important for the therapist to prepare the therapy room properly before bringing in the clients. All therapy materials should be prepared and in place

before the clients enter the room. In the case of children and play therapy, toys, puppets, drawing materials, etc., should be placed in the room before the session starts.

Videotaping. It is a requirement of the Program that each session **MUST** be videotaped. Blank DVDs are provided, and therapists must label each DVD with their own name and the case number. Dates of sessions will be added as the case progresses. Client names or initials **MUST** not be used to track DVDs. Any exception to the requirement that each session be videotaped must be approved by the faculty supervisor or Clinic Director. The DVD should be ready to record when the therapist begins the session.

Case records. It is a requirement of the Program and ethical practice that case records be maintained properly. Case notes should be completed and filed with the receipt before the therapist leaves the Clinic. Following an intake session, all materials should be reviewed carefully, assessment instruments scored, and a case note prepared.

IT IS A VIOLATION OF ETHICAL PRACTICE TO TAKE CASE NOTES OR OTHER CASE MATERIAL, INCLUDING DVDS OF VIDEOTAPED SESSIONS, OUT OF THE CLINIC WITHOUT THE SPECIFIC PERMISSION OF OR REQUEST BY THE STUDENT'S FACULTY SUPERVISOR OR THE CLINIC DIRECTOR.

WHEN CASE MATERIALS ARE TAKEN FROM THE CLINIC WITH PERMISSION, THEY MUST BE CARRIED IN A LOCKED BRIEFCASE AND RETURNED AFTER USE.

Session length. Sessions at the CFTC are 50 minutes in length. With few exceptions and the intake session, sessions begin on the hour, and end at 10 minutes to. Therapists are expected to take a brief break in the middle of their sessions, at approximately the 25-minute mark. This allows the therapist to receive direct feedback from supervisors and/or other students watching the case. Each session begins with the adult client completing the OQ-45.2 form in the waiting area or, if necessary, in the therapy room. Adolescent clients should complete the YOQ30.1 in the waiting room as well.

Intake sessions. Intake sessions should be scheduled for two hours. The first hour the client will spend in the waiting room with a paperwork packet. The hour will allow time for the client to become familiar with Clinic policies, fees, etc., to provide informed consent to treatment, and to complete the intake packet. The second hour (50 minutes) the therapist will meet with the client/s in the therapy room, go over any questions the client may have related to the paperwork, discuss any concerns the therapist may have for client's safety based on the assessments/intake information and begin treatment. A room adjacent to the waiting area is available for clients to complete assessments in private.

Children in the Clinic. We welcome children in the Clinic. A play area has been established in the waiting area to provide for younger children. Puppets and certain other materials will remain in the "student area," and may be used only in the therapy rooms. Many CFTs are uncertain about how to engage children, especially younger children, in therapy. When toys are

used to distract a child to allow the therapist to sit in a chair and talk to grownups, the basic principles of systems theory and practice are violated. Now is a good time to learn how to engage the whole family in family therapy.

At times, it may be desirable to separate children and parents as part of the therapy process. If co-therapy and one of the co-therapists is going to remain with the parents, either the other therapist will do child therapy in a separate therapy room or another therapist or intern will need to stay with the child in the waiting room (if no therapy is taking place).

If a couple or an individual client arrive for their session with their child who is not part of the therapy and that child/children are under 12 years old, another therapist or intern can watch the child in the waiting room as an emergency measure. The parent should be notified that the CFTC is unable, however to offer on-going childcare. If you are concerned that the parent may turn up again with the unaccompanied child, call the parent before the session and remind them of the policy and if they need support, provide them with numbers of local childcare resources. If the parent continues to attend sessions with an unaccompanied child under 12 years old, then therapy will need to be suspended while the parents find on-going childcare.

CHILDREN UNDER 12 YEARS OF AGE CANNOT BE LEFT ALONE IN THE WAITING AREA OR IN A THERAPY ROOM. IF THERE IS NO ONE AVAILABLE TO ACCOMPANY THE CHILDREN, YOU CANNOT MEET ALONE WITH THE PARENTS. SIBLINGS OVER 12 MAY BE LEFT IN CHARGE OF THEIR YOUNGER SIBLINGS ONLY WITH PERMISSION OF THE PARENT AND ONLY IF THE SIBLING CAN ACTUALLY TAKE CHARGE OF THE OTHER CHILDREN.

Fee collection and ending the session. At the end of each session, the therapist fills out a receipt slip in the room with the client, and collects the fee. Receipt books and pens are available in each room. If the room scheduling book is needed to make an appointment, the therapist leaves, gets the book, and takes it to the therapy room to make the appointment, and returns the book as soon as the client has left.

If the client fails to bring their fee three times in a row, sessions will need to be suspended until payment is made. To avoid this scenario, call your clients before the third session and remind them about this policy. Feel free to blame the strict clinic Director! Clients who fail to bring fees is a clinical issue and one that should be discussed. Perhaps their financial situation has changed and the fee is now too high for them. Perhaps they feel that the therapy is not working for them. Perhaps the client needs community resources to support them through a difficult financial time. If you feel that your client deserves an exception to this three strikes rule, speak with the clinic Director.

DO NOT BRING THE CLIENT INTO THE "STUDENT AREA," THAT IS A POTENTIAL VIOLATION OF CLIENT PRIVACY AND CONFIDENTIALITY.

AT TIMES, CLIENTS MAY BE DISTRESSED AT THE END OF A SESSION. IF SO, ALLOW THEM TO COMPOSE THEMSELVES IN THE THERAPY ROOM, INFORMING OTHERS OF THE SITUATION WHICH MAY DELAY THE NEXT SESSION.

IF THERE IS A LEGITIMATE REASON FOR ALLOWING THE CLIENT TO EXIT BY THE DOOR NEXT TO THE COORDINATOR'S DESK (E.G., TO AVOID AN ANGRY SPOUSE), ACCOMPANY THE CLIENT TO THAT DOOR AND MAKE SURE THEY LEAVE THE BUILDING SAFELY.

Number of sessions. Clients are not limited to the number of sessions they can have at the Clinic. It is up to the therapist and supervisor, in consultation with the client, to determine when therapy should be concluded. Sometimes, clients request to be seen more than once a week. Be aware that requests for more than one session each week can come from many sources, not all of them helpful to the clients. If the therapist receives such a request, s/he should discuss the possibility with her/his supervisor and, based on the supervisor's recommendation, schedule the client.

Role of the Faculty Supervisor

By policy, the faculty supervisor is responsible for all cases seen by therapists under his/her supervision. Therefore, the therapist must ensure that the supervisor is aware of each case being seen and that the supervisor is involved in decisions regarding the course of therapy, including contact with other agencies and professionals, decisions to transfer a case or to terminate a case, diagnosis and treatment planning, and interventions.

An important part of training in systems therapy is the experience of being supervised by a faculty member who is an experienced therapist and clinical supervisor. In the CFTC, CFT faculty provide both live supervision of sessions and review of videotaped sessions and case records. Supervision occurs in group (more than two students) and individual (one or two students) format, in accordance with COAMFTE regulations.

The relationship between supervisor and student therapist is intended to be collegial, with each party contributing to the enhancement of therapy for the client. However, differences in experience between student therapists necessitate differing levels of supervisory control over cases. Some student therapists will have considerably autonomy in case planning and management, while other therapists may be given closer supervision.

Disagreements that arise between therapist and supervisor should be handled first between the two parties. If an agreement cannot be reached, the Program Director will assist in resolving the issue.

Role of the Student Mentor

Each doctoral student must take the Supervision of Supervision course (HDFS 995), and provide mentoring and supervision for one or more less experienced therapists ("mentee") over at least

9 months as part of the requirements to become an AAMFT-approved supervisor. The hours the student mentor and mentee spend in supervision do not count toward the hours of supervision required of the mentee. Only supervision hours provided by an Approved Supervisor or Supervisor in Training who is *not a student in the MSU CFT Program* will count towards the required number of supervision hours needed.

However, the CFT faculty recognize the importance and value of the mentor-mentee relationship in providing more junior therapists with advice and suggestions about therapy issues, as well as giving a less formal orientation to the Program and the Clinic. The CFT faculty expect each student to participate fully with her/his mentor in the supervision process. Such experiences are helpful to the student being supervised and to the supervising student mentor.

Disagreements that arise between student therapist and student mentor should be handled first between the two parties. If an agreement cannot be reached, the faculty supervisor of the student therapist will assist in resolving the issue.

Role of the Therapist

General expectations. Student therapists in the CFTC provide therapy as part of their training process in the CFT Program. Students are also expected to maintain accurate, up-to-date file records for each case they are seeing. This includes case notes for each session, properly scored and utilized assessment data, and maintenance on any other paperwork (treatment plan, diagnosis, release of information, OQ-45s collected).

IT IS A VIOLATION OF ETHICAL PRACTICE AND STATE LAW TO FAIL TO MAINTAIN ACCURATE AND TIMELY RECORDS.

Participation in supervision. Student therapists should be active participants in each individual or group supervision session with their supervisor. Supervision will provide the opportunity to explore and develop a theory of therapy, and learn and implement new interventions and styles with clients. As the student progresses through clinical work in the CFT Program, it is expected that a strong professional identity as a couple and family therapist will develop. Note: 200 hours of supervision is a requirement for graduation for the doctoral student (at least 100 hours must be individual supervision; at least 50 hours must be live or video supervision).

Participation in practicum/internship. Practicum and internship evenings in the Clinic provide an opportunity to see clients under supervision from a faculty supervisor or student mentor and to share experiences with other student therapists. If not actually seeing a client, students are expected to join the faculty supervisor or one of the mentors in observing live cases, reviewing videotaped sessions, or obtaining supervision and mentoring based on case records.

Caseload. In order to complete the doctoral specialization in CFT, students must provide evidence of the completion of 1,000 hours of direct service, of which at least 500 must be

relational hours. In order to meet this requirement in a timely fashion, as long as the student is active in the Clinic, s/he is expected to carry approximately 10 active cases. Such a caseload usually translates into 6-8 hours/week over the period of a year, with time out for vacations, holidays, and illness. Students who carry less than 10 active cases must have written permission from their supervisor.

Case assignment. The Clinic Coordinator will make case assignments in consultation with the Clinic Director and faculty supervisors. To receive new cases, place your availability on the availability scheduler, with as many spots as you have available. It is important to be flexible, the more open spots you have, the more likely you are to get clients. When a new case is assigned to you, you will receive an email from the Coordinator with the case number, and the intake date/time. It is your responsibility to maintain your caseload, as well as to keep up to date on your availability.

Case records. The therapist is responsible for keeping case files up to date. That means writing case notes before leaving the Clinic, scoring intake questionnaires and reviewing these scores at the time of intake, scoring the OQ-45.2 or YOQ30.1 for each session, and recording each session on a DVD. While supervisors are responsible for reviewing case files, it remains the responsibility of the therapist to stay up to date. Case notes should be reviewed and signed by the supervisor at the weekly or biweekly individual supervision hour.

PROCEDURES AND REGULATIONS

Security and Safety Issues

Keys. All therapists are provided with a key to the Clinic doors and file cabinets. This key should be kept safe at all times. If you misplace this key, please notify the Clinic Coordinator as soon as possible to avoid a possible breach in confidentiality. The security and confidentiality of our client records must be of the utmost importance.

Safety and security for therapists and clients. Therapists and supervisors must be alert to security issues. It is not safe for therapists to be seeing clients while alone in the Clinic. As a general rule, therapists who must be in the Clinic when no other case is being seen or who are concerned in any way about safety issues are responsible for arranging for another therapist, mentor, or supervisor to be available during such appointments. In turn, CFTC personnel and students need to be willing and flexible about providing such security services for their colleagues.

Locking up. All therapists have access to the Clinic, and everyone must help in maintaining security and confidentiality of clients and Clinic records. When leaving the Clinic (if you are the only therapist there) be sure to lock all exterior and close all interior doors - even if it is the middle of the day. Therapy rooms and the observation room lights should be turned off. All file cabinets must be secured and fully locked. As a rule, ensure that anything with an ‘off’ button

has been turned off, and that all areas of the Clinic are left neat and tidy. Dishes and food containers need to be washed, dried, and left in the "kitchen" area. Otherwise, they will be disposed of in the trash.

Confidentiality

All therapy sessions must be recorded onto DVD's in the control room. Use one DVD for each case. Each DVD will hold 5-6 sessions. DVD's should be labeled with therapist's name and case number only, not the client's name or initials. Dates of sessions should be entered on the DVD as well. DVD's must be kept in a CD binder or sleeve (available from the Coordinator) and kept in the case file in the therapist's section of the locked file cabinet. When a DVD is full, it may be turned into the Clinic Coordinator or left in the case file. At no time should DVD's be kept in mailboxes or left lying around. Client records must not be kept in mailboxes, as this could lead to a breach in confidentiality. When a case is closed, turn in all DVD's with the terminated file to the Clinic Coordinator. A portion of one of the locked file cabinets will be reserved for case records turned into the Clinic Coordinator.

Case files will be assigned a case number. This number will be given to the case by the Clinic Coordinator, and the therapist will be informed of the number when the case begins. It is imperative that the therapist have this number at hand when talking about cases or filling out paperwork. It will be required as part of your monthly hours (no names or initials allowed), progress notes, supervision process, and anything involving the particular case.

It is hard to avoid overemphasizing the need to protect client and client record confidentiality. Client records, as stated above, should be kept safe and secure at all times. At no time should a case file leave the Clinic, unless requested by a faculty supervisor. Supervision and mentoring will normally occur in the Clinic, and as such, all case notes and forms should be signed and kept as secure as possible in the Clinic.

At the very least protecting client confidentiality includes:

- Refraining from talking about a client in a manner that could identify him/her/them while outside of the Clinic
- Excusing yourself from taking or observing a case if you recognize the client from outside the Clinic and you have even a passing relationship with them.
- Keeping all client records in a secure location (double locked when not in use)
- Allowing a client encountered in the community to engage you first or not at all.
- Being familiar with and following the AAMFT Code of Ethics

Crisis Management

Potential clients. 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 Sparrow 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.

Established clients. If an established client calls the CFTC requesting immediate services, the client should be advised that the CFTC will attempt to reach the client's therapist to have the therapist call the client. The therapist will be notified as soon as possible. However, if the client indicates that s/he is in some immediate danger, the CFTC staff will reach the supervisor on call (**708-872-5155**) for assistance. The supervisor will assess the situation, and he/she will take or assist in taking whatever action is necessary. Therapists must keep their contact information up-to-date with the Clinic, and should identify a back-up therapist when out of town or on leave. It is also important to keep client information up-to-date in case emergency help is needed.

If there is any indication that a client might harm her/himself or others, or if the situation presents possible ethical/legal concerns, a supervisor must be contacted immediately.

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 WITHOUT EXPLICIT PRIOR APPROVAL FROM HER/HIS FACULTY SUPERVISOR.

Clinic emergencies. If a crisis develops in the course of a therapy session, the therapist should contact his/her practicum supervisor, if available, or the supervisor on call (**708-872-5155**). If neither the supervisor nor Clinic Director is on-site, the therapist should involve another student in reaching the supervisor on call and stay with the client(s). If there is a concern for the physical safety of the therapist, the client, or others, the Michigan State University Police should be called (**911**) at once. All therapists should be familiar with the emergency procedures outlined in this manual.

The CFT faculty will rotate serving as the emergency supervisor contact. If the therapist's supervisor cannot be located, the emergency contact supervisor should be called. This number is for student and faculty use only; clients should never be given this number. The emergency contact number is **708-872-5155**. It should be entered into your cell phone directory.

Clinic Emergencies

Certain clinical situations require immediate action from the clinician. The student therapist must be prepared to deal with these situations should they arise in the Couple and Family Therapy Clinic. You must act immediately and involve a supervisor if you have reasonable grounds to suspect or conclude that any of the following conditions exist:

a) Current or ongoing sexual or physical abuse or neglect of a child, an elderly person, or a disabled person

b) Current or ongoing relational violence between partners or between children and parents
c) Intoxication of a client who has come to the Clinic
d) Suicidal threats or gestures
e) Client in acute need of psychiatric hospitalization (due to hallucinations, suicidal intent, etc.)
f) Homicidal intentions or threats of physical violence towards others

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,
   (a) your supervisor in the building
   (b) another supervisor in the building
   (c) the emergency supervisor (**708-872-5155**)
   (d) your mentor or another therapist
   (e) MSU police (**911** Emergency, 517-355-2221 Non-Emergency)

Determine if there is an immediate risk of violence or of the client(s) leaving. If necessary, separate the clients or take one with you if no room is available. Get another therapist or staff member involved—interrupt a session, open the door to the therapy room, call the emergency phone and tell him/her, "This is an emergency."

Identify your options, consult with colleagues or supervisors, 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. Remember to take your keys when exiting a therapy room for any reason.

Current or Recent Child Sexual or Physical Abuse or Neglect

CFTs have an ethical and legal obligation to report physical or sexual abuse or neglect of a child. If you question whether or not an incident is reportable, engage your supervisor at once to help make the decision. If you decide that a report must be filed:

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 CPS (517-887-9400)
4. If the perpetrator is not in the home, this becomes a police case. Dial **911** for emergencies and (517) 483-4600 for Lansing City Police Non-Emergency Line.
5. Explain who you are and either describe the situation or let the client do so.
6. Find out what the CPS worker or police officer wants to do: come for interview, send family home, wait for further investigations, file a FORM 3200 (at Michigan.gov), etc.

7. Confirm and document the CPS/Police instructions and plan for the clients. Make a note of the CPS case number and document the number in your case notes.
8. 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, mentor, or supervisor to help the family process events as they occur and afterward.
9. If client becomes threatening or belligerent, call your supervisor, the emergency supervisor (**708-872-5155**), and/or the MSU Police (**911** or 517-355-2221). Do not assume that you will be able to calm every client in every situation.

NOTE: If an adult victim reports childhood abuse, the therapist may still be obliged to report the abuse to CPS if there is reason to believe that the perpetrator of the abuse has access at present to children. This is not a choice, but it does require a consultation with your supervisor. It is easy to be convinced that the events were "long ago in a galaxy far, far away," but that may not be the case. Also, be aware that adult-to-adult violence (intimate partner violence) is a strong predictor that children are also targets of the violence.

Relational Violence

The first time a family or couple is seen, each member of the client system should be interviewed separately regarding possible relational violence—partner to partner, parent to child, child to parent, sibling to sibling, etc. Therapy is ineffective if one, both, or more clients are being physically hurt, sexually abused or exploited, or being threatened with harm. Although there are a number of measures that could be used and will be available for the client to complete (e.g., Conflict Tactics Scale, AAS [Parker & McFarlane, 1991]), the most basic question to ask each client privately is, **"Because violence in families is so common, I routinely ask everyone I see about it. Are you safe at home and when you come to therapy?"**

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

If you suspect physical violence is occurring:

1. Separate couple and talk with each one about alternatives: MSU Safe Place, Eve's, Siren (Eaton County), etc., and/or a 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. Immediately contact and inform the supervisor or emergency supervisor (708-872-5155) and ask for further instructions.

4. If you are given the okay to continue to see the clients (only if violence is not ongoing), have them sign a Violence Prevention Contract: "I won't _____" (Both parties must come up with a list of behaviors).
    a. "If I feel I am losing control, I will _____".
    b. "If I am frightened, I will _____".
    c. “If we become upset, we will agree to put the issue aside for _____”.
    d. "If you hit me again, I agree to..."
        i. call the police at once
        ii. press charges for assault and battery
        iii. tell your parents and mine what you have been doing
        iv. divorce, etc.
    e. "If I hit you again, I agree to ..."
        i. leave the house at once
        ii. tell my parents what I have been doing
        iii. call the police and turn myself in
        iv. file for divorce, etc.
5. If you bring a couple back together, you may or may not review #1and #3 above. Your decision should be guided by your judgment of risk of violence and feedback from your supervisor. Do not increase the risk of further beatings or violence by revealing too much to an angry, unrepentant partner.

Intoxication

Similar to relational violence, it is unethical and unhelpful 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, discuss the issue with your supervisor or team members. Then,

1. State that you can see the client is intoxicated, drunk, high, or whatever (i.e., do not ignore), and that you cannot proceed with therapy unless everyone in the room is sober.
2. State that intoxicated client cannot drive him/herself home, i.e., must be driven home by someone (if available, someone at session).
3. Offer to help find someone to pick up the 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 police (**911** or 517-355-2221). 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. Ask a fellow therapist or intern to discretely follow the client to get a description of the client’s car and license number (never place yourself or another student in danger).
6. If client becomes threatening or belligerent, call the MSU police (**911**).
7. Contact your supervisor or emergency supervisor (**708-872-5155**) and describe what has happened.
8. Carefully document in your case note all interactions 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, such as "wanting to hide," “wanting it all to end,” "wanting to run away," "crawl in a hole and die," as carrying the potential for suicide. Check the appropriate Assessment Packet items regarding suicidal ideation and 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?”
    i. (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, knife, razor blade, or other means to carry out the suicide plan) in the house?"

If the client has been thinking seriously about suicide, has a plan, does not have a plan but has the means to harm him/herself, or if there is a timetable (“if I don’t get a job by Friday”), then the situation should be considered an emergency. Have the client complete a Suicide Prevention Contract, and identify at least two people (have a signed Release Form to contact these two people, including phone numbers) in addition to the therapist to call for help when suicidal ideation occurs. If warranted, involve the friend/family member listed on the contract in the current session or call them to verify willingness to be a part of the safety plan. Develop a safety plan, educate client about the Clinic’s limitations on responding to emergency calls that come in through voicemail.

For severe suicidal ideation (the client has a plan, has a timetable and has the means) or if they state they need help to prevent themselves from harm or if they cannot convince you that they will be safe until the next session, do not allow the client to leave the Clinic. If the client is outside the Clinic, find out where s/he is, get an address, and, if you and the supervisor deem it necessary, call the police (**911**). If the client has insurance and can go voluntarily for an assessment, refer them to Sparrow Emergency Room. If the client does not have private insurance, refer them to the Community Mental Health, 517-346-8200.

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 police (**911**), and explain that you have a client who needs to be transported to an emergency room. Send a CFTC business card with your contact information with the client; this will facilitate communication between yourself and other care providers.

2. Call the emergency supervisor (**708-872-5155**) or your own supervisor 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! With the supervisor's consent, you may agree to come to the hospital at some later time for a follow-up visit.
3. Explain to any waiting clients, that an emergency is forcing you to cancel their appointment and that you will contact them to re-schedule. Ask a colleague to call all clients scheduled with you for that day if cancellation is necessary.
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.
5. The emergency team may wish to come to the Clinic and interview the client in person. If so, give directions to the Clinic and wait with the client until the assessment team arrives.

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

1. Call the police (**911**), explain who you are and what you have observed. The police will get involved only if 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.
3. Stay with the client until the police arrive; tell the officer what you know and the risk to the client.
4. When the officer arrives, have the officer explain to you and the client what will happen when they leave the building.
5. Call the supervisor or emergency supervisor (**708-872-5155**) to advise her/him of the situation.
6. 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.
7. 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 police at once (**911**); tell them who you are, and what has happened. Ask for the person's name/badge number, and record it in the case note, along with the time you made the call.

Acute Psychiatric Concerns

Hospitalization is a possibility if a client seems very confused, reports hallucinations (auditory or visual), is extremely panicky, reports being intensely and acutely depressed, suicidal (see above), or delusional (has a fixed belief that is false, fanciful, or based on altered perception, "I am invincible," "I can fly"). 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 (i.e., complete loss of control). 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.

Expressions of Homicidal Intent or Violence

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. Talk about your responsibility when a client makes such threats. Tell the client you must act to protect the intended victim. You are the client's supporter, you can understand their anger, but they must not injure another person. Help them identify healthy options.

If the client continues to threaten another person, notify your supervisor or the emergency supervisor (**708-872-5155**) to formulate a plan of action, which may involve notifying the police of the threat. If the police need to be contacted (**911**), identify yourself and explain the situation. Tell the police dispatcher that either you or the police must warn the potential victim. If the police take on the responsibility of warning the other party, let them know they must confirm with you that the warning was delivered in an appropriate time frame. Document your conversation (name of officer, time called) in your case note.

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 the police at once, explain the situation, and tell them where you are and who you are (**911** for emergencies).

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 emergency supervisor (**708-872-5155**). Take the client most at risk with you to place the call if no one is around.

As you may surmise after reading these emergency procedures, if any of these emergency situations arose and you were alone in the Clinic, you would be severely restricted in trying to help your client, defuse anger or rage, protect a client or yourself, contact a supervisor, etc. This is why you MUST always have a second person available in the Clinic.

NOTE: The Clinic emergency number rings on *5 different* phones—if there is no answer and you get voice mail, do NOT leave a message. Instead, call again (at least 3 times) to give one of the faculty supervisors time to get to the phone. A voice mail message may not be picked up for days.

Emergency Phone Numbers

Emergency Supervisor..... 708-872-5155
East Lansing Emergency Services..... **911**

Campus Police Non-Emergency 517-355-2221
Lansing City Police Non-Emergency..... 517-483-4600

Child Protective Services 517-887-9400
MSU Safe Place 517-355-1100
Eve's House 517-372-5976
Siren Shelter (Eaton County)..... 517-543-0748

	Cell Phone	Home Phone
Adrian Blow, Program Director	517-803-8595	517-507-5953
Kate Stevenson, Clinic Director	510-393-3360	
Marsha Carolan	517-490-4504	517-347-4098
Ruben Parra-Cardona	517-402-0935	517-349-1438
Richard Wampler	806-789-8491	517-339-2533
Supervisor on Call	**708-872-5155**	

EXPECTATIONS OF EVERY THERAPIST

Ethical behavior. Therapists, mentors, and supervisors are expected to be familiar with and adhere to the AAMFT *Code of Ethics.* Serious breaches of the Code may result in termination from the Program, probationary status, or other actions.

Dress code. The dress code for therapists in the Couple and Family Therapy Clinic is business casual – seasonally appropriate. If you are in the Clinic as a therapist or observer and whether you expect to see clients or not, you must be dressed appropriately. This means that button-up shirts, polo's, sweaters, blouses, slacks, dresses, and skirts are acceptable. The issue is that your clothing should not be a distraction to the client. In its most basic sense the dress code is put in place to maintain professionalism. Think of it this way—dress they way you would like your therapist to dress.

Examples of inappropriate dress include:

1. Ripped or torn clothing
2. Distracting clothing (e.g., tight clothing, deeply cut or see-through tops)
3. Clothes with logos or inappropriate sayings on them

4. T-shirts
5. Blue jeans
6. Shorts more than 1 inch above the knee
7. Flip-flops or tennis shoes
8. In short, anything you would not expect to wear to a professional office

Mental Stability

Even the best therapist has bad days. It is important to remember that an impaired therapist is not a helpful therapist. If you are experiencing an emotionally or mentally difficult time in your life, please seek out therapy services for yourself, and discuss the situation with your supervisor. If a supervisor or mentor notices "transference" or "counter-transference" issues or inappropriate behavior with a client, it is his/her duty to talk with you about the situation and find solutions. It is also your duty to examine your own practices and see if you are in need of help.

Therapy services through the MSU Student Services are available at no charge, but the number of sessions is limited. Insurance may pay for services outside MSU. Faculty supervisors and fellow students can suggest possible therapists.

Becoming a client can provide you with more than support and clarity regarding personal matters outside the clinic. It also gives you an opportunity to deepen understanding and empathy for what it's like to sit in the other therapy chair and to improve your level of self-awareness when working with challenging clients.

Clinic Maintenance

The maintenance and image of the Clinic are the responsibility of each therapist. When you enter the Clinic, look around and pick up any loose materials and clutter that you find. When you exit the Clinic, do the same. Before the end of the night, a sweep of the Clinic should be conducted by all therapists present. Be sure to check each room for refuse, organize and arrange the furniture, and straighten up the space. Put furniture back in the rooms if necessary. Put all toys back where they belong.

When a session is finished, put the therapy room back in order. This includes removing toys and any other therapy materials, and putting them away. Also, put the furniture back into the original arrangement. Clear off the whiteboards and any other materials that you used during your session. If you have used the giant Post-It Notes to construct a genogram, make lists, etc., make sure the Post-It Note goes into the file, is shredded, or take a picture with your cell phone and print an 8.5x11 version for your file. Do not leave these giant notes around the Clinic. The same is true for drawings on the white boards or client drawings. If they will not go into the file folder, reduce them, fold them, shred them, but do not leave them out of the file.

The “student area” is for therapists and supervisors; however, it is important that this area remain neat as well. Pick up after yourself, and put things back where they belong. There is a designated place for a “work” area – please do not remove items from this area (e.g., stapler). Dishes and food left out in the Clinic spaces will be discarded at the end of the day. Recycle bins for cans and plastic bottles are available in the “A” elevator area. White and “other” paper recycle boxes are in the Clinic.

The CFTC is fortunate to have equipment to record every session onto DVD’s for therapist review and supervision. All therapists are instructed on how to use this equipment effectively. If you have any questions regarding this, please see the Clinic Coordinator. Therapists are responsible for ensuring that recording is happening appropriately. Please be gentle with equipment, as it is costly to replace.

Seeing Clients

Starting in the Clinic. In order to start seeing clients in the Clinic, you must be approved by your supervisor to enter the rotation for case assignments. Sometimes this decision is based on prior experience with therapy and/or training. As this is a doctoral Program, all individuals entering the program should have experience in case management and therapy. If and when you feel you are ready to begin seeing clients, talk it over with your supervisor. Observing cases in the Clinic is a good way to learn more about theory and style of therapy from others. Even well-experienced therapists have something to learn from watching another therapist’s work. If you do not have a client during an hour on practicum night, watch a session with your supervisor.

The requirements for seeing clients in the Couple and Family Therapy Clinic are as follows:

1. Previous clinical degree and experience
2. Course work in therapy skills and theoretical foundations of CFT
3. Reviewing this *Therapist Manual*
4. Reviewing and signing the *Agreement of Confidentiality* and *Understanding of Clinical Procedures Form*
5. Approval of supervisor after discussion

Load expectations. In order to meet the COAMFTE requirements for direct clinical contact hours, therapists will need to maintain an active case load of 10 clients in the Couple and Family Therapy Clinic and plan to provide services at least two nights during the week. The Clinic Director and the therapist’s supervisor must approve any deviation from this expectation.

Outside practicum placements are intended to provide students with additional opportunities to see clients. Such outside placements are meant to supplement, not replace, students’ services in the Clinic. If a student has an outside practicum site, it is expected that the Couple and Family Therapy Clinic will come first in case load, supervision, and time.

Case assignments. The Clinic Coordinator will make case assignments in consultation with the Clinic Director and faculty supervisors. To receive new cases, place your availability on the availability scheduler, with as many spots as you have available. It is important to be flexible, the more open spots you have the more likely you are to get clients. When a new case is assigned to you, you will receive an email from the Coordinator with the case number, and the intake date/time. It is your responsibility to maintain your caseload, as well as to keep up to date on your availability. Once you maintain a full case load, you can be released from receiving new clients with approval from the Clinic Director or your Supervisor. However, there may be times when it will be necessary to assign cases to therapists who are meeting the 10-active cases expectation.

The Coordinator will track returned intake forms. Any therapist who seems to be unable to schedule a series of clients will meet with the Clinic Director and her/his supervisor to discuss the problem and may be required to develop a more flexible schedule for seeing clients.

Therapist Voicemail

Each therapist is assigned a voicemail box at the Couple and Family Therapy Clinic. This is the number that should be given out to clients. Under no circumstance should a therapist give out a personal number or the on-call supervisor's number to clients. When you receive a new voicemail, the system automatically sends you an e-mail alerting you. Your voicemail box is personalized, and must be set up properly, including an answering message.

To set up your mailbox:

1. Dial 2-2100 from any on campus phone.
2. You will hear "Welcome to the message center; please enter a mailbox number"
    a. Enter your mailbox number – this will be given to you by the Coordinator.
3. After you enter your mailbox number, you will be prompted to enter a password. The default password for each mailbox is 78283.
4. Then, the message center will launch a tutorial to set up your mailbox with a greeting and/or passcode.

Example Script for Greeting;

*"Hello, you have reached NAME. This is my voicemail box at the Couple and Family Therapy Clinic at Michigan State University. Please leave a message after the tone and I will get back to you as quickly as possible. If this is a life-threatening emergency, please hang up and dial **911**."*

To check your voicemail messages:

1. AFTER your voicemail has been set up;
2. Call 517-432-2271
3. Select your mailbox group (according to last name)

4. Select your personal mailbox
5. When you hear your greeting, press the * key
6. Enter your PIN number
7. Press 7 to play messages, 3 to discard them, and 5 to keep them

Assessments

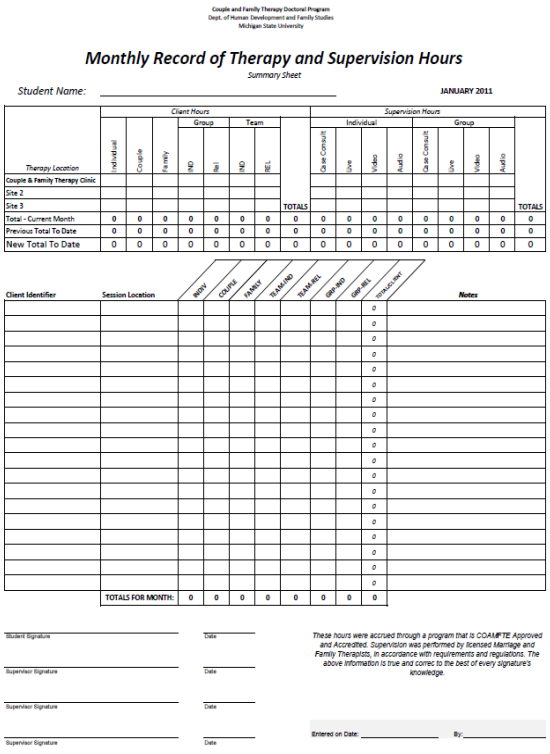
Assessments are an integral part of any psychotherapy. Regardless of the format (paper/pencil or observation) a therapist is constantly assessing his/her clients. The standard intake packet should be completed by each adult client. There are also standard packets to be completed by adolescents and for children. Every therapist is expected to know how to score, interpret and use the standard intake assessments with therapy. All assessments must be scored within one week of the session they are given.

Further assessments can be helpful; however, specialized training is required for some instruments to provide an ethical assessment. If you have not been trained to use an assessment instrument, ask your supervisor for assistance.

It is an ethical violation to use and attempt to interpret an instrument without proper training. This is potentially harmful to the client as well as not useful to the therapist.

Student Hours

Keeping track of client hours is the responsibility of the student therapist. At the end of each month, a monthly report should be filed with the Clinic Coordinator, declaring the total hours for the month in client contact and supervision and adding your signature. Your supervisor must sign and validate this form. Each log is due by the 10th of the following month.



Couple and Family Therapy Doctoral Program
Dept. of Human Development and Family Studies
Michigan State University

Monthly Record of Therapy and Supervision Hours

Summary Sheet

Student Name: _____ JANUARY 2011

Therapy Location	Client Hours: Individual	Couple	Family	Group: IND	Rel	Team: IND	REL	Supervision Hours: Individual: Case Consult	Live	Video	Audio	Group: Case Consult	Live	Video	Audio	
Couple & Family Therapy Clinic																
Site 2																
Site 3							TOTALS									TOTALS
Total - Current Month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Previous Total To Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Total To Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Client Identifier	Session Location	INDIV	COUPLE	FAMILY	TEAM IND	TEAM REL	GRP IND	GRP REL	SUPERVISION	Notes
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
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									0	
									0	
									0	
									0	
									0	
	TOTALS FOR MONTH:	0	0	0	0	0	0	0	0	

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisor Signature _____ Date _____

These hours were accrued through a program that is COAMFTE Approved and Accredited. Supervision was performed by licensed Marriage and Family Therapists, in accordance with requirements and regulations. The above information is true and correct to the best of every signature's knowledge.

Entered on Date: _____ By: _____

This form is available on the ANGEL site as an Excel file. It is strongly recommended that each student record service and supervision hours electronically to keep accurate records. When turning in the paper versions, you can also print an extra copy to keep for yourself.

When filling out the monthly log form, it is important to limit identification information about clients on the form to the case number. The form requests the client identifier and NOT any client names or initials.

COAMFTE Standards require at least 1,000 direct client contact hours to graduate from a doctoral program in MFT. Of the 1,000 hours, at least 500 must be couple or family therapy.

You must also have at least 200 supervision hours. Of the 200, at least 100 must be individual supervision, and 50 must be live or video supervision. When you have completed your hours, you must fill out and submit the completion form for your clinical work. This will be validated by the Clinic Coordinator (verifying hours), the Clinic Director, and the Program Director. This verfies your clinical hours and clears you for graduation requirements related to your clinical work. A copy of this form is located at the end of this manual, and it is also on ANGEL in electronic format.

You can request to take a leave from your Clinic duties during your time at Michigan State University. Before you decide to do this, you should consult with your advisor, supervisor and the Clinic Director. Releases will be granted only for cause (pregnancy, illness). This request must be made in writing. This form is available on ANGEL.

Internship Placement Sites

As a part of your clinical training in this program, you will be expected to participate in an internship placement. This internship must be the equivalent of 30 hours a week over at least 9 months, and should reflect your career aspirations. As such the internship can be focused on clinical, administrative, research, or academic (teaching, supervising) activities. It can also be a combination of the above categories.

Your internship should be selected in accordance with your advisor's guidance. In order for an internship to be approved you must complete the Internship Approval Form electronically, located on ANGEL. In this form, you will be asked to describe the objectives and purpose of internship and what experience you expect to gain. You must go over all of the requirements of the internship with the internship site coordinator(s) and your advisor before starting your internship. It is required that this form be filled out electronically and submitted to your committee for final validation.

FORMS AND PAPERWORK

Maintaining timely and appropriate paperwork is an integral part of the therapy and training process. As discussed previously, all therapists are expected to maintain accurate records, and provide up-to-date paperwork. That includes assessments and progress notes.

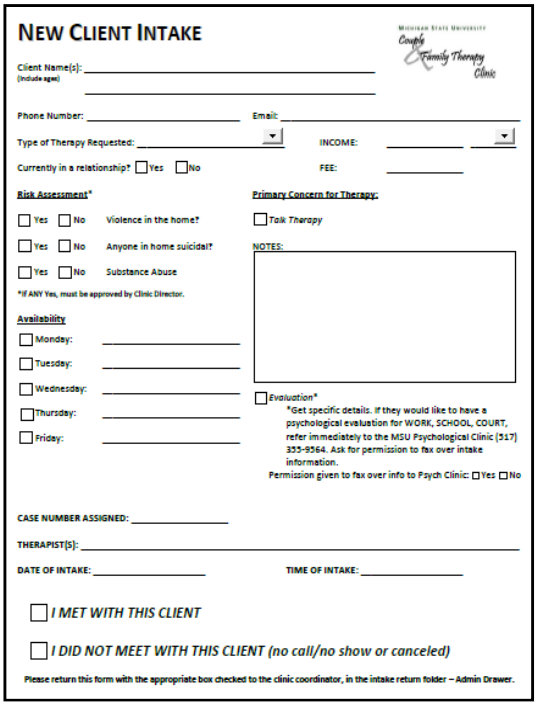
All paperwork mentioned here is available on the ANGEL website.

FORMS FOR THERAPY

Referral Form

When you are assigned a new case, you will get an e-mail from the Clinic Coordinator. The new folder with the referral form will be in your drawer with your other case files. The referral form should be the first document in the file, with all of the necessary contact information filled out.

Clients are given two missed appointments before they are terminated. It is your responsibility to call them after each missed appointment. If the client shows for therapy, mark the appropriate box at the bottom of the form, and turn the referral form in to the Coordinator. If they client does not show, or chooses to cancel services, mark the appropriate box and return the form. All copies of the referral form should be placed in the hanging file folder in the "Administration" drawer.



NEW CLIENT INTAKE

Couple & Family Therapy Clinic

Client Name(s): _____
(include age)

Phone Number: _____ Email: _____

Type of Therapy Requested: _____ INCOME: _____

Currently in a relationship? ☐ Yes ☐ No FEE: _____

Risk Assessment*

☐ Yes ☐ No Violence in the home?

☐ Yes ☐ No Anyone in home suicidal?

☐ Yes ☐ No Substance Abuse

*If ANY Yes, must be approved by Clinic Director.

Primary Concern for Therapy:

☐ Talk Therapy

NOTES:

Availability

☐ Monday: _____

☐ Tuesday: _____

☐ Wednesday: _____

☐ Thursday: _____

☐ Friday: _____

☐ *Evaluation**

*Get specific details. If they would like to have a psychological evaluation for WORK, SCHOOL, COURT, refer immediately to the MSU Psychological Clinic (517) 355-9564. Ask for permission to fax over intake information.

Permission given to fax over info to Psych Clinic: ☐ Yes ☐ No

CASE NUMBER ASSIGNED: _____

THERAPIST(S): _____

DATE OF INTAKE: _____ TIME OF INTAKE: _____

☐ *I MET WITH THIS CLIENT*

☐ *I DID NOT MEET WITH THIS CLIENT (no call/no show or canceled)*

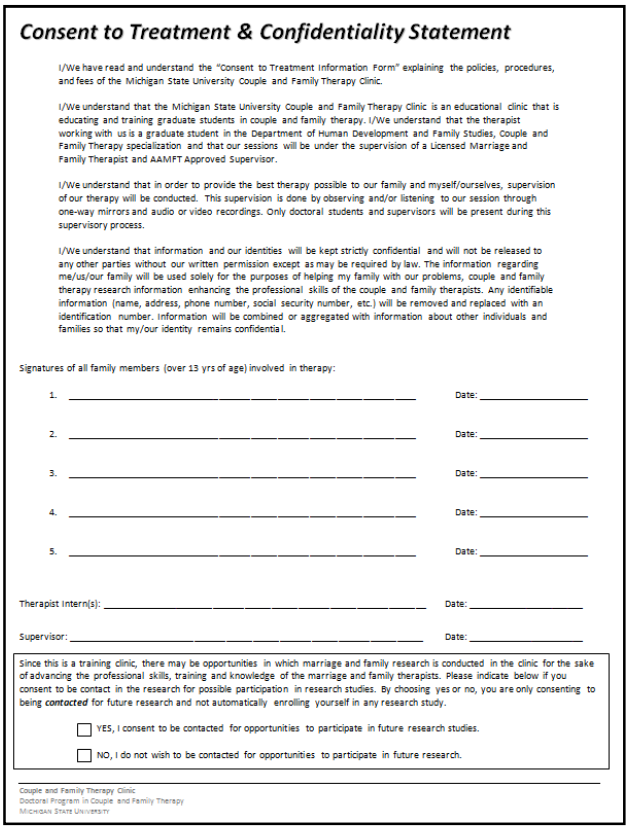
Please return this form with the appropriate box checked to the clinic coordinator, in the intake return folder – Admin Drawer.

Intake Paperwork for the Client

Confidentiality Agreement (Consent to Treatment)

The Confidentiality Agreement is actually a legal document in which the client consents to be treated. It must be read by or to the client, any questions answered, and signed by all adults before therapy services can begin. The therapist also signs the document, as well as the therapist's supervisor.

If additional persons join the case as clients (other family members, partner), they must sign the Confidentiality Agreement as well. Children and adolescents are encouraged to sign the Agreement as well. However, legal guardians must sign for anyone under the age of 18.



Consent to Treatment & Confidentiality Statement

I/We have read and understand the "Consent to Treatment Information Form" explaining the policies, procedures, and fees of the Michigan State University Couple and Family Therapy Clinic.

I/We understand that the Michigan State University Couple and Family Therapy Clinic is an educational clinic that is educating and training graduate students in couple and family therapy. I/We understand that the therapist working with us is a graduate student in the Department of Human Development and Family Studies, Couple and Family Therapy specialization and that our sessions will be under the supervision of a Licensed Marriage and Family Therapist and AAMFT Approved Supervisor.

I/We understand that in order to provide the best therapy possible to our family and myself/ourselves, supervision of our therapy will be conducted. This supervision is done by observing and/or listening to our session through one-way mirrors and audio or video recordings. Only doctoral students and supervisors will be present during this supervisory process.

I/We understand that information and our identities will be kept strictly confidential and will not be released to any other parties without our written permission except as may be required by law. The information regarding me/us/our family will be used solely for the purposes of helping my family with our problems, couple and family therapy research information enhancing the professional skills of the couple and family therapists. Any identifiable information (name, address, phone number, social security number, etc.) will be removed and replaced with an identification number. Information will be combined or aggregated with information about other individuals and families so that my/our identity remains confidential.

Signatures of all family members (over 13 yrs of age) involved in therapy:

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____
5. _____ Date: _____

Therapist Intern(s): _____ Date: _____

Supervisor: _____ Date: _____

Since this is a training clinic, there may be opportunities in which marriage and family research is conducted in the clinic for the sake of advancing the professional skills, training and knowledge of the marriage and family therapists. Please indicate below if you consent to be contact in the research for possible participation in research studies. By choosing yes or no, you are only consenting to being ***contacted*** for future research and not automatically enrolling yourself in any research study.

☐ YES, I consent to be contacted for opportunities to participate in future research studies.

☐ NO, I do not wish to be contacted for opportunities to participate in future research.

Couple and Family Therapy Clinic
Doctoral Program in Couple and Family Therapy
MICHIGAN STATE UNIVERSITY

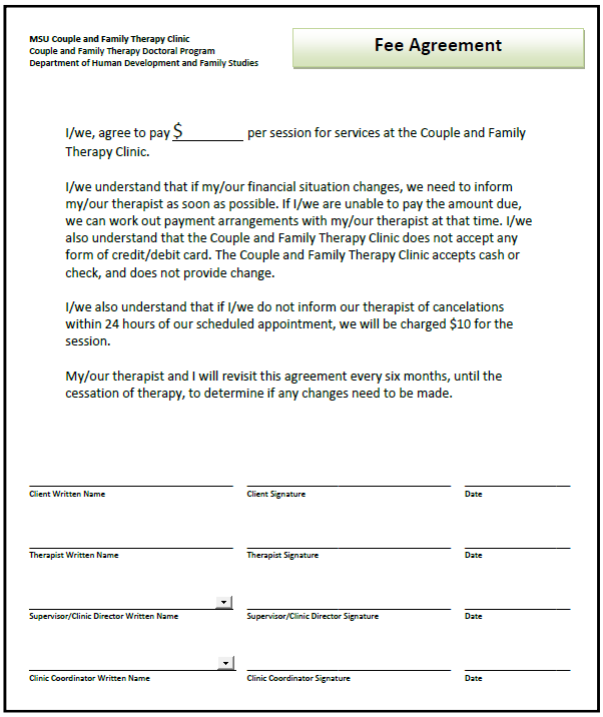
EACH ADULT CLIENT MUST SIGN THE CONFIDENTIALITY FORM BEFORE SERVICES CAN BEGIN. FAILURE TO DO SO COULD BE INTERPRETED AS MEDICAL ASSAULT.

Fee Agreement

The Fee Agreement is a document that is designed to help both the therapist and the client to know and understand the fees associated with therapy, and the Clinic policies regarding payment.

The fee per session will be determined at the intake call by one of the Coordinators or interns. It will be listed on the Referral Form, as well as on the Fee Agreement form in the client folder. It must be signed by the fiscally responsible adult(s) in the treatment group.

It is a good idea to revisit this document every few months to determine if any adjustments need to be made.



MSU Couple and Family Therapy Clinic
Couple and Family Therapy Doctoral Program
Department of Human Development and Family Studies

Fee Agreement

I/we, agree to pay $_____ per session for services at the Couple and Family Therapy Clinic.

I/we understand that if my/our financial situation changes, we need to inform my/our therapist as soon as possible. If I/we are unable to pay the amount due, we can work out payment arrangements with my/our therapist at that time. I/we also understand that the Couple and Family Therapy Clinic does not accept any form of credit/debit card. The Couple and Family Therapy Clinic accepts cash or check, and does not provide change.

I/we also understand that if I/we do not inform our therapist of cancelations within 24 hours of our scheduled appointment, we will be charged $10 for the session.

My/our therapist and I will revisit this agreement every six months, until the cessation of therapy, to determine if any changes need to be made.

Client Written Name	Client Signature	Date
Therapist Written Name	Therapist Signature	Date
Supervisor/Clinic Director Written Name	Supervisor/Clinic Director Signature	Date
Clinic Coordinator Written Name	Clinic Coordinator Signature	Date

Consent to Treatment Information Form

The Consent to Treatment Information Form contains pertinent information for the clients to take home with them. It includes Clinic policies regarding fees, canceling an appointment, the Program's philosophy of therapy, and how we work with clients. It also describes confidentiality policies and how therapy works in general. On the back side on the bottom, it has numbers for emergencies, including Listening Ear and Community Mental Health for emergencies.

In the intake session, go over this form with the clients. Give the clients this form to take home with them. Make sure you give the clients a business card with your name on it as well. Additional copies of the form are available.

Treatment Information Form

Welcome to the Michigan State University Couple and Family Therapy Clinic. Prior to accepting our services, we want you to understand our basic philosophy and policies.

Goals

This clinic is operated by the Couple and Family Therapy specialization of the Department of Human Development and Family Studies. The Couple and Family Therapy Clinic operates on the basis of three major goals: 1. to support the health, function and well-being of persons and families in this community; 2. to facilitate the instruction of doctoral students specializing in Couple and Family Therapy (CFT). Sessions are conducted by graduate students in CFT under the supervision of one or more professional Marriage and Family Therapists who are licensed to practice psychotherapy and family therapy in the State of Michigan; 3. to provide the best therapy possible to persons who seek individual, couple, and family therapy from a family systems perspective.

Philosophy

Individuals, couples and families receive mental health services in our clinic. The approach to therapy practiced in this clinic is systemic. Research and experience indicate that the inclusion of all family members who are involved in the problems yields greater results than when only one member is seen in therapy. There may be times when visits with the individual members will be requested by either you or the therapist in order to concentrate on specific individual concerns.

Therapy Process

Therapy is a learning process to help you better understand yourself, others and the interactions between you and others. This process often results in improved communication skills, greater satisfaction from interactions with others and less stress. Your therapist's responsibility will be to listen and gather information about you, your family and the problems you want to resolve. Your responsibility is to share as accurately as you can, information about your family that will help you and your therapist identify reasons for your problems and find appropriate solutions.

Confidentiality is important to us. Information shared in your therapy sessions will not be disclosed to other parties without your written permission. Exceptions to this are when the safety of you or someone else is in danger (e.g. suicide or threatening the life of another); sexual, physical, or emotional abuse or neglect of children; or when court-ordered to reveal the content of sessions. Additional exceptions to confidentiality may also include individual disclosures to therapists that support or maintain abuse within the treatment group (e.g. couple, family). Individual reports of abuse, threats, or intended violence may be disclosed to others in the treatment group particularly if the disclosure is made with the purpose of warning or protecting a person within the treatment group. *Therapy sessions are recorded on audio or video equipment for the purpose of supervision, instruction and research.* Other CFT interns may view your sessions from live feed to our video monitors in a secure supervision room, or from previously audio or video recorded sessions. This team of therapists will consult your therapist(s) to help provide the most effective therapy for your family.

Evaluation of the effectiveness of our services is of major importance. We will be asking you to let us know how helpful our services have been for you and your family. We also conduct research studies that include information about the clients seen at the clinic, the types of issues they were dealing with and which types of treatment were helpful. When these studies are done, all names and identifying information are removed to ensure confidentiality. All information is reported as information about a group of families (in aggregate or combined form).

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Fees and Scheduling

A clinical session is 50 minutes in length. Payments should be made at the time of the services to your therapist. Since we are not allowed to keep money for change at the clinic, we ask you to write a check or bring the exact fee amount with you. In order to keep our fees low, we do not have billing services.

Sliding Fee Scale:

Gross Annual Income	Gross Monthly Income	Gross Weekly Income	Number of Dependents Living in the Home			
			1-2	3	4	5+
$0 $10,000	$0 $833	$0-200	$10.00	$10.00	$10.00	$10.00
$10,001-15,000	$834-1,250	$201-290	$15.00	$10.00	$10.00	$10.00
$15,001-20,000	$1,251-1,667	$291-390	$20.00	$15.00	$10.00	$10.00
$20,001-25,000	$1,668-2,083	$391-490	$25.00	$20.00	$15.00	$10.00
$25,001-30,000	$2,084-2,500	$491-580	$30.00	$25.00	$20.00	$15.00
$30,001-35,000	$2,501-2,917	$581-680	$35.00	$30.00	$25.00	$20.00
$35,001-40,000	$2,918-3,333	$681-785	$40.00	$35.00	$30.00	$25.00
$40,001-45,000	$3,334-3,750	$786-870	$45.00	$40.00	$35.00	$30.00
$45,001-50,000 or more	$3,751-4,167 or more	871-970 or more	$50.00	$45.00	$40.00	$35.00

Fee scale generated 08/09

NOTE: The MSU Couple and Family Therapy Clinic is self-supporting, relying on client fees to provide staff, supplies, etc. The schedule above represents a fair fee for services, adjusted for family/household income. Any fee below that listed in the schedule **MUST** be approved by the Clinic Director **BEFORE** any agreement is reached with the client.

In the event that you need to cancel or reschedule your appointment, leave a message for your therapist [(517) 432-2271] at least 24 hours in advance from your scheduled appointment. **You will be charged $10 for the session, if you fail to cancel your appointment 24 hours prior to the scheduled time.**

Beginning Therapy with Us

During the first session, you will be asked some questions about you and your significant relationships. This assessment information will help us understand what is happening in the most important parts of your daily life. Occasionally, this information is used anonymously for later research purposes.

If you have any questions at any time, please ask your therapist. You may also call Adrian Blow, Ph.D., LMFT - CFT Program Director at (517) 432-7092 if you have further questions regarding your therapy.

If emergency care is needed outside the hours our clinic coordinator is in the office, please contact Community Mental Health Emergency Services, (517) 372-8460 or Listening Ear (517) 337-1717.

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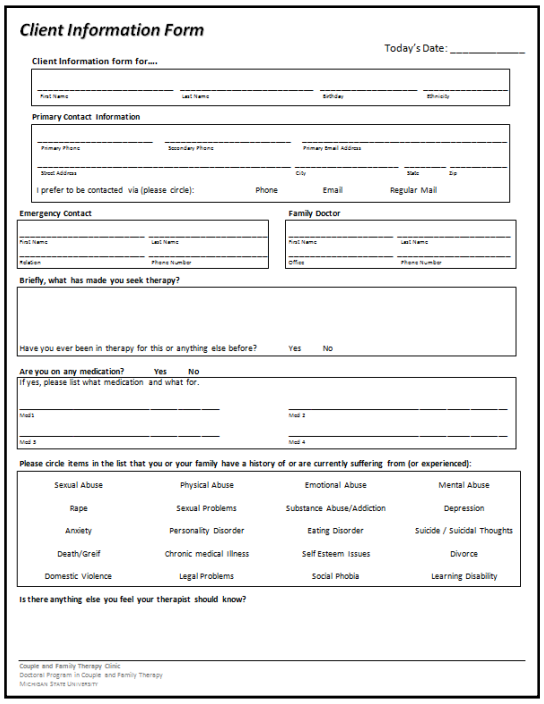
Client Information Form



Client Information Form

Today's Date: _____

Client Information form for....

First Name _____ Last Name _____ Birthday _____ Ethnicity _____

Primary Contact Information

Primary Phone _____ Secondary Phone _____ Primary Email Address _____

Street Address _____ City _____ State _____ Zip _____

I prefer to be contacted via (please circle): Phone Email Regular Mail

Emergency Contact

First Name _____ Last Name _____

Relation _____ Phone Number _____

Family Doctor

First Name _____ Last Name _____

Office _____ Phone Number _____

Briefly, what has made you seek therapy?

Have you ever been in therapy for this or anything else before? Yes No

Are you on any medication? Yes No

If yes, please list what medication and what for.

Med 1 _____ Med 2 _____

Med 3 _____ Med 4 _____

Please circle items in the list that you or your family have a history of or are currently suffering from (or experienced):

Sexual Abuse	Physical Abuse	Emotional Abuse	Mental Abuse
Rape	Sexual Problems	Substance Abuse/Addiction	Depression
Anxiety	Personality Disorder	Eating Disorder	Suicide / Suicidal Thoughts
Death/Grief	Chronic medical Illness	Self Esteem Issues	Divorce
Domestic Violence	Legal Problems	Social Phobia	Learning Disability

Is there anything else you feel your therapist should know?

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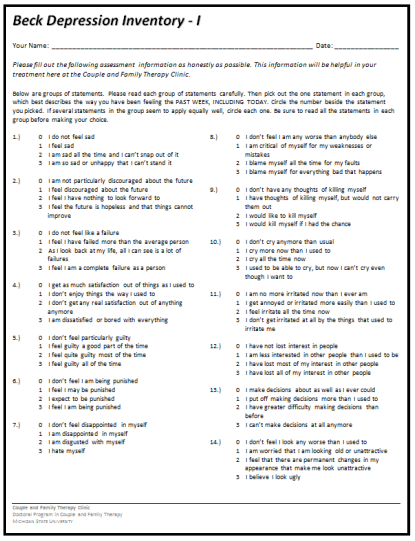
The client information form is filled out by each adult client. A number of forms will be available in the intake packet you receive, and additional forms are available in the shelves under the mailboxes.

For younger children, the caregiver should fill out a form for each child. Adolescents can fill out their own forms.

It is a good idea to look this document over in the initial session. It includes information such as medications, previous trauma and disturbances, and what the client lists as the presenting problem(s), as well as identifying issues that may not be raised in the initial session.

Adult Assessment Packet

The Adult Assessment Packet has a total of five pages. It includes the Beck Depression Inventory (2 pages, BDI), the Outcome Questionnaire (2 pages, OQ-45), and the Dyadic Adjustment Scale-Revised (1 page, DAS-R). Completing the Client Information Form and the Adult Assessment Packet should take the client between 15 and 30 minutes. Each adult in therapy should fill out these forms, including adult clients who are added later to the case.
When introducing the assessments to the client, be sure to state that there are three assessments, and that the client should be careful to answer all the questions. Also, emphasize that their responses should be based on the previous week. If a client is unable to read the Assessment Packet, the therapist can act as a reader/recorder for them. If a client does not have a partner, they can initial and skip the R-DAS, the third assessment (5th page). Scoring information for all three instruments is presented under the section on therapist paperwork.



Beck Depression Inventory - I

Your Name: _____ Date: _____

Please fill out the following assessment information as honestly as possible. This information will be helpful in your treatment here at the Couple and Family Therapy Clinic.

Below are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group, which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY. Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1.) 0 I do not feel sad
1 I feel sad
2 I am sad all the time and I can't snap out of it
3 I am so sad or unhappy that I can't stand it

2.) 0 I am not particularly discouraged about the future
1 I feel discouraged about the future
2 I feel I have nothing to look forward to
3 I feel the future is hopeless and that things cannot improve

3.) 0 I do not feel like a failure
1 I feel I have failed more than the average person
2 As I look back at my life, all I can see is a lot of failures
3 I feel I am a complete failure as a person

4.) 0 I get as much satisfaction out of things as I used to
1 I don't enjoy things the way I used to
2 I don't get any real satisfaction out of anything anymore
3 I am dissatisfied or bored with everything

5.) 0 I don't feel particularly guilty
1 I feel guilty a good part of the time
2 I feel quite guilty most of the time
3 I feel guilty all of the time

6.) 0 I don't feel I am being punished
1 I feel I may be punished
2 I expect to be punished
3 I feel I am being punished

7.) 0 I don't feel disappointed in myself
1 I am disappointed in myself
2 I am disgusted with myself
3 I hate myself

8.) 0 I don't feel I am any worse than anybody else
1 I am critical of myself for my weaknesses or mistakes
2 I blame myself all the time for my faults
3 I blame myself for everything bad that happens

9.) 0 I don't have any thoughts of killing myself
1 I have thoughts of killing myself, but would not carry them out
2 I would like to kill myself
3 I would kill myself if I had the chance

10.) 0 I don't cry anymore than usual
1 I cry more now than I used to
2 I cry all the time now
3 I used to be able to cry, but now I can't cry even though I want to

11.) 0 I am no more irritated now than I ever am
1 I get annoyed or irritated more easily than I used to
2 I feel irritate all the time now
3 I don't get irritated at all by the things that used to irritate me

12.) 0 I have not lost interest in people
1 I am less interested in other people than I used to be
2 I have lost most of my interest in other people
3 I have lost all of my interest in other people

13.) 0 I make decisions about as well as I ever could
1 I put off making decisions more than I used to
2 I have greater difficulty making decisions than before
3 I can't make decisions at all anymore

14.) 0 I don't feel I look any worse than I used to
1 I am worried that I am looking old or unattractive
2 I feel that there are permanent changes in my appearance that make me look unattractive
3 I believe I look ugly

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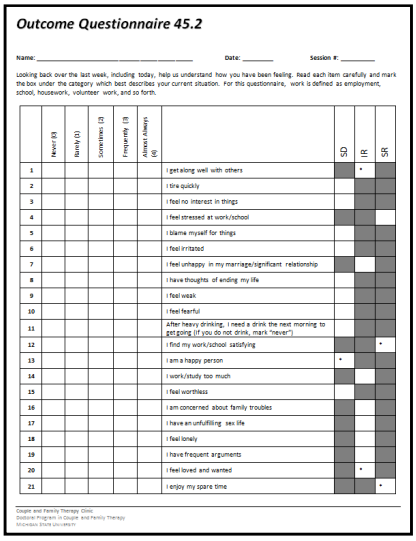

Outcome Questionnaire 45.2

Name: _____ Date: _____ Session #: _____

Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Almost Always (4)		SD	LR	SR
1						I get along well with others		•	
2						I tire quickly			
3						I feel no interest in things			
4						I feel stressed at work/school			
5						I blame myself for things			
6						I feel irritated			
7						I feel unhappy in my marriage/significant relationship			
8						I have thoughts of ending my life			
9						I feel weak			
10						I feel fearful			
11						After heavy drinking, I need a drink the next morning to get going (if you do not drink, mark "never")			
12						I find my work/school satisfying			•
13						I am a happy person	•		
14						I work/study too much			
15						I feel worthless			
16						I am concerned about family troubles			
17						I have an unfulfilling sex life			
18						I feel lonely			
19						I have frequent arguments			
20						I feel loved and wanted		•	
21						I enjoy my spare time			•

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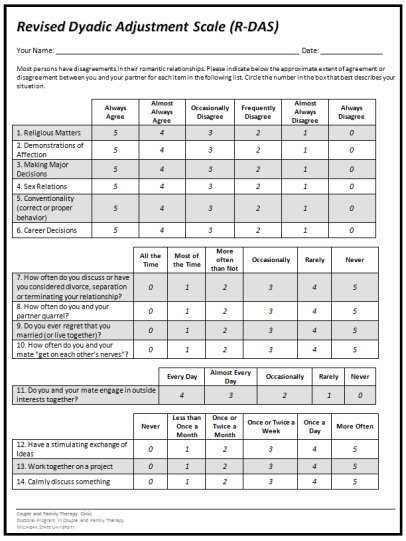

Revised Dyadic Adjustment Scale (R-DAS)

Your Name: _____ Date: _____

Most persons have disagreements in their romantic relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item in the following list. Circle the number in the box that best describes your situation.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Religious Matters	5	4	3	2	1	0
2. Demonstrations of Affection	5	4	3	2	1	0
3. Making Major Decisions	5	4	3	2	1	0
4. Sex Relations	5	4	3	2	1	0
5. Conventionality (correct or proper behavior)	5	4	3	2	1	0
6. Career Decisions	5	4	3	2	1	0

	All the Time	Most of the Time	More often than Not	Occasionally	Rarely	Never
7. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
8. How often do you and your partner quarrel?	0	1	2	3	4	5
9. Do you ever regret that you married (or live together)?	0	1	2	3	4	5
10. How often do you and your mate "get on each other's nerves"?	0	1	2	3	4	5

	Every Day	Almost Every Day	Occasionally	Rarely	Never
11. Do you and your mate engage in outside interests together?	4	3	2	1	0

	Never	Less than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
12. Have a stimulating exchange of ideas	0	1	2	3	4	5
13. Work together on a project	0	1	2	3	4	5
14. Calmly discuss something	0	1	2	3	4	5

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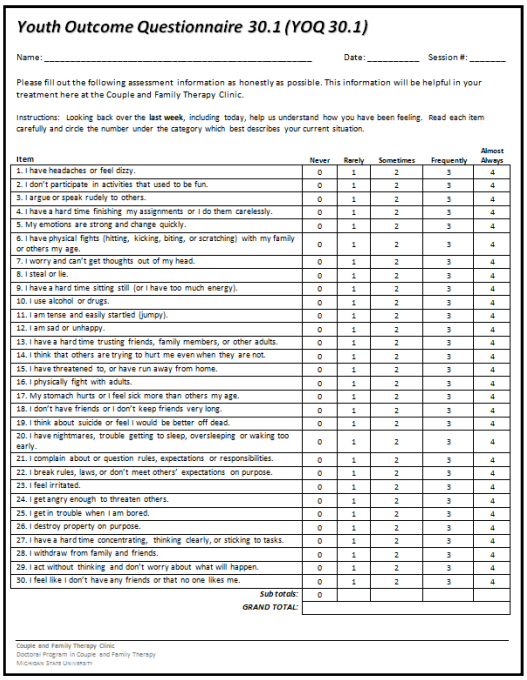
Adolescent and Child Assessment Packet

For adolescents 13 years and above, the Beck Depression Inventory (above) is recommended to provide information on their levels of depression. Further, the adolescent version of the Outcome Questionnaire, the YOQ 30.1, should be completed by the caregiver for a younger child. The adolescent can fill it out her/himself. It may be useful to have the caregiver(s) fill out the YOQ 30.1 form and compare those answers to how the adolescent reports on her/himself.



Youth Outcome Questionnaire 30.1 (YOQ 30.1)

Name: _____ Date: _____ Session #: _____

Please fill out the following assessment information as honestly as possible. This information will be helpful in your treatment here at the Couple and Family Therapy Clinic.

Instructions: Looking back over the **last week**, including today, help us understand how you have been feeling. Read each item carefully and circle the number under the category which best describes your current situation.

Item	Never	Rarely	Sometimes	Frequently	Almost Always
1. I have headaches or feel dizzy.	0	1	2	3	4
2. I don't participate in activities that used to be fun.	0	1	2	3	4
3. I argue or speak rudely to others.	0	1	2	3	4
4. I have a hard time finishing my assignments or I do them carelessly.	0	1	2	3	4
5. My emotions are strong and change quickly.	0	1	2	3	4
6. I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age.	0	1	2	3	4
7. I worry and can't get thoughts out of my head.	0	1	2	3	4
8. I steal or lie.	0	1	2	3	4
9. I have a hard time sitting still (or I have too much energy).	0	1	2	3	4
10. I use alcohol or drugs.	0	1	2	3	4
11. I am tense and easily startled (jumpy).	0	1	2	3	4
12. I am sad or unhappy.	0	1	2	3	4
13. I have a hard time trusting friends, family members, or other adults.	0	1	2	3	4
14. I think that others are trying to hurt me even when they are not.	0	1	2	3	4
15. I have threatened to, or have run away from home.	0	1	2	3	4
16. I physically fight with adults.	0	1	2	3	4
17. My stomach hurts or I feel sick more than others my age.	0	1	2	3	4
18. I don't have friends or I don't keep friends very long.	0	1	2	3	4
19. I think about suicide or feel I would be better off dead.	0	1	2	3	4
20. I have nightmares, trouble getting to sleep, oversleeping or waking too early.	0	1	2	3	4
21. I complain about or question rules, expectations or responsibilities.	0	1	2	3	4
22. I break rules, laws, or don't meet others' expectations on purpose.	0	1	2	3	4
23. I feel irritated.	0	1	2	3	4
24. I get angry enough to threaten others.	0	1	2	3	4
25. I get in trouble when I am bored.	0	1	2	3	4
26. I destroy property on purpose.	0	1	2	3	4
27. I have a hard time concentrating, thinking clearly, or sticking to tasks.	0	1	2	3	4
28. I withdraw from family and friends.	0	1	2	3	4
29. I act without thinking and don't worry about what will happen.	0	1	2	3	4
30. I feel like I don't have any friends or that no one likes me.	0	1	2	3	4
Sub totals:	0				
GRAND TOTAL:					

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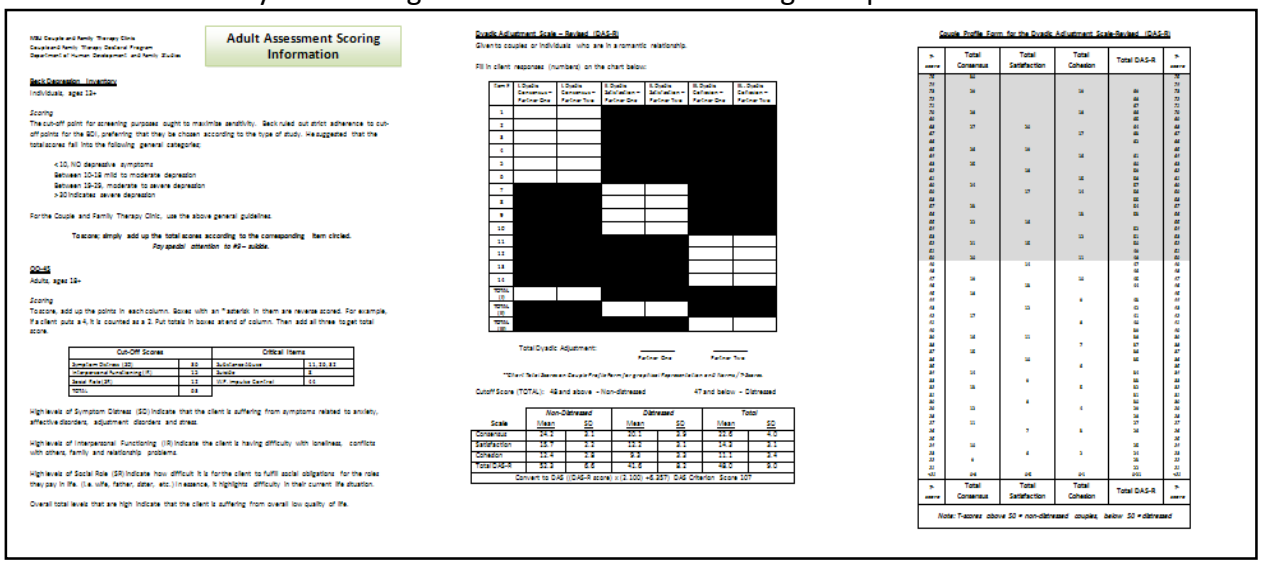
Intake Forms for the Therapist

Intake Assessment Scoring. Each folder will contain a scoring "cheat sheet" to score each instrument by hand. Scoring calculators are available on ANGEL as well as each computer in the clinic. These scoring calculators allow you to enter the responses of the client, and it will score the assessment for you. Printing off the results of the scoring is required.



Adult Assessment Scoring Information

Beck Depression Inventory
Individuals, ages 12+

Scoring
The cut-off point for screening purposes ought to maximize sensitivity. Beck ruled out strict adherence to cut-off points for the BDI, preferring that they be chosen according to the type of study. He suggested that the total scores fall into the following general categories:

- <10, NO depressive symptoms
- Between 10-18 mild to moderate depression
- Between 19-29, moderate to severe depression
- >30 Indicates severe depression

For the Couple and Family Therapy Clinic, use the above general guidelines.

To score: simply add up the total scores according to the corresponding item circled.
Pay special attention to #9 – suicide.

SCI-45
Adults, ages 18+

Scoring
To score, add up the points in each column. Scores with an "asterisk in them are reverse scored. For example, if a client puts a 4, it is counted as a 2. Put totals in boxes at end of column. Then add all three to get total score.

Cut-Off Scores		Critical Items	
Somatism Distress (SD)	80	Subthreshold	11, 20, 83
Interpersonal Functioning (IF)	13	Suicide	9
Social Role (SR)	13	O.P. Impulse Control	55
TOTAL	84		

High levels of Symptom Distress (SD) indicate that the client is suffering from symptoms related to anxiety, affective disorders, adjustment disorders and stress.

High levels of Interpersonal Functioning (IF) indicate the client is having difficulty with loneliness, conflicts with others, family and relationship problems.

High levels of Social Role (SR) indicate how difficult it is for the client to fulfill social obligations for the roles they say in life. (i.e. wife, father, sister, etc.) In essence, it highlights difficulty in their current life situation.

Overall total levels that are high indicate that the client is suffering from overall low quality of life.

Dyadic Adjustment Scale – Revised (DAS-R)
Given to couples or individuals who are in a romantic relationship.

Fill in client responses (numbers) on the chart below:

Item #	I. Dyadic Consensus – Partner One	I. Dyadic Consensus – Partner Two	II. Dyadic Satisfaction – Partner One	II. Dyadic Satisfaction – Partner Two	III. Dyadic Cohesion – Partner One	III. Dyadic Cohesion – Partner Two
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
TOTAL (#)						
TOTAL (#)						
TOTAL (#)						

Total Dyadic Adjustment: _____ (Partner One) _____ (Partner Two)

*Client Total Scores on Couple Profile Form (organized per Representation and Norms) Pie Scores

Cutoff Score (TOTAL): 48 and above – Non-distressed 47 and below – Distressed

Scale	Non-Distressed Mean	Non-Distressed SD	Distressed Mean	Distressed SD	Total Mean	Total SD
Consensus	54.3	5.1	39.1	7.9	51.6	9.0
Satisfaction	15.7	3.3	11.3	5.1	14.3	5.1
Cohesion	12.4	2.9	9.2	3.3	11.1	3.4
Total DAS-R	82.2	8.6	41.6	8.1	48.0	9.0

Convert to DAS (DAS-R score) x (2.100) +6.287; DAS Criterion Score 107

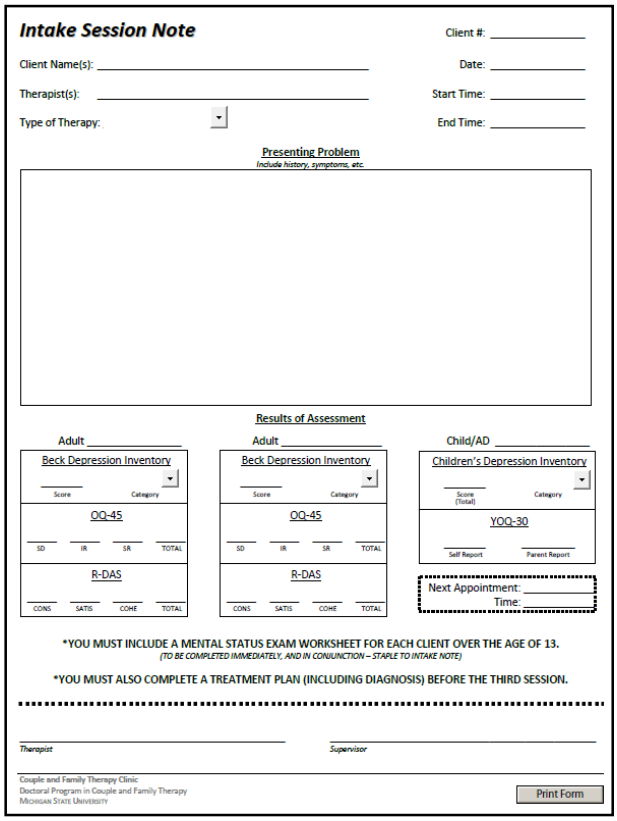
Couple Profile Form for the Dyadic Adjustment Scale-Revised (DAS-R)

% score	Total Consensus	Total Satisfaction	Total Cohesion	Total DAS-R	% score
99	60				99
98				84	98
97	59		16		97
96				83	96
95					95
94	58	16	15	82	94
93					93
92	57			81	92
91		15	14		91
90	56			80	90
89					89
88	55	14	13	79	88
87					87
86	54			78	86
85		13	12		85
84	53			77	84
83					83
82	52	12	11	76	82
81					81
80	51			75	80
79		11	10		79
78	50			74	78
77					77
76	49	10	9	73	76
75					75
74	48			72	74
73		9	8		73
72	47			71	72
71					71
70	46	8	7	70	70
69					69
68	45			69	68
67		7	6		67
66	44			68	66
65					65
64	43	6	5	67	64
63					63
62	42			66	62
61		5	4		61
60	41			65	60
59					59
58	40	4	3	64	58
57					57
56	39			63	56
55		3	2		55
54	38			62	54
53					53
52	37	2	1	61	52
51					51
≤50	≤36	≤2	≤1	≤60	≤50
% score	Total Consensus	Total Satisfaction	Total Cohesion	Total DAS-R	% score

Note: T-scores above 50 = non-distressed couples, below 50 = distressed

The therapist must score the intake assessments before the start of the second session. A discussion of the assessment results with the therapist's supervisor would be advisable in determining how to provide feedback to the client(s) and for questions of treatment planning and diagnosis.

Initial Session Form. The initial session is treated differently than other sessions. As such, a different form is to be completed after the initial meeting with the client. As shown to the right, it is very different from a standard progress note.



Intake Session Note

Client #: _____

Client Name(s): _____ Date: _____

Therapist(s): _____ Start Time: _____

Type of Therapy: End Time: _____

Presenting Problem
Include history, symptoms, etc.

Results of Assessment

Adult	Adult	Child/AD
Beck Depression Inventory Score / Category	Beck Depression Inventory Score / Category	Children's Depression Inventory Score (Total) / Category
OQ-45 SD / IR / SR / TOTAL	OQ-45 SD / IR / SR / TOTAL	YOQ-30 Self Report / Parent Report
R-DAS CONS / SATIS / COHE / TOTAL	R-DAS CONS / SATIS / COHE / TOTAL	Next Appointment: _____ Time: _____

*YOU MUST INCLUDE A MENTAL STATUS EXAM WORKSHEET FOR EACH CLIENT OVER THE AGE OF 13.
(TO BE COMPLETED IMMEDIATELY, AND IN CONJUNCTION – STAPLE TO INTAKE NOTE)

*YOU MUST ALSO COMPLETE A TREATMENT PLAN (INCLUDING DIAGNOSIS) BEFORE THE THIRD SESSION.

Therapist _____ Supervisor _____

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Doctoral Program in Couple and Family Therapy
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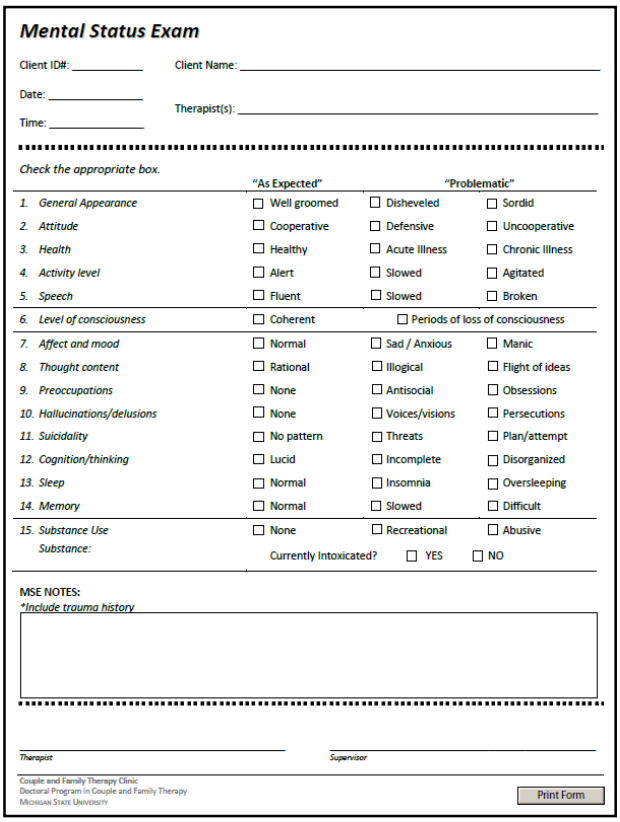
Print Form

Mental Status Exam. A mental status exam is something that each therapist already does, often without being aware of it. When interviewing/talking with your client, you automatically take notice of their affect – are they emotionally appropriate when talking about experiences, agitated, sad looking. You notice their appearance, are they appropriately dressed for the weather, is their clothing clean? Also, you will note any delays in speech, reports of current or past substance abuse, indicators of a risk of suicide or violence, depressed mood, etc. The mental status exam form should be completed for each client over the age of 13. These forms should be included as part of the intake note.



Mental Status Exam

Client ID#: _____ Client Name: _____

Date: _____ Therapist(s): _____

Time: _____

Check the appropriate box.

	"As Expected"	"Problematic"	
1. General Appearance	☐ Well groomed	☐ Disheveled	☐ Sordid
2. Attitude	☐ Cooperative	☐ Defensive	☐ Uncooperative
3. Health	☐ Healthy	☐ Acute Illness	☐ Chronic Illness
4. Activity level	☐ Alert	☐ Slowed	☐ Agitated
5. Speech	☐ Fluent	☐ Slowed	☐ Broken
6. Level of consciousness	☐ Coherent	☐ Periods of loss of consciousness	
7. Affect and mood	☐ Normal	☐ Sad / Anxious	☐ Manic
8. Thought content	☐ Rational	☐ Illogical	☐ Flight of ideas
9. Preoccupations	☐ None	☐ Antisocial	☐ Obsessions
10. Hallucinations/delusions	☐ None	☐ Voices/visions	☐ Persecutions
11. Suicidality	☐ No pattern	☐ Threats	☐ Plan/attempt
12. Cognition/thinking	☐ Lucid	☐ Incomplete	☐ Disorganized
13. Sleep	☐ Normal	☐ Insomnia	☐ Oversleeping
14. Memory	☐ Normal	☐ Slowed	☐ Difficult
15. Substance Use	☐ None	☐ Recreational	☐ Abusive
Substance:	Currently Intoxicated? ☐ YES ☐ NO		

MSE NOTES:
Include trauma history

Therapist _____ Supervisor _____

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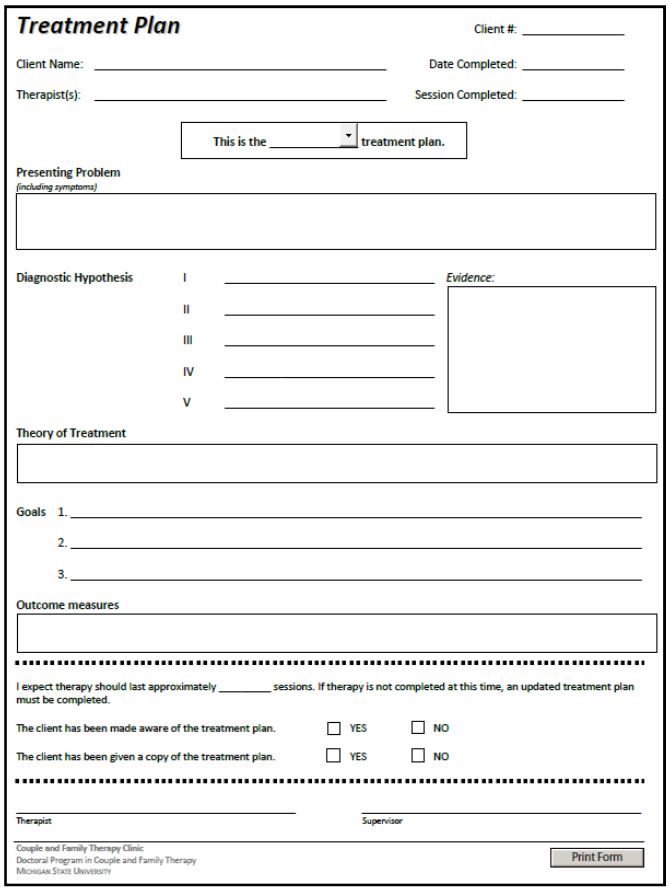
Print Form

Treatment Plan

A treatment plan is similar to the syllabus for a course. It outlines the direction of therapy, goals, and ways of measuring outcome. Much of the information for a treatment plan should be discussed in the first and second sessions.



Treatment Plan

Client #: _____

Client Name: _____ Date Completed: _____

Therapist(s): _____ Session Completed: _____

This is the _____ treatment plan.

Presenting Problem
(including symptoms)

Diagnostic Hypothesis I _____ *Evidence:*

II _____

III _____

IV _____

V _____

Theory of Treatment

Goals 1. _____

2. _____

3. _____

Outcome measures

I expect therapy should last approximately _____ sessions. If therapy is not completed at this time, an updated treatment plan must be completed.

The client has been made aware of the treatment plan. ☐ YES ☐ NO

The client has been given a copy of the treatment plan. ☐ YES ☐ NO

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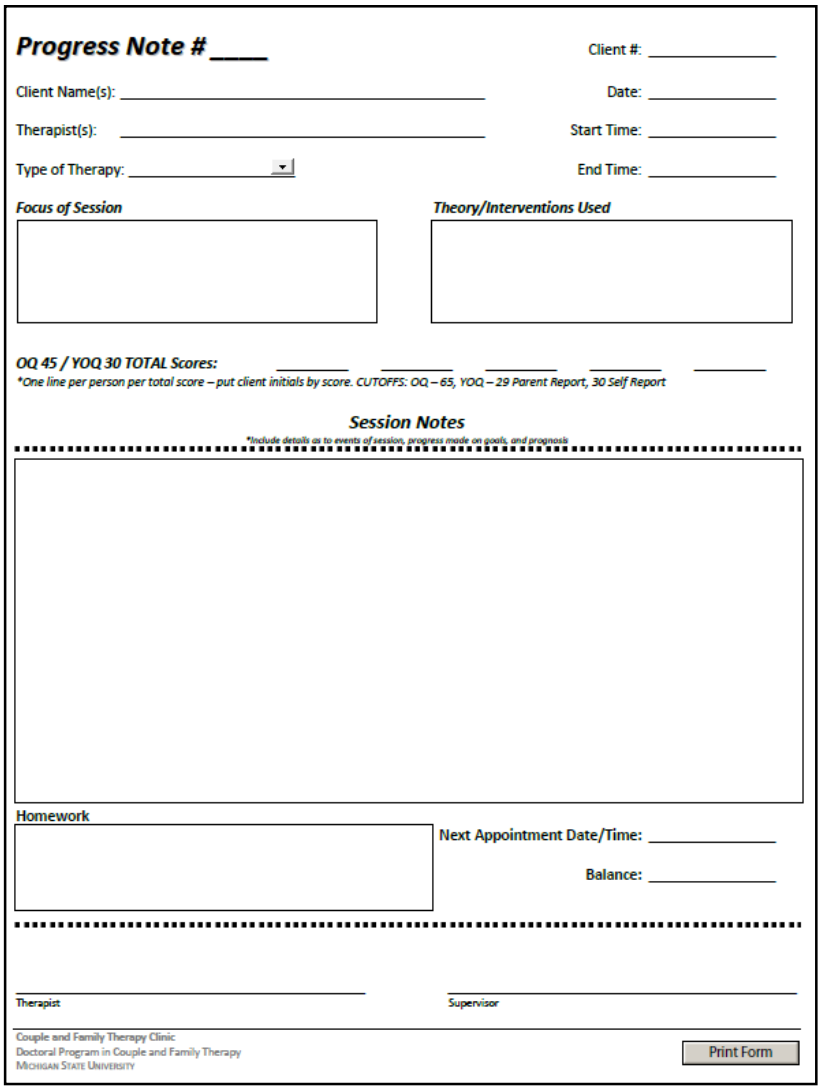
The plan itself has space for presenting problems, multiaxial diagnosis, theory of treatment, goals and outcome measures. The diagnostic hypothesis can be filled out for the presenting individual or the system as a whole. For example, you can fill in V-codes to "diagnose" the whole family. For questions related to diagnosis, set up an individual supervision session with your supervisor. Theory of treatment should include the theoretical strategies that you will be engaging in with your client – i.e. "CBT to decrease depression, using cognitive restructuring and challenging automatic thoughts." Normally, you would share your treatment plan with the client(s), either verbally in a discussion or by providing them a copy of the plan after the discussion.

Weekly Sessions

OQ-45. More and more, therapists must provide evidence that their interventions are successful in enhancing client functioning. The OQ-45 was developed for just this purpose. In order to track progress, the OQ-45 must be completed for each session. Clients should be informed of this, and they and the therapist should come to expect it as a regular part of beginning each session. OQ-45 forms are available in the waiting room of the clinic, along with clipboards and pens. The client should fill out the form while waiting for the therapist, bringing it into session. The therapist collects the OQ-45, and, then or later, scores and records outcomes in the client file on the OQ-45 Recording Sheet. Over time, these data will be used to quantify outcome. It is important to establish this simple protocol for each client. The OQ-30 should be completed for each session for adolescents (self and caregiver) and younger children (caregiver).

Progress Notes. It is always tempting to put off writing the progress note until "tomorrow." As Little Orphan Annie sings, "There's always tomorrow, it's only a day away." However, memories fade, details are lost, homework assignments are forgotten over even a few days. Busy as you may be, it is critical that you keep your progress notes current. This is an ethical practice, and, as you would not want to discover, one that the legal system demands.


Progress Note # ____

Client #: _____

Client Name(s): _____ Date: _____

Therapist(s): _____ Start Time: _____

Type of Therapy: _____ End Time: _____

Focus of Session

Theory/Interventions Used

OQ 45 / YOQ 30 TOTAL Scores: _____ _____ _____ _____ _____

*One line per person per total score – put client initials by score. CUTOFFS: OQ – 65, YOQ – 29 Parent Report, 30 Self Report

Session Notes

*Include details as to events of session, progress made on goals, and prognosis

Homework

Next Appointment Date/Time: _____

Balance: _____

Therapist

Supervisor

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Print Form

Progress notes must be completed as soon as possible after each session. There is an interactive PDF of the Progress Notes template located on the ANGEL website and on the desktop of each computer in the Clinic. Previous versions of progress notes should not be used. If you decide to write your notes out by hand, print a copy of the note.

Extra-Therapeutic Contact Sheet

This form will be kept inside the client folder. It should be used to keep track of contact with the client that is not in the therapy session. It is also to be used to take note of contact with other individuals and systems not a part of therapy (e.g., contact with the family physician).

Release of Information

Legally, the Release of Information form must be completed before a therapist can have <u>any</u> contact with an outside individual regarding a client or therapy case. The obvious exceptions are when the client reports threats of harm to self or others or reports of child or elder abuse. This form gives written permission from the client to speak to others and waives confidentiality regarding specific details as outlined in the form. This form is commonly used when dealing

with transfer of information and/or when multiple systems are working with a client. With the exceptions noted above, a therapist is not allowed to speak with another individual outside the Clinic about a client without a signed release of information.

Be aware that the client is giving consent only for his/her information to be released to another entity. If you are seeing more than one adult, you **MUST** have each adult's permission to release information about him/her. You may not release information about one partner based on a release signed by the other partner. This can be a critical issue when clients are dealing with divorce, child custody, domestic violence, etc.

Copies of the Release of Information form are available in the shelves under the mailboxes. A copy of the Release of Information form should be kept in the case file.

Subpoenas and court orders.

It is not uncommon for an attorney to attempt to subpoena client records as part of a divorce or child custody issue, or for some other purpose. **DO NOT** release any client records in response to a subpoena or court order. Instead, immediately notify the Clinic Director who will consult with the MSU General Counsel's Office. That office will advise the Director and the therapist as to what information can or must be released. Even then, a letter summarizing the sessions usually will suffice, not case notes or assessment results.

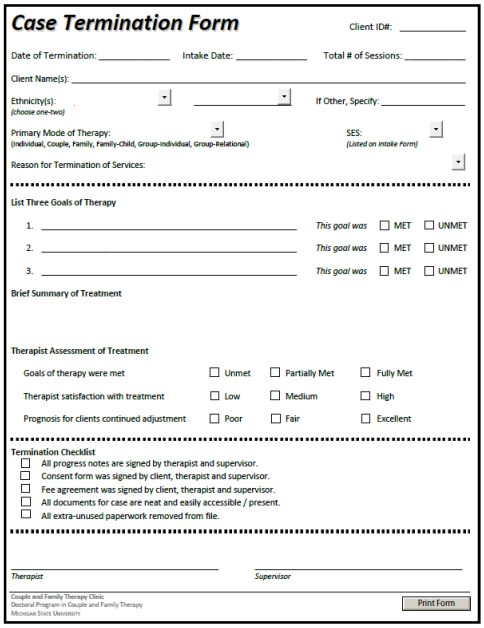
Case Transfer Form

Occasionally, cases need to be transferred to another therapist. This is due to scheduling conflicts or a therapist phasing out of seeing clients in the clinic. The Case Transfer form should be completed to transfer the case from one therapist to another. A copy of the case transfer form should be copied and given to the Clinic Coordinator – placed in the drawer marked "Administration."

Termination Form

A termination form must be completed whenever therapy process ends. When transferring a case to another therapist, the case transfer form should be completed. Before terminating or transferring a case, the situation should be discussed with a supervisor.

On this form are blanks for the dates of the first and final sessions, the total number of sessions, demographic information, goals, and case summaries. All of this information is required.



Case Termination Form

Client ID#: _____

Date of Termination: _____ Intake Date: _____ Total # of Sessions: _____

Client Name(s): _____

Ethnicity(s): _____ _____ If Other, Specify: _____
(choose one-two)

Primary Mode of Therapy: _____ SES: _____
(Individual, Couple, Family, Family-Child, Group-Individual, Group-Relational) (Listed on intake Form)

Reason for Termination of Services: _____

List Three Goals of Therapy

1. _____ This goal was ☐ MET ☐ UNMET
2. _____ This goal was ☐ MET ☐ UNMET
3. _____ This goal was ☐ MET ☐ UNMET

Brief Summary of Treatment

Therapist Assessment of Treatment

Goals of therapy were met	☐ Unmet	☐ Partially Met	☐ Fully Met
Therapist satisfaction with treatment	☐ Low	☐ Medium	☐ High
Prognosis for clients continued adjustment	☐ Poor	☐ Fair	☐ Excellent

Termination Checklist

- ☐ All progress notes are signed by therapist and supervisor.
- ☐ Consent form was signed by client, therapist and supervisor.
- ☐ Fee agreement was signed by client, therapist and supervisor.
- ☐ All documents for case are neat and easily accessible / present.
- ☐ All extra-unused paperwork removed from file.

_____ _____
Therapist Supervisor

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Print Form

After a therapist has terminated a case, the whole folder, the DVDs, and any related documents are turned in to the Clinic Coordinator for filing. Place the closed file in the file drawer marked as "Administration."

Additional Assessment Instruments

Additional assessments are available in the clinic for use. Many require additional training to score and interpret. If you would like to use one of these additional assessments, please consult the most up-to-date listing of assessments (located on ANGEL/ in the "Assessment 1" Drawer) and select appropriate measures. You should always give, score, and interpret assessments under the direction of your supervisor. Your supervisor should be aware of all assessments given and how they will be helpful in therapy.

When you have read and understood the CFT Therapist Manual in its entirety, go to ANGEL, print, sign, and turn in the "*Agreement to and Understanding of Clinic Policies and Procedures Form*" to the Clinic Coordinator. You may not see clients in the Clinic until this form is submitted.

Request for Leave from Clinical Duties at the CFTC

I, _____ request to be released from my clinical obligations from the time period beginning_____ and ending on _____.

The reason for this request is as follows:

_____

_____

_____

_____

I have discussed this matter with my clinical supervisor and the Clinic Director. I understand that when I return I will need to rebuild my client load. My current clients have all been transferred to other therapists, or have been terminated. If this is a brief leave of absence, another therapist has accepted responsibility to be on call for my clients.

_____ _____
Student's Signature Date

_____ _____
Signature of Student Accepting On-call Responsibility Date

APPROVED:

_____ _____
Supervisor Date

_____ _____
Clinic Director Date

_____

Clearance for Graduation

PhD Clinical Requirements

_____ has completed the clinical requirements as set forth as part of this COAMFTE-Accredited Marriage and Family Therapy Program. They have completed *at least 1,000 client hours*. They have also completed the required number of supervision hours, with appropriate live and individual hours.

They are now clinically approved for graduation as of _____.
DATE

_____ _____
Student Name Student Signature

_____ _____
Clinic Director Name Clinic Director Signature

_____ _____
Program Director Name Program Director Signature

For Paperwork and Hours Verification:

_____ _____
Clinic Coordinator Name (paperwork verification) Clinic Coordinator Signature