The ULM Marriage and Family Therapy Clinic

Doctor of Philosophy
Clinic Policies & Procedures Handbook

Marriage and Family Therapy Programs
School of Health Professions
College of Health and Pharmaceutical Sciences

Rev. 7/2014
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Mission Statement

Doctor of Philosophy

The ULM Marriage and Family Therapy Doctor of Philosophy program is committed to a systemic orientation that fosters relational and contextual educational approaches in the field of marriage and family therapy. Serving a diverse society, our mission is to promote competencies in systemic clinical practice, supervision, and scholarship. With a commitment to the classic foundations of family therapy and advancing the profession, we turn learning into relevant and ethical action for tomorrow’s innovators in systemic clinical scholarship.

Diversity and Non-Discrimination

Commitment to Diversity

In concert with the University of Louisiana at Monroe, the Marriage and Family Therapy program values and nurtures diversity. Our valuing of diversity extends to and beyond ethnic, race, cultural, socioeconomic, religious, age, sexual orientation, and gender differences among individuals. We foster an educational atmosphere that encourages respect and sensitivity for a diversity of cultures, traditions, and practices.

University Community

The University of Louisiana at Monroe recognizes that members of the University Community (students, faculty, and staff) represent different groups according to age, culture, ethnicity, gender, physical or mental ability, nationality, race, religion, and sexual orientation. The University further recognizes that, in a pluralistic society such as ours, these differences and similarities must be recognized and respected by all who intend to be a part of the University Community. Faculty, staff, and students should be aware that any form of harassment and any form of discrimination against any group or individual is inconsistent with the policies of the University.

Clinical Community

The University of Louisiana at Monroe Marriage and Family Therapy (ULM MFT) Clinic serves a diverse population rich in various cultural, contextual, socioeconomic, ethnic, sexual, gender, religious orientations, backgrounds, belief systems, and family systems. All clients will be treated with the utmost respect, compassion, and professionalism and will not be discriminated against for any reason.

About This Handbook

The purpose of this handbook is to provide an overview of the policies and procedures of The University of Louisiana at Monroe Marriage and Family Therapy (ULM MFT) Clinic. Additionally,
aspects of the MFT clinical internship, which are an integral part of MFT Clinic operations, are addressed.

The handbook is organized to provide readily accessible information regarding most operational aspects of the MFT Clinic. Answers to most questions are organized by chapter heading in the table of contents. Occasionally, unique situations may arise pertaining to internship and Clinic operations which are not clearly addressed in this handbook. In such situations, the ULM MFT Director of Clinical Services hereinafter referred to in this document as the Director of Clinical Services, remains available to answer any questions concerning clinical internship or Clinic operations.

This handbook, which remains the property of the ULM MFT Clinic, is written for the exclusive use of interns, faculty and staff of the Marriage and Family Therapy Program. A copy of this handbook is made available to each intern, for their exclusive use, while working at the MFT Clinic. No part of this handbook may be reproduced or provided to a third party without permission of the Director of Clinical Training.

The ULM Marriage and Family Therapy Program Faculty, as a committee, reserves the right to change any provision or requirement of the MFT Program at any time with or without notice. ULM adheres to the principle of equal educational and employment opportunity without regard to race, color, creed or religion, national origin, sex, marital or parental status, age, disability, veteran status, or political belief. This policy extends to all programs and activities supported by and at the university.

**Administrative Policies**

**Clinical Eligibility**

All students must complete the following before seeing any clients in the ULM Marriage and Family Therapy Clinic:

- Clinic Handbook Agreement
- File Professional Liability Insurance with Clinic Staff and is kept up-to-date
- Attend an orientation to the ULM MFT Clinic led by the Director of Clinical Services or Clinic Staff
- Submit Application for MAFT 7050 Practicum to Director of Clinical Services prior to enrolling in MAFT 7050: Practicum (Ph.D. with non-COAMFTE accredited MA)
- Submit a copy of the last Client Contact Hours Sheet earned in MA program to Director of Clinical Services (Ph.D. with COAMFTE accredited MA)
- Be enrolled in either MAFT 6070 or MAFT 7050

All students must complete the following before seeing any clients at an External Internship (Externship) Site:

- Complete all the above requirements
- Submit signed and completed Externship Agreement Form
- Meet with the Director of Clinical Services if the Externship Site is new or is not already an approved site
The ULM Marriage and Family Therapy Programs Supervising Faculty and Administrative/Director of Clinical Services reserve the right to deny any student from seeing clients at the ULM MFT Clinic or an Externship Site for any of the following reasons: requirements listed above are not met, policies and procedures of the ULM MFT Clinic Handbook are not followed, the AAMFT/ACA Code of Ethics are breached, concern about the well-being of the clients. This could result in the student having to transfer cases and/or keep them from meeting the Clinical requirements to graduate.

**Confidentiality and HIPPA Compliance**

Client confidences are strictly protected in accordance with the AAMFT/ACA Code of Ethics, Louisiana State Law, and the Health Insurance Portability and Accountability Act (HIPPA) (see HIPPA Policies & Procedures). Clients are informed of the ULM MFT Clinic’s policies on confidentiality and HIPPA compliance prior to entering treatment (see Notice of Privacy Practices, Privacy Practices Statement, Consent to Use and Disclose Mental Health Information, Permission to Contact, and Statement of Practice).

All therapist student interns, supervisors, faculty, and ULM MFT Clinic staff must protect client information in accordance with these standards and are required to hold all client information in the strictest of confidence, only to be disclosed in the following circumstances:

- **During clinical supervision** (supervision, may consist of consultation with supervisory faculty, a team, and/or a consultant). *Videotapes may be used during supervision but are erased at the completion of supervision. No videotape is kept as part of the permanent client record. Should the ULM MFT Clinic Staff or faculty desire to use information that might identify clients, such as videotapes, for purposes of research, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use.*
- **If there is a waiver** (Authorization for Use or Disclosure of Protected Health Information or Authorization for the Release of Medical Information) that has been previously obtained in writing and signed by all adults involved in the therapy sessions, in which case the information will only be divulged in accordance with the waiver. *Verbal authorization will not be sufficient except in emergency situations.*
- **If mandated or permitted by law.** Certain types of litigation, such as child custody cases, may lead to the court-ordered release of information, even without a client’s consent, in which case client confidences will only be disclosed in the course of that action.
- **When there is any suspected or known child abuse/neglect.**
- **When there is any suspected or known elder abuse/neglect.**
- **When there is any suspected or known abuse/neglect of a dependent or disabled adult.**
- **When there is a clear and immediate danger to a person or to a person’s life, in which case client confidences may be disclosed in an effort to prevent any such clear and immediate danger. This may include the notification of next of kin, another person who may prevent the clear and immediate danger, and/or the appropriate law enforcement agency.**

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. *In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help
bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.

Other than in the conditions listed above, all information, including any type of identifying information or topics discussed in therapy, about clients should be considered confidential. Information regarding clients should only be discussed on an as needed basis as pertaining to clinical services between Clinic Staff and the therapist intern of record and/or between therapist intern/Clinic Staff and the supervisor/supervision team in private.

All client information and case records should be stored in a locked cabinet and secured at all times. Any phone calls, recordings, supervision, confidential conversations, messages, and records must remain within the confidential areas of the ULM MFT Clinic. In order for any information to be obtained or released from another party, all clients on record must sign an “Authorization for Use or Disclosure of Protected Health Information” or “Authorization for the Release of Medical Information.”

To ensure the protection of client confidentiality, follow these guidelines:

- Adhere to the ACA and AAMFT Code of Ethics
- Information pertaining to clients should not be discussed outside of the ULM MFT Clinic or training facility
- Do not give out your personal phone number, email, Facebook, or other personal means of communication to clients.
- If you know or recognize a client while participating in supervision that you know from some other context or area of life, you must remove yourself from the supervisory team during the time in which that client is being observed or discussed.
- The ULM MFT Clinic administrative offices, therapist break room, and therapy rooms are confidential areas and no one other than ULM MFT Clinic staff, students, and faculty should be in those areas. Families, friends, spouses, children, and others are not allowed into those areas without prior approval and permission from the Director of Clinical Services.
- All clinical work (e.g., case notes, recordings) must stay in the Clinic and cannot be uploaded to a personal computer, jump-drive, USB device, or other personal storage.

Confidentiality is a priority in the ULM MFT Clinic. In order to protect confidentiality, err on the side of caution and be vigilant to take extra measures to protect client confidences. If you are in doubt or have questions regarding this policy ask your supervisor or speak with the Director of Clinical Services.

**Student Background Check and Drug Screen Policy**

Background checks and drug screening tests are now required of MFT students in order to participate in clinical work [defined as MAFT 5015, MAFT 6070, MAFT 7050, and MAFT 7052 both at the ULM MFT Clinic and at externship sites] in the Marriage and Family Therapy Programs. This policy was established to comply with accreditation standards, to comply with the policies of the College of Health and Pharmaceutical Sciences (CHPS), and to promote the highest level of integrity in our program. This policy includes initial background checks and drug screenings as well as drug screening for suspicious behavior.
All MFT students must complete a background check and drug screening from CertifiedBackground.com prior to beginning any clinical work (For MA Students: First Spring Semester; For PhD Students: Prior to First Fall Semester). The results will be valid throughout all clinical work in the MFT Program, unless a site requires a recent test. However, the student can be re-tested at any time during their course of study, especially if the student displays suspicious behavior during a clinical rotation.

All MFT students will be informed of the College of Health and Pharmaceutical Sciences Background Check (BC) and Drug Screening (DS) policies both in writing (in the program handbooks) and in spoken form (during the applicant interviews and again at the program orientation). Those students enrolled in the MFT program prior to the effective date of this policy (Spring 2014) will be informed both in writing and in spoken form. Students will sign an acknowledgement form as outlined on the CHPS Initial Background Checks and Drug Screening Policy.

Students must request a background check and drug screen from www.CertifiedBackground.com where they will register and pay for the services. The following steps outlined below should be followed by the student:

- Following the instructions provided by the Program Director the student should complete the on-line form at www.certifiedbackground.com.
- Upon completing the forms, the student should be prepared to electronically pay the fee for the background check and drug screen to be processed. This fee includes a national criminal background search.
- The student will receive a password and will be able to access the results when available.
- All results will be sent to the Associate Dean for the college by CertifiedBackground.com. The Associate Dean will review the results and will inform the Program Director if the student is cleared for clinical work or if information of concern exists.
- If information of concern exists on the background check, the student must meet with the MFT Program Director and/or designee. The issues leading to the concern will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
- If information of concern exists on the drug screening, the student will not be eligible to begin clinical work and will be dismissed from the program as the CHPS has a no tolerance policy for a failed drug test.
- If the drug screen indicates a “Dilute” result, the student must retest within 2 working days at his/her own expense.
- Failure to follow the background check and drug screening policies will result in the student being unable to begin clinical work.
- Upon request, the results of the background check and drug screen will be made available to all externship site administrative supervisors participating in the student’s
clinical training. The student is responsible for providing these results to the externship site.

- If there is information of concern on the background check and the student is allowed to continue on to clinical work, the externship site has the right to deny the student’s placement at the site. Each practice site will determine whether the student may participate at that site and the decision will be independent from any determination by the MFT Program. However, if the MFT faculty makes the determination that a student cannot participate in clinical work, that decision applies to both work at the MFT Clinic and at externship sites.
- The policy outlined in the document entitled Plan of Action for Background and Drug Screening Concerns (also found on page 3 of this document) will be followed.
- Students have full access to the results of the background check and drug screen through certifiedbackground.com. Records will be archived by certifiedbackground.com.

**Note:** All 50 states require licensure in order to practice as a Licensed Marriage and Family Therapist and a Licensed Professional Counselor. A felony conviction may affect a graduate’s ability to attain state licensure. Therefore, if an applicant/student is concerned about an issue, the status of this must be addressed with the particular state’s licensing board prior to the clinical portion of the program.

Students must follow the policy and procedures for background and drug screening as dictated by the College of Health and Pharmaceutical Sciences Background and Drug Screen Policy.

*If the results of the drug screening indicate a positive finding, the student will not be allowed to commence their clinical work and will be immediately dismissed from the program as the CHPS has a no tolerance policy for a failed drug test.*

If concerns are noted in the background screening, the following plan of action will be taken:

1. Dr. Judy Fellows, College of Health and Pharmaceutical Sciences Associate Dean, will contact the MFT Program Director.
2. Students will be contacted by the MFT Program Director if information of concern arises.

If the information of concern revealed through the background screening is a **felony** offense the following actions will occur:

1. The student will meet with the Program Director and/or designee. Information from the MFT **Student Background Check and Drug Screen Policy** and **Plan of Action:** Background and Drug Screening Concerns will be reviewed. During initial orientation to the program, the student was provided with these policies, policies were reviewed, and the student signed forms indicating that they had read and understood the policies.
2. The ACA and/or AAMFT Code of Ethics will be reviewed with the student.
3. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.
4. The issues leading to the concern will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
5. If clinical work is approved, the externship site will determine whether the student may participate in that setting. This decision will be independent from any determination by the
University of Louisiana at Monroe’s Marriage and Family Therapy Program or College of Health and Pharmaceutical Sciences.

6. If the externship site refuses to allow the student to participate in training, it is the responsibility of the student to find an alternative placement.

7. If no alternative placement can be secured due to the results of the background check, the student will be unable to complete the requirements of the program.

If the information of concern revealed through the background screening is a misdemeanor offense the following actions will occur:

1. The student will meet with the MFT Program Director and/or designee. The ACA and/or AAMFT Code of Ethics will be reviewed with the student.
2. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.

**Administrative Policies**

**Professional Dress Code**

While recognizing the differences in style and diversity among individuals, therapist interns are expected to maintain a professional demeanor in appearance and attitude when operating in a professional role. It is required that all therapist interns and clinic staff dress professionally at all times while in the ULM MFT Clinic or representing the ULM MFT Clinic in the community, such as at Externship Sites. This also pertains to therapist interns that are present in the clinic and neither working in the office or seeing clients. In other words, if an intern is present in the clinic and is completing case notes or writing reports only, they must still be dressed professionally.

ULM MFT Clinic Therapist Interns should project an image of professionalism. A therapist intern’s behavior, dress and grooming habits are a reflection not only of the intern, but also of the ULM MFT Clinic and Programs. Therapist interns are expected to dress and act professionally, conveying caring, competence, respect, and modesty at all times. Dressing professionally does not have to be expensive, nor does it necessarily reflect trends in fashion. Maintaining proper hygiene and grooming are important to conveying professionalism.

Professional dress is defined as:

- Professional dress is defined as slacks or dress pants and shirts for male interns, minimally. Ties and/or jackets can be worn but are not mandatory. No shorts, cut-offs, or t-shirts are allowed.
- Professional dress is defined as slacks, dress pants, skirts and shirts or blouses for female interns. Dresses can also be worn. No shorts, cut-offs, or t-shirts are allowed.

The following is acceptable professional dress attire:
A dress shirt (button-down with collar).
Nice sweater or blouse.
Slacks, dress pants, or chinos (no jeans).
Dress or skirt which must be conservative in style and length, so that bare legs do not touch the seat when seated.
Clean, nice shoes.
Belts and dress socks (for men).
Neck tie (optional)
Jackets (optional)

The following grooming guidelines should be considered:

Neatly groomed facial hair
No extreme hairstyles, hair color, or make-up
No visible body piercings (other than earrings)
No excessively long nails
No exposed tattoos
Appearance should be neat, clean, and business appropriate
Clothes should be clean, ironed, well-fitted, and not sloppy or too tight

The following is not acceptable professional attire:

- Excessively high heels
- Capri pants, cargo pants, drawstring and/or ruched pants, low rise or “hip-hugger” pants
- Golf or Knit shirts
- Jeans or jean/denim material
- Any clothing that is revealing such as showing shoulders, midriffs, cleavage, plunging necklines, bare skin, or is too tight. This may include, but is not limited to:
  - sundresses, sleeveless shirts, muscle shirts, tank tops, halter tops, spaghetti strap tops, stand alone camisoles, mini-skirts, mini-skorts, and other skirts/shorts, sheer or “see through” clothing or fabric that exposes bare skin, spandex clothing and leggings.
- Work-out clothes such as tee-shirts, sweatshirts, sweatpants, yoga pants, sports bras
- Casual shoes such as slippers, sandals, tennis shoes, flip-flops, sneakers, or work boots
- Clothing that is offensive, revealing, distracting, provocative or excessively tight
- Evening attire or formal wear
- Hats or caps

Unprofessional dress will not be tolerated. If an intern is not dressed professionally (e.g., as one would expect to see in an office or business environment), supervisors/administrative staff are at liberty to require that an intern leave the clinic and not see clients until the intern returns dressed appropriately.
The ULM MFT Clinic needs and externship site requirements may necessitate additional or revised dress guidelines, which will be specified by the Director of Clinical Services. Possible venues in which dress guidelines may be revised are participation in events such as: public presentations, workshops, health fairs. During times of professional presentations in the community or on-campus, it will be necessary for students to be in traditional business attire, unless otherwise directed by the ULM Director of Clinical Services, Programs Director or Faculty.

Accommodations for dress or grooming directly related to a student’s religion, ethnicity, or disability will be reviewed and addressed accordingly.

**Professional Conduct**

Students in the MFT program are expected to operate from a primary moral position based on the “best interest of the client.” This requires an understanding of appropriate therapeutic roles, therapist's skills, and limitations pertaining to each case. Interns should be familiar with, and abide by, the codes of ethics of the American Association for Marriage and Family Therapy, the American Counseling Association, and the laws of the State of Louisiana relating to professional conduct. ULM MFT Student Interns are expected to be professional in all settings/activities related to the ULM MFT Programs such as the ULM MFT Clinic, Externship Sites, on-campus activities, and within the community.

As a facility that offers therapy services for the community, general public, and university community, ULM MFT Clinic Staff and therapist interns are expected to portray an image of professionalism and conduct themselves in a professional manner, including dress, attitude and behavior toward clients, and attention to detail with regard to the policies and procedures of the operations of the ULM MFT Clinic.

**Professional Conduct within the Clinic**

**Conduct While in the Student Break Room**

The waiting room for clients and the break room for therapist interns are in very close proximity to each other. It is therefore required that all conversation in the break room be kept at a low noise level, so as to respect the clients in the waiting room, ensure confidentiality, and to create the most professional setting possible. This is of the utmost importance if interns and/or supervisors are discussing client cases in the break room. Please be extremely cognizant of loud noises/conversation and laughing while in the break room.

Therapist interns are expected to keep the student break room neat and tidy. This means that all files should be filed properly, mailboxes should be kept in order, any paper, personal items, etc. should be filed properly or taken with the intern, and any trash, food or drinks must be disposed of properly and promptly. DO NOT expect Clinic Staff to clean-up after you. Your items are your responsibility.
Conduct While in the Clinic Administrative Office

Only office staff should be in the clinic office, with few exceptions. Interns should only be in the clinic office if they are either updating the “Master Schedule” or returning a client’s telephone call. Interns should remain aware of clients being checked in at the window between the office and the waiting room. It is required that interns present themselves professionally at all times while in the clinic. This is oftentimes forgotten while chatting in the office or break room.

Conduct While in the Therapy Rooms and Clinic Lobby

Therapist interns should be cognizant of their influence on the professional atmosphere of the ULM MFT Clinic and its appearance to clients and the community. Please keep therapy rooms neat and tidy and if you rearrange any furniture or items in the room, please return them to the proper place at the end of your session. Also, please fix pillows or other items that may have been moved during session so that the room is ready for the next therapist and client.

The use of electronic devices, talking, laughing, and coughing in the observation room can often be heard by clients in the therapy room. Please be aware of how these things may impact the clients, therapist intern, and therapy session. Therapist interns are expected to be respectful of other therapist interns and clients, avoiding any comments that could be condescending, rude, or disrespectful.

Visitors

Visitors of therapist interns (e.g. partners, family, children, friends, etc.), are not permitted in the ULM MFT Clinic, other than in the lobby and should be kept to a minimum. Any persons visiting the ULM MFT Clinic, and not either providing or receiving services, must sign-in at the front desk (see Visitor Sign-In).

Attendance Policy

The MFT program adheres to the University’s Class Attendance Regulations/ Excused Absences Policy found in the ULM Student Policy Manual (http://catalog.ulm.edu/content.php?catoid=14&navoid=1641)

Students:
1. Class attendance is regarded as an obligation and a privilege, and all students are expected to attend regularly and punctually all classes in which they are enrolled. Failure to do so may jeopardize a student’s scholastic standing and may lead to suspension from the University.
2. Any student who is not present for at least 75% of the scheduled class sessions in any course may receive a grade of “W” if this condition occurs prior to the last day to drop a course or a grade of “F” after that date.
3. Any University-related activity requiring an absence from class will count as an absence when determining if a student has attended 75% of class meetings.
4. Students are responsible for the effect absences have on all forms of evaluating course performance. Thus, the student is responsible for arranging the allowed make up of any missed work.
Faculty:
1. Instructors shall keep a permanent attendance record for each class. These records are subject to inspection by appropriate University officials and should be available at all times.
2. Faculty members are required to state in writing and explain to students their expectations in regard to class attendance during the first class meeting or by the last day to add (third official day of classes).
3. Faculty members are expected to work with students to allow for completion of classwork and assignments if the student's absence results from his/her required participation in a University/Program sponsored activity provided that, prior to the absence, the student makes arrangements to complete all missed work.
4. Students will usually be allowed to make up work and/or tests missed because of serious illness, accident, or death in the family.

Therapist-Client Relationships

The relationship between the therapist and client is unique among human relationships. This relationship entails a basic belief that the therapist's first obligation is to “do no harm” to the client through any act of commission or omission. To this end, the purpose and nature of the therapeutic relationship, goals, and objectives should be clearly discussed and agreed upon during the initial stages of therapy.

Because of the potential for undue influence or exploitation, “dual role” relationships should be avoided between the therapist intern and client. When such dual role relationships become unavoidable (such as when clients and therapist interns attend the same church) the intern should work closely with their supervisor to minimize the potential for adverse effects on the therapeutic relationship and on the client(s).

Please refer to the AAMFT Code of Ethics:

- “Marriage and Family Therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or client’s immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions” (1.3).

- “Sexual intimacy with clients is prohibited” (1.4).

- “Marriage and Family Therapists do not use their professional relationships with clients to further their own interests” (1.7).

- “Marriage and Family Therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship” (1.9).

- “Marriage and Family Therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects” (3.8).
“Marriage and Family Therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects” (3.9).

“Marriage and Family Therapists do not give or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship” (3.10).

**Supervisor-Supervisee/Student Relationships**

All ULM MFT Supervisors and Supervisor Candidates will adhere to the AAMFT’s requirements with regard to their relationships with students and supervisees.

Please refer to the AAMFT Code of Ethics:

- “Marriage and Family Therapists do not exploit the trust and dependency of students and supervisees” (Principle IV: Responsibility to Students and Supervisees).
- “Marriage and Family Therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects” (3.8).
- “Marriage and Family Therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects” (3.9).
- “Marriage and Family Therapists are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions” (4.1).
- “Marriage and Family Therapists do not provide therapy to current students or supervisees” (4.2).
- “Marriage and Family Therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee” (4.3).
- “Marriage and Family Therapists do not permit students or supervisees to perform or hold themselves out as competent to perform professional services beyond their training, level of experience, and competence” (4.4).
- “Marriage and Family Therapists take reasonable measures to ensure that services provided by supervisees are professional” (4.5).
- “Marriage and Family Therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist’s objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship” (4.6).
- “Marriage and Family Therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other
professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law” (4.7).

**Grievance Procedure**

All faculty, staff, and students of the MFT program shall follow these policies and shall perform their duties and studies according to the policies of The University of Louisiana at Monroe.

Students, faculty, or staffs, who believe that a student, faculty member, or staff member has not acted according to these policies, are encouraged to contact the student, faculty member, or staff member directly to informally resolve the situation.

If the student, faculty member, or staff member cannot achieve an informal resolution of the difficulty, the complainant should notify the MFT Program Director in writing of the problem. The complaint should include a description of the perceived problem behavior and of attempted solutions.

A copy of the complaint will be given to the student, faculty member, or staff member about whom the complaint has been written. The MFT Program Director may then meet with the parties involved, separately or together, and/or convene a faculty or staff meeting to resolve the issue. All decisions will be recorded in writing and signed by all parties.

Complainants who are not satisfied with the action of the MFT Program Director should contact the School Director of the School of Health Professions. If the perceived problem remains unresolved the complainant should then directly contact the Associate Dean of the College of Health and Pharmaceutical Sciences. If the perceived problem is still unresolved, the complainant should contact the Dean of Health and Pharmaceutical Sciences. Further action will be taken in accordance with the regulations of The University of Louisiana at Monroe.

Grave breaches of personal conduct on the part of students and faculty, which have a clear potential to directly impair clinical competency, should be immediately reported to the MFT Program Director. Grave misconduct includes felonious behavior; acts or threats against the health, safety, or property of a person; sexual solicitations, comments or contact; any academic misconduct of plagiarism, cheating, or biased grading; and any violations of the professional codes of ethics of the American Association for Marriage and Family Therapy or the Louisiana Board of Examiners of Licensed Professional Counselors.

The purpose of this policy is to ensure a professional work environment and to protect the rights of students, faculty, staff, and clients of the MFT program. The primary focus in such matters shall be to seek a solution that is in the best interest of the MFT Clinic and all parties concerned. Faculty, students, and staff have an obligation to each other to state, or respond to, any question of possible misconduct in a fair and straightforward manner. Failure to do so is a breach of professional responsibility.
Administrative Policies

Clinic Procedures

Clinic Hours of Operation

The ULM MFT Clinic hours of operation vary on a semester-basis. Students and faculty will be notified of the Clinic hours of operation and closures prior to each semester. A schedule of these hours will also be posted in a visible area for clientele and will be announced on the Clinic phone voicemail.

The MFT Clinic is also open for limited hours during University semester breaks and is closed on university-sanctioned closings and breaks. Closures will be announced in advance unless closure is necessitated based on inclement weather or other emergency/hazardous conditions.

Students may complete case notes or other clinically related activities during the posted hours of operation. Students may not enter the MFT Clinic when it is closed without prior approval from the Director of Clinical Services.

A supervisor may not be always on-site at the ULM MFT Clinic. If there is a supervisory question or emergency/crisis situation, please call your assigned clinical supervisor immediately. If they cannot be reached, call the Director of Clinical Services or another clinical supervisor.

Professional Liability Insurance

All Therapist Interns are required to maintain professional liability insurance. Professional liability insurance is available to students through either the American Counseling Association (ACA) or the American Association for Marriage and Family Therapy (AAMFT). Enrollment information can be obtained from either organization or from the Director of Clinical Services.

A student MAY NOT begin MAFT 6070/7050 without a current copy of professional liability insurance. A copy of the current policy should be provided to the Director of Clinical Services. This copy will be put in the student's file at the MFT Clinic prior to the initiation of MAFT 6070/7050 internship. A student will not be allowed to begin their internship experience without:

- Clinic Handbook Agreement
- File Professional Liability Insurance with Clinic Staff and is kept up-to-date
- Attend an orientation to the ULM MFT Clinic led by the Director of Clinical Services or Clinic Staff
- Submit Application for MAFT 7050 Practicum to Director of Clinical Services prior to enrolling in MAFT 7050: Practicum (Ph.D. with non-COAMFTE accredited MA)
- Submit a copy of the last Client Contact Hours Sheet earned in MA program to Director of Clinical Services (Ph.D. with COAMFTE accredited MA)
- Be enrolled in either MAFT 6070 or MAFT 7050
All students must complete the following before seeing any clients at an External Internship (Externship) Site:

- Complete all the above requirements
- Submit signed and completed Externship Agreement Form
- Meet with the Director of Clinical Services if the Externship Site is new or is not already an approved site

All Professional Liability Insurance must be kept up-to-date and is the responsibility of the therapist intern to ensure that the ULM MFT Clinic has a current copy.

**Therapist Message Boxes**

All MFT interns will have a message box located in the MFT Clinic. The box is used for messages and new case assignments. The therapist should check his or her box at least once a day. Therapist message boxes must be kept organized and tidy and should not be used to store/file notes, digital recordings or other portions of the case/record. Once a message has been received and is no longer needed, please either file or shred the message.

**Scheduling**

All therapy sessions at the MFT Clinic are by prior appointment. Appointments may be scheduled during authorized Clinic operational hours only. Interns should keep up with their availability at all times and document such times on the “Master Schedule” at least weekly.

**Scheduling Intake Appointments**

Interns should indicate times they are available to meet with new clients on the “Master Schedule” which is maintained at the front desk of the MFT Clinic. The symbol “(” on the “Master Schedule” signifies that the associated time slot is available for clinic staff to schedule a new client, or intake. After clinic staff has scheduled a new client, the client number will be marked on the “Master Schedule” in red.

Clients are assigned to interns on a rotational basis as inquiries are received. An “Intern-Client Assignment List” is maintained at the front desk. As an intern is placed at the top of the assignment list, the next client requesting services at the MFT Clinic will be scheduled to meet with that intern based on the client and intern’s availability. The assigned intern will then be placed at the bottom of the assignment list with the sequence repeating. The desk receptionist will assign a client to the next available therapist at the time of the initial telephone contact.

Clients who call the Clinic requesting a specific intern will be assigned to that intern independent of the intern's placement on the rotational assignment list. This will not affect the assignment sequence of new clients.

In order to receive clients, interns must be sure to keep the “Master Schedule” up-to-date for at least two weeks in advance. It is additionally helpful for the therapist intern to be available as often as
possible to be more likely to receive clients when others may not be available. During practicum/supervision hours, therapist interns who have practicum/supervision at that time are given preference for intakes needing an appointment during that time. A therapist-intern may see clients during: 1) their scheduled practicum/supervision time, 2) any hours that the Clinic is operational which is not another scheduled practicum/supervision time.

When a client is scheduled and assigned to a therapist intern, that intern is notified 1) by written message, and 2) a phone call if: a) the client is scheduled for the same day, b) the client is scheduled for a non-practicum time. Clinic Staff will then create the Intake File. (Please see Intake File Forms).

**Scheduling Established Client Appointments**

Interns should indicate times they are available to meet with established clients on the “Master Schedule” which is maintained at the front desk of the MFT Clinic, in much the same manner as interns indicate times they are available to meet with new clients. The symbol “(” on the “Master Schedule” signifies that the associated time slot is available for clinic staff to schedule an established client. After clinic staff has scheduled an established client, the client number will be marked on the “Master Schedule” in black. However, if the client owes the clinic fees for services already provided, that number will appear in blue. When an established client schedules an appointment with Clinic Staff, that intern is notified 1) by written message, and 2) a phone call if: a) the client is scheduled for the same day, b) the client is scheduled for a non-practicum time.

**Therapist Intern Scheduled Appointments & Check-Out Slips**

Interns scheduling appointments with their clients either at the end of session or by phone must: 1) check with Clinic Staff to be sure there is Clinic room availability, and 2) ensure that the appointment is written in the “Master Schedule.” If the appointment is scheduled by the intern by phone or outside of session, it is the intern’s responsibility to make sure the appointment is written in the “Master Schedule.”

If the appointment is made at the end of session, the therapist intern must complete a check-out slip and hand it to the front-desk Clinic Staff. Each intern will have “Check-Out Slips” (see Check-Out Slips) in their personal folder, which they will fill out at the end of each session. Interns are to take the “Check-Out Slip” along with the client file immediately to the office staff at the clinic office window. This slip will inform the office staff of the following, all of which is to be completed by the intern at the close of each session:

1) Name of Intern
2) Client Number
3) Date of Session
4) Session Number
5) Session Designation (e.g., Individual, Couple, Family, Group)
6) Amount Due
7) Day, Date, and Time of Next Session
Check-out slips must be completed and submitted along with the Client file to the front-desk Clinic Staff at the end of each session regardless if the client scheduled another appointment or not. Clinic Staff will then document this information and document fees paid on the “Client Payment Record” (see Client Payment Record). After doing so, the file will be returned to the therapist intern.

**Emergency Sessions**

Should an emergency situation requiring immediate response arise, the intern should consult with their assigned supervisor. (If the intern is unable to reach their assigned supervisor, the intern should contact the supervisor on duty, the Director of Clinical Services, or the Program Director in that order). The client may be seen at the Clinic with the above person’s permission or should be referred to an appropriate community resource.

**Out-of-Office Client Contacts**

As a general rule, all face-to-face contacts between the therapist and client are restricted to scheduled times in the MFT Clinic or designated externship site. Exceptions to this rule (such as informal out-of-office meetings, at home visits, hospital visits, etc.) require prior supervisory permission. Any out-of-office contact with clients must be documented in the case record housed at the ULM MFT Clinic as soon as possible.

**Scheduling Appointments at Times other than Regular Supervision/Practicum**

If therapist interns would like to see clients on an evening that is not their assigned MAFT 6070/7050 evening, they must seek permission of the on-site supervisor, your supervisor, and check with clinic staff to ensure that a sufficient number of rooms are available to see clients before scheduling clients on that particular evening. It is not necessary to follow this policy during non-semester opening hours, as MAFT 6070/7050 will not be in session. Interns can schedule clients during any Clinic operational hours that are not a Supervision/Practicum time, as long as room availability permits.

**Therapist Intern Cancelations**

Therapist interns are discouraged from canceling standing appointments with their clients. Cancelation/rescheduling of an appointment by the therapist intern should only occur if it is an emergency. Therapist interns needing to cancel/reschedule an appointment should contact the client as soon as the intern knows they will not be able to keep the appointment and should make their best effort to reschedule the client for their first available appointment. Therapist interns should provide a referral for the client in case of an emergency or should they need services prior to the rescheduled appointment. If the therapist intern is unable to go to the ULM MFT Clinic to call their client, they should contact Clinic Staff immediately.

Any therapist intern not providing sufficient time for cancelation/rescheduling, not showing for clients, or repeatedly canceling/rescheduling sessions will be reported by Clinic Staff to the Director.
of Clinical Services, who will then report the incidents to the therapist intern’s supervisor and the ULM MFT Programs Director.

Treatment of Minors

The treatment of minors necessitates some special procedures and precautions. All treatment of minors must be consented to by their custodial parent and/or guardian. This permission is given by having the custodial parent or guardian sign the “Statement of Practice” form (see Statement of Practice) at the bottom indicating permission for the therapist intern to provide therapy to the minor. If this permission is not granted during the intake session and a minor enters treatment after that time, the permission must be signed before the minor child begins treatment (see Consent for the Treatment of Minors). Use the “Consent for the Treatment of Minors” to give permission for treatment a minor child.

If the minor’s parents are married and share joint custody of the child, either parent may bring the child to therapy and consent to treatment. However, if the minor’s parents are not married/are divorced, but share joint custody, both parents must sign the consent for treatment forms. If parents of the minor do not share joint custody, the custodial parent must sign consent for treatment. In any situation in which there are custody arrangements, a copy of the custody agreement must be placed in the client’s file.

Clinic Staff should speak with clients about this prior to the first session and request a copy of custody agreements to be brought with the client to the first session. However, if the therapist intern notices this has not been done, it is the responsibility of the therapist intern to obtain the copy of the agreement and be in compliance with this policy.

In addition, the record for treatment cannot be placed in the minor’s name. Therefore the file must be under the consenting adult’s name and must have his/her contact information on file.

Payment & Fees

There is a standard fee for all services provided at the MFT Clinic. However, it is the policy of the MFT Clinic to provide services regardless of the ability of the client to pay. Therefore, financial scholarships are available for those clients with an inability to pay the Clinic’s standard session fee (see Financial Scholarship Contract).

The standard fee for intake sessions is $30 which covers the cost of the session as well as administrative fees related to intake paperwork, and all sessions thereafter have a standard fee of $20. All sessions are a recommended 50 minutes. All fees are payable at the time of each visit and are documented by the Clinic Staff in the Client Payment Record. Clients should be informed at the time of the initial telephone contact that there is a fee for services performed at the MFT Clinic and that arrangements should be made by the client for full payment of fees at the time of each appointment.

The standard fee for depositions and/or court appearances, or any associated hearing, is $400 per hour ($300 per hour for the supervisor, and $100 per hour for the intern). These fees will be made
payable to the ULM MFT Clinic. As this is a training facility, no intern is permitted to appear in court or at any associated hearing without the case supervisor also being present. Such appearances will only take place in response to a subpoena. A retainer fee, of at least $400, must be paid in advance of any deposition, court appearance, or associated hearing.

**Fee Exemptions**

The MFT Clinic does not, as a general rule, provide “Free Therapy.” Such arrangements tend to undervalue the therapeutic process. This can have an adverse effect on the commitment and motivation of some clients toward the therapeutic process, thus prolonging therapy unnecessarily. As such, payment of an appropriate fee for professional services is an important consideration.

However, **students, staff, and faculty of both** the University of Louisiana at Monroe and Louisiana Delta Community College **are not charged** a fee for services. However, the student, staff member, or faculty member must present the MFT Clinic Staff with their appropriate identification verifying their student, staff, or faculty designation before the intake session. Office staff is required to copy the identification and place a copy in the client file.

In cases of financial necessity, “financial scholarships” are offered to deserving clients. These scholarships carry specific conditions, which must be maintained by the client and approved by the intern’s supervisor. Please see next section for, “Eligibility for Financial Scholarships.”

**Eligibility for Financial Scholarships**

It is the policy to the MFT Clinic to provide quality professional services to clients regardless of family financial circumstances. Financial scholarships, which offer a partial reduction of the regular fee, are available for those clients with an inability to pay the Clinic’s standard session fee. These scholarships are time limited, subject to renewal, with the following stipulations:

1) The client and intern negotiate the appropriate fee during the initial session. This may require that the client document qualifying financial need.

2) The scholarship will typically provide a partial reduction from the standard fee. Clients will be required to make full payment of the remaining reduced fee at the time of each visit.

3) The reduced fee scholarship will remain in effect for so long as the client(s) continue to abide by the stipulations of the reduction.

A Financial scholarship will remain in effect with the following stipulations:

- Upon establishing a reduced fee, the client must make full payment of the remaining reduced fee at the time of each visit.

- Canceled or rescheduled appointments must have 24 hours advanced notice. Failure to provide advanced notice will result in an automatic cancellation of the scholarship with subsequent fees set at the standard rates.
The reduced fee scholarship is subject to review upon either the intern’s or the client’s request. Appropriate reasons for review will include, but will not be limited to, change in the client’s income and/or circumstances.

All household or immediate family members must attend each session as requested by the intern.

The reduced fee scholarship will remain in effect for so long as the client(s) continue to abide by the stipulations of the reduction.

Should the client be unwilling to abide by these stipulations, the regular fee of $20 per session will apply to any subsequent services provided at the MFT Clinic.

Please see (Financial Scholarship Contract) for more information about the Financial Scholarship and contract.

Establishing the Amount of a Financial Scholarship

During the initial session, the intern and client will establish the appropriate hourly fee for the client. This requires a degree of negotiation and understanding of the client's financial circumstances. The following steps may be helpful in this process:

1) An initial statement to the client that “the fee is $20 per session”. If the client does not express any problem with this fee, then the fee should be set at $20 per session and noted on the intake form.

2) If the client expresses that the regular fee of $20 per session is prohibitive, the therapist should ask the client how much they are able to afford to pay per session. (It should be noted that “ability to pay” is distinctly different than “willing to pay”). Considerations of employment, debt, lifestyle, recreational activities, etc. should be reviewed before offering a fee reduction through a scholarship.

3) Occasionally, a client may be unemployed and have no source of income. In such cases a financial scholarship is customary.

4) Under extraordinary circumstances, a client may be unemployed and in dire financial circumstances which prohibit payment of even a token fee. Awarding of a full scholarship may be provided with the permission of the intern’s assigned supervisor and/or the Director of Clinical Services.

Billing & Health Insurance Reimbursement

The MFT Clinic does not bill for services. It is the policy of the Clinic that arrangements be made for full payment for services rendered at the time of each visit.

Insurance policies vary widely regarding reimbursement for mental health services. Any question of coverage is a matter between the policyholder and insurance company. Clients may wish to contact
their insurance company to inquire about the extent of policy coverage for services provided at the MFT Clinic. Upon execution of a signed release of information, the MFT Clinic can provide a standard receipt, which is generally acceptable for submission for insurance reimbursement. The MFT Clinic is not equipped for third party reimbursement.

**Case Record Management**

Therapist interns are responsible for maintaining up-to-date clinical records and demographic information on each client in their care. Appropriate MFT Clinic forms should be completed promptly and a copy put in the client's file. It is the responsibility of the intern to safeguard active case files and to insure the confidentiality of all client records until a case is closed.

After completion of all case notes and other pertinent documentation client files should be immediately returned to the appropriate locked filing cabinet. The file room is also to be kept locked at all times, in order to provide an extra level of protection to client confidentiality.

Client records (originals and copies) must remain in the MFT Clinic at all times, with the following exceptions:

- As specifically authorized by a signed release from the client which requires the signatures of all individuals 18 years or older who attended sessions. This should be reviewed and co-signed by the supervisor prior to release (see Authorization for Use or Disclosure of Protected Health Information or Authorization for the Release of Medical Information).
- As authorized by the Director of Clinical Services. For logistical purposes, a supervisor’s office is considered a physical part of the MFT Clinic.
- At approved Externship sites in secured facilities.
- Records should be immediately re-filed after each review. Records include case files, DVDs, correspondence, supervision notes, and any other information pertaining to a case, electronic or otherwise. Supervisors maintain full access to a supervisee’s clinical records at all times.

It is important that therapist interns keep accurate and timely records. If an error is made in the record, therapist interns should put one line through the error, initial, and date it. At NO time should “white-out” or other means be used to cover or erase errors.

**Intake File Forms**

The following forms should be a part of the intake file when the therapist intern receives a new client (please see Intake File Forms for all forms):

- Client Intake Sheet (front)
- Client Intake Sheet (back)
- Case Activity Record
- Client Payment Record
Case Record Forms

The following forms may be utilized throughout the course of treatment. Those denoted with a * are a required part every case record and the others will be used on a case-by-case basis (please see Case Record Forms for all forms):

- Session Case Notes*
- Authorization for Use or Disclosure of Protected Health Information
- Authorization for the Release of Medical Information
- Documentation of Communication with Referrals and Others
- Documentation of Report to Authorities
- Referral Form
- Consent for the Treatment of Minors
- Financial Scholarship Contract
- Safety Plan
- Special Therapy Agreement
- No Violence Contract
- Suggestions for Developing a Personal Safety Plan
- Transfer of Intern
- Termination Never Show After Transfer
- Termination Never Show
- Termination Summary*
- File Re-Opened
- Probation and Parole Referral Form

Transportation of Files

Whenever files are transported from externship sites or the MFT Clinic to the office of the clinical supervisor, due diligence must be taken to insure their safety and confidentiality with no file ever being left unattended. However, it is preferential for case files to be reviewed by clinical supervisors at the externship site rather than the file being transported to the MFT Clinic and/or the office of the clinical supervisor. Similarly, it is preferential for ULM MFT Clinic files to be reviewed by clinical supervisors at the ULM MFT Clinic.

If it is necessary to transport files to the office of the clinical supervisor, files must:

- Be taken to the clinical supervisor’s office immediately after leaving the externship site/ULM MFT Clinic.
☑ Be returned to the externship site/ULM MFT Clinic immediately after the close of supervision.

☑ NOT be left in the intern’s vehicle.

☑ NOT be taken to the intern’s home, or other location.

☑ It is suggested that client files, while being transported, be kept in a locked brief case.

**Maintenance of Videotaped, Digital, or Electronic Session Information**

Recordings of sessions, of any type, are utilized for supervision purposes only and are erased at the completion of supervision. No recording is kept as part of the permanent client record. It is the responsibility of the intern to completely erase or delete any copy of recorded sessions at the close of supervision on that particular case.

Before erasing or deleting, all videotapes or devices used for the storage of digital or electronic versions of sessions, should be stored in the storage units in the locked Clinic Break Room. As with the “Transportation of Files” listed above, no recording should leave the ULM MFT Clinic at anytime unless requested by the intern’s supervisor. If it is necessary to transport recorded information as advised by the supervisor, then the following steps should be taken:

☑ Be taken to the clinical supervisor’s office immediately after leaving the externship site/ULM MFT Clinic.

☑ Be returned to the externship site/ULM MFT Clinic immediately after the close of supervision.

☑ NOT be left in the intern’s vehicle.

☑ NOT be taken to the intern’s home, or other location.

☑ It is suggested that client files, while being transported, be kept in a locked brief case.

*Should the ULM MFT Clinic Staff, faculty, or therapist interns desire to use information that might identify clients, such as videotapes or other formats of live sessions, for purposes of research, Comprehensive Exams, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use.*

**Case Follow-Up**

If the client fails to show for a session, it is the intern's responsibility to clarify if the client plans to return for treatment. If the client does not wish to continue in therapy at the present, the case is to be terminated and follow-up telephone calls conducted. It is recommended that calls be placed at one, three, and six month intervals.
If the client decides to return for another session, the therapist intern is responsible for checking Clinic room availability with Clinic Staff and writing the appointment down in the Master Schedule. 

All client contact or attempts to contact must be documented in the **“Case Activity Record”** in the client’s file (see Case Activity Record).

When receiving a referral from a community source such as a judge, district attorney, attorney, minister, teacher, physician, etc. it is appropriate to acknowledge (by telephone or correspondence) that the referral has been seen. **This courtesy can only be performed with the prior written consent of the client/clients.** If a consent form has been forwarded to the clinic along with a referral by a legal referral source, such as a judge or the district attorney’s office, it is appropriate to follow-up with the referral source even if the client is a “never-show.”

More specific information may be requested or required by the referral source. Appropriate reports are encouraged, **with the prior written consent of the client/clients**, and are to be approved and co-signed by the intern’s supervisor. If the intern’s supervisor is unavailable, the intern is encouraged to seek the assistance of the Director of Clinical Services.

**Correspondence with Clients**

All correspondence with clients should be noted in the **“Case Activity Record”** (see Case Activity Record) in the client file indicating the date and nature of the contact. A copy of all correspondence, co-signed by the case supervisor, sent to a client should be placed in the client file. Additionally, a copy of all correspondence received from a client, including notes, cards, etc. should be placed in the client's file.

**Telephone calls to clients should be made from the ULM MFT Clinic using clinic telephones only. Generally, cell phones should never be used to call clients, client calls should not be made from home or from other locations outside of the clinic, nor should clients be given access to an intern’s personal telephone number. The only exceptions to this rule would be emergency clinical situations, such as with suicidal or homicidal clients.**

**Correspondence with Other Sources**

All requests for client information by third parties should be brought to the attention of intern's supervisor and/or the Director of Clinical Services. Requests for information concerning clients can only be provided to outside sources after securing a written release **“Authorization for Use or Disclosure of Protected Health Information”** (see Authorization for Use or Disclosure of Protected Health Information) from all adults who participated in the therapy sessions. If another health provider or outside entity requests records from the ULM MFT Clinic or therapist intern, all adults who participated in therapy sessions must sign a written release **“Authorization for the Release of Medical Information”** (see Authorization for the Release of Medical Information) **before any** information can be disclosed.

Under no circumstances (unless mandated or permitted by law – please see “Requests for Litigation Support” section of this document) will a therapist intern allow information to be released to a third party without written permission from the client (or from all clients over
the age of 18, if multiple clients were involved in a particular case). The release should be specific and dated. A copy should be placed in the client’s file.

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.

Please refer to the AAMFT Code of Ethics:

“Marriage and Family Therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client” (Principle II: Confidentiality).

After the “Authorization for Use or Disclosure of Protected Health Information” (see Authorization for Use or Disclosure of Protected Health Information) has been completed, signed by all parties, and is on file, the therapist may contact the person/party authorized in the written release. Any communication with referral sources, other professionals, or others involved with the case should be documented on the “Documentation of Communication with Referral Sources and/or Others Involved with the Case” form (see Documentation of Communication with Referral Sources and/or Others Involved with the Case).

If a report is made to an external entity for the purposes of protecting the client’s or others’ safety, reporting instances of suspected abuse or neglect as mandated by law, or other instances required to be reported by law, a “Documentation of Report to Authorities” form should be completed under direct supervision (see Documentation of Report to Authorities). An “Authorization for Use or Disclosure of Protected Health Information” (see Authorization for Use or Disclosure of Protected Health Information) may not be necessary to report information to authorities if information necessitating a report falls within the limits of confidentiality. See the Statement of Practice for more information about the limits of confidentiality (see Statement of Practice).

Providing Referrals

It is of utmost importance that therapist interns recognize the limits of their scope of practice and refer clients to other providers, resources, and services when necessary or desired, assisting and advocating for clients to obtain appropriate and quality care within their community (COAMFTE: 1.4.1, 3.5.1, 5.3.7; CACREP: D.6. under Marriage, Couple and Family Counseling). In order to facilitate this process, therapist interns should complete the “Referral” form (see Referral Form) and give a copy to the client to take with them. If the client desires for the therapist to assist in the process of obtaining an appointment with or contacting the referral, the appropriate “Authorization for Use or Disclosure of Protected Health Information” (see Authorization for Use or Disclosure of Protected Health Information) must be completed first. Referrals made throughout the course of therapy should also be documented on “Session Case Notes” (see Session Case Notes) and on the “Termination Summary” (see Termination Summary) or “Transfer of Intern” form (see Transfer of Intern). And, any correspondence with referral sources should be documented on the “Documentation of Communication with Referral Sources
and/or Others Involved with the Case” form (see Documentation of Communication with Referral Sources and/or Others Involved with the Case).

**Aftercare Plans/Continuation of Care**

Therapist interns should collaborate with clients in the development of aftercare plans and should provide clients with the resources and knowledge to obtain care after treatment has ended should the need arise (COAMFTE: 3.3.9). These plans and resources given should be documented on the “Session Case Notes” during the course of therapy (see Session Case Notes) and on the “Termination Summary” at the end of therapy (see Termination Summary). When referrals are given to the client for continuation of care, please complete the “Referral” form (see Referral Form).

**Termination of Cases**

A case shall be terminated when any of the following occur, and after consultation with the case supervisor:

- The goals of therapy have been accomplished and the intern and client agree to terminate treatment.
- The client informs the intern that he/she does not plan to continue with therapy.
- The client fails to maintain two (2) consecutively scheduled appointments without prior notification.
- After consulting with the case supervisor, it becomes apparent that the client requires services unavailable at the MFT Clinic.
- In the event that the reason for termination is any other than that the goals of therapy have been accomplished, the intern will assist in finding appropriate referral sources if requested and/or necessitated.
- If referral is given, complete “Referral” form (see Referral Form) and give a copy to the client.

Please refer to the AAMFT Code of Ethics:

“Marriage and Family Therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help” (1.10).

“Marriage and Family Therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment” (1.11).

In order for the termination process to be complete, the intern must carry out the following:
A letter documenting the termination must be mailed to the client, unless after consultation with the case supervisor this is contraindicated. NOTE: Make sure the client has completed the “Permission to Contact” form (see Permission to Contact) and has indicated an address that is approved to mail correspondence.

A “Termination Summary” form (please see Termination Summary) must be completed by the intern, co-signed by the case supervisor, and placed in the client folder.

The termination must be documented, along with the date, on the inner left-hand side of the client folder (please see Case Activity Record) with either the word “termination” or the letter “T”.

The terminated folder must be forwarded to the Clinic Staff so that they may appropriately document the termination in Clinic Log-books.

Termination of Never-Show Cases

Cases may be terminated, as a “Never-Show”, if a client fails to show for the initial scheduled appointment, and any of the following occur:

- If the intern has repeatedly attempted to make contact with the client and has been unsuccessful,
- If the client never returns the interns calls, or
- If the client repeatedly no-shows for appointments.

In all “never-show” cases, attempts to contact, and descriptions of telephone contacts, must be documented in the client folder on the “Case Activity Record” sheet (please see Case Activity Record).

In addition, in order for the termination of a “Never-Show” Case to be complete, the following procedures must be followed:

- The intern must have the approval of his/her supervisor to terminate.
- A “Termination of a Never-Show Client” form (please see Termination Never Show) must be completed, co-signed by the intern’s supervisor, and placed in the client file.
- The termination must be documented, along with the date, on the inner left-hand side of the folder (please see Case Activity Record) with either the word “termination” or the letter “T”.
- The terminated folder must be forwarded to the clinic staff so that they may appropriately document the termination in Clinic Log-books. The staff member will then appropriately process the “never-show” case, and the intern’s name will be placed at the front of the therapist rotation.
Transfer of Case to another Intern (at the ULM MFT Clinic)

A case shall be transferred to another intern at the ULM MFT Clinic when any of the following occur, and after consultation with the case supervisor:

- If the intern and supervisor agree that it would be therapeutically beneficial to transfer the case due to ethical concerns or specific difficulties being experienced by the intern with the particular case/client/presenting problem.
- If the intern and supervisor agree that due to the impending graduation of the intern that the timing for case transfer is optimal and/or necessary.
- At the request or requirement of the supervisor, at his/her discretion.

In order for the transfer process to be complete, the intern must carry out the following:

- The current intern-of-record must have the permission of his/her supervisor to transfer the case to a particular intern, and
- The current intern-of-record must have the permission of the other intern to transfer the case to him/her. In other words, the intern to whom the transfer will be made must agree to accept the transfer.
- A “Transfer of Intern” Form (please see Transfer of Intern) must be completed by the intern of record, co-signed by the case supervisor and the new intern, and placed in the client folder.
- The transfer of intern must be documented, along with the date, on the inner left-hand side of the client folder (please see Case Activity Record) with the word “transfer.”
- A new “Statement of Practice” form should be completed and filed by the clients giving their consent to treatment by the new therapist intern. (see Statement of Practice).
- The Clinic Staff must be notified of the transfer so that the Clinical records can be updated appropriately.
- The previous intern-of-record must have all case documentation up-to-date and in the case record before transferring the case.

Termination of a Transferred Never-Show Client

Following the guidelines listed above for “Termination of Never Show Cases,” if a case file was transferred to another therapist intern and the client never showed for a session with the new therapist intern, the new therapist of record can complete a “Termination of a Client that Never-Showed after Transfer” form (see Termination Never Show After Transfer). This form suffices as the Termination Summary for this type of file. All other guidelines for termination of case files should be followed.
Terminated Case Files and Maintenance

Terminated cases should be promptly closed and appropriately filed and is a continuous process that is part of appropriate and professional case record management. At the end of each semester, therapist interns should review their files and terminate any files that can be terminated. Therapist interns should NOT wait until the end of their coursework to terminate files. The Director of Clinical Services serves as custodian of all terminated or inactive client records. Upon execution of appropriate written releases of information regarding terminated files, requests for records by third parties should be made through the Director of Clinical Services.

Re-Opened Files

If a person calls to make an appointment that has been a client of the ULM MFT Clinic in the past and the file was previously terminated, the file can be re-opened if: 1) there are no additional or less adults participating than participated in the original case file, in other words, exactly the same adults will be participating in treatment the second time around. If the terminated client file is re-opened, the following must take place:

☑ Complete the “File Re-Opened” form (see File Re-Opened) and place in client file
☑ Make sure Clinic Staff has client’s updated contact information
☑ Have clients sign a new “Statement of Practice” (see Statement of Practice)
☑ Have clients sign a new “Consent for the Treatment of Minors” form if applicable (see Consent for the Treatment of Minors)

Measures to Improve Clinical Services

The ULM MFT Clinic is committed to providing the best services possible by our therapist interns to the public. It is imperative that we continuously assess and revise policies and procedures to improve the effectiveness of our clinical services. In order to do this, we have created two surveys which supply feedback from 1) ULM MFT Clinic clients (see Client Satisfaction Survey), and 2) community externship site administrators/supervisors (see Community Feedback Survey). Additionally, our therapist interns are evaluated by their MAFT 6070/7050 clinical supervisor every semester and in turn every semester, the clinical supervisor is evaluated by their therapist interns, creating a consistent recursive evolving evaluative process (Doctoral Practicum Evaluation and Evaluation of Supervisor forms). The feedback from all of these evaluative tools is utilized to ensure quality of work and services by suggesting needed changes to be implemented in the future. The process of how this feedback is used and implemented will be described in the narrative about each tool.

Client Satisfaction Survey

Client Satisfaction Survey: Creation, Implementation and Analysis Explanation

I. Creation Rationale

The Client Satisfaction Survey (CSS) was created, in accordance with CACREP and COAMFTE standards, to evaluate and assess client feedback regarding their services at the University of
Louisiana at Monroe’s Marriage and Family Therapy Clinic. The CSS allows the program, faculty, supervisors, and students an opportunity to receive comments, suggestions, and overall ratings of services from clients, all of which is necessary for the continual development and adaptation of the most effective and helpful services that can be provided. COAMFTE Core Competency 1.3.7. states that each program should “solicit and use client feedback throughout the therapeutic process”. Additionally, CACREP Marriage, Couple, and Family Counseling standard J. 3 expects that a student “analyzes and uses data to increase the effectiveness of marriage, couple, and family counseling interventions and programs.”

II. Survey Development

The CSS was created to assess and evaluate many factors such as the process of scheduling an appointment, therapeutic services they received, the successful completion of therapeutic goals, and also requests written feedback regarding additional comments, suggestions, and has an optional section for demographic data.

This survey was created using templates from several internships sites in the community in which the interns work. Client Satisfaction Surveys, or similar assessments, were requested to aid the ULM MFT program in the development of their survey, which would be tailored specifically for the needs of the training program clinic.

III. Implementation

The CSS was created during the spring semester of 2011, and was first implemented in June of 2011. At this present time, the survey is distributed to clients once they reach their fifth session. Clients are asked at the end of this session if they would be willing to complete the survey. One or more members of the family can complete the CSS, including adults and children. The survey is anonymous and is given back to the front desk staff member who then places the survey in a binder, categorized by semester, in a locked cabinet. Should individuals terminate before the fifth session, he or she will be requested to fill out the survey at the final session. Clients who cancel appointments and never return will be mailed a survey at the address listed in their file, at the time in which the therapist terminates their file.

The clinic staff will note in each clients’ file whether or not they were given the survey at the fifth session, or at termination, and will also note if the survey was received or not.

IV. Analysis and Distribution

At the end of each semester, the Assistant Director of Clinical Services will input all data into a spreadsheet using Microsoft Excel. The data will be compiled into one master feedback form, given to each supervisor, and will also be kept in the clinic file records. In addition to this, a document for each student with his or her client results will be created, anonymously, in one form. A copy of this individual assessment will be placed in each student’s clinic file, and will also be given to the supervisor to discuss in individual supervision for the development and enhancement of the student’s therapeutic work. The following COAMFTE Core Competencies will be addressed at this time:

3.4.1: Evaluate progress of sessions toward treatment goals.
4.4.3: Evaluation treatment outcomes as treatment progresses.
4.4.5: Evaluation reactions to the treatment process and their impact on effective intervention and clinical outcomes.
6.3.4: Determine the effectiveness of clinical practice and technique.

Additionally, a summary of all feedback from the CSS for each semester will be given to the Director of Clinical services to inform suggested revisions to ULM MFT Clinic operations, policies and procedures to improve services provided to clientele based on client feedback. These changes will be documented on the CSS Feedback Implementation Form.

V. Survey Feedback

Since the summer of 2011, the feedback we receive addresses two primary areas: clinical services and clinic facilities and operations. Our surveys show an overwhelming response of satisfaction regarding our clinical services. We have, however, received outlier comments and suggestions for clinical services and clinic facilities and operations including improving customer service, creating a client resource library, increasing hours of operations, having longer sessions, therapists not taking breaks, beginning sessions on time, reaching out to the community, observation room noise, room temperature, and privacy in the waiting room. These comments have been distributed from the Program Director to the faculty supervisors to address on a case-by-case basis.

As previously mentioned, the clinical services feedback is distributed and addressed within a supervisory setting. Feedback regarding clinic facilities and operations are evaluated by the Director of Clinical Services and Program Director at the end of each semester, and suggestions are implemented based on feasibility. For example, at the end of Summer 2011 semester, several comments were made regarding the complexity and confusing nature of our phone system, particularly our answering service. After receiving this feedback, we collaborated with our phone company to provide an easier way for clients to leave messages in the clinic mailbox.

VI. Future Development of Survey

At any point, the program, faculty, and/or Director of Clinical Services may wish, and are able to change or add information to the CSS. This is necessary for the continued development and progress of the program and its wish to be constantly adapting to the needs of our faculty, students, and clients.

VII. Client Satisfaction Survey

To see “Client Satisfaction Survey,” see Client Satisfaction Survey.

**Community Feedback Survey**

In 2011, the ULM MFT Programs implemented a community agency survey to allow externship site supervisors and employers of graduates to provide meaningful and practical input to the ULM MFT Programs. Surveys request feedback pertaining to program mission, strengths, weaknesses, curriculum, and graduate preparation for the workplace. Externship site representatives completing the survey are given the option of doing so anonymously. All surveys are returned to the Director
of Clinical Services who provides the ULM MFT Faculty with themes developed from the results annually. Recipients of the community agency survey will include sites that are either currently employing students or who have in the past. Please see Community Feedback Survey.

Technology & Equipment

Interns should familiarize themselves with the operation of all recording technology and equipment at the Clinic, to include the saving and clipping of all digitally recorded sessions (for the purposes of supervision). Clinic Staff is available to conduct an orientation and to maintain operation of Clinic equipment. An orientation will be provided by the Director of Clinical Services and/or the Assistant Director of Clinical Services for all incoming therapists. Audio tape recorders are available for use at sites external to the campus where there is no recording capability.

Please refer to the AAMFT Code of Ethics:

“Marriage and Family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third party observation” (1.12).

Clipping Sessions

The cameras recording all sessions in each clinic room are set to an auto-delete feature. The cameras are set on continual record mode, while continually deleting sessions at the same time. The storage capacity is approximately 1-2 weeks worth of data.

For students to have their sessions saved or “clipped”, and not deleted, a “Clip Request Form” (see Clip Request Forms) must be completed and given to the clinic staff within this 1-2 week time frame. This form is to contain information such as student name, date of submission, date of session, clinic room number, and time of session. The clinic staff is to have this session recorded and saved into the student’s file within 48 hours, excluding weekends. Once the session is clipped, the Clip Request Form will be signed and dated by the clinic staff member and placed in the therapist’s box as a “receipt.” For example, if a student submits the Clip Request Form on a Tuesday, the clinic staff will clip the session and place the receipt in his or her box by Thursday. If a student submits a Clip Request Form on Friday, the session will be clipped by Tuesday, as the computers are not set to record over weekends.

The Student Therapists are responsible for organizing their folder of sessions and/or burning or saving them to a disk or jump drive for supervision purposes. See Clipping/Burning Session Directions for directions on how to burn sessions onto a disk. Additionally, student therapists should also be aware of confidentiality guidelines and refer to the clinic handbook (see Transportation of Files and Maintenance of Videotaped, Digital, or Electronic Session Information) regarding the transportation of files when removing any files or sessions from the clinic.

Data Storage

Information pertaining to the proper maintenance and storage of recorded session material has been discussed above (see Maintenance of Videotaped, Digital, or Electronic Session Information). Therapist interns may record clipped sessions onto a CD, DVD, or USB storage devices (e.g.,
jumpdrive, memory stick, etc.). Additionally, these storage devices should ONLY be used for the purpose of saving recorded sessions and must be stored in the Clinic. Therapist interns must follow the appropriate storage and maintenance procedures for this data material as described above. If available, the ULM MFT Clinic may provide data storage devices to therapist interns to use on ULM MFT Clinic recording equipment to be used for Clinic purposes ONLY.

**Vacations and Semester Breaks**

Interns should make specific arrangements with their clients for appropriate continuity of care during periods that the intern will be unavailable, after consultation with their supervisor. During periods of absence, the intern should provide the client with the name and telephone number of professional support in the event of an emergency situation, consistent with the nature of the case. Only under extreme conditions and with the prior approval of the appropriate supervisor and the Director of Clinical Services are therapists allowed to be absent from the clinic for more than two consecutive weeks. If the therapist intern has been approved to be absent from the clinic for more than two consecutive weeks, they must complete the “Leave of Absence” form (see Leave of Absence Form) and submit to the Director of Clinical Services.

**Special Procedures**

**Crisis Intervention**

Occasionally, clients are seen at the Clinic who exhibit behaviors requiring timely and specialized responses on the part of the intern. Legal and ethical considerations require that such responses attempt to ensure the safety and welfare of all participants involved in the therapeutic process, as well as individuals not involved in therapy who may also be affected by the actions of a client. It is important to recognize that appropriate responses to critical situations often require creativity and flexibility. Close supervisory support is particularly important in these cases.

**Acute Crisis Over-the-Phone**

Should someone call the ULM MFT Clinic in crisis (actively homicidal or suicidal with a plan), it is imperative that the Clinic Staff, in consultation with the on-site supervisor and/or the Director of Clinical Services, guide such persons to the appropriate place of safety and refer them to the nearest hospital emergency room or law enforcement agency. The ULM MFT Clinic is not equipped to handle acute emergency crises and every effort should be made to help the persons make contact with the appropriate resources.

*For any client who calls and is assessed in acute crisis, the person who answered the phone call must obtain caller’s name, current location and current contact number in the event that the call is dropped and/or law enforcement must be notified.*

*If there is any indication that a client might harm himself/herself or others, or if the situation presents possible ethical/legal concerns, a supervisor is to be contacted immediately.*
Therapist interns should keep their contact information up-to-date with the ULM MFT Clinic and make arrangements with another therapist intern if they are going to be out of town in case of an emergency. Should an established client of the ULM MFT Clinic call and need immediate services, but does not necessitate having them go to the hospital emergency room or calling law enforcement, the ULM MFT Clinic Staff will attempt to contact the therapist intern immediately. If the therapist intern is unavailable, the Director of Clinical Services and/or the supervisor will be notified immediately and he/she will respond to the client and take necessary action to help the client receive services.

Therapist interns should not transport clients at any time.

Emergency Numbers to Call:
Suicide Crisis Line 1-800-SUICIDE or 1-800-273-TALK
ULM Police (318) 342 - 5350 or 342-1911
Ouachita Parish Sheriff’s Department: (318) 329-1200
Hospital Emergency Room:
  Glenwood Regional Medical Center: (318)-329-4200
  St. Francis Medical Center-Downtown: (318)-966-4172
  St. Francis Medical Center-North: (318)-966-1946

Clients Exhibiting “High Risk” Behaviors

Any case involving behaviors (including ideations) which indicate a reasonable possibility of “risk to life”, “physical abuse” or “sexual abuse” should be considered “high risk”. **Interns should immediately consult with their supervisors in such situations.** Examples of “high risk” behaviors include the following:

1) Suicidal thoughts or actions on the part of any participant in therapy.

2) Violence or the concern of violence emerging.

3) Suspected physical abuse, sexual abuse, or neglect of a child under the age of 18 years.

4) Suspected physical abuse, sexual abuse, or neglect of an elderly or dependent individual.

5) Cases in which there appears to be an acute reaction to drugs or alcohol, which present a clear and immediate danger to life.

6) Any exhibited behavior which is bizarre, unstable, disoriented, or volatile and which by its nature suggests a reasonable risk to the safety of the client or others.

7) Evidence of diminished functionality (such as severe depressive behavior, etc.) which presents a clear and immediate risk to the health and welfare of the client or another person.

In such cases, in consultation with their supervisor, therapist interns may use the following assessments:
☑ Assessment Screening for Drug/Alcohol Abuse (See Assessment Screening for Alcohol/Drug Abuse)
☑ Assessment for Lethality (See Assessment for Lethality)

And/or help the clients develop the following:

☑ Safety Plan (see Safety Plan)
☑ Special Therapy Agreement (see Special Therapy Agreement)
☑ No Violence Contract (see No Violence Contract)
☑ Suggestions for Developing a Personal Safety Plan (see Suggestions for Developing a Personal Safety Plan)

**Cases Involving Suspected Child Abuse or Neglect**

Under Louisiana law, all cases involving suspected child abuse must be reported within 48 hours to the Office of Community Services or to the appropriate law enforcement agency.

The Office of Children and Family Services can be reached at the following telephone numbers:

- (318) 362-5417 Ouachita Parish Office
- (318) 362-3362 Monroe Regional Office
- (318) 362-5311 Emergency

Cases of historical child abuse should be reported if the alleged abuse took place a minimum of two years prior to the child’s disclosure, or if a minor child is still in contact with a possible offender regardless of when the suspected offense may have occurred. It is the legal responsibility of the intern, under supervisory direction, to comply with this requirement in cases of suspected child abuse.

**Cases Involving Suspected Elder Abuse or Neglect**

Louisiana law protects adults aged 60 or older from acts or omissions which result in physical or emotional abuse and neglect, inflicted by caregivers and from self-neglect by an individual. Louisiana law also protects seniors from acts of financial exploitation and extortion. The purpose of Elderly Protective Services (EPS) is to protect adults who cannot physically or mentally protect themselves and who are harmed or threatened with harm through action or inaction by themselves or by the individuals responsible for their care or by other persons.

Any suspicion of elder abuse or neglect should be reported to Elderly Protective Services at the following numbers:

- 1-800- 259-4990 EPS Statewide Hotline
- (318) 362-4280 Monroe Office
- Toll Free: 1-800-954-6902 Monroe Office
- Fax: (318) 362-4295
Cases Involving Suspected Disabled/Dependent Adult Abuse or Neglect

Louisiana law requires that any suspected cases of abuse, exploitation, extortion, and neglect of adults with disabilities be reported to Adult Protective Services under the Louisiana Department of Health and Hospitals. Adults 18-59 years of age, or people under 18 who have been legally declared adults, who have mental, physical or developmental disabilities which substantially impair their ability to care for themselves are considered protected under this law.

To report suspected abuse or neglect contact Adult Protective Services at any of the following numbers:

1-800-898-4910 (toll free)
(225) 342-9057 Statewide Office
Local law enforcement: Ouachita Parish Sherriff’s Department: (318) 329-1200

Safety Plan

Client(s)’ safety should remain first and foremost in treatment. Should the occasion arise during the course of therapy that the therapist intern becomes concerned about the safety of a client, they should immediately consult with their supervisor regarding steps to take to ensure the client’s safety. Additionally, the therapist intern should work with the client to develop a “Safety Plan” with concrete steps the client will take to remain safe with a list of persons to contact who will assist the client if the therapist intern cannot be reached. The following are a list of potential situations that may warrant the use of the “Safety Plan” form: suicidal ideation, violence, dangerousness to self or others, abuse, etc.

Documentation of Report to Authorities

If a report is made to an external entity for the purposes of protecting the client’s or others’ safety, reporting instances of suspected abuse or neglect as mandated by law, or other instances required to be reported by law, a “Documentation of Report to Authorities” form should be completed (see Documentation of Report to Authorities). Therapist interns should consult with their supervisor prior to and throughout a case that may necessitate reporting information to authorities.

Requests for Litigation Support

Marriage and Family Therapists are increasingly being called upon by the legal system to testify in a professional capacity; either as expert witnesses or factual witnesses. Such requests may be initiated by the client, legal counsel or the court. Interns should consult with their supervisor immediately when receiving any indication that they may be called upon to participate in legal proceedings.

The MFT Clinic does NOT offer divorce mediation, child custody evaluations, or litigation support services. Expert witness and legal support services must be directly performed by a licensed therapist and as such are not consistent with the mission and scope of the MFT Clinic.
The MFT Clinic does NOT voluntarily allow the participation of interns in litigation support activities. Therefore, interns should discourage their participation in such activities. In the event that case records or an intern is subpoenaed relating to a case, the supervisor of record and Director of Clinical Services should be notified immediately.

Since interns do not enjoy independent status as mental health professionals, participation in the legal arena requires the active involvement of the intern's supervisor. The supervisor of record will accompany the intern in the event he/she is compelled to participate in legal activities (such as depositions, court appearances, or any associated hearing). It should be clearly communicated to clients that a fee of $100 per hour for the intern and $300 per hour for the supervisor (totaling $400 per hour) will be charged for such activities. These fees will be made payable to the ULM MFT Clinic. Such appearances will only take place in response to a subpoena. A retainer fee, of at least $400, must be paid in advance of any deposition, court appearance, or associated hearing.

Occasionally, requests for legal support services will arise during the course of therapy relating to other treatment concerns. The therapist should consult closely with his or her supervisor in order to maintain an appropriate therapeutic role with the client.

Clients whose primary request for service is child custody evaluation or litigation support should be referred to a family therapist who offers such services.

**Court Mandated Therapy**

The MFT Clinic works closely with the courts in providing appropriate professional services for adjudicated minors, adults, and their families. The MFT Clinic considers “mandated therapy” as a matter between the client and the court. Services will be provided to mandated clients under the same guidelines as with any other client. Interns working with court mandated cases should discuss the referral with the judge or probation officer after reviewing the case referral with the supervisor and the appropriate Consent to Release Information forms have been completed (see Authorization for Use or Disclosure of Protected Health Information and Authorization for the Release of Medical Information). Every effort should be made to clarify and assist in meeting the goals of both the referral source and the client in cases involving mandated therapy. As a general rule, court mandated cases are not eligible for financial scholarships. Exceptions must be cleared by the supervisor and/or Director of Clinical Services.

Please refer to the AAMFT Code of Ethics:

“Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality” (1.13).

**Accident/Incident Report**

In the event of an accident or incident, immediately notify the clinical supervisor on duty. If the event occurs before 4:00 p.m., notify the Director of Clinical Training / Program Director. If the Director of Clinical Training / Program Director is unavailable, notify the Director of Clinical Services. If an incident occurs “in session” or directly effects treatment, the intern’s clinical
supervisor should be notified.

The University of Louisiana at Monroe Campus Accident Policy requires the following:

For any incident requiring police intervention, The University of Louisiana at Monroe Police must be notified. For any incident requiring emergency services, University Police must be notified first. If possible, the University Police should determine the need for an ambulance. If an ambulance is required, the request should be made by the University Police to assure speedy dispatch. The ambulance company will not normally respond to an individual’s call from the campus unless the individual is willing to be held responsible for charges.

In the event of a life-threatening emergency, call in the following order:

1. University Police 342-5350 or **342-1911**
2. Clinical Supervisor 342-5678
3. Student Health Services 342-1651
4. Director of Clinical Services 342-1281
5. Program Director / Director of Clinical Training 342-1208
6. Department Head 342-1246

In the event of an accident or incident, call in the following order:

1. Clinical Supervisor 342-5678
2. Director of Clinical Services 342-1281
3. Program Director / Director of Clinical Training 342-1208
4. University Police 342-5350 or 342-1911
5. Department Head 342-1246

The appropriate university official who witnesses or has been involved in an accident, at the Marriage and Family Therapy Clinic, should file a written accident report (please see Accident Report) with the following:

- ✔ University Police
- ✔ Infirmary
- ✔ Director of Student Life
- ✔ Academic dean (if a student or employee in his/her area of responsibility is involved.)
MAFT 7050: Doctoral Pre-Internship Clinical Experience (Practicum)

Doctoral Clinical Quick Reference Sheet

Requirements for Ph.D. Students with a COAMFTE Accredited MA Degree

☑ Submit a copy of the last Client Contact Hours Sheet earned in MA program to Director of Clinical Services (Ph.D. with COAMFTE accredited MA)

☑ Continuously enroll in MAFT 7050 beginning the first term of program year until enrollment in MAFT 7052.

☑ **1,000** Total Direct Client Contact Hours by end of MAFT 7052 in order to Graduate. (Note: If student reaches 1000 Direct Client Contact Hours before beginning MAFT 7052, he or she is eligible for a Non-Clinical Internship.)
  - At least 50% (500) of the Total Direct Client Contact Hours must be relational.

☑ **500** Direct Client Hours earned in COAMFTE Accredited MA Program

☑ **200** Direct Client Contact Hours in MAFT 7050
  - 100 of those 200 Direct Client Contact Hours Obtained in the ULM MFT Clinic
  - **100** Relational Hours
  - Only **150** Alternative Therapeutic Contact hours between MA & Ph.D. programs combined

☑ **700** Direct Client Contact Hours prior to entering MAFT 7052 Internship (500 COAMFTE MA Hours + 200 MAFT 7050 Hours)

☑ **100** Supervision Hours
  - 50 of those 100 Supervision Hours must be Direct Observation (Live, Audio, Video)
  - 25 of those 50 Direct Observation Hours must be Live or Video
Doctoral Pre-Internship Clinical Experience (Practicum)

Doctoral Clinical Quick Reference Sheet

Requirements for Ph.D. Students without a COAMFTE Accredited MA Degree

☑ Enroll in MAFT 6070 for at least the first semester, until approved to enter MAFT 7050.

☑ Submit “Application for MAFT 7050 Practicum” to Director of Clinical Services prior to enrolling in MAFT 7050: Practicum (see Application for MAFT 7050 Practicum).

☑ Continuously enroll in MAFT 7050 beginning the first term of program year until enrollment in MAFT 7052.

☑ 1,000 Total Direct Client Contact Hours by end of MAFT 7052 in order to Graduate. (Note: If student reaches 1,000 Direct Client Contact Hours before beginning MAFT 7052, he or she is eligible for a Non-Clinical Internship.)
  - At least 50% (500) of the Total Direct Client Contact Hours must be relational.

☑ 700 Direct Client Hours prior to entering MAFT 7052 Internship (500 earned in accordance with COAMFTE Accredited MA Program Standards, unless documentation showing evidence of previously earning the equivalent can be produced + 200 Required in MAFT 7050).
  - 700 Direct Client Contact Hours
    - 200 of those 700 must be earned in MAFT 7050
  - 350 Relational Hours
    - 100 of those 350 must be earned in MAFT 7050
  - 250 Hours Obtained in the ULM MFT Clinic
    - 100 of those 250 must be earned in MAFT 7050
  - 150 Alternative Therapeutic Contact Hours allowed
  - 200 Supervision Hours
  - 100 of those 200 Supervision Hours must be Direct Observation (Live, Audio, Video)
  - 50 of those 100 Direct Observation Hours must be Live or Video
Doctoral Pre-Internship Clinical Experience (Practicum)

Requirements for Ph.D. Students with a COAMFTE Accredited MA Degree

All ULM MFT doctoral students are required to maintain an active client caseload at the ULM MFT Clinic. All doctoral students are required to be continuously enrolled in MAFT 7050 beginning the first term of their program year and ending upon enrollment in MAFT 7052 (Internship). In other words, students must enroll in MAFT 7050 every semester of their coursework until they register for MAFT 7052.

All students must earn a minimum of 200 direct client contact hours while enrolled in MAFT 7050. Of those 200 hours, 100 hours must be earned at the ULM MFT Clinic. The remaining 100 hours can be earned at an approved Externship Site. (Please see Currently and Previously Approved Externship Sites). Of the 200 direct client hours earned while enrolled in MAFT 7050, 100 of those hours must be relational in nature.

In order to graduate, students must earn a total of 1,000 client contact hours. 500+ client contact hours can be counted from a COAMFTE accredited MA degree program. The remaining 500 client contact hours will be earned through MAFT 7050 (minimum 200) + MAFT 7052 Internship. Students must earn a minimum of 700 client contact hours (500 MA COAMFTE Hours + 200 MAFT 7050 Hours) prior to entering MAFT 7052 Internship and must have earned a total of 1,000 client contact hours at the completion of MAFT 7052 (500 MA COAMFTE Hours + 200 MAFT 7050 Hours + 300 MAFT 7052 Hours).

Should students have earned 1,000 client contact hours prior to entering the MAFT 7052 Internship (for example, a student may have earned more than 500 hours in their COAMFTE accredited MA program or more than 200 hours in their MAFT 7050 course), students may elect to enroll in a non-traditional MAFT 7052 Internship. This will be explained in more detail in the section: MAFT 7052 Internship.

Note: Students may only earn a total of 150 Alternative Therapeutic Contact hours between their MA and Ph.D. programs combined.

Prior to seeing clients in the MAFT 7050, doctoral students must submit official documentation (such as last client contact hours calculation sheet) of their total direct client contact hours earned in their COAMFTE Accredited or equivalent MA program to the Director of Clinical Services.

While all therapy, regardless of the number of individuals actually in the room, can be conceptualized as “systemic,” it is a requirement of the MFT program that a minimum of 50% of client contact involves conjoint work with couples or families.
Requirements for Ph.D. Students without a COAMFTE Accredited MA Degree

All ULM MFT Doctoral students are required to maintain an active client caseload at the ULM MFT Clinic. Doctoral students not graduating from a COAMFTE accredited master’s program are required to meet the requirements of a COAMFTE accredited master’s degree to meet equivalency criteria. The student must complete a minimum of 500 direct client contact hours while continuously enrolled in MAFT 6070 or MAFT 7050. Students must enroll in MAFT 6070 for at least the 1st semester of coursework until their clinical supervisor approves them moving to MAFT 7050. Prior to enrolling in MAFT 7050, the student must submit an “Application for MAFT 7050 Practicum”. Please note that this may delay enrollment in MAFT 7052.

All doctoral students are required to be continuously enrolled in MAFT 6070/7050 beginning the first term of their program year and ending upon enrollment in MAFT 7052 (Internship). In other words, students must enroll in MAFT 6070/7050 every semester of their coursework until they register for MAFT 7052.

However, all students must earn a minimum of 200 direct client contact hours while enrolled in MAFT 7050. Of those 200 hours, 100 hours must be earned at the ULM MFT Clinic. The remaining 100 hours can be earned at an approved Externship Site. (Please see Currently and Previously Approved Externship Sites). Of the 200 direct client hours earned while enrolled in MAFT 7050, 100 of those hours must be relational in nature.

Prior to earning 200 client contact hours in MAFT 7050, students must have met the COAMFTE accredited master’s program requirements (or the equivalent) of 500 direct client hours, 250 relational hours, 150 hours earned at the ULM MFT Clinic, a maximum of 100 alternative therapeutic contact hours, and 100 supervision hours – 50 of which are direct observation and 25 of the 50 direct observation must be direct observation that is live or via video. For more information regarding COAMFTE accredited MA requirements, please see the Master’s Clinic Handbook.

In order to graduate, students must earn a total of 1,000 client contact hours. 500+ client contact hours can be counted from a COAMFTE accredited MA degree program (or equivalent as described above). The remaining 500 client contact hours will be earned through MAFT 7050 (minimum 200) + MAFT 7052 Internship. Students must earn a minimum of 700 client contact hours (500 MA COAMFTE Hours + 200 MAFT 7050 Hours) prior to entering MAFT 7052 Internship and must have earned a total of 1,000 client contact hours at the completion of MAFT 7052 (500 MA COAMFTE Hours + 200 MAFT 7050 Hours + 300 MAFT 7052 Hours) to graduate.

Should students have earned 1,000 client contact hours prior to entering the MAFT 7052 Internship (for example, a student may have earned more than 500 hours in their COAMFTE accredited MA program or more than 200 hours in their MAFT 7050 course), students may elect to enroll in a non-traditional MAFT 7052 Internship. This will be explained in more detail in the section: MAFT 7052 Internship.

Note: Any client contact hours/supervision hours earned under an AAMFT Approved Supervisor may count those hours toward their 500 MA Equivalency hours to count toward
the 1,000 total hours. HOWEVER, this does NOT exempt the student from earning 200 hours in MAFT 7050.

Note: Students may only earn a total of 150 Alternative Therapeutic Contact hours between their COAMFTE MA (or equivalent) and Ph.D. programs combined.

**Application for MAFT 7050 Practicum**

If a Ph.D. student is initially enrolled in MAFT 6070, prior to initiating the MAFT 7050 Practicum, the student must complete and submit the Application for MAFT 7050 Practicum signed by the student, their MAFT 6070 supervisor, and the Director of Clinical Services. In addition, the following is required in order for the application submitted to be complete:

- Contact Information
- Name of Supervisor Assigned for MAFT 6070
- List of any existing Externship Sites
- Direct Client Contact Hours earned in MAFT 6070
- Supervision Hours earned in MAFT 6070
- Signed MAFT 7050 Supervision Contract (attached)

**Expectations for All Ph.D. Students**

**Practicum Requirements**

A typical week during the doctoral practicum at the ULM MFT Clinic requires between 8 and 16 clock hours per week (depending on required number of client contact hours as previously described) and includes the following:

- ✓ 3-12 hours of direct client contact
- ✓ at least one (1) hour of individual supervision every other week by ULM supervisory faculty
- ✓ at least two (2) hours of group supervision by ULM supervisory faculty
- ✓ attendance one (1) day/evening per week for the MAFT 6070/7050 course, which typically consists of 4 hours of supervision
- ✓ remaining hours are to be spent on record keeping, preparation for case presentations, and a public presentation about the MFT Clinic

All outside therapeutic work counting toward client contact hours for the Ph.D. requirements (up to a maximum of 12 additional clock hours per week) must be at an approved Externship site, supervised by a ULM supervisory faculty member and approved in advance by the therapist’s supervisor and the Director of Clinical Services. No therapist may begin work at an external site
without the final approval of the Director of Clinical Services. **External therapeutic work demands do not release the therapist from requirements at the ULM MFT Clinic.**

### Exceptions

All students must earn a minimum of 200 direct client contact hours while enrolled in MAFT 7050. Of those 200 hours, 100 hours must be earned at the ULM MFT Clinic. An exception to the in-Clinic requirements may be granted, per semester, at the discretion of the student’s assigned clinical supervisor, if the following stipulations are met:

- If the student has met the required 100 in-Clinic direct client contact hours
- If the student is under the licensure supervision or administrative supervision of an AAMFT Approved Supervisor at their externship site

A student may request an exemption in writing to the assigned clinical supervisor. The assigned clinical supervisor determines whether he/she will allow the student an exception and how the practicum exception will be structured (such as attendance of group case report, individual supervision, live observation for alternative hours, evaluations, etc.). The Director of Clinical services must be informed if the in-Clinic requirements are being waived for the semester. The student will still enroll in 7050 every semester of their coursework until they are approved for MAFT 7052.

The assigned clinical supervisor will work with the on-site AAMFT Supervisor to evaluate the student and determine the course grade. The responsibility for ALL clinical cases earned for MAFT 7050 falls to the student’s assigned MAFT 7050 supervisor including cases seen externally from the ULM MFT Clinic. A student who is granted an exception will still keep the assigned clinical supervisor informed of all cases throughout the semester.

The student should be aware how an exception may impact the direct client contact and live supervision hour requirements for MAFT 7050. A student who is granted an exception may still be encouraged to participate in their practicum’s live observation as part of the therapeutic team and obtain alternative therapeutic contact hours.

### Supervision Hours

As an accredited program of the American Association for Marriage and Family Therapy (AAMFT), the University of Louisiana at Monroe Marriage and Family Therapy Clinical Ph.D. Program adheres to the guidelines for supervision as established by COAMFTE. Interns must receive individual supervision, group supervision, and supervision based on direct observation, videotape (or other version, digital or electronic, of review of a live session), or audiotape.

“Supervision” is an on-going, intensive interactive process between the therapist and supervisor. The primary focus of supervision is the development of the therapist skills based on actual clinical work. Supervision will include review and observation of raw clinical data including face-to-face case consultation, live observation, review of audio or video taped sessions (or other version, digital or electronic, of review of a live session); co-therapy, role-play, etc. According to COAMFTE Standards of Accreditation Version 11.0, “Supervision will be distinguishable from psychotherapy
and teaching” (202.05). All supervision in the ULM MFT Ph.D. Program must be provided by either an AAMFT Approved Supervisor or Supervisor Candidate and interns can only earn hours of supervision under a supervisor meeting these criteria.

The ULM MFT Faculty has determined that the following MA COAMFTE Standards of Accreditation Version 11.0 will be adhered to:

“Students will receive at least 100 hours of face-to-face supervision” (202.06).

“Students will receive at least one hour of supervision for every five hours of direct client contact” (202.07).

“Supervision will occur at least once every week in which students have direct client contact hours” (202.08).

“Individual supervision will occur at least once every other week in which students have direct client contact hours” (202.09).

“Students will receive at least 50 hours of supervision based on direct observation, videotape, or audiotape. At least 25 hours of this supervision will be based on direct observation or videotape” (202.10).

According to COAMFTE Standards of Accreditation Version 11.0:

“Individual supervision is defined as supervision of one or two individuals” (202.03).

“Group supervision is required and will not exceed ten students per group” (202.04).

**Live/Direct Observation Hours**

Each student must have a total of 100 face-to-face supervision hours (202.06, COAMFTE). Face-to-face supervision hours may be counted as either “Direct Observation” supervision hours or “Case Report” supervision hours. There are three types of “Direct Observation” supervision:

- **Live (Raw Data)**
- **Video (Raw Data)**
- **Audio (Raw Data)**

“Live” supervision occurs when a supervisor is directly observing the therapist intern engaged in the therapeutic process as it is occurring. The student who is being directly observed by the supervisor may count that time as “Individual, Live Supervision.” Additionally, a student serving as an active part of the therapeutic treatment team directly observing a treatment session when there is only 1 other student or less and the supervisor present, the time may count as “Individual, Live Supervision.” When a student actively participates as part of the treatment team directly observing a treatment session and there is more than 1 other student and the supervisor present, the time may count as “Group, Live Supervision.”
“Video” supervision occurs when the supervisor is observing a therapist’s work that was recorded at an earlier time. When a student presents a videotape (or a digital or electronic version of a recorded session) to a supervisor, either alone with the supervisor, or with one other student present, each student receives “Individual, Video Supervision.” When a student presents a videotape (or a digital or electronic version of a recorded session) in group supervision, the student receives “Group, Video Supervision, provided no more than nine additional students (for a total of ten) are present with a supervisor. The additional nine or fewer students present receive “Group, Video Supervision,” providing they are actively involved in the process.

“Audio” supervision guidelines are the same as the “Video” supervision guidelines, except with an audio-recording versus a video-recording.

The ULM MFT Faculty has determined that the following MA COAMFTE Standards of Accreditation Version 11.0 will be adhered to:

“Students will receive at least 50 hours of supervision based on direct observation, videotape, or audiotape. At least 25 hours of this supervision will be based on direct observation or videotape” (202.10).

The following are types of Live Supervision:

☑ Being observed by the supervisor behind the one-way mirror, by remote camera, or in the room with therapist and client
☑ With the supervisor present observing as part of the therapeutic treatment team behind the one-way mirror or by remote camera

Students behind a one-way mirror in groups up to ten supervisees, may receive group live supervision, provided an appropriate supervisor is present and the students are actively participating in the session. Passive observation of other student's cases is not counted as supervision.

Up to two students seeing a client on the other side of the one-way mirror may concurrently receive direct client contact and individual supervision, provided the supervisor is actively supervising the case (i.e., phone ins, consultations, etc.). Students may earn alternative therapeutic contact hours and group live supervision hours concurrently if there are more than 2 students present when they are an active member of the therapeutic team and the supervisor is present and actively supervising the case.
Case Report Supervision Hours

“Case Report” Supervision hours are counted when the supervisor has face-to-face discussion of supervisee’s client cases with the supervisee. If the supervisor, the supervisee, and no more than 1 other student are present, both the supervisee and student count that time as “Individual, Case Report.” If the supervisor, the supervisee, and more than 1 other student (but no more than ten students total, including the supervisee) are present, the time counts as “Group, Case Report.”

Group & Individual Supervision

Group supervision consists of a supervisor and three or more students, not to exceed ten students. Regardless of the number of supervisors present, a group cannot exceed ten students and qualify for group supervision. For example, eleven students and two supervisors is not appropriate because the number of students exceed ten.

Please refer to COAMFTE Standards of Accreditation Version 11.0:

“Group supervision is required and will not exceed ten students per group” (202.04, COAMFTE).

Individual supervision consists of supervision of two or less individuals by a supervisor and must be held every other week in which students have direct client contact.

According to COAMFTE Standards of Accreditation Version 11.0:

“Individual supervision is defined as supervision of one or two individuals” (202.03).

“Individual supervision will occur at least once every other week in which students have direct client contact hours” (202.09).

Role of the Supervisor

All supervision in the ULM MFT Ph.D. Program, internally and externally, must be provided by either an AAMFT Approved Supervisor or Supervisor Candidate and therapist interns can only earn hours of supervision under a supervisor meeting these criteria.
According to COAMFTE Standards of Accreditation Version 11.0:
“Supervision of students, when conducted in fulfillment of clinical requirements of these standards, will be face-to-face or live supervision conducted by AAMFT Approved Supervisors, Supervisor Candidates, or the equivalent” (202.01).

All services offered through the MFT Clinic are provided by interns in the ULM Marriage and Family Therapy program. All professional activities of interns are conducted under the aegis of an assigned Clinical Supervisor who is legally and ethically responsible for the work of the intern. The responsibility for ALL clinical cases earned for MAFT 7050 falls to the student’s assigned MAFT 7050 supervisor including cases seen externally from the ULM MFT Clinic. In-between semesters, clinical responsibility for the therapist-intern’s cases falls to the “Supervisor-on-Duty.”

Since the internship/practicum supervisor is clinically responsible for all of the therapist intern’s cases both on-site at the ULM MFT Clinic and off-site at externship sites, it is imperative that the therapist intern keep the supervisor informed and aware about each case being seen so that the supervisor can be actively involved in the course of treatment, treatment decisions, contacting other agencies or professionals involved with cases, transferring cases, interventions, and other supervisory duties.

Clinical Supervisor Evaluation of Student

Each intern will meet with the supervisor at the beginning of the semester to outline individual learning objectives. Twice in the semester during regularly scheduled individual supervision meetings, at mid-term and again toward the end of the semester, each intern will discuss with the supervisor the status of the individualized learning experience.

Each semester, Mid-Term and Final evaluations will be completed, reviewed, and signed by student and supervisor. These evaluations will be based on the individual learning objectives, core competencies (see MAFT 7050 Core Competencies), and MAFT 7050 Grading Criteria.

Student Evaluation of Clinical Supervisor

Every semester, students have the opportunity to evaluate their experience of supervision. As stated in Measures to Improve Clinical Services, evaluation of the clinical learning, experience, including availability and competency of supervisors, occurs each semester. These evaluations shall be submitted to the Director of Clinical Services and a summary given to the supervisor. Evaluations of the supervisor will be anonymous and will not have any impact on the student’s grade or evaluation. See Evaluation of Supervision Experience.

Practicum Credit & Supervisory Action

Successful completion of the MFT practicum requires that the intern clearly demonstrate competent clinical skills commensurate with program standards. These include technical and ethical aspects of
an intern’s work, receptivity to clinical and administrative supervision, clinical effectiveness and overall professional competency.

For various reasons, it is occasionally recognized that a student is not functioning at an appropriate level and that continuation in the internship process, at current levels, may lead to a detrimental situation for clients and/or the student. In such cases, it is the responsibility of the supervisor, in close consultation with the Director of Clinical Services, Program Director and/or host externship site supervisor (if any), to take appropriate steps to ameliorate the situation. Such steps shall be conveyed to the therapist intern, verbally or in writing, by the supervisor, and may include any combination of the following:

1) Informal assignments, readings, essays, or research designed to address areas of deficiencies.

2) Limitation or elimination of Externship and/or Clinic activities for a specific period of time. In such instances, the supervisor must complete a “Case Assignment Suspension Form” (see Case Assignment Suspension Form).

3) Reduction of the number of active cases.

4) Limitation on certain types of cases (i.e. sexual abuse, violence, substance abuse, etc.).

5) Additional course work or individual directed study designed to address areas of deficiencies.

6) Assignment of “no credit” for the current Practicum course with the option of continuing practicum beyond the customary 12-month period with appropriate stipulations.

7) Assignment of a “no credit” grade for the Practicum course without the option of continuing in practicum. (This is warranted in cases of professional misconduct.)

8) Referral for appropriate individual, marital, or family therapy. In such cases, the supervisor and/or faculty will not provide the therapy, nor necessarily require details of the therapy, but will monitor participation only. Students will therefore be required to sign consent forms with the providing therapist to release this information.

9) If the student has not achieved each required core competency at the minimal 3.0 level of success by the last day of the semester, the student will have 30 days after the end of the semester to remediate the competency, and then report back to the supervisor to demonstrate how the competency has been met. If demonstration of the competency has not been satisfactorily completed at a minimal performance level of 3.0 after the 30-day period, the student will be referred to the Marriage and Family Therapy Faculty Remediation Committee (MFT FRC).

10) Referral to the MFT Faculty Remediation Committee. The MFT FRC will meet with the student and provide corrective feedback through the use of a written Professional Growth Plan (PGP) and timeline. If the student does not address the objective prescribed at the minimal performance level of 3.0, as necessitated by the MFT FRC, the student may be recommended for dismissal from the program.
Supervisory Action Appeals Process

The nature of supervision requires development of a close working relationship between the supervisor and intern. It is expected that the vast majority of problems which periodically arise in the supervision process will be informally resolved between the intern and supervisor. Since legal and ethical responsibility of an intern's work rests with the supervisor of record, the supervisor is given broad powers and discretion concerning redress of supervision problems.

Should a situation arise in which the supervisor and intern are unable to effectively work through a supervisory problem, it is customary for the supervisor to consult with the Program Director.

An appeals process is available for students who believe any action of the supervisor is unfair or inappropriate. Students who wish to appeal any supervisory action should take the following steps:

1) The student should request a written summary from the supervisor in which the supervisor shall outline specific remedial actions (as outlined under 2.7) and provide a brief rationale for each specific action. The supervisor shall provide a written summary to the student within (5) days of the request. A copy shall be sent to both the MFT Director of Clinical Services and the MFT Program Director.

2) If the student is not satisfied with the supervision action stipulated in the supervisor's written summary, the following steps may be taken:

   a) The student shall submit a written appeal to the MFT Program Director within five (5) days of receipt of the supervisor's written summary. The appeal should include the following:

      i. A statement of the concerns expressed by the supervisor as understood by the student.
      ii. A statement as to why the student believes the action of the supervisor is inappropriate and should be rescinded.
      iii. A statement as to what action the student believes is warranted, if any.

3) The Program Director, upon receipt of a written appeal, may then consult with the supervisor, Director of Clinical Services and/or, student. The Program Director will either support or reject the student's appeal. All parties (the student, supervisor, Director of Clinical Services, and Program director) will review and sign a written summary of the appeals proceedings.

Should the decision of the Program Director be unsatisfactory to either the student or the supervisor, the next step in the appeals process would be through the School Director of the School of Health Professions; then through the Associate Dean of the College of Health and Pharmaceutical Sciences; and then through the Dean of the College of Health and Pharmaceutical Sciences. Any further action will be taken in accordance with the regulations of The University of Louisiana at Monroe.
Monthly Record of Practicum Hours

Each month interns are required to complete and put on file, a copy of the “Monthly Record of MFT Client Contact and Supervision Hours” (Please see Monthly Record of Client Contact). Credit for practicum/internship and supervision hours will be obtained from these completed forms. Failure to turn a copy of these hours in to the Assistant Director of Clinical Services by the 10th of the month following services rendered will result in the name of the intern being pulled from rotation and the supervisor being notified.

Additionally, each doctoral student must continue to submit their “Monthly Record of MFT Client Contact and Supervision Hours” until they complete MAFT 7052.

Externship Guidelines

Overview of Externships

An “externship” refers to clinical work by an MFT student in a setting other than the ULM Marriage and Family Therapy Clinic. Traditionally, students in the MFT program have completed externships with a variety of area agencies, organizations and systems. Many students have found an externship experience highly beneficial in gaining a greater diversity of professional experiences and in obtaining the requisite client contact hours within a one-year time frame.

Externships are typically initiated and developed by the intern in close consultation with the supervisor and the Director of Clinical Services. Permission will only be granted for a student to pursue a particular externship when, in the opinion of the supervisor and Director of Clinical Services, such an externship is appropriate to the professional training needs of the student and meets the externship site requirements and criteria as outlined in the Externship Agreement (see Externship Site Agreement). Priority for externships is given to settings which currently have qualified marriage and family therapists on staff and approved supervisors available on site.

An externship requires flexibility in order to meet the needs of the host agency while maintaining the training standards of the MFT program. It is a formal agreement between the intern, the MFT program and the host agency. A completed “Internship/Externship Agreement” (please see Externship Site Agreement) must be on file with the Director of Clinical Services, and in the student’s file at the ULM MFT Clinic, before beginning an externship. Students in the MFT program are not allowed to provide professional services at any setting which has not been approved by the Director of Clinical Services, and not before said documentation has been received and appropriately filed. In addition, any externship site must adhere to the policies and procedures set forth in the guidelines governing externship sites (please see Externship Requirements).

An intern who wishes to pursue an externship should closely weigh the cost-benefit of the externship with regard to clock hours, client contact hours, overall professional experience and opportunity. Externships are usually established for a nine to twelve month period, except with the approval of the Director of Clinical Services and the supervisor. Once an externship is established, students are expected to fulfill their obligation to the host agency. Externship arrangements may not be altered on the part of the student without supervisor approval and any changes made to externship arrangements should be reported to the Director of Clinical Services.
Because of the typical demands associated with classes, assistantships, and work at the MFT Clinic, it is recommended that interns accrue no more than 16 clock hours per week at their externship site(s). (Under certain circumstances, this may be extended up to 20 clock hours per week with the permission of the supervisor.)

As representatives of the ULM MFT program, therapist interns are expected to conduct themselves in a professional manner at all times at externship sites. It is customary for the intern's assigned supervisor to consult with the host externship site's administrative supervisor prior to assigning semester credit for the internship course.

**Supervision of Externships**

Extern sites vary greatly regarding the nature of clinical experiences and availability of supervision. Some externship sites have highly qualified clinicians, but are unable to devote the necessary resources to provide supervision consistent with AAMFT requirements. As such, all aspects of a student's clinical work performed at the externship site remain under the aegis of the assigned ULM clinical supervisor, regardless of the availability and extent of on-site supervision.

While consultation and supervision provided by the host externship site can be invaluable in the overall development of an intern's clinical skills, for purposes of program credit, it is considered “clinical consultation” or “administrative supervision” and does not count toward program supervision hours.

Providing live supervision and/or visiting the externship site is not always possible, therefore, faculty are encouraged to conduct a live review of sessions (whether that be digital, electronic, video-tape, or audio-tape) and/or case consultation supervision with the intern regarding cases seen at the externship site. Faculty supervisors, at the very least, are to consult with the intern's site administrative supervisor throughout the semester. In the event that live supervision is necessitated, faculty supervisors are encouraged to make such arrangements with the site administrative supervisor.

**Externship Site Requirements**

Please see Externship Requirements for the list of Externship Site Requirements.

**Procedure for Establishing an Externship**

1) The student must be enrolled in MAFT 6070/MAFT 7050 and have current Professional Liability Insurance on file.

2) The intern first consults with his/her supervisor regarding prospective externship settings.

3) The intern then consults with the Director of Clinical Services concerning interest in approaching a prospective site for an externship.
4) Under the direction of the intern’s supervisor, the intern contacts the agency regarding establishment of an externship, the intern keeps the supervisor and the ULM MFT Director of Clinical Services informed of the status of any negotiations or pending externship agreement.

5) If the site is a new externship site, a visit by either the Director of Clinical Services or the assigned supervisor must occur prior to the student seeing clients there. Final approval must be given by the Director of Clinical Services.

6) An “Externship Contract” is prepared and signatures of all parties are obtained. This form will delineate the specific terms of the externship and must be on file before the intern may begin work at the site.

7) Externship begins.

**Non-Clinical Externship Site Forms**

Therapist interns may provide therapeutic services in settings which do not typically provide therapy services such as courts, schools, community programs, etc. In these settings, it is important that the therapist intern seek extra guidance from their supervisor and the Director of Clinical Services to remain in compliance with clinical standards including practice setting, documentation, and having appropriate forms for treatment. The ULM MFT Clinic has forms for those sites that do not have clinical policies or documentation. The following are a list of Non-Clinical Externship Site Forms available for these circumstances (see Non-Clinical Externship Site Forms):

- Intake Form
- Statement of Practice
- Consent for Treatment of Minors
- Authorization for Use or Disclosure of Protected Health Information
- Authorization for Release of Medical Information
- Treatment Plan: Intake Session Notes
- Session Case Notes
- Case Activity Record
- Special Therapy Agreement
- No Violence Contract
- Transfer of Intern
- Termination Summary
- Externship Confidentiality

**Current and Previously Approved Externship Sites**

In order to assist new interns in finding and establishing externship sites, the MFT Program keeps a current list of externship sites that were utilized during the previous year (please see Current and Previously Approved Externship Sites). This allows interns to know which sites have been utilized recently and are therefore still in partnership with the MFT Program. This list is available to the students upon request. The Director of Clinical Services as well as the ULM MFT Clinic maintains a list of active externship sites as well as sites utilized in the past. Every effort is made to keep the
list appearing in Current and Previously Approved Externship Sites updated. In addition, new Externship sites are continually created throughout the year. Please contact the Director of Clinical Services if you want to learn more about available Externship sites or have an interest in establishing a new Externship site.

Additionally, the MFT Program has generated a list of externship sites that have been utilized by interns in the past. All externship sites appearing on this list have been pre-approved and have proven to be successful sites, and have provided meaningful clinical work experiences, for those interns that have utilized them as their externship sites. Please refer to Current and Previously Approved Externship Sites for the list.

**Complaints Procedure**

In the event that an MFT Faculty member receives a complaint from an externship supervisor regarding the behavior of an intern, the faculty member must follow the procedures as outlined below:

1) The nature of the complaint must be documented and a copy placed in the intern’s student file in the MFT Clinic.

2) If the faculty member is not the intern’s clinical supervisor, a copy of the documentation regarding the nature of the complaint must also be given to the intern’s clinical supervisor.

3) The intern’s clinical supervisor must in turn give the intern a written summary of the complaint and take appropriate steps to resolve the complaint with the intern, in consultation with the Director of Clinical Services and/or the Program Director, as appropriate.

4) Documentation of steps taken regarding resolution of the complaint must also be placed into the intern’s file at the MFT Clinic by the intern’s clinical supervisor.
MAFT 7050 Educational Guidelines & Core Competencies

Educational Guidelines

Area I: Theoretical Knowledge

101.02
Enable students to conceptualize and distinguish the critical epistemological issues in the profession of marriage and family therapy.

101.03
Provide a comprehensive survey and substantive understanding of the major models of marriage, couple, and family therapy.

Area II: Clinical Knowledge

102.03
Material will address a wide variety of presenting clinical problems.

Core Competencies

Domain 1: Admission to Treatment

1.1.3 Conceptual
Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system.

1.2.1 Perceptual
Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).

1.2.2 Perceptual
Consider health status, mental status, other therapy, and other systems involved in the clients’ lives (e.g., courts, social services).
1.2.3  **Perceptual**

 Recognize issues that might suggest referral for specialized evaluation, assessment, or care.

1.3.1  **Executive**

 Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.

1.3.2  **Executive**

 Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).

1.3.3  **Executive**

 Facilitate therapeutic involvement of all necessary participants in treatment.

1.3.4.  **Executive**

 Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.

1.3.5  **Executive**

 Obtain consent to treatment from all responsible persons.

1.3.6  **Executive**

 Establish and maintain appropriate and productive therapeutic alliances with the clients.

1.3.7  **Executive**

 Solicit and use client feedback throughout the therapeutic process.

1.3.8  **Executive**

 Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients’ care, and payers.

1.3.9  **Executive**

 Manage session interactions with individuals, couples, families, and groups.

1.4.1  **Evaluative**
Evaluate case for appropriateness for treatment within professional scope of practice and competence.

1.5.1 Professional

Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).

1.5.2 Professional

Complete case documentation in a timely manner and in accordance with relevant laws and policies.

1.5.3 Professional

Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.

Domain 2: Clinical Assessment and Diagnosis

2.1.3. Conceptual

Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).

2.2.1 Perceptual

Assess each clients’ engagement in the change process.

2.2.2 Perceptual

Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.

2.2.3 Perceptual

Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.

2.2.4 Perceptual

Consider the influence of treatment on extra-therapeutic relationships.

2.2.5 Perceptual

Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
2.3.1 Executive

Diagnose and assess client behavioral and relational health problems systemically and contextually.

2.3.2 Executive

Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.

2.3.3 Executive

Apply effective and systemic interviewing techniques and strategies.

2.3.5 Executive

Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.

2.3.6 Executive

Assess family history and dynamics using a genogram or other assessment instruments.

2.3.7 Executive

Elicit a relevant and accurate biopsychosocial history to understand the context of the clients’ problems.

2.3.8 Executive

Identify clients’ strengths, resilience, and resources.

2.3.9 Executive

Elucidate presenting problem from the perspective of each member of the therapeutic system.

2.4.2 Evaluative

Assess ability to view issues and therapeutic processes systemically.

2.4.4 Evaluative

Assess the therapist-client agreement of therapeutic goals and diagnosis.

2.5.1 Professional
Utilize consultation and supervision effectively.

### Domain 3: Treatment Planning and Case Management

#### 3.2.1 Perceptual
Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.

#### 3.3.1 Executive
Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.

#### 3.3.2 Executive
Prioritize treatment goals.

#### 3.3.3 Executive
Develop a clear plan of how sessions will be conducted.

#### 3.3.4 Executive
Structure treatment to meet clients’ needs and to facilitate systemic change.

#### 3.3.5 Executive
Manage progression of therapy toward treatment goals.

#### 3.3.6 Executive
Manage risks, crises, and emergencies.

#### 3.3.7 Executive
Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.

#### 3.3.8 Executive
Assist clients in obtaining needed care while navigating complex systems of care.

#### 3.3.9 Executive
Develop termination and aftercare plans.

#### 3.4.1 Evaluative
Evaluate progress of sessions toward treatment goals.

**3.4.2 Evaluative**

Recognize when treatment goals and plan require modification.

**3.4.4 Evaluative**

Assess session process for compliance with policies and procedures of practice setting.

**3.4.5 Professional**

Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.

**3.5.1 Professional**

Advocate with clients in obtaining quality care, appropriate resources, and services in their community.

**3.5.3 Professional**

Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.

**3.5.4 Professional**

Utilize time management skills in therapy sessions and other professional meetings.

### Domain 4: Therapeutic Interventions

**4.1.1 Conceptual**

Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.

**4.2.2 Perceptual**

Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.

**4.3.1 Executive**

Match treatment modalities and techniques to clients’ needs, goals, and values.
4.3.2 Executive
Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).

4.3.3 Executive
Reframe problems and recursive interaction patterns.

4.3.4 Executive
Generate relational questions and reflexive comments in the therapy room.

4.3.5 Executive
Engage each family member in the treatment process as appropriate.

4.3.6 Executive
Facilitate clients developing and integrating solutions to problems.

4.3.7 Executive
Defuse intense and chaotic situations to enhance the safety of all participants.

4.3.8 Executive
Empower clients and their relational systems to establish effective relationships with each other and larger systems.

4.3.10 Executive
Modify interventions that are not working to better fit treatment goals.

4.3.11 Executive
Move to constructive termination when treatment goals have been accomplished.

4.3.12 Executive
Integrate supervisor/team communications into treatment.

4.4.1 Evaluative
Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
4.4.2 **Evaluative**
Evaluating ability to deliver interventions effectively.

4.4.3 **Evaluative**
Evaluate treatment outcomes as treatment progresses.

4.4.4 **Evaluative**
Evaluate clients’ reactions or responses to interventions.

4.4.5 **Evaluative**
Evaluate clients’ outcomes for the need to continue, refer, or terminate therapy.

4.4.6 **Evaluative**
Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.

4.5.1 **Professional**
Respecting multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).

4.5.2 **Professional**
Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.

4.5.3 **Professional**
Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients’ context and dynamics.

**Domain 5: Legal Issues, Ethics, and Standards**

5.1.4 **Conceptual**
Understand the process of making an ethical decision.

5.2.1 **Perceptual**
Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
5.2.2  **Perceptual**

Recognize ethical dilemmas in practice setting.

5.2.3  **Perceptual**

Recognize when a legal consultation is necessary.

5.2.4  **Perceptual**

Recognize when clinical supervision or consultation is necessary.

5.3.1  **Executive**

Monitor issues related to ethics, laws, regulations, and professional standards.

5.3.3  **Executive**

Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.

5.3.7  **Executive**

Practice within defined scope of practice and competence.

5.4.1  **Evaluative**

Evaluate activities related to ethics, legal issues, and practice standards.

5.4.2  **Evaluative**

Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.

5.5.1  **Professional**

Maintain client records with timely and accurate notes.

5.5.2  **Professional**

Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.

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**Domain 6: Research and Program Evaluation**

6.3.1  **Executive**

Read current MFT and other professional literature.
6.3.2 Executive

Use current MFT and other research to inform clinical practice.

6.3.4 Executive

Determine the effectiveness of clinical practice and techniques.
MAFT 7052 Doctoral Internship Requirements

Doctoral MAFT 7052 Quick Reference Sheet

☑ All students are required to complete an internship of at least nine (9) months.
☑ Experience must emphasize relationally focused practice or research.
☑ Majority of coursework will be completed prior to enrolling in MAFT 7052.
☑ Must enroll in MAFT 7052 each semester participating in Internship, until completion of Internship.
☑ Must complete 1,000 direct client contact hours prior to graduation—50% (500) must be relational.
☑ Client contact hours must be documented and submitted to the ULM MFT Clinic until 1,000 direct client contact hours are reached.
☑ Those completing 1,000 direct client contact hours prior to enrolling in MAFT 7052 may enroll in a Non-Traditional Internship.

Requirements for Clinical Internship

☑ Signed MAFT 7052 Clinical Internship Contract Agreement must be on file prior to initiating MAFT 7052 Internship.
☑ 30-40 hour work weeks.
☑ Attendance of individual supervision/consultation.
☑ Submission of client contact hours to the ULM MFT Clinic.
☑ 1,000 total hours of clinical experience.
☑ Documentation of Liability Insurance must be on file.
☑ Upon completion of MAFT 7052, a completed MAFT 7052 Clinical Internship Evaluation Form and self narrative must be submitted to the MAFT 7052 instructor.

Requirements for Non-Traditional Internship

☑ Signed MAFT 7052 Non-Traditional Internship Contract Agreement must be on file prior to initiating MAFT 7052 Internship.
☑ Documentation that 1,000 direct client contact hours have been reached.
☑ 30-40 hour work weeks.
☑ Upon completion of MAFT 7052, a completed MAFT 7052 Non-Traditional Internship Evaluation Form and self narrative must be submitted to the MAFT 7052 instructor.
MAFT 7052 Doctoral Internship

MAFT 7052 Overview

All Ph. D. students are required to complete an internship of at least nine months duration. This shall be a supervised full-time experience emphasizing relationally focused practice and/or research. The majority of coursework will be completed before the beginning of the internship. Each semester in which a student is participating in the doctoral internship, she/he is required to enroll in MAFT 7052, Internship in Marriage and Family Therapy. Once enrollment in MAFT 7052 has been established, a student must continue to enroll in MAFT 7052 until the completion of the internship. Before graduating from the doctoral program, doctoral students will have completed 1000 hours of direct client contact equivalent to that which they would be receiving from an accredited program. Doctoral students who can document that their previous supervised clinical practice is comparable to that which would be received in an accredited program, may petition the program to waive some of the required 1000 direct client contact hours. If the student has completed the 1000 hours required, along with the appropriate supervision, he/she may petition his committee for permission to do a research focused internship. This may or may not include some hours of client contact. If it does include a clinical component then the program requirements must also be followed regarding supervision, etc.

Internship sites must meet ULM Marriage and Family Therapy program requirements and be approved by the Director of Clinical Training and the Doctoral Committee. Students are encouraged to select sites and provide experiences related to the students’ interests. Students are expected to begin their internships within two semesters after completing the required course work. Students not meeting this expectation must provide a petition for extension that must be approved by the Doctoral Committee.

A site contract must be signed by all parties PRIOR to the beginning of the internship. (See MAFT 7052 Clinical Internship Contract Agreement and MAFT 7052 Non-Traditional Internship Contract Agreement). Upon COMPLETION of MAFT 7052 Internship, the supervisor will complete the MAFT 7052 Clinical Internship Evaluation Form and MAFT 7052 Non-Traditional Internship Evaluation Form and this must be submitted to the MAFT 7052 instructor.

The following are minimum requirements for successful completion of this course:

- **A signed internship agreement.** Prior to beginning the doctoral internship, students must have provided the program with a signed externship site agreement form. A copy of this form is attached.

- **30-40 hour work weeks.** As the student’s internship is to approximate full-time work experience, it is expected that the site supervisor and the student will orchestrate a 30-40 hour work week. Activities of each intern will be documented at the internship site. These records will be made available to the ULM MFT Program.
☑ **Attendance of individual supervision/consultation** Each student on clinical internship will receive individual supervision as outlined by the COAMFTE Standards of Accreditation. Attendance at individual supervision is mandatory. Each student on a research internship is expected to attend individual consultation for assurance of research progression.

☑ **Clinical Experience** Each student must obtain 1000 client contact hours to complete the clinical component of the doctoral coursework. All hours obtained under supervision as outlined by the COAMFTE Standards of Accreditation prior to initiation of clinical/research internship may be counted in achieving the 1000 cumulate total. All hours must be documented through the appropriate supervisor and hours accrued at internship sites must be reported to the MFT Ph.D. Director of Clinical Training.

☑ **Documentation of Liability** Documentation of liability insurance for interns will be confirmed. Liability insurance may be provided by the internship site or the student.

☑ **Alternate internship experience:** Students who have met, and can document that they have completed the 1,000 hours of client contact along with the appropriate supervision, may petition their committee to be allowed to do an internship that is research focused.
MAFT 7052 Educational Guidelines & Core Competencies

Educational Guidelines

**320. Clinical Experience**

**320.01**

Before graduating from the doctoral program, doctoral students will have completed 1,000 hours of direct client contact equivalent to that which they would be receiving from an accredited program. If the program chooses to require less than 1,000 hours it must use the alternative procedures outlined in 201.02.

**330. Internship**

**330.01**

There will be an internship, not to be counted toward the didactic course requirements.

**330.02**

The internship is to provide doctoral students with a supervised full-time experience of at least nine months duration, emphasizing relationally focused practice and/or administrative/academic/research.

**330.04**

An AAMFT Approved Supervisor, State Approved Supervisor, or the equivalent will supervise the intern’s clinical work.

**340.01**

The program will maintain clear and ongoing relationships with all internship site(s), which will be specified in a written document.

**340.02**

Activities of each intern will be documented at the internship site(s). These records will be made available to the marriage and family therapy program.
340.03
The institution sponsoring the internship site(s) will have been in operation for at least two years.

340.04
Internship site(s) will provide adequate facilities and equipment for the intern to carry out designated responsibilities.

340.05
Mechanisms for student evaluation of internship site(s) and supervision, and site evaluation of the intern’s performance, will be demonstrated.

340.06
Documentation of liability insurance for interns will be confirmed. Liability insurance may be provided by the internship site(s), the marriage and family therapy program, or the intern.

340.07
Internship site(s) will publish and adhere to policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation, and socioeconomic status.

340.08
The internship supervisor will be available to the intern for at least one hour of supervision per week.

340.09
The internship supervisor will be clearly senior in experience to the intern.

Core Competencies

Domain 2: Clinical Assessment and Diagnosis

2.3.1 Executive
Diagnose and assess client behavioral and relational health problems systemically and contextually.

2.3.3 Executive
Apply effective and systemic interviewing techniques and strategies.
2.3.9  Executive
Elucidate presenting problem from the perspective of each member of the therapeutic system.

2.4.2  Evaluative
Assess ability to view issues and therapeutic processes systemically.

2.5.1  Professional
Utilize consultation and supervision effectively.

Domain 3: Treatment Planning and Case Management

3.3.7  Executive
Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.

3.4.4  Evaluative
Assess session process for compliance with policies and procedures of practice setting.

Domain 4: Therapeutic Interventions

4.3.2  Executive
Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).

4.3.4  Executive
Generate relational questions and reflexive comments in the therapy room.

4.3.12  Executive
Integrate supervisor/team communications into treatment.

4.5.1  Professional
Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
Domain 5: Legal Issues, Ethics, and Standards

5.3.1 Executive
Monitor issues related to ethics, laws, regulations, and professional standards.

5.3.2 Executive
Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.

5.3.5 Executive
Take appropriate action when ethical and legal dilemmas emerge.

5.3.7 Executive
Practice within defined scope of practice and competence.

5.3.10 Executive
Implement a personal program to maintain professional competence.

5.5.2 Professional
Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.

5.5.3 Professional
Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.

Domain 6: Research and Program Evaluation

6.1.1 Conceptual
Know the extant MFT literature, research, and evidence-based practice.

6.1.2 Conceptual
Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.

6.1.3 Conceptual
Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.
6.2.1  Perceptual

Recognize opportunities for therapists and clients to participate in clinical research.

6.3.3  Executive

Critique professional research and assess the quality of research studies and program evaluation in the literature.

6.5.1  Professional

Contribute to the development of new knowledge.
MAFT 7030 Supervision Training

Doctoral students are required to enroll in MAFT 7030, “Supervision in Marriage and Family Therapy.” This three-hour graduate course is also available on an elective basis for senior-level therapists not enrolled in the ULM MFT doctoral program who wish to develop their skills as MFT supervisors. The course is approved by AAMFT and meets the academic requirements for the “Approved Supervisor” designation.

Students enrolled in the course have the opportunity to provide supervision at the ULM MFT Clinic under the direction of MFT supervisory faculty as well as at various community agency settings.

All supervision must follow the guidelines as set forth by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). These standards permit supervision of students by fellow students in the same department if ALL of the following conditions are met:

- The supervised student is explicitly informed that it is permissible to decline.
- The supervision is closely supervised by a non-student Approved Supervisor.
- The supervised student has completed or is presently in a graduate course in family therapy supervision.
- The supervision time does not count toward COAMFTE supervision hour requirements of the supervised student unless the supervising student has become an AAMFT Approved Supervisor Candidate.
- Special attention is given to power and privilege in the supervisory relationship involved.
- The supervising student is clearly more experienced than the supervisee in the field of marriage and family therapy.
HIPPA Policies and Procedures

THE ULM MARRIAGE AND FAMILY THERAPY CLINIC
HIPAA POLICIES AND PROCEDURES

ORIGINAL DATE: April 14, 2003

REVISION #: 01

REVIEW DATE: May 15, 2009

PURPOSE
To provide guidance to the staff and interns of The ULM Marriage and Family Therapy Clinic regarding the appropriate protocol for integrating HIPAA into our operating policies and procedures.

DEFINITIONS
(A) PROTECTED HEALTH INFORMATION (PHI) ~ Individually identifiable information relating to the past, present, or future physical or mental health of an individual, provision of mental health care to an individual, or the past, present, or future payment for mental health care provided to an individual.
(B) TREATMENT, PAYMENT, AND OPERATIONS (TPO) ~ Uses and disclosures of PHI are permitted with a client’s consent for treatment, payment, and operations. Please see Appendix “T: 1” for “Consent to Use and Disclose Your Mental Health Information” form. Uses and disclosures beyond for TPO or when required by law, will require that clients sign a separate authorization. Please see Appendix “H: 1” for “Authorization for Use or Disclosure of Protected Health Information” form.
(C) TREATMENT ~ Treatment means the provision, coordination, or management of mental health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for mental health care.
(D) PAYMENT ~ Payment means activities undertaken to obtain or provide reimbursement for mental health care, including determinations of eligibility or coverage, billing, collection activities, medical necessity determinations and utilization review.
(E) OPERATIONS ~ Operations includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of mental health care professionals or interns, conducting or arranging for review, legal services and auditing functions, business planning and development, and general business and administrative activities.
(F) PERSONAL REPRESENTATIVE ~ Personal Representative means a person who has authority under applicable law to make decisions related to the mental health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in loco parentis who is authorized under law to make mental health care decisions on behalf of an unemancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a mental health care service, or where the parent, guardian or person acting in loco parentis has assented to an agreement of confidentiality between the provider and the minor.
(G) PRIVACY OFFICIAL ~ A privacy official is the individual who is chiefly responsible for developing and implementing the policies and procedures for HIPAA compliance. This individual is also the contact person to receive inquiries and complaints related to privacy. The ULM Marriage and Family Therapy Clinic’s privacy official is Dr. Jana Sutton. Please see Appendix “T: 2” for “Privacy Official Job Description.”

POLICY
(A) Client Access to PHI ~ Clients are allowed access to their protected mental health information (PHI) according to the guidelines established by Federal HIPAA privacy standards and Louisiana State Administrative Rules regarding client access to PHI.
(B) Client Request for Amendment/Correction to PHI ~ Clients who believe information in their mental health records is incomplete or inaccurate may have access to their record and may request a correction and/or amendment to their record. The amendment or correction becomes a permanent part of their record. The author (therapist intern or supervisor or clinic staff) has the opportunity to comment on the client’s requested amendment.
(C) Client Request for Accounting of Disclosure Summary ~ Clients may request a summary of their PHI disclosure history except for disclosures that were for treatment, payment, or operations.
(D) Training on HIPAA Policies and Procedures ~ All interns and staff are required to be trained on HIPAA policies and procedures.
(E) Notice of Privacy Practices ~ A current copy of The ULM Marriage and Family Therapy Clinic’s Notice of Privacy Practices (please see “T: 3”) must be given to all new and established clients. All clients will receive copies of the updated version, if it is amended. In addition, the Notice of Privacy Practices will be displayed in the clinic waiting room.
(F) Safeguards for the Protection of PHI ~ Every possible precaution must be taken to safeguard PHI.
(G) Documentation and Record Keeping ~ All HIPAA related documents, policies, files, and information will be stored for a period of six years.

PROCEDURE
(A) Client Access to PHI

1) Client, or legal guardian, must provide photo identification.

2) Client may request to inspect their record or may request a copy of their record by completing the form entitled “Request to Inspect and Copy Your Mental Health Record.” Please see Appendix “T: 4” for form.

3) The completed form is then given to the appropriate therapist intern or their supervisor, as they have the right to deny the client access to their record.

4) The therapist intern and the supervisor must then review the request and complete the attached “Mental Health Care Provider Response” (please see Appendix “T: 5” for form) allowing the client knowledge of whether their request for access has been accepted or denied, within 60 days of receiving the request for access. Access may be denied if not all consenting adults have given their written authorization, or if the information may be harmful to the client or to the safety of another.

5) The client has the right to have a denial reviewed by a licensed mental health professional.
6) Clients may only inspect their original record in the presence of a clinic staff member, preferably the therapist intern or a supervisor, and only if the request for access was granted.
7) If a copy of PHI is granted, clients must receive a copy of their record within 30 days of the request being granted.

(B) Client Request for Amendment/Correction to PHI

1) If a client wishes to request an amendment or correction to their PHI, they must complete the form entitled “Request for Amendment of the Mental Health Record” (please see Appendix “T: 6” for form).
2) The completed form is then given to the appropriate therapist intern or their supervisor, as they have the right to deny the amendment or correction to PHI.
3) The therapist intern and the supervisor must then review the request and complete the attached “Mental Health Care Provider Response” (please see Appendix “T: 7” for form) allowing the client knowledge of whether their request for an amendment or correction has been accepted or denied, within 60 days of receiving the request for amendment or correction. Requests for amendments or corrections may be denied for any of the following reasons: the request not being in writing, the request not being accompanied by a reason for the amendment, the request for amendment pertaining to information created by an agency or institution other than The ULM Marriage and Family Therapy Clinic, the request for amendment pertaining to information not part of the mental health record, not kept by The ULM Marriage and Family Therapy Clinic, not part of the information client’s are permitted to inspect and copy, or pertaining to information that is accurate and complete.
4) If the amendment is agreed to, all amendments to PHI will be made within 60 days of the “Mental Health Care Provider Response” being completed.
5) The client has the right to submit a statement of disagreement if their request for amendment or correction is denied. The therapist intern, supervisor, or author of the PHI may also provide the client with a statement of rebuttal to the client’s statement of disagreement of the denial. The client must receive a copy of the author’s statement of rebuttal.
6) The ULM Marriage and Family Therapy Clinic must include the client’s amendment/correction and author’s comments with any future disclosures.

(C) Client Request for Accounting of Disclosure Summary

1) Clients have the right to request and receive a summary of disclosures of PHI made by The ULM Marriage and Family Therapy Clinic in the six years prior to the date on which the accounting is requested, except for disclosures that were for treatment, payment, or operations. All requests must be submitted in writing by completing the following form: “Request for Accounting of Disclosures of Your Mental Health Information” (please see Appendix “T: 8”).
2) The ULM Marriage and Family Therapy Clinic must send the summary of accounting of disclosures to the client within 60 days of receiving the request, within the time frame specified by the client, except for omissions as required by law or oversight agencies. The summary must include the date of disclosure, the name and address of the entity or individual who received the PHI, a brief description of PHI disclosed, and signed authorization of the patient.
3) A copy of this summary must be placed in the client file.
(D) **Training on HIPAA Policies and Procedures**

1) All interns and staff will receive approximately one – two hours of training on HIPAA policies and procedures, generally, and as they pertain to the policies and procedures of The ULM Marriage and Family Therapy Clinic. The training may be conducted in groups or with individuals. All trainings will be logged, and will require all interns and staff reading and being familiar with The ULM Marriage and Family Therapy Clinic’s HIPAA Policies and Procedures.

(E) **Notice of Privacy Practices**

1) A current copy of The ULM Marriage and Family Therapy Clinic’s Notice of Privacy Practices will be given to all new and established clients. In the case of new clients, this will be done at intake.

2) Each client will also be required to sign a receipt of privacy practices form, stating that they have indeed received a copy of our privacy practices. This will be placed in the client file. *Please see Appendix ‘T: 9’ for form.*

3) All clients will receive copies of any updated version of the Notice of Privacy Practices, as it is amended.

4) In addition, the current version of the Notice of Privacy Practices will be displayed in The ULM Marriage and Family Therapy Clinic waiting room at all times.

5) Clients have the right to request a copy of the Notice of Privacy Practices at any time. Should clients make this request, a copy will be supplied and notation made in the left hand side of the client file.

(F) **Safeguards for the Protection of PHI**

1) Client documents and files (paper and/or electronic) containing PHI will be kept in locked filing cabinets or on password protected computer systems. Access to this information is provided only to staff, personnel, or business associates who need this information in order to perform their duties related to treatment, payment, or health care operations. Business e-mail accounts and passwords should not be shared or revealed to anyone else besides the authorized user(s).

2) When e-mail is used for the transmittal of any confidential or sensitive information, the following safeguards will be followed, as users must be aware that electronic communications can, depending on the technology, be forwarded, intercepted, printed and stored by others:
   a. Users must utilize discretion and confidentiality protections equal to or exceeding that which is applied to written documents.
   b. Information considered confidential or sensitive must be protected during transmission of the data using encryption or some other system of access controls that ensure the information is not accessed by anyone other than the intended recipient.
   c. A notation referring to the confidential or sensitive nature of the information should be made in the subject line.
   d. Confidential or sensitive information is to be distributed to those with a legitimate need to know, only.
3) All interns, personnel, and staff will limit their use and disclose of PHI to the minimum amount of information required. Necessary information in order to carry out the purpose of the request will be used and disclosed, only. However, clients also have the following rights, as described in the Notice of Privacy Practices (1) to request that the use and/or disclosure of their PHI be restricted (please see Appendix “T: 10” for form and Appendix “T: 11” for Mental Health Care Provider’s Response form), and (2) to make requests regarding the manner in which their PHI is used and disclosed (please see Appendix “T: 12” for form).

4) In order to assist in the safe-guarding of PHI, all visitors to the MFT Clinic are required to sign a sign-in sheet explaining the confidential requirements associated with their visit (please see Appendix “T: 13” for sign-in sheet).
REQUEST TO INSPECT AND COPY YOUR MENTAL HEALTH RECORD

Client Name: _____________________________________ Date of Birth: __________
Address: ________________________________________ Phone#: ________________

☐ I would like to inspect my mental health record, which does not include psychotherapy notes.
☐ I would like to receive a copy of my mental health record, which does not include psychotherapy notes.

I understand that my right to inspect or copy my mental health record is limited by the AAMFT Code of Ethics, which we are bound to follow. According to the AAMFT Code of Ethics, we can only release information to individuals if all adults attending sessions (and whose mental health information may be a part of the record) have signed, thus giving their authorization for the information to be released. Therefore, I understand that if all other adults have not given their authorization, my request to inspect or copy my mental health information will be denied.

I understand that my request to inspect or copy my mental health record may be denied, for reasons other than that stated above. I understand that The ULM Marriage and Family Therapy Clinic will provide a written response to this request within sixty days.

Please note that if your request for access to your information is denied, you may request that the denial be reviewed. If you request that the denial be reviewed, a licensed mental health professional, selected by The ULM Marriage and Family Therapy Clinic, will review your request and the denial. The mental health professional reviewing your request and the denial will not be the person who initially denied your request. We will comply with the outcome of the review.

Please note that if you request a copy of your mental health information, we may assess a fee to cover the costs of copying, mailing, or supplies related to providing you a copy.

________________________________________________  __________________________
Signature:                                           Date:
Mental Health Care Provider Response:

☐ In response to your request to *inspect* your mental health record, please note that the request has not been denied. Thus, you are given permission to inspect information in your mental health record. Please contact your therapist intern and/or the supervisor in order to make the arrangements to inspect your record.

☐ In response to your request to *inspect* your mental health record, please note that the request has been denied. You do, however, have the right to request that the denial be reviewed. Please send that request in writing to The ULM Marriage and Family Therapy Clinic.

☐ In response to your request to *copy* your mental health record, please note that the request has not been denied. Thus, you will receive a copy of your mental health record by _____________ (date).

☐ In response to your request to *copy* your mental health record, please note that the request has been denied. You do, however, have the right to request that the denial be reviewed. Please send that request in writing to The ULM Marriage and Family Therapy Clinic.

________________________________________________
Signature of Therapist Intern: ________________________ Date:

________________________________________________
Signature of AAMFT Approved Supervisor: ________________________ Date:

Date response sent to Client: ____________________________
Intake File Forms

- Client Intake Sheet (front)
- Client Intake Sheet (back)
- Case Activity Record
- Client Payment Record
- General Service Information
- Notice of Privacy Practices
- Privacy Practices Statement
- Consent to Use and Disclose Mental Health Information
- Permission to Contact
- Statement of Practice
- Treatment Plan: Intake Session Notes
## Client Information

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<td><strong>First Name</strong></td>
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<td><strong>Client Number</strong></td>
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<td><strong>Home Phone</strong></td>
<td><strong>Therapist</strong></td>
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<td><strong>Work Phone</strong></td>
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|                      | **Prev. Clinic Contact** |
|                      | **Yes** | **No** |
| **Prev. Contact When** |          |
| **Prev. Therapist**   |          |
| **Prev. Counseling Other** | **Yes** | **No** |

| **Who Will Attend** | **First Session** |
|                    |                  |
| **Presenting Problem** |                |
| □ Marital          | □ Work Related |
| □ Parent/Child     | □ School Related |
| □ Family Violence  | □ Individual |
| □ Relational (Non-marital) | □ Sexual |
| □ Other            | □ Substance Abuse |
| □ DA               | □ FINS |
| □ TASC             | |

| **Other Relevant Information** | **Referral Source** |
| **Client Number**             |                      |
| **Date of Phone Intake**      |                      |
| **Received By**               |                      |
| **Therapist**                 |                      |
| **Intake Appointment Time**   |                      |
Client Information

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<th>Presenting Problem:</th>
<th>Marital</th>
<th>Relational (Non-marital)</th>
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- Referral Name
- Employment
- Spouse's Employment

- Ethnic Identity
- Income Level
- Marital Status

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<tr>
<th>Client's Date of Birth</th>
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Please List All Adults Living in Your Home:

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Please List All Children Living in Your Home:

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<th>Name</th>
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<th>Relationship</th>
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Current Medical Problems/Medications of any Family Member

- 
- 

How would you like for things to be different as a result of your coming to therapy?

- 
- 
-
CASE ACTIVITY RECORD

THERAPIST: _____________________

CASE #: ______________________
CLIENT(S): ______________________

SUPERVISOR: ____________________

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<tr>
<th>Date</th>
<th>Therapist Initials</th>
<th>Individual</th>
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CLIENT SATISFACTION SURVEY GIVEN:  YES  NO

CLIENT SATISFACTION SURVEY RECEIVED:  YES  NO

GIVEN/MAILED AT:  SESSION 5  TERMINATION
GENERAL SERVICE INFORMATION

ABOUT THE CENTER

The Marriage and Family Therapy Clinic, located at 500 Bayou Dr., Strauss Hall 112 on the ULM Campus, is a community service of The University of Louisiana at Monroe. We offer therapy services for a wide-range of problem concerns which confront individuals, couples, and families. The MFT Clinic operates as the primary clinical facility of the Marriage and Family Therapy Program and is staffed by advanced level graduate students who work under the supervision of ULM clinical faculty.

HOURS OF OPERATION

The MFT Clinic is generally open for morning, afternoon, and evening appointments Monday through Friday. The MFT Clinic is also open for limited hours during University semester breaks and is closed on university-sanctioned closings and breaks.

APPOINTMENTS

All sessions at the MFT Clinic are by appointment. An appointment may be scheduled or changed by calling the MFT Clinic at 342-5678.

CANCELLATIONS

We request that you provide us with a 24 hour notice in the event that you must cancel or reschedule an appointment. Failed appointments in which we do not receive prior notice of cancellation are subject to the standard fee for the appointment which was not appropriately cancelled or rescheduled.

FEES

The regular fee for an intake session is $30.00 which covers the cost of the session as well as administrative fees related to intake paperwork. Each additional session is $20.00. Sessions are approximately 45-50 minutes in length. All appointment fees are payable at the time of each appointment. The MFT Clinic accepts cash as well as personal checks. In case of financial hardship, a financial scholarship is available which will typically provide for a partial reduction from the standard fee.

Students, employees, and faculty of ULM and Delta Community College can receive services free of charge with their identification card.
NOTICE OF PRIVACY PRACTICES
This notice of privacy practices is required by the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and describes how mental health information about you may be used and disclosed and how you can get access to this information. It also explains your rights with regard to your mental health information, also known as Protected Health Information or PHI. Please read and review very carefully. If you have any questions, please contact us at (318) 342-5678.

This notice of privacy practices describes the practices of The ULM Marriage and Family Therapy Clinic, as well as all of our employees, staff, graduate assistants, interns, supervisors, faculty members, and any other ULM Marriage and Family Therapy Clinic personnel.

OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION
Your mental health information is personal and we are committed to protecting it. We must create a file on you, which includes information about the services that we provide to you. This notice applies to all of the information in this file, your records, whether they are created by employees, staff, or your therapist intern.

This notice explains all of the ways in which we may use and disclose information in your records, your mental health information. Use refers to how information is shared among the staff of The ULM Marriage and Family Therapy Clinic in order to make decisions about your treatment and care. Disclosure refers to how information is shared with or sent to others outside of this clinic. Please note that whenever we use or disclose information about your mental health (PHI), we only share the minimum necessary, except in special circumstances.

We are required by law to:

- make sure that mental health information that identifies you is kept private,
- give you a copy of this notice of privacy practices regarding your mental health information, which explains our legal responsibilities, and
- follow the terms of this notice.
HOW WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION
TREATMENT, PAYMENT, HEALTH CARE OPERATIONS

The following categories describe different ways that we may use and disclose mental health information about you. All of the ways in which we may use and disclose your mental health information will fall into one of these categories. However, not every use or disclosure will be described.

After you have read this notice, you will be required to sign a consent form to allow us to use and disclose your PHI, as allowed by law. By signing the consent form, you are allowing us to use and disclose your PHI for treatment, payment, and health care operations (see below for descriptions). Together treatment, payment, and health care operations are known as TPO. If you do not sign a consent allowing us to use and disclose your mental health information for TPO, we will not be able to treat you. This is necessary for us to provide you with quality care. Any other uses or disclosures, beyond for TPO or when required by law, will require that you sign a separate authorization.

For Treatment
✓ We may use and disclose mental health information about you to provide you with mental health treatment or services.
✓ We may use and disclose mental health information about you to other ULM Marriage and Family Therapy Clinic employees, staff, graduate assistants, interns, supervisors, faculty members, or any other ULM Marriage and Family Therapy Clinic personnel involved in providing you treatment or services.
✓ We may share your PHI with others who are involved in your treatment or in your care, such as a primary care physician, consultant, or other professional. This is necessary for treatments to be coordinated so that professionals trying to help you can work effectively and collaboratively without missing pieces of information.

For Payment
✓ We may use and disclose mental health information about you so that the treatment and services that you receive at The ULM Marriage and Family Therapy Clinic can be billed to and payment may be collected from you, an insurance company, or a third party.

For Health Care Operations
✓ We may use and disclose mental health information about you for The ULM Marriage and Family Therapy Clinic operations. These uses and disclosures are necessary to run The ULM Marriage and Family Therapy Clinic in order to make sure that you receive quality care. For example, we may use mental health information about you to review our treatment and services and to evaluate the performance of our staff in providing these treatments and services.
Please Note: Without your authorization, we may not use or disclose your psychotherapy notes, we may not use or disclose your health information for our own marketing, and we may not sell your health information. Other uses and disclosures not described in this notice will be made only with your authorization.

OTHER REASONS WE MAY USE OR DISCLOSE YOUR MENTAL HEALTH INFORMATION

The following categories are part of health care operations and do not need a separate authorization signed:

Appointment Reminders
  ✓ We may use and disclose mental health information about you to contact you as a reminder of your appointments, or to reschedule your appointments.

Treatment Alternatives
  ✓ We may use and disclose mental health information about you to tell you about, or recommend, alternative treatments and services that may be of benefit to you.

Research
  ✓ We may use and disclose mental health information about you for the purposes of research. All research projects are subject to a review by The ULM Human Subject’s Committee. You will always be contacted for your specific permission if your information will assist a particular research project.

The following categories describe ways in which we can disclose your PHI without your consent or authorization:

As Required by Law
  ✓ We will disclose mental health information about you when required to do so by federal, state or local law. Please note that we are required by law to report any suspected child abuse, elder abuse, or abuse of a dependant adult.

To Avert a Serious Threat to Health or Safety
  ✓ We may use and disclose mental health information about you when necessary to prevent a serious threat to your health or safety, or to prevent a serious threat to the health or safety of another. Examples of this may be you expressing suicidal intent or homicidal intent. In such a case, we will only disclose information to someone who is able to assist in preventing harm to you or to others.

Public Health Risks
  ✓ We may use and disclose mental health information about you for public health activities, such as investigating diseases or injuries or to protect children from abuse or neglect. This may also include the notifying of appropriate officials if we suspect you have been
the victim of abuse, neglect, or domestic violence. However, unless required to do so by law, we will only make such reports with your authorization.

Health Oversight Activities
- We may disclose mental health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and/or site-visits regarding licensure or accreditation. These activities are required for the government and/or health oversight agencies to monitor the health care system and/or government programs, and to monitor compliance with civil rights laws.

Lawsuits and Disputes
- If you are involved in a lawsuit or dispute, we may disclose mental health information about you in response to a court or administrative order.
- We may also disclose mental health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute (but only if efforts have been made to inform you of the request), or to obtain an order protecting the information requested.

Law Enforcement
- We may disclose mental health information about you if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons, or other legal process.
  - in order to provide information about the victim of a crime.
  - in order to provide information regarding a death we believe may be the result of criminal conduct.
  - in order to provide information about criminal conduct occurring, or having occurred, at The ULM Marriage and Family Therapy Clinic or grounds.
  - in emergency circumstances to, for example, report a crime, provide information about the location of a crime or victim, provide information about the identity, description, or location of a person believed to be involved in the crime, or to assist in the investigation.

Inmates
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose mental health information about you to the correctional facility or to the law enforcement official if the information was necessary to assist in the providing of your mental health or health related services, to protect your health or safety or the health or safety of others, or to protect the safety and security of the correctional institution. In most circumstances your authorization would be requested, unless we are permitted by law to disclose the information without your authorization.

Other Government Functions
- We may disclose the PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may also disclose your PHI to Worker’s Compensation and Disability Programs, and for national security purposes.
YOUR RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION

You have the following rights regarding your mental health information:

Right to Inspect and Copy

✓ You have the right to inspect and copy certain mental health information about you. Your rights to inspect and copy are limited to your mental health record, which does not include any therapy notes. Your rights to inspect and copy are also limited by the AAMFT Code of Ethics, which forbids us to release information without the consent of all parties involved. Therefore, if any other person has been included in your treatment or therapy sessions, their consent must be obtained for you to obtain the record.

If you wish to exercise your right to inspect and copy mental health information about you, you must submit your request in writing to the therapist intern providing your services or to a supervisor. This request form is available for your use at The ULM Marriage and Family Therapy Clinic front desk. Please note that if you request a copy of your information, we may assess a fee to cover the costs of copying, mailing, or supplies related to providing your copy.

Please also note that your request to inspect and/or copy may be denied. If you are denied access to your mental health information, you may request that the denial be reviewed. If you request that the denial be reviewed, a licensed mental health professional, selected by The ULM Marriage and Family Therapy Clinic, will review your request and the denial. The person reviewing your request and the denial will not be the person who initially denied your request. We will comply with the outcome of the review.

Right to Amend

✓ If you feel that mental health information about you is inaccurate and/or incomplete, you have the right to request that the information be amended (for as long as you record is kept by The ULM Marriage and Family Therapy Clinic).

If you wish to exercise your right to request an amendment to your record, you must submit your request in writing, accompanied by a reason supporting your request for amendment, to the therapist intern providing your services or to a supervisor. This request form is available for your use at The ULM Marriage and Family Therapy Clinic front desk.

Please note that your request to amend your mental health information/record may be denied. Reasons for denial may include the request not being in writing, the request not being accompanied by a reason for the amendment, the request for amendment pertaining to information created by an agency or institution other than The ULM Marriage and Family Therapy Clinic, the request for amendment pertaining to information not part of the mental health record, not kept by The ULM Marriage and Family Therapy Clinic, not part of the information you are permitted to inspect and copy, or pertaining to information that is accurate and complete.
Right to an Accounting of Disclosures

✓ You have the right to request an accounting of disclosures. This is a list of the disclosures we have made pertaining to mental health information about you.

If you wish to exercise your right to request this list or accounting of disclosures, you must submit your request in writing to the therapist intern providing your services or to a supervisor. This request form is available for your use at The ULM Marriage and Family Therapy Clinic front desk. Please note that if you request a list or accounting of disclosures, your request must specify a time period for which you are requesting the list or accounting of disclosures. The time period cannot be longer than six years.

Right to Request Restrictions

✓ You have the right to request a restriction or limitation on the mental health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the mental health information we disclose about you to someone who is involved in your care or the payment for your care. However, we are not required to agree to your request. If we do agree to your request, we will comply with your request unless the information is necessary to treat you, is needed to provide you with emergency treatment, or if complying with your request is against the law.

To request restrictions, you must make your request in writing to the therapist intern providing your services or to a supervisor. This request form is available for your use at The ULM Marriage and Family Therapy Clinic front desk. Please note that if you request restrictions, your request must specify (a) the information you want to limit, (b) whether you want to limit our use or disclosure or both, and (c) to whom you want the limit(s) to apply.

Right to Request Confidential Communications

✓ You have the right to request that we communicate with you about mental health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the therapist intern providing your services or to a supervisor. We will not require that you supply reasons for the request and we will accommodate all reasonable requests. Your request, however, must specify how and/or where you wish to be contacted. This request form is available for your use at The ULM Marriage and Family Therapy Clinic front desk.

Right to a Paper Copy of This Notice

✓ You have the right to have a paper copy of this notice and will be given one at the time of your first appointment. However, you may ask us to give you a copy of this notice at any time.
BREACH NOTIFICATION
We are required by law to maintain the privacy of your health information and, to provide you with notice of our legal duties and privacy practices relating to your health information. If there is a breach (an inappropriate use or disclosure of your health information that the law requires us to report), we must notify you.

CHANGES TO THIS NOTICE
We reserve the right to make changes to this notice. We reserve the right to make revised or changed notices applicable to all mental health information we have about you as well as to all mental health information received in the future. We will post a copy of the most up-to-date notice of privacy practices in The ULM Marriage and Family Therapy Clinic at all times.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with The ULM Marriage and Family Therapy Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with The ULM Marriage and Family Therapy Clinic, please contact Dr. Jana Sutton at (318) 342-5678. Please note that all complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MENTAL HEALTH INFORMATION
Other uses and disclosures of mental health information about you not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with written permission to use or disclose your mental health information, which will require you signing a separate authorization, you may revoke that permission at any time. To revoke permission to use or disclose your mental health information, you must submit your request in writing. After receiving the written request, we will no longer use or disclose your mental health information as per your written instructions. Please understand that we are unable to take back any disclosures that have been made with your permission, and that we are required to retain our records of the care that we provided to you.
The ULM Marriage and Family Therapy Clinic understands that mental health information about you is personal. We comply with Louisiana State and Federal Laws concerning personal health information. We are providing you with a copy of our Notice of Privacy Practices.

I have received a copy of The ULM Marriage and Family Therapy Clinic’s Notice of Privacy Practices.

____________________________________  ______________________
Client Signature                          Date

____________________________________  ______________________
Clinic Representative                     Date
CONSENT TO USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION

When we treat you, we will be collecting and retaining information about you in your record. This information is referred to as Protected Health Information or PHI. By signing this consent form, you are allowing us to use and disclose this PHI, as referenced in our Notice of Privacy Practices, for treatment, payment, and health care operations (TPO), or as allowed/required by law. If you do not sign this consent form, allowing us to use and disclose your PHI for TPO, we will not be able to treat you. This is necessary for us to provide you with quality care. For example, we need to be able to use and disclose this information to be able to decide on the best treatment options for you, to receive payment, and for other business and government functions. Any uses or disclosures, beyond that which are described in the Notice of Privacy Practices, will require that you sign a separate authorization. Please read the Notice of Privacy Practices carefully.

If any information in our Notice of Privacy Practices changes, you will receive a copy of the most current notice.

If you are concerned about some of your mental health information being used or disclosed, as outlined in the Notice of Privacy Practices, you have a right to request, in writing, a restriction or limitation on the mental health information we use or disclose about you for treatment, payment, or health care operations. However, we are not required to agree to your request. If we do agree to your request, we will comply with your request unless the information is necessary to treat you, is needed to provide you with emergency treatment, or if complying with the request is against the law.

After signing this request, you have the right to revoke it (by submitting the request in writing) and we will comply with the request, with the understanding that we can not take back any uses or disclosures that may have already been made with your permission, and that we are required to retain our records of the care that we have provided to you.

________________________________________________________________________

Signature(s) of all adults present  Date

Printed name(s) of all adults present

________________________________________________________________________

Signature of ULM MFT Clinic Representative  Date

________________________________________________________

______________________________

Printed name(s) of all adults present

________________________________________________________

______________________________

Signature of ULM MFT Clinic Representative  Date
Permission to Contact

By completing, initialing, and signing this form, I am giving my permission to the ULM Marriage and Family Therapy Clinic (ULM MFT Clinic) to contact me by the methods I designate.

Please Initial the Boxes and Complete the Methods of Contact that You Want to Permit the ULM MFT Clinic to Use:

If We Need to Call You for Appointment Reminders or Scheduling Concerns, May We Contact You?

YES [ ] NO [ ] Phone Number(s):_____________________________

If We Need to Call You for Therapy Related Concerns, May We Contact You?

YES [ ] NO [ ] Phone Number(s):_____________________________

Can We Leave You a Message?

YES [ ] NO [ ] Phone Number(s):_____________________________

Can We Leave a Message with Someone?

YES [ ] NO [ ] Who?:________________________________________

Can We Send You Mail?

YES [ ] NO [ ] Address:_______________________________________

By initialing these methods of contact, I am agreeing that the ULM MFT Clinic has my permission to contact me in the ways I have designated. Should this information change, I will notify my therapist or ULM MFT Clinic Staff immediately.

Client Signature: ___________________________ Date: ____________

Client Signature: ___________________________ Date: ____________

Clinic Representative: ______________________ Date: ____________
STATEMENT OF PRACTICE

I, _____________________________, understand that the ULM MFT Clinic is a training facility for MFT Interns and Practicum students. To provide the best possible clinical services, sessions are subject to video taping and/or live supervision by the ULM Clinical Supervisory faculty and team, which may on occasion include an invited consultant in the field of marriage and family therapy. Clinical Supervisory faculty includes AAMFT Approved Supervisors, and Candidates under the supervision of a AAMFT Approved Supervisor Mentor.

Code of Conduct
All MFT Interns and Clinical Supervisory faculty are required to abide by the American Association for Marriage and Family Therapists Code of Ethics, the American Counseling Association Code of Ethics and Standards of Practice, and Louisiana Law. Copies of these codes are available upon request.

Privileged Communications
All MFT Interns and Clinical Supervisory faculty are required to hold all client information in the strictest of confidence, only to be disclosed in the following circumstances:

1. During clinical supervision (supervision, may, as outlined above, consist of consultation with supervisory faculty, a team, and/or a consultant). Videotapes may be used during supervision but are erased at the completion of supervision. No videotape is kept as part of the permanent client record. Should the ULM MFT Clinic Staff or faculty desire to use information that might identify clients, such as videotapes, for purposes of research, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use.

2. If there is a waiver that has been previously obtained in writing and signed by all adults involved in the therapy sessions, in which case the information will only be divulged in accordance with the waiver. Verbal authorization will not be sufficient except in emergency situations.

3. If mandated or permitted by law. Certain types of litigation, such as child custody cases, may lead to the court-ordered release of information, even without a client’s consent, in which case client confidences will only be disclosed in the course of that action.

4. When there is any suspected or known child abuse/neglect.

5. When there is any suspected or known elder abuse/neglect.

6. When there is any suspected or known abuse/neglect of a dependent or disabled adult.

7. When there is a clear and immediate danger to a person or to a person’s life, in which case client confidences may be disclosed in an effort to prevent any such clear and immediate danger. This may include the notification of next of kin, another person who
may prevent the clear and immediate danger, and/or the appropriate law enforcement agency.

In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. *In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.*

**Fees**
Intake sessions are $30, and all sessions thereafter are $20 per session, unless other arrangements are made with the intern prior to the session. All fees are payable at the time of the session. The standard fee for depositions and/or court appearances, or any associated hearing, is **$400 per hour ($300 per hour for the supervisor, and $100 per hour for the intern)**. As this is a training facility, no intern is permitted to appear in court or at any associated hearing without the case supervisor also being present. Such appearances will only take place in response to a subpoena. **A retainer fee must be paid in advance of any deposition, court appearance, or associated hearing.**

**Scheduling Policies**
**Twenty-Four (24) hours notice is required if an appointment must be cancelled or re-scheduled, other than in emergency situations.** Appointments not canceled in this manner are subject to the customary fee of $20.

**Emergency Situations**
In case of an emergency please first call the Marriage and Family Therapy Clinic at (318) 342-5678. If you are unable to speak with your therapist intern or a supervisor, please call the suicide crisis line at 1-800-SUICIDE or 1-800-273-TALK, 911, or the emergency room of a local hospital, depending upon your emergency.

I have read and discussed the above information with my therapist intern and agree to follow the policies of the ULM Marriage and Family Therapy Clinic. This agreement will remain in effect until termination of services occurs.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of All Adults in Attendance                                          Date

Copy of Statement of Practice given to client?       Yes (   ) No (   )
Copy of Clinic Brochure given to client?              Yes (   ) No (   )

Signature of Therapist Intern                                        Date
Parental/Guardian Authorization

I, __________________________ (name of parent/guardian), having read and understood this statement of practice, give permission for ____________________________ (name of intern) to conduct therapy with my ____________________________ (relationship to parent/guardian), ____________________________ (name of minor).

By signing below, I am stating that I indeed have the legal authority to give permission for the minor child listed above to receive above-stated services.

________________________________________   __________________________
Signature of Parent/Guardian               Date
**Treatment Plan: Intake Session Case Notes**
(to be completed at the end of the first session)

<table>
<thead>
<tr>
<th>Client Number:</th>
<th>Insert Text</th>
<th>Date:</th>
<th>Insert Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist:</td>
<td>Insert Text</td>
<td>Supervisor:</td>
<td>Insert Text</td>
</tr>
</tbody>
</table>

Who attended? Insert Text

1. **Presenting Problem (be specific) from all Members’ Perspectives (2.3.9):**
   Insert Text

2. **Why Now?** Insert Text

3. **History of Presenting Problem:** Insert Text

4. **Previously Attempted Solutions and Results:** Insert Text

5. **Critical Life Events:** Insert Text

6. **Contextual/Systemic/Relational Dynamics Important to Problem and/or Treatment**
   (e.g. family, relational, individual, community, cultural, spirituality, sexual orientation, gender, social context) (1.2.1; 1.3.1):
   ☐ N/A ☐ Not Enough Info/Continue to Assess
   ☐ Applicable: Insert Text

7. **Other Systems Involved in Clients’ Lives**
   (e.g. court, social services, previous therapy, counseling, or treatment, previous diagnosis, health status, physical/organic problems) (1.2.2; 2.2.5):
   ☐ N/A ☐ Not Enough Info/Continue to Assess
   ☐ Applicable: Insert Text

8. **Others Involved in Clients’ Lives/Presenting Problem**
   (e.g. Relationships of Focus, and Who may Participate in Therapy in the Future) (1.3.1; 1.3.2):
   ☐ N/A ☐ Not Enough Info/Continue to Assess
   ☐ Applicable: Insert Text

9. **Clients’ Strengths, Resilience, and Resources (2.3.8):** Insert Text

10. **In-Session and Out-Of-Session Interventions (include homework assignments/tasks):** Insert Text

11. **Overall Goals, Issues and Themes for Therapy**
    (Include: How would the client like for things to be different in the future / 6 weeks from now? When will the client know that they have reached their therapeutic goals?) (3.2.1, 3.3.1): Insert Text
12. Agreed upon Goals for Therapy in Order of Priority (specific, measurable, observable behaviors) (2.4.4; 3.3.1; 3.3.2):

<table>
<thead>
<tr>
<th>#</th>
<th>Goal</th>
<th>Specific, Measureable, Observable Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insert Text</td>
<td>Insert Text</td>
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<tr>
<td>2</td>
<td>Insert Text</td>
<td>Insert Text</td>
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<tr>
<td>3</td>
<td>Insert Text</td>
<td>Insert Text</td>
</tr>
<tr>
<td>4</td>
<td>Insert Text</td>
<td>Insert Text</td>
</tr>
</tbody>
</table>

13. Issues/Risks Indicating a Need for Referral (e.g. Specialized Evaluation, Assessment, or Care) (1.2.3; 3.3.6; 3.4.3): □ N/A □ Not Enough Info/Continue to Assess
□ Applicable: Insert Text

14. Medications/Impact/Influence on Treatment (3.1.3):
□ N/A □ Not Enough Info/Continue to Assess
□ Applicable: Insert Text

15. Notes/Other Information Pertinent to Treatment: Insert Text
Case Record Forms

- Session Case Notes
- Authorization for Use or Disclosure of Protected Health Information
- Authorization for the Release of Medical Information
- Documentation of Communication with Referrals and Others
- Documentation of Report to Authorities
- Referral Form
- Consent for the Treatment of Minors
- Financial Scholarship Contract
- Safety Plan
- Special Therapy Agreement
- No Violence Contract
- Suggestions for Developing a Personal Safety Plan
- Transfer of Intern
- Termination Never Show After Transfer
- Termination Never Show
- Termination Summary
- File Re-Opened
- Probation and Parole Referral Form
Session Case Notes

Client Number: Insert Text  Date: Insert Text
Therapist: Insert Text  Session #: Insert Text
Supervisor: Insert Text  Therapy Approach: Insert Text
Who attended? Insert Text

1. Goals for this Session: Insert Text

2. Assessment (How have things been since last session?): Insert Text

3. Specific Observable Behaviors During Session: Insert Text


5. Assess Each Clients’ Engagement in Change Process and Perspective of Presenting Problem (2.2.1; 2.3.9): Insert Text

6. List Progress Toward/Away from Goals (2.4.4; 3.3.1; 3.3.2; 3.3.5; 3.4.1; 3.4.2; 4.4.3): Insert Text

7. Systemic Hypothesis: Insert Text

8. Issues/Risks Indicating a Need for Referral (e.g. Specialized Evaluation, Assessment, or Care) (1.2.3; 3.3.6; 3.4.3): □ N/A  □ Not Enough Info/Continue to Assess

□ Applicable: Insert Text

9. Clients’ Strengths, Resilience, and Resources (2.3.8): Insert Text

10. In-Session and Out-Of-Session Interventions (include homework assignments/ tasks): Insert Text

11. Progress Toward Termination and/or Any Aftercare Plans (3.3.1; 4.3.11; 4.4.3; 4.4.5): □ N/A at this time/Continue to Assess

□ Applicable: Insert Text

Notes to Therapist/Other Information Pertinent to Treatment: Insert Text
Authorization for Use or Disclosure of Protected Health Information

Name(s):
Address:

Information, both written and not written, on the above named individual(s), is private and confidential. Information cannot be released to anyone without the written consent of the client(s) or the client’s parent or legal guardian, except as required by law and/or code of ethics. By my signature below, I give permission for the use and disclosure of individually identifiable health information relating to me, which is called “protected health information” under HIPAA (Health Insurance Portability and Accountability Act), as described below:

After reading and understanding the above disclosure, I give permission for: the ULM Marriage and Family Therapy Clinic
to release the following information only (Insert below: information to be released):

___________________________________
to (Insert below: name of individual to receive the information):

for the purposes of (Insert below: the purpose of releasing the information):

1. I understand that, if the person or organization that receives this information is not a health plan or health care provider covered by federal privacy regulations, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state law, or private.
2. I understand that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, or payment or my eligibility for benefits (if applicable).
3. I understand that I may revoke or cancel this authorization at any time by notifying The ULM Marriage and Family Therapy Clinic in writing. I understand that my revocation will not affect any actions already taken before The ULM Marriage and Family Therapy Clinic received my cancellation/revocation.

This authorization will expire on ____/____/____ (one year from today).

Name and Signature of Client and/or Client’s Parent or Legal Guardian Date
Name and Signature of Client and/or Client’s Parent or Legal Guardian Date
Name and Signature of Therapist Intern or Witness Date
Authorization for the Release of Medical Information

Name(s): ______________________________________________________
Address: ______________________________________________________

Information, both written and not written, on the above named individual, is private and confidential. Information cannot be released to anyone without the written consent of the above named individual or the above named individual’s parent or legal guardian, except as required by law.

This form enables the ULM MFT Clinic’s Therapist Interns and Supervisors to have access to the above named individual’s medical and/or psychological records, in order to allow a contextual understanding of the individual’s medical and/or psychological history and treatment.

After reading and understanding the above disclosure, I give permission for (Insert below: name of medical doctor, psychiatrist, or other treating medical professional):

____________________________________________________________________

to release the following information only (Insert below: information to be released):

____________________________________________________________________

____________________________________________________________________

to: the ULM Marriage and Family Therapy Clinic

for the purposes of (Insert below: the purpose of releasing the information):

____________________________________________________________________

____________________________________________________________________

Name and Signature of Client and/or Client’s Parent or Legal Guardian  Date

Name and Signature of Client and/or Client’s Parent or Legal Guardian  Date

Name and Signature of Therapist Intern or Witness  Date
Documentation of Communication with Referral Sources and/or Others Involved with the Case

Client Number: ________________________  Date: ______________________________

Therapist: _____________________________  Supervisor: ____________________________

“Authorization for Use or Disclosure of Protected Health Information” signed

Referral Source/Person(s) Contacted: ______________________________________________

Person(s) Spoken with: __________________________________________________________

Reason for Communication: ______________________________________________________

Summary of Contact:

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Student Therapist Intern __________________ Date __________________

Please use the back of this form to record additional information, if needed.

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
Documentation of Report to Authorities

Client Number: ________________________ Date: ______________________________

Therapist: _____________________________ Supervisor: ____________________________

Authority Contacted: ___________________________________________________________

Person(s) Spoken with: _______________________

Reason for Report: _____________________________________________________________

Summary of Contact (include any recommendations/directions given by authority):
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**Note: By signing this documentation form, the therapist verifies that he or she has consulted with either a supervisor or other faculty member before making this report.

Student Therapist Intern ___________________________ Date ___________________________

Supervisor ___________________________ Date ___________________________

Please use the back of this form to record additional information, if needed.

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
Referral Form

Therapist Intern: ______________________________________________________________

Therapist Intern Contact Information:

ULM Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112
Monroe, LA  71209
(318) 342-5678

Reason for Referral: ___________________________________________________________

List of Referrals with Contact Information:

1. 
2. 
3. 
4. 
5. 

☐ Would the client like the therapist intern’s assistance with contacting these referrals?

If so, has the

☐ “Authorization for Use or Disclosure of Protected Health Information” been signed and completed?

**Note: Therapist - please initial stating that copy was given to client. ☐

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CONSENT FOR THE TREATMENT OF MINORS

Minor’s Name: ____________________________
Date of Birth: ____________________________
Minor’s Address & Phone Number:
________________________________________________________________________
________________________________________________________________________

Therapist Intern(s): __________________________

This is to certify that I give permission for The University of Louisiana at Monroe, Marriage and Family Therapy Program therapist interns (listed above) to provide therapeutic services to my minor child. Such services may include individual therapy, family therapy, and/or group therapy, as well as clinical consultation with the faculty supervisor.

By signing below, I am stating that I indeed have the legal authority to give permission for the minor child(ren) listed above to receive above-stated services.

Signature of Parent/Legal Guardian ___________________________ Date ___________________________

Printed Name of Parent/Legal Guardian __________________________________________________________

Address & Phone Number of Parent/Legal Guardian, if different from above __________________________

Name, Title, and Signature of Therapist Intern and/or Witness ___________________________ Date ___________________________

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
FINANCIAL SCHOLARSHIP CONTRACT

It is the policy of The University of Louisiana at Monroe Marriage and Family Therapy Clinic to provide quality professional services at a reduced cost for families and clients with demonstrated financial hardship. A Financial Scholarship offers a partial reduction of the standard session fee.

A Financial scholarship is subject to renewal with the following stipulations:

1. Upon establishing a reduced fee, the client must make full payment of the remaining reduced fee at the time of each visit.

2. Canceled or rescheduled appointments must have 24 hours advanced notice. Failure to provide advanced notice will result in an automatic cancellation of the scholarship with subsequent fees set at the standard rates.

3. The reduced fee scholarship is subject to review upon either the intern’s or the client’s request. Appropriate reasons for review will include, but will not be limited to, change in the client’s income and/or circumstances.

4. All household or immediate family members must attend each session as requested by the intern.

5. The reduced fee scholarship will remain in effect for so long as the client(s) continue to abide by the stipulations of the reduction.

Based on the information provided in the application, the fee for each session is set at $______.

I/We have reviewed these provisions with the therapist intern and understand that this Financial Scholarship is provided and will remain in effect contingent upon my/our abiding by the provisions stated above.

Signed__________________________________ Date______________________
Client

Signed__________________________________ Date______________________
Client

Signed__________________________________ Date______________________
Intern

Signed__________________________________ Date______________________
Supervisor

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
Safety Plan

Therapist Intern: ______________________________________________________________

Therapist Intern Contact Information:
ULM Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112
Monroe, LA 71209
(318) 342-5678

Reason for Safety Plan: _________________________________________________________

Steps I Agree to Take to Ensure my Safety:

1. 
2. 
3. 
4. 
5. 

Who I will Contact to Stay Safe Other than my Therapist Intern (include contact info):

1. 
2. 
3. 
4. 
5. 

List of Contacts in the Event I Cannot Reach either my Therapist Intern or those Listed Above:

➢ Domestic Violence/Sexual Assault: 318-323-1505
➢ Suicide Crisis Line: 1-800-SUICIDE or 1-800-273-TALK
➢ Emergency: 911
➢ Ouachita Parish Sherriff’s Department: 318-329-1200
➢ Hospital Emergency Room
  o Glenwood Regional Medical Center: 318-329-4200
  o St. Francis Medical Center-Downtown: 318-966-4172
  o St. Francis Medical Center-North: 318-966-1946

*Note: Copy must be given to client. Therapist must initial in box.
SPECIAL THERAPY AGREEMENT

I, __________________________________________ (Name of Client), do hereby agree that I will not attempt to harm myself or to terminate my life while I am in therapy with __________________________________________ (Name of Therapist Intern), of the ULM Marriage and Family Therapy Clinic. I further agree that if I find that I am feeling strong desires to inflict bodily harm to myself that I will not do so before first making and keeping an appointment with my therapist intern. I understand that if I can’t reach my therapist intern at the ULM Marriage and Family Therapy Clinic (318 342-5678), I am agreeing (a) to seek medical/psychological attention at the nearest hospital, mental health counseling clinic, or with the suicide 24-Hour Crisis Line at 1-800-SUICIDE or 1-800-273-TALK and (b) that I will request that my therapist intern be notified.

By signing below, I am stating that I agree to follow the above directions, and also understand that if I do not, the following will apply:

Failure to follow this special agreement, and the guidelines that I have agreed to, may result in my therapist intern notifying my next of kin, or someone else, so that they can have the opportunity to agree to a “suicide watch” or to assist in the establishing of a “suicide watch”. In extreme circumstances, my therapist intern may exercise the right/responsibility to inform the appropriate civil authorities which could lead to hospitalization.

<table>
<thead>
<tr>
<th>Signature of Client</th>
<th>Date</th>
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<tbody>
<tr>
<td>Signature of Therapist Intern</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Clinical Supervisor</td>
<td>Date</td>
</tr>
</tbody>
</table>

Copy Given to Client:

__________________________ Yes
__________________________ No

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
NO VIOLENCE CONTRACT

I ____________________________ (Name of Client) pledge not to allow my anger to go to the point where I forcefully touch my partner, another family member, or any other persons no matter how right I feel I am.

I pledge to use time-out or alternative procedures instead, and to cooperate whenever my partner initiates time-out.

If I am unable to keep this contract, I pledge to:

1.

2.

3.

Entered into this __________________ day of __________________, ____________.

____________________________________________________________________________

Name & Signature of Client               Date

____________________________________________________________________________

Name & Signature of Client               Date

____________________________________________________________________________

Name & Signature of Therapist Intern      Date

____________________________________________________________________________

Name & Signature of Clinical Supervisor   Date

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
Suggestions for Developing a Personal Safety Plan

Use these suggestions to help you develop your own personal safety plan for you and your children. Keeping safe comes first!

Safety during an Explosive Incident

• Try to stay away from the bathroom, kitchen, bedroom, or anywhere else weapons might be available.
• Practice how to get out of your home safely. Identify which doors, windows, elevator or stairwell would be best.
• In order to leave quickly, have a packed bag ready and keep it at a relative’s or friend’s home. Make sure you have money, extra keys, medicines, and important documents in this bag.
• Devise a code word to use with your children, family, friends, and neighbors when you need the police.
• Use your own instincts and judgment. If the situation is very dangerous, try to calm the abuser down. This may give you the opportunity to get away.
• Remember: You don’t deserve to be hit or threatened.

Safety When Preparing to Leave

• Open a savings account and/or credit card account in your name.
• Determine who would be able to let you stay with them or lend you some money.
• Keep the hotline telephone number close at hand and keep some change or a calling card on you at all times for emergency phone calls.
• Remember: leaving your violent partner is the most dangerous time. The important thing is the safety of you and your children.

Safety on the Job and in Public

• Decide who at work you will inform of your situation. This should include office or building security. Provide a picture of your batterer.
• Arrange to have an answering machine, caller ID, or trusted friend or relative screen your telephone calls if possible.
• Devise a safety plan for when you leave your workplace. Have someone escort you to your car or other mode of transportation and wait until you are safely in route. Use a variety of routes to go by if possible. Think about what you would if something happened while going home (for example, in your car, on the bus, etc.).
• If you have to communicate with your partner, determine the safest way to do so (for example, over the phone or a public place).

Important: You may feel now that your partner will never be abusive to you again. Great! But don’t let that stop you from developing a safety plan. Nothing will be hurt by having thought it through and it might mean safety for you and your children.
TRANSFER OF INTERN FORM

CLIENT NUMBER: ____________________________________________

DATE OF INITIAL APPOINTMENT: __________________________________

PREVIOUS THERAPIST: ____________________________________________

PREVIOUS THERAPIST’S SUPERVISOR: ________________________________

TRANSFERRED THERAPIST: _________________________________________

TRANSFERRED THERAPIST’S SUPERVISOR: _____________________________

DATE OF TRANSFER: _____________________________________________

REASON FOR TRANSFER: _________________________________________

List Participants in Treatment: _____________________________________

Initial Complaint: _________________________________________________

Other Problems Addressed Throughout Course of Therapy:_______________

Goals Established Throughout Therapy (2.4.4; 3.3.1; 3.3.2; 3.35; 3.4.1; 3.4.2; 4.4.3):

<table>
<thead>
<tr>
<th>#</th>
<th>Goal</th>
<th>Progress Goal was:</th>
<th>Evidence of Progress Specific, Observable, Measurable Behaviors</th>
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<td>Met</td>
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Summary of Progress in Therapy: ______________________________________________________
_______________________________________________________________________________

Give a Report of Clients at Transfer: ______________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Notes to New Therapist: __________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

TRANSFER CHECKLIST:

☐ The Receipt of Privacy Practices form signed by all adults
☐ Permission to Contact form completed
☐ Mental Health Disclosure/HIPAA Form signed by all adults
☐ Statement of Practice signed by all adults (make sure new form signed for new therapist)
☐ Permission signed for the treatment of any minor child (if applicable)
☐ All dates and session numbers on Case Summary match session notes
☐ All session notes completed
☐ Transfer of Intern form completed and copy given to front desk (if applicable)
☐ Client Satisfaction Survey completed
☐ Client has no outstanding balance
☐ Termination form completed (from original therapist if applicable)
☐ Signature of supervisor

_______________________________________  ________________________________
Signature of Original Therapist Intern            Date

_______________________________________  ________________________________
Signature of New Therapist Intern            Date

_______________________________________  ________________________________
Signature of Supervisor            Date
TERMINATION OF A CLIENT THAT NEVER-SHOWED AFTER TRANSFER

CLIENT NUMBER: ____________________________________________________________

DATE OF INITIAL APPOINTMENT: ______________________________________________

PREVIOUS THERAPIST: _________________________________________________________

TRANSFERRED THERAPIST: ___________________________________________________

DATE OF TRANSFER: _________________________________________________________

DATE OF TERMINATION: _____________________________________________________

CHECKLIST:

☐ Attempts were made by the new therapist of record to contact the client and documented in the Case Activity Record
☐ The Receipt of Privacy Practices form signed by all adults
☐ Permission to Contact form completed
☐ Mental Health Disclosure/HIPAA Form signed by all adults
☐ Statement of Practice signed by all adults
☐ Permission signed for the treatment of any minor child (if applicable)
☐ All dates and session numbers on Case Summary match session notes
☐ All session notes completed
☐ Transfer of Intern form completed and copy given to front desk (if applicable)
☐ Client Satisfaction Survey completed
☐ Client has no outstanding balance
☐ Termination form completed (from original therapist if applicable)
☐ Signature of supervisor

THIS CLIENT HAS NEVER SHOWN FOR THERAPY SERVICES AFTER TRANSFER, AND THEREFORE, THIS CASE WILL BE SUBSEQUENTLY CLOSED. NO OTHER TERMINATION SUMMARY IS NECESSARY.

___________________________________________________________________________
Name and Signature of Assigned Therapist Intern    Date

___________________________________________________________________________
Name and Signature of Supervisor    Date

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
TERMINATION OF A NEVER-SHOW CLIENT

CLIENT NUMBER: _____________________________________________________________

DATE OF INITIAL APPOINTMENT: _____________________________________________

DATE OF TERMINATION: _____________________________________________________

CHECKLIST:

☐ Attempts were made to contact the client and documented in the Case Activity Record

THIS CLIENT HAS NEVER SHOWN FOR THERAPY SERVICES, AND THEREFORE,
THIS CASE WILL BE SUBSEQUENTLY CLOSED. NO OTHER TERMINATION SUMMARY IS NECESSARY.

Name and Signature of Assigned Therapist Intern Date

Name and Signature of Supervisor Date
TERMINATION SUMMARY

CLIENT NUMBER: ___________________ DATE: ___________________

THERAPIST: ___________________ CURRENT SUPERVISOR: ________________

Other supervisor(s) involved with this case: __________________________________________

Co-Therapist who assisted with this case (if any): ___________________________________

If a transferred case, list previous therapist(s): _______________________________________

Date of initial consultation: __________ Date of last session: _______________________

Total number of sessions (including initial consultation): _____________________________

Participants in Therapy:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Dates of Attendance</th>
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</table>

List Other Systems Involved in Clients’ Lives (e.g. court, social services, previous therapy, counseling, or treatment, previous diagnosis, health status, physical/organic problems) During the Course of Therapy (1.2.2; 2.2.5; 3.3.7):

______________________________________________________________________________

List Any Referrals/Reports Made Throughout the Course of Therapy (3.5.1; 5.3.6; 1.3.8; 3.3.7; 5.3.7): _____________________________________________________________

List Any Referrals Made at the Termination of Therapy (3.3.8; 3.5.1; 5.3.7): ____________________________
CLOSING CASE SUMMARY

Initial Complaint:
______________________________________________________________________________
______________________________________________________________________________

Other Problems Addressed Throughout Course of Therapy:
______________________________________________________________________________
______________________________________________________________________________

Goals Established Throughout Therapy (2.4.4; 3.3.1; 3.3.2; 3.35; 3.4.1; 3.4.2; 4.4.3):

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<th>#</th>
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<th>Progress Goal was:</th>
<th>Evidence of Progress</th>
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| 2 | Met Deferred Changed |
| 3 | Met Deferred Changed |
| 4 | Met Deferred Changed |
| 5 | Met Deferred Changed |
| 6 | Met Deferred Changed |

Summary of Progress in Therapy: ________________________________________________
______________________________________________________________________________

Give a Report of Clients at Termination: __________________________________________
______________________________________________________________________________

Aftercare Plans (3.3.9): _________________________________________________________
Reason for termination of this case:

_____ Client’s goals accomplished; client desired to terminate

_____ Presenting problem rectified; therapist suggested termination

_____ Goals accomplished; client and therapist agree to terminate

_____ Client was referred to, or decided to seek assistance from, another professional resource.

Who/Where?

_____ Client failed to attend scheduled sessions

_____ Client discontinued therapy against professional advice

Reason given by Client: __________________________________________________________

_____ Other: ____________________________

Prior to Termination, please make sure all of the following is complete and in the file:

CHECKLIST:

☐ The Receipt of Privacy Practices form signed by all adults
☐ Permission to Contact form completed
☐ Mental Health Disclosure/HIPAA Form signed by all adults
☐ Statement of Practice signed by all adults
☐ Permission signed for the treatment of an minor child (if applicable)
☐ All dates and session numbers on Case Summary match session notes
☐ All session notes completed
☐ Transfer of Intern form completed and copy given to front desk (if applicable)
☐ Client Satisfaction Survey completed
☐ Client has no outstanding balance
☐ Termination form completed
☐ Signature of supervisor

Therapist Signature: _______________________________ Date: ____________

Supervisor’s Signature: _______________________________ Date: ____________
CLIENT FILE RE-OPENED

Previous Information

Client Number: _________________________________________________________________

Previous Therapist: _____________________________________________________________

Date of Termination: ____________________________________________________________

Former Supervisor: _____________________________________________________________

Updated Information

File Re-Open Date: _____________________________________________________________

New Therapist: _____________________________________________________________

New Supervisor: ________________________________________________________________

Clinic Staff Checklist:

☐ Updated contact information – in file and computer
☐ New consent forms signed
☐ Document re-opening in binder
☐ New Permission to Contact form signed

Therapist Checklist:

☐ Sign new Statement of Practice
☐ Treatment of Minors form complete, if applicable

___________________________________                                     _______________________
New Student Therapist Intern                                             Date

___________________________________                                     _______________________
New Supervisor of Record                                                 Date

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA  71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
For MFT Clinic only:  Client Number ________________  Therapist ________________  1st Appointment date ________________

Receipt of referral for treatment at the ULM MFT Clinic: ________________  ULM/MFT Clinic Representative

Referral for Treatment

Referring Name/Officer: __________________________  Phone Number(s): __________________

Name of Person Being Referred: __________________________

DOB: ____________  Male/Female: ____________  Ethnicity: __________________

Address: __________________________  Phone Number(s): __________________

Reason for Referral/Charges – What you hope treatment will help client with:
______________________________________________________________________________

I understand that all information, both written and not written, on the above-named individual(s) is private and confidential. Information cannot be released to anyone without the written consent of the client(s), except as required by law and/or code of ethics.

After reading and understanding the above disclosure, we hereby consent to communication (written and not written, via mail, electronic mail [e-mail], fax, telephone, and/or in person) between the ULM Marriage and Family Therapy Clinic Staff and Intern(s) providing treatment and Probation and Parole Staff and Officers related to this case regarding information pertaining to treatment, including, but not limited to:

♦ Attendance
♦ Progress in Treatment
♦ Compliance with Treatment Recommendations
♦ Completion/Non-Completion of Treatment

By signing this consent form, I agree to all conditions listed above and understand that I can choose to revoke this consent at any time by submitting a statement in writing requesting to do so.

______________________________________________________________________________

Client Signature __________________________  Date ________________

Referring Agent Signature __________________________  Date ________________

(See Back of Page)
Consent to release information by other participants in therapy with the Probation/Parole Client to the Probation and Parole Staff and Officers related to this case regarding information pertaining to treatment:

I, ________________________________ understand that by attending sessions with ________________________________ (Probation/Parole Client), information about their/my participation in treatment at the ULM MFT Clinic may be reported to the Probation/Parole Officer as listed on the front of this form. By signing this form, I also agree to all conditions listed on the front of this form and understand that I can choose to revoke this consent at any time by submitting a statement in writing requesting to do so.

Signature of Participant       Date       Signature of Participant       Date

Signature of Participant       Date       Signature of Participant       Date

Please call the ULM MFT Clinic (318) 342-5678 with any questions concerning appointments.
Assessments

- Assessment Screening for Drug/Alcohol Abuse
- Assessment for Lethality
ASSESSMENT SCREENING FOR ALCOHOL/DRUG ABUSE

Client number: ___________________________ Date: __________________

Therapist: ___________________________ Supervisor: _____________

Who was in the session? ________________________________________________________

Who is the “IP”? _______________________________________________________________

Substance being abused: __________________________________________________________

1. Current use:
   - How much?
   - Frequency?
   - Duration?
   - Date of last use?
   - Who supports this use?

2. Past use:
   - How much?
   - Frequency?
   - Duration?
   - Date use first began?
   - Who supported this use?

3. Impact upon family, work, etc.
   - Who has complained about the use of this/these drugs?
   - What is the perceived impact on family relationships (spouse, children, parents, etc)?
   - What marital problems have been influenced by this abuse?
   - How has the use of this/these drug(s) impacted work? school? financial areas? physical
     well-being?
   - Are there spiritual concerns associated with this abuse? If so, what?

4. Who else in the family (spouse, parents, siblings, etc) abuses substances? What substance?
   - How much?
   - Frequency?
   - Duration?
   - Date of last use?
   - Who supports this use?

5. What are the attempted solutions? (previous therapy, AA, etc)

6. Who is the primary support group that is willing to help effect change?

7. How does the client see them being able to help?
ASSESSMENT FOR LETHALITY

Client number: ________________________ Date: __________________

Therapist: __________________________ Supervisor: ______________________

Who is the “IP”? ____________________________________________________

BE VERY SPECIFIC AND WRITE COMPLETE NOTES: Use direct quotes whenever possible.

1. What is the ideation? (suicide, homicide)

2. What plan does the client have (specific)?

3. When does the client intend to initiate the plan?

4. Does the client have what is necessary to initiate the plan? (pills, gun, auto, etc)

5. Has the client attempted this behavior before? If so, discuss the details.

6. What other family member(s) has also experienced this or similar ideations?

7. What did they do?

8. Who is the immediate support group that could give assistance if a “suicide watch” needs to be established?

9. Make note of any contract—be very specific. If you get a written contract be sure to include a copy of it with these notes.

10. What discussions did you have with your supervisor (or any other appropriate supervisor) about this case?
Clinic Procedural Forms

- Check-Out Slips
- Visitor Sign-In
- Client Satisfaction Survey
- Clipping/Burning Session Directions
- Clip Request Forms
- Leave of Absence Form
- Informed Consent for Comprehensive Exams
- Accident Report
- Monthly Client Contact Hours Sheet
- Notice of Missing Documentation
- Notice of Improper Termination
CONFIDENTIALITY: VISITOR SIGN IN

Due to the sensitive nature of this facility, you are required by Federal Law not to disclose any information obtained while visiting The ULM Marriage and Family Therapy Clinic, including the identity of other people you see here. Clients and The ULM Marriage and Family Therapy Clinic interns and staff are not required to sign in. Only visitors who are not here to receive services are required to do so.

The Federal Rules (42 C.F.R. Part 2) prohibit you from making any disclosure of any information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted. A general authorization of release of medical or other information is not sufficient for this purpose.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME</th>
<th>REASON FOR VISIT</th>
<th>TIME IN</th>
<th>TIME OUT</th>
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University of Louisiana
Monroe

ULM Marriage and Family Therapy Clinic
Client Satisfaction Survey

We need you help. Please take a few minutes to answer these questions. Read each one carefully, and check the answer that best describes your opinion. Feel free to be honest with us. We want to improve our service to you and to others in the future. Thank you for choosing ULM to be your therapeutic service provider.

<table>
<thead>
<tr>
<th>GOAL: Setting Up Initial Appointment</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was treated with respect and professionalism when I called on the phone.</td>
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<td>My questions were answered thoroughly.</td>
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<td>The information given to me was helpful.</td>
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<table>
<thead>
<tr>
<th>GOAL: Therapeutic Services</th>
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<tbody>
<tr>
<td>My therapist intern was professional and knowledgeable.</td>
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<tr>
<td>My therapy was enhanced by the supervision my therapy intern received.</td>
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<tr>
<td>My goals for therapy were met.</td>
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<td>The environment was safe and confidential.</td>
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</table>

<table>
<thead>
<tr>
<th>GOAL: After Therapy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If a friend of mine was in my situation, I would recommend s/he come here for help.</td>
<td></td>
</tr>
</tbody>
</table>
We would like to keep in touch with you and to know how you are doing. May we call you?

YES  NO  PHONE # _________________________

If you do not answer the phone or someone else answers, may we leave a message identifying ourselves as being from the ULM MFT Clinic?

YES  NO

What comes to mind first when you think about the services you received at the ULM MFT Clinic?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How would you recommend we improve our services?
______________________________________________________________________________
______________________________________________________________________________
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Additional Comments:
______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________

Optional:

<table>
<thead>
<tr>
<th>RACE/ETHNIC BACKGROUND</th>
<th>AGE</th>
<th>GENDER</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ African American</td>
<td>__ under 13 __ 36-40 __ 66-70 __ Male _ 71201</td>
<td>__ 71202</td>
<td>__ 71269</td>
</tr>
<tr>
<td>__ Asian American</td>
<td>__ 13-17 __ 41-45 __ 71-75 __ Female _ 71203</td>
<td>__ 71291</td>
<td>__ 71227</td>
</tr>
<tr>
<td>__ American Indian</td>
<td>__ 18-20 __ 46-50 __ 76-80 __</td>
<td>_ 71292</td>
<td>__ 71235</td>
</tr>
<tr>
<td>__ Caucasian/White</td>
<td>__ 21-25 __ 51-55 __ 81+</td>
<td>_ 71220</td>
<td>__ 71418</td>
</tr>
<tr>
<td>__ Hispanic</td>
<td>__ 26-30 __ 56-60</td>
<td>_ 71234</td>
<td>__ 71225</td>
</tr>
<tr>
<td>__ Other</td>
<td>__ 31-35 __ 61-65</td>
<td>_ 71229</td>
<td>_ 71264</td>
</tr>
</tbody>
</table>

For Office Use Only:

Client Number ___________________________ Date ___________________________
CLIPPING SESSIONS

- Pull up “Playback System” on Desktop.
- On the menu to the right of the screen at the very top, there is a button with a **reel of film** being unraveled by a hand, “Date Time Search Dialog”. Click on it.
- On the menu that pops find the **calendar** at the top left. Find the date of the session you want to clip. Click on that date.
- On the main screen at the bottom, there will be red lines one for each room that is present on the computer you are accessing.
- On the left of the bottom main screen there will be room listings. Follow the line associated with which room you will need to access.
- Click along the line to view in the screen at the top right to find out which time slot you need to select from.
- Find a starting point (on the red line click before the session starts and drag to after the session starts to make sure none of the session is missing.
- Click “OK” in the bottom right.
- The next screen will be a playback screen. This screen will playback the selection you just made.
- Press the “Play” button in the bottom left hand corner of the screen.
- Once you find where the session starts, find the set of buttons underneath the “Play” button. It will have a triangle in the middle with a white circle on the left and a grey circle on the right. The white circle on the left is the “Cue in” button and the grey circle on the right is the “Cue out” button.
- As soon as you see that the session is starting, press the “Cue in” button.
- Use the scroll bar to scroll through the video until you see where the session ends.
- Start the video right before the session ends and when you see that you want the video to end, press the “Cue out” button.
- In the black rectangle at the bottom right of the screen, there should be an “In” time and an “Out” time listed now.
- Your video is cued and ready to be clipped. On the **right** hand menu, there is an icon with a Pencil in it. Underneath this to the right, there is an icon with a **floppy disk with a video camera in front of it**, “Export Video/Audio” click on that icon.
- Under “Use Profile” dropdown box, select the item that ends with “(768 kbps)”.
- Under the “Export File Path” at the top, click the folder icon located to the right.
- When prompted, find under My Computer the “Share” location and double click on it. Then click on “Students”.
- Find the name of the student who is conducting the session, then in the “Save As” blank area, type in the month, day, year, and time of session as follows: **2.1.12_5pm**.
- Select “OK” at the bottom of the pop-up screen. Then click “Yes” on the next pop-up screen.
- Your file is being clipped. It will take about 30 minutes to finish. Once it is finished, click “yes” to view that it has been clipped properly.
** Your session will be clipped and placed in your folder within 48 hours (weekends excluded)
VACATION/LEAVE OF ABSENCE FORM

Date: ___________        Therapist’s Name: _______________________________

Dates of Absence: _______________ through _______________ (date you will return to duty)

Reason for Absence: ______________________________________________________

**Itinerary and Contact Information During Absence:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>

**Coverage will be provided by:**

<table>
<thead>
<tr>
<th>Therapist’s Name</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information for Clinic Staff and/or Covering Therapist:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Notes/Messages for Therapist (Upon Return):**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Student Therapist Intern’s Signature       Date
Supervisor’s Signature                    Date

Director of Clinical Services Signature    Date
INFORMED CONSENT

For the Purpose of Comprehensive Exams

I/We, __________________________, __________________________, understand that __________________________ (student therapist intern) is utilizing a recording of my/our therapy session(s) for the purpose of clinical comprehensive exams. We have discussed this with our therapist and given permission for this to occur with the understanding that all videotapes and transcriptions will be destroyed immediately following graduation.

Expiration date: _____ / _____ / _____

I have read and discussed the above information with my therapist, and he/she agreed to follow the AAMFT code of ethics regarding confidentiality.

________________________
Client(s) signature

________________________
Date

Copy given to client? Yes ( ) No ( )

________________________
Therapist Signature

Date

________________________
Director of Clinical Services signature

Date

College of Health and Pharmaceutical Sciences
School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EEO
Name of Injured Party: ________________________ Sex: _____ Time/Date: ____________

Location or Area: __________________________________________________________

Activity: ________________________________________________________________

Describe in detail how the accident happened: ________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Describe in detail what action was taken: _________________________________

_______________________________________________________________________

_______________________________________________________________________

Suggested remedial measures: ____________________________________________

_______________________________________________________________________

List names, addresses, and phone numbers of two people who saw the accident:

1. _________________________________________________________________

2. _________________________________________________________________

Distribution of report:
Vice President for Student Affairs
Dean of College of Students
University Physician

__________________________________________
Faculty or Staff Signature

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Marriage and Family Therapy Clinic
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Client Contact Hours Sheet
NOTICE OF MISSING DOCUMENTATION

CLIENT NUMBER: _________________________________
DATE: _______________________________
DOCUMENT MISSING: _____________________________________________

Upon review of this file by the Clinical Supervisor, this file was found to have a missing document(s). The student intern was contacted regarding this matter and all steps to rectify this situation were taken by the Clinical Supervisor.

STUDENT INTERN: _____________________________________________
SUPERVISOR: _________________________________________________
DATE CONTACTED: ________________________

___________________________________________
Therapist Intern
ULM Marriage and Family Therapy Clinic

___________________________________________
Clinical Supervisor
NOTICE OF IMPROPER TERMINATION

CLIENT NUMBER: _________________________________

DATE: _________________________________

Due to graduation and/or improper procedure, this file was not properly terminated by the file therapist and supervisor. This letter serves as an official closing of this file. In case of re-opening or further interest in this case, the new therapist is responsible for conducting a proper file termination.

__________________________________________

Lauren W. Fix, Ph.D.
Director of Clinical Services
ULM Marriage and Family Therapy Clinic
MAFT 7050 Practicum Forms

- Clinic Handbook Agreement Form
- Student Background Check and Drug Screen Policy
- Student Background Check and Drug Screen Policy Acknowledgement Form
- Application for MAFT 7050 Practicum
- Intern/Clinic Staff Acknowledgement of Confidentiality
- Intern Evaluation Form
- Intern Evaluation Form-Externship Site
- Evaluation of Supervisor Form
- Case Assignment Suspension Form
I understand that the purpose of this handbook is to provide an overview of the policies and procedures of The University of Louisiana at Monroe Marriage and Family Therapy (MFT) Clinic. In addition, the aspects of the MFT clinical internship, which are an integral part of MFT Clinic operations, are addressed.

I understand that the handbook is organized to provide readily accessible information regarding most operational aspects of the MFT Clinic. Likewise, upon reference to the handbook the majority of my questions concerning the policies and procedures for the clinic can be addressed. On occasion unique situations may arise pertaining to internship and Clinic operations which are not clearly addressed in this handbook. In such situations, I agree to go to the ULM MFT Director of Clinical Services or the ULM MFT Director of Clinical Training to answer any questions concerning clinical internship or Clinic operations.

I understand that this handbook is written for the exclusive use of interns, faculty, and staff of the Marriage and Family Therapy Program. This includes my understanding that the copy of the handbook that I have received is for my exclusive use, while working at the MFT Clinic. Additionally, I recognize that no part of this handbook may be reproduced or provided to a third party without permission of the ULM MFT Director of Clinical Training.

By signing and dating this form I agree to the statements that have been provided above, to the policies and procedures provided in the handbook, and to having thoroughly read the entire clinic handbook.

Print Name ________________ Signature ________________ Date ________________
I. PURPOSE

To provide the faculty, staff, and students with the policies and procedures for managing student background checks and drug screens.

II. POLICY

Background checks and drug screening tests are now required of MFT students in order to participate in clinical work [defined as MAFT 5015, MAFT 6070, MAFT 7050, and MAFT 7052 both at the ULM MFT Clinic and at externship sites] in the Marriage and Family Therapy Programs. This policy was established to comply with accreditation standards, to comply with the policies of the College of Health and Pharmaceutical Sciences (CHPS), and to promote the highest level of integrity in our program. This policy includes initial background checks and drug screenings as well as drug screening for suspicious behavior.

III. PROCEDURE

All MFT students must complete a background check and drug screening from CertifiedBackground.com prior to beginning any clinical work (For MA Students: First Spring Semester; For PhD Students: Prior to First Fall Semester). The results will be valid throughout all clinical work in the MFT Program, unless a site requires a recent test. However, the student can be re-tested at any time during their course of study, especially if the student displays suspicious behavior during a clinical rotation.

All MFT students will be informed of the College of Health and Pharmaceutical Sciences Background Check (BC) and Drug Screening (DS) policies both in writing (in the program handbooks) and in spoken form (during the applicant interviews and again at the program orientation). Those students enrolled in the MFT program prior to the effective date of this policy (Spring 2014) will be informed both in writing and in spoken form. Students will sign an acknowledgement form as outlined on the CHPS Initial Background Checks and Drug Screening Policy.

Students must request a background check and drug screen from www.CertifiedBackground.com where they will register and pay for the services. The following steps outlined below should be followed by the student:

- Following the instructions provided by the Program Director the student should complete the on-line form at www.certifiedbackground.com.
- Upon completing the forms, the student should be prepared to electronically pay the fee for the background check and drug screen to be processed. This fee includes a national criminal background search.
- The student will receive a password and will be able to access the results when available.
All results will be sent to the Associate Dean for the college by CertifiedBackground.com. The Associate Dean will review the results and will inform the Program Director if the student is cleared for clinical work or if information of concern exists.

If information of concern exists on the background check, the student must meet with the MFT Program Director and/or designee. The issues leading to the concern will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.

If information of concern exists on the drug screening, the student will not be eligible to begin clinical work and will be dismissed from the program as the CHPS has a no tolerance policy for a failed drug test.

If the drug screen indicates a “Dilute” result, the student must retest within 2 working days at his/her own expense.

Failure to follow the background check and drug screening policies will result in the student being unable to begin clinical work.

Upon request, the results of the background check and drug screen will be made available to all externship site administrative supervisors participating in the student’s clinical training. The student is responsible for providing these results to the externship site.

If there is information of concern on the background check and the student is allowed to continue on to clinical work, the externship site has the right to deny the student’s placement at the site. Each practice site will determine whether the student may participate at that site and the decision will be independent from any determination by the MFT Program. However, if the MFT faculty makes the determination that a student cannot participate in clinical work, that decision applies to both work at the MFT Clinic and at externship sites.

The policy outlined in the document entitled Plan of Action for Background and Drug Screening Concerns (also found on page 3 of this document) will be followed.

Students have full access to the results of the background check and drug screen through certifiedbackground.com. Records will be archived by certifiedbackground.com.

Note: All 50 states require licensure in order to practice as a Licensed Marriage and Family Therapist and a Licensed Professional Counselor. A felony conviction may affect a graduate’s ability to attain state licensure. Therefore, if an applicant/student is concerned about an issue, the status of this must be addressed with the particular state’s licensing board prior to the clinical portion of the program.
Plan of Action: Background Check and Drug Screening Concerns
Marriage and Family Therapy (MFT) Program, School of Health Professions
College of Health and Pharmaceutical Sciences, University of Louisiana at Monroe (ULM)

Students must follow the policy and procedures for background and drug screening as dictated by the College of Health and Pharmaceutical Sciences Background and Drug Screen Policy.

If the results of the drug screening indicate a positive finding, the student will not be allowed to commence their clinical work and will be immediately dismissed from the program as the CHPS has a no tolerance policy for a failed drug test.

If concerns are noted in the background screening, the following plan of action will be taken:

1. If the information of concern revealed through the background screening is a felony offense the following actions will occur:
   8. The student will meet with the Program Director and/or designee. Information from the MFT Student Background Check and Drug Screen Policy and Plan of Action: Background and Drug Screening Concerns will be reviewed. During initial orientation to the program, the student was provided with these policies, policies were reviewed, and the student signed forms indicating that they had read and understood the policies.
   9. The ACA and/or AAMFT Code of Ethics will be reviewed with the student.
   10. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.
   11. The issues leading to the concern will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
   12. If clinical work is approved, the externship site will determine whether the student may participate in that setting. This decision will be independent from any determination by the University of Louisiana at Monroe’s Marriage and Family Therapy Program or College of Health and Pharmaceutical Sciences.
   13. If the externship site refuses to allow the student to participate in training, it is the responsibility of the student to find an alternative placement.
   14. If no alternative placement can be secured due to the results of the background check, the student will be unable to complete the requirements of the program.

If the information of concern revealed through the background screening is a misdemeanor offense the following actions will occur:

3. The student will meet with the MFT Program Director and/or designee. The ACA and/or AAMFT Code of Ethics Code of Ethics will be reviewed with the student.
4. The student will be provided with contact information for state licensure boards to determine the likelihood of being able to obtain licensure.

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School of Health Professions
Marriage and Family Therapy Clinic
500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
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By signing this acknowledgement form, I agree that I have received, read, and understood the ULM Marriage and Family Therapy Programs Student Background Check and Drug Screen Policies and Procedures. I understand that if I choose not to sign this form, or not to follow the ULM Marriage and Family Therapy Programs Student Background Check and Drug Screen Policies and Procedures, I will not be permitted to continue in the MFT Program.

A summary of the policies and procedures includes, but is not limited to:

- Background checks and drug screening tests are required of MFT students in order to participate in clinical work.
- If information of concern exists on the background check, the student must meet with the MFT Program Director and/or designee. The issues leading to the charge will be discussed and a plan of action relevant to the specifics of the situation as it relates to professional practice developed. The student may or may not be allowed to begin clinical work.
- If information of concern exists on the drug screening, the student will not be eligible to begin clinical work and will be dismissed from the program as the College of Health and Pharmaceutical Sciences has a no tolerance policy for a failed drug test.
- All 50 states require licensure in order to practice as a Licensed Marriage and Family Therapist and a Licensed Professional Counselor. A felony conviction may affect a graduate’s ability to attain state licensure. Therefore, if an applicant/student is concerned about an issue, the status of this must be addressed with the particular state’s licensing board prior to the clinical portion of the program.

_________________________________________  ______________
Student Signature                              Date

_________________________________________  ______________
Director of Clinical Training                  Date
Application for MAFT 7050 Practicum

Please complete the following and submit to the Director of Clinical Services prior to beginning MAFT 7050 Practicum:

Name: ________________________________ Date: __________________

Address: ________________________________________________________

City: __________________ State: __________________ Zip: _____________

Phone: ___________________________ (Home) Phone: ___________________________ (Cell)

Phone: ___________________________ (Work) Advisor Name: ___________________________

ULM Email: ___________________________ Personal Email: __________________________

Emergency Contact: _______________________________________________________

MAFT 6070 Supervisor(s): _________________________________________________

Externship Site(s): _________________________________________________________

Direct Client Contact Hours Earned in MAFT 6070 (or the equivalent):______________

Supervision Hours Earned in MAFT 6070 (or the equivalent):________________________

The following documentation should be submitted with this application:

☐ Signed MAFT 7050 Supervision Contract (attached)

By signing, I agree that the information contained is true and all requirements are complete:

Student Signature ___________________________ Date ___________________________

By signing, I agree that the information contained is true and this student is ready to be enrolled in MAFT 7050:

MAFT 6070 (or equivalent) Supervisor Signature ___________________________ Date ___________________________

Director of Clinical Services ___________________________ Date ___________________________

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MAFT 7050 Supervision Contract

A. Attendance of group supervision The supervision group will meet for one hour each week (typically the first hour of supervision) on its assigned supervision day. In addition to attending this meeting, students must remain at the clinic and participate in live group supervision until the completion of the last scheduled therapy session conducted by a group member.

B. Attendance of individual supervision Each student will receive individual supervision as outlined by the COAMFTE Standards of Accreditation. Attendance at individual supervision is mandatory.

C. Clinical Experience Students are required to be involved in a weekly minimum of 6 hours of clinical experience, with approximately half of this time being spent conducting individual, relational, and family therapy. (Students not having the requisite 500 client contact hours from an approved master’s degree will be required to carry a heavier client load). The balance of the clinical experience will be spent participating in supervision, keeping records, reviewing video/audio recordings, working as a team, and managing their caseloads. Students are to video record all sessions conducted and the ULM clinic unless the client does not consent to taping or the supervisor gives permission not to tape.

D. Clinical Procedures The ULM MFT Clinic Policy and Procedures Manual will be used to dictate procedures for use of the clinic. All students are expected to read and comply with these written procedures.

E. Recording Client Contact Each student will maintain a monthly summary of all client contact, both at the MFT Clinic and at the externship/internship site. The student will record all client contact hours on the MFT Clinic form and will obtain a signature from the supervisor at the end of each month. The original must be given to the clinic secretary to be filed with the student’s records for AAMFT. The student as documentation of supervision and clinical experience should keep a permanent copy of these records.

F. Client Caseload Update Each student will provide a written update of each client to the supervisor every two weeks during the individual supervision sessions. The attached form will be used in writing these updates.

G. Individual Supervision Goals Each student will create individual supervision goals. These goals will be presented to the supervisor within the first month. These goals will be reviewed at mid-term and at semester’s end. The goals are to specifically address the student’s agenda for supervision and therapeutic development.

H. Students have been provided a copy of & are expected to adhere to the MFT Center policies/ procedures.

I. Students are expected to attend all scheduled Clinical Meetings.

J. Additional clinical learning assignments may be assigned at the discretion of the supervisor.

K. Interns and supervisors are bound by and expected to conduct themselves in a manner required by the laws and ethical standards of the State of Louisiana and the AAMFT Code of Ethics, ACA Code of Ethics, COAMFTE Standards, CACREP Standards, ULM Standards and any other relevant professional bodies.

L. Supervision is not psychotherapy. The therapist intern is strongly encouraged to seek therapy, peer support, and/or consultation if personal issues come up that cannot be resolved within the professional relationship of supervision.

By signing, I agree to the requirements of MAFT 7050:

Student Signature __________________________ Date __________________________
INTERN/CLINIC STAFF ACKNOWLEDGMENT OF CONFIDENTIALITY

One of the principle requirements of working in the University of Louisiana at Monroe’s Marriage and Family Therapy Clinic (MFT Clinic) is that confidentiality be strictly maintained.

Any and all information concerning clients receiving services from the ULM MFT Clinic or affiliated externship sites is strictly confidentially. This includes, but is not limited to, any acknowledgement that a client was seen in this clinic. We can neither confirm nor deny any individual received therapy services at the MFT Clinic without his/her written consent and release of information.

No identifying information acquired as a result of placement in therapy services involving any client may be discussed with anyone outside of the clinic. If a case is discussed within the MFT program (e.g., class training), caution and discretion will be used in discussing the case and no identifying information about the client/client system will be discussed.

My signature below indicates that I understand and accept all of the above conditions of placement in the Marriage and Family Therapy Program (MAFT 6070 and MAFT 7050). I will respect the privacy of all clients, all the time, maintain the conduct expected of a mental health professional in compliance with the AAMFT and ACA Code of Ethics and the state of Louisiana’s statutes, and adhere to the ULM MFT Clinic Policies and Procedures Handbook.

__________________________  ______________________
Student Therapist Intern/Clinic Staff Member  Date

__________________________  ______________________
Director of Clinical Services  Date
**UNIVERSITY OF LOUISIANA**  
**MONROE**

**DOCTORAL PRACTICUM EVALUATION – MAFT 7050**

**MARRIAGE AND FAMILY THERAPY PROGRAM**

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>MID-TERM</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance and punctuality</td>
<td></td>
<td></td>
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<tr>
<td>Record keeping and documentation</td>
<td></td>
<td></td>
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<tr>
<td>Understanding of Clinic policies and procedures</td>
<td></td>
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<tr>
<td>Reception to new supervisory information</td>
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<td></td>
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<tr>
<td>Interactions and teamwork with other interns</td>
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<td></td>
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<tr>
<td>Level of professionalism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing rapport/ joining with clients</td>
<td></td>
<td></td>
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<tr>
<td>Ability to assess and hypothesize systemically</td>
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<td></td>
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<tr>
<td>Clinical assessment and diagnosis</td>
<td></td>
<td></td>
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<tr>
<td>Treatment planning and case management</td>
<td></td>
<td></td>
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<tr>
<td>Therapeutic use of language</td>
<td></td>
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<tr>
<td>Constructing and delivering interventions</td>
<td></td>
<td></td>
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<tr>
<td>Appropriate follow-up with clients</td>
<td></td>
<td></td>
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<tr>
<td>Providing systemically oriented therapy</td>
<td></td>
<td></td>
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<tr>
<td>Working with diverse population of clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying legal/ethical dilemmas and effective solutions</td>
<td></td>
<td></td>
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<tr>
<td>Utilize MFT literature and research in clinical practice</td>
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**Final Evaluation/ Clinical Case Presentation**

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**College of Health and Pharmaceutical Sciences**  
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**Marriage and Family Therapy Clinic**  
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Phone: (318) 342-5678 • Fax: (318) 342-1213  
A Member of the University of Louisiana System • AA/EOE
Number of Client Contact Hours Completed (40 min.): _______

Number of Supervision Hours Completed (20 min.): _______

ADDITIONAL COMMENTS:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

<table>
<thead>
<tr>
<th>MID-TERM</th>
<th>FINAL</th>
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</thead>
<tbody>
<tr>
<td>Student Intern Signature</td>
<td>Student Intern Signature</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Supervisor Signature</td>
<td>Clinical Supervisor Signature</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>
STUDENT INTERN EVALUATION – EXTERNSHIP SITE

MARRIAGE AND FAMILY THERAPY PROGRAM

STUDENT: ________________________________ SITE: ________________________________

SITE SUPERVISOR: ____________________ CLINICAL SUPERVISOR: ____________________

SEMESTER/ YEAR: ________________________________

EVALUATION SCALE:       4=Excellent   3=Above average   2=Average   1=Below average
                         N/A=Not applicable      U/D=Unable to determine

• Attendance and punctuality

• Record keeping and documentation

• Understanding of policies and procedures of the externship site

• Reception to new supervisory information

• Interactions and teamwork with other staff

• Level of professionalism

• Therapeutic abilities

• Clinical assessment and diagnosis

• Treatment planning and case management

• Providing systemically oriented therapy

• Working with diverse population of clients

• Identifying legal/ethical dilemmas and effective solutions

• Articulation of a dual professional identity (MFT & Counseling)

• Knowledge and implementation of self-care strategies

OVERALL PERFORMANCE AT YOUR SITE

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500 Bayou Dr., Strauss Hall 112 • Monroe, LA 71209-8822
Phone: (318) 342-5678 • Fax: (318) 342-1213
A Member of the University of Louisiana System • AA/EOE
ADDITIONAL COMMENTS:

______________________________________________________________________________
______________________________________________________________________________
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____________________________________________________
________________________

SITE SUPERVISOR SIGNATURE  DATE

Received by:

______________________________________________

CLINICAL SUPERVISOR SIGNATURE  DATE
Evaluation of Supervision Experience

Supervisor ______________________________________________________ Date ________________________

My Supervisor: (Please circle each item)

1. Keeps appointments with me
   Never ______ Sometimes ______ Usually ______ Always ______
   ____________________________________________________________

2. Meets with me regularly for Individual supervision
   Never ______ Sometimes ______ Usually ______ Always ______
   ____________________________________________________________

3. Meets with our internship group regularly for group supervision
   Never ______ Sometimes ______ Usually ______ Always ______
   ____________________________________________________________

4. Tells me when I’ve done a good job in therapy (non-specific)
   Never ______ Sometimes ______ Usually ______ Always ______
   ____________________________________________________________

5. Tells me about specific things I’ve done
   Never ______ Sometimes ______ Usually ______ Always ______
   ____________________________________________________________

6. Helps me become aware of my clients’ resources and strengths
   Never ______ Sometimes ______ Usually ______ Always ______
   ____________________________________________________________

7. Asks my opinion about my observations of my relationship with clients
   Never ______ Sometimes ______ Usually ______ Always ______
   ____________________________________________________________

8. Asks about my hypotheses regarding the clients’ complaints
   Never ______ Sometimes ______ Usually ______ Always ______
   ____________________________________________________________

10. Asks about my perturbations/interventions
    Never ______ Sometimes ______ Usually ______ Always ______
    __________________________________________________________

11. Asks about my understanding of my being a part of the client’s problems as well as solutions
    Never ______ Sometimes ______ Usually ______ Always ______
    __________________________________________________________

12. Asks about my observations regarding outcome of therapy
    Never ______ Sometimes ______ Usually ______ Always ______
    __________________________________________________________

13. Makes direct suggestions about what I could have done differently, more of, and/or less of
    Never ______ Sometimes ______ Usually ______ Always ______
    __________________________________________________________

14. Presents data to support his/her observations about my therapy
    Never ______ Sometimes ______ Usually ______ Always ______
    __________________________________________________________

15. Shares alternative interpretations/theories about therapy
    Never ______ Sometimes ______ Usually ______ Always ______
    __________________________________________________________
16. Shares alternative interventions/perturbations | Never | Sometimes | Usually | Always

17. Helps me learn by telling me what to do | Never | Sometimes | Usually | Always

18. Helps me learn by modeling/demonstrating | Never | Sometimes | Usually | Always

19. Helps me learn by assigning related readings | Never | Sometimes | Usually | Always

20. Helps me learn by sharing a personal learning experience | Never | Sometimes | Usually | Always

21. Reviews my case notes | Never | Sometimes | Usually | Always

22. Assists me in keeping accurate records of my client contact and supervision hours | Never | Sometimes | Usually | Always

23. Supervises my work at my assigned externship | Never | Sometimes | Usually | Always

24. Does live supervision of my cases | Never | Sometimes | Usually | Always

25. Reviews videotapes of my clinical work | Never | Sometimes | Usually | Always

26. Spends supervision time doing case review (other than live or tapes) | Never | Sometimes | Usually | Always

**PLEASE INDICATE THE APPROXIMATE PERCENTAGE OF YOUR SUPERVISION TIME SPENT WITH YOUR SUPERVISOR WHICH WAS DEVOTED TO:** (should total 100%)

1. The client(s) behavior, problems, resources, strengths, etc.
2. Your behavior in the therapy sessions
3. Your therapeutic style
4. Your relationship as Supervisor/supervisee
5. Social talk (talk about ball games, the weather, etc.)
6. Other (please specify)
7. **TOTAL**

**PLEASE COMPLETE THIS FORM AND LEAVE IT WITH YOUR SUPERVISOR. INFORMATION FROM THIS SURVEY WILL NOT BE USED FOR GRADING PURPOSES. IT IS TO HELP YOUR SUPERVISOR WITH HIS/HER SUPERVISION STYLE.**
(Developed by Raphael J. Becvar, Ph.D. and R. Lamar Woodham, Ed.D., 1996)
CASE ASSIGNMENT SUSPENSION FORM

SECTION I: For Faculty Use Only

Please remove _______________________________ (student) from the rotation of new client assignments, as well as, from his or her current caseload. This action should take place beginning _______________________(date) and will be re-evaluated on ______________________(date).

Reason for Suspension:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Additional Comments:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Supervisor’s Signature ___________________________________________ Date __________

Director of Clinical Services ___________________________________________ Date __________
SECTION II: Form to Remain Attached to Document, Copy Given to Clinic Staff

Therapist’s Name: ____________________________ Date: __________

Does student have an existing client load? YES NO

If yes, please list transfer of client information:

<table>
<thead>
<tr>
<th>Client Number</th>
<th>Date of Transfer</th>
<th>New Therapist of Record</th>
<th>Transfer of Intern Form Filed?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Supervisor’s Signature ___________________________ Date __________

Director of Clinical Services ___________________________ Date __________
Externship Site Documents

- Externship Requirements
- Externship Site Agreement
- Current and Previously Approved Externship Sites
- Community Feedback Survey
Externship Site Requirements  
(Revision August 2014)

1. Externships must take place within a setting that is chartered or licensed by the appropriate state authority, if applicable, and that has been in operation for at least 2 full years. The institution must have a governing board that includes representation reflecting the public interest.

2. Sites meeting the first requirement, but have not previously been approved by the ULM Marriage and Family Therapy Programs as an approved Externship Site, must schedule a meeting with the Director of Clinical Services to initiate the approval process.

3. A continuous 9-12 month clinical experience in marital and family therapy must be available at the externship.

4. Caseloads at the externship site must be sufficient so that a minimum of 50% of the intern’s time at the site involves direct client contact of a therapeutic nature. Up to 50% of the intern’s time at the site may involve administrative case support work such as case consultations, staff meetings, generation and review of case notes.

5. At least 50% of client contact hours at the site should be with couples and/or family related issues.

6. The intern’s weekly work schedule shall be agreed upon at the beginning of each semester. Combined off campus externship work shall not exceed 16 clock hours per week, unless special permission is obtained from the intern’s faculty supervisor and the MFT Director of Clinical Services.

7. Any site that is not clinical by nature (i.e. DA’s office, etc.) and does not currently have clinical case file forms or documentation must use the ULM Marriage and Family Therapy Externship Site Case File Forms for record keeping and documentation of clinical work at the site.

8. Accurate records of intern work hours shall be documented and maintained at the externship site. These records shall be verified by the appropriate extern site personnel and made available to the MFT program upon request.

9. The externship site shall provide adequate facilities and equipment for the intern to carry out designated responsibilities, including a confidential, locked cabinet for the intern to store their case files and records that meet ULM MFT Clinic, AAMFT and ACA Code of Ethics, and HIPPA requirements.
10. The externship site shall provide interns with an appropriate orientation to the policies and procedures of the externship site and their role within the setting.

11. Externship sites shall have published procedures for handling grievances.

12. Externship sites shall have published policies prohibiting discrimination on the basis of race, ethnicity, religion, and gender.

13. For supervision purposes, the externship site shall allow the MFT faculty supervisor to have unencumbered on-site access to all of the intern’s raw clinical data (raw clinical data includes all aspects of clinical work including case notes, audio or video tapes, agency case staffing meetings, consultations, live therapy observation, etc.)

14. The externship site shall designate a specific person who shall serve as the intern’s on-site administrative supervisor.

When possible, it is preferred that this person be a licensed professional counselor supervisor and/or AAMFT Approved Supervisor or Supervisor Candidate. The role of the administrative supervisor is twofold:

1. To provide administrative support and management responsibility over the intern while at the site; and

2. To serve as the liaison person between the site and the ULM Marriage and Family Therapy Program.

While on-going consultation with the agency supervisor is a valuable and essential part of the externship experience, it is understood that the agency supervisor functions primarily in a management and consultative capacity regarding clinical work, and as an on-site resource in the event of an emergency situation which may require immediate response.

15. The externship site supervisor shall meet at least one hour every two weeks with the intern for case consultation, team meetings, or other forms of case supervision.

16. A signed agreement, the “Externship Site Agreement,” between the ULM MFT program and externship site must be on file before the intern may begin work at the externship site.

17. Externship site supervisors will be invited to participate in the annual Externship Site Fair and any other professional development trainings the ULM MFT program would offer to site supervisors.

18. The externship site supervisor shall complete a Student Intern Evaluation form at midterm of semester and communicate with the faculty supervisor regarding intern progress at least once a semester.

Revision 8/14
EXTERNSHIP SITE AGREEMENT

Marriage and Family Therapy Program
Clinical Externship

(Name of Host Externship Site)

enters into this agreement with The University of Louisiana at Monroe Marriage and Family Therapy Program to provide a clinical field experience for ___________________________________________ who is a graduate student in (Student’s Name) the Marriage and Family Therapy Program.

We have read and discussed the “MFT Program Externship Site Requirements” and find the requirements agreeable to all participating parties.

This externship agreement shall begin on __________________________, and shall continue to the end of the current academic semester, subject to renewal and continuation on a semester-by-semester basis. The on-site supervisor for the above student intern will be ___________________________________________.

This agreement is entered into on this ____________ day of ___________________, 20______.

__________________________________________
Host Externship Site Administrator/Supervisor

__________________________________________
Marriage & Family Therapy Intern

__________________________________________
Director of Clinical Services, ULM MFT Programs
Please Print:

Name of Host Externship Site Administrator/Supervisor: ________________________________
Title: __________________________________________________________________________
Work Address: _____________________________________________________________________
Contact Phone Number: ____________________________________________________________
Contact E-mail Address: ____________________________________________________________________
License Type(s) and Number(s): ______________________________________________________
Approved Supervisor (check all that apply):  ____ LMFT-S  ____ LPC-S  ____ AAMFT-S
Professional Liability Insurance Company and Expiration Date: __________________________

For Program Use Only:
Date Orientation PowerPoint emailed: _____________
Date Copy of Insurance received: _______________
Date Copy of License received or verified on Board’s website: _____________
By Whom: ____________________________
**Current and Previously Approved Externship Sites**  
*(current sites are highlighted)*

<table>
<thead>
<tr>
<th>Current Sites</th>
<th>Previously Approved Sites</th>
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<tbody>
<tr>
<td><strong>The Assembly</strong></td>
<td></td>
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</table>
| 715 Cypress Street  
West Monroe, LA 71291  
Email: rashbrook@firstassemblywm.org  
Contact: Shane Warren 318-387-1500 or Jayson Heath |  |
| **Carver Elementary School** |  |
| 1700 Orange Street  
Monroe, LA 71202  
Contact: Vallery Benson 322-4245 | “Provides education for grades PK-6 with an enrollment of 401 students. Interns will provide counseling services to students and their families.” |
| **CASA of Northeast Louisiana** |  |
| 801 N. 31st Street, Suite 1  
Monroe, LA 71211  
Email: gguthrie@cfcfnela.org  
Contact: Greg Guthrie 398-0945 | “Our mission is to secure a safe permanent home for every abused and neglected child in Northeast Louisiana by using trained volunteers from the community.” |
| **CENLA Chemical Dependency Council** |  |
| P.O. Box 4582  
Pineville, LA 71361-4582  
Contact: Kristi Waggener 318-484-6778 |  |
| **The Center For Children and Families, Inc.** |  |
| Family Foundations Program  
622 Riverside Dr  
Monroe, LA 71201  
112 Morgan Street, Suite D  
Rayville, LA 71269  
Email: amathew@cfcfnela.org  
Contact: Dr. Matt Thornton or Dr. Marc Fager 318-728-2000 (Rayville) or 318-398-0945 (Monroe) | "Family preservation services providing individual, family and group therapy in-home, school, and community settings.” |
| **Children’s Coalition for Northeast Louisiana** |  |
| 1363 Louisville Ave  
Monroe, LA 71201  
Email: dmcgrew@childrenscoalition.org |  |
<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Person(s)</th>
<th>Phone Numbers</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Counseling and Resource Center</td>
<td>Denna McGrew or Jan Daniels (Teen Screen)</td>
<td>318-323-8775</td>
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<td>A Christian and biblically-oriented facility that offers individual,</td>
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<td>marital and family counseling.</td>
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<td>Christus St. Joseph’s Nursing Home</td>
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<td>Concordia Parish Correctional Facility</td>
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<td>Dayspring Monticello-Hamburg</td>
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<td>Diversion Office</td>
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<td>Emerson Centre of Ruston</td>
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<td>FINS (Families in Need of Services)</td>
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<tr>
<td>Family Solutions Counseling Center</td>
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<tr>
<td>Address</td>
<td>Phone Number</td>
<td>Contact Name</td>
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<tr>
<td>1300 Hudson Lane, Suite 10, Monroe, LA 71201</td>
<td></td>
<td>Dr. Scott Shelby</td>
<td><a href="mailto:drscott@familysolutionscounseling.org">drscott@familysolutionscounseling.org</a></td>
</tr>
<tr>
<td>First West Counseling Center</td>
<td></td>
<td>Todd Sherwin or Gil Martin</td>
<td><a href="mailto:fwcc@firstwest.cc">fwcc@firstwest.cc</a></td>
</tr>
<tr>
<td>Gateway Adolescent Treatment Center</td>
<td></td>
<td>Donisha West</td>
<td><a href="mailto:fwcc@firstwest.cc">fwcc@firstwest.cc</a></td>
</tr>
<tr>
<td>Glenwood Regional Medical Center</td>
<td></td>
<td>Susan McGowen, RN</td>
<td><a href="mailto:glenwoodregionalmedicalec@gmail.com">glenwoodregionalmedicalec@gmail.com</a></td>
</tr>
<tr>
<td>Granberry Counseling Center</td>
<td></td>
<td>Kathy Eichelberger or Julie DuPriest</td>
<td><a href="mailto:granberry@lbch.org">granberry@lbch.org</a></td>
</tr>
<tr>
<td>Green Oaks Juvenile Detention Center</td>
<td></td>
<td>Brandon Ramsey or Valisia Tisdale</td>
<td><a href="mailto:greenoaksdetentioncenter@gmail.com">greenoaksdetentioncenter@gmail.com</a></td>
</tr>
<tr>
<td>HEP Literacy Program</td>
<td></td>
<td>Adres Enriquez</td>
<td><a href="mailto:Enriquez@opsb.net">Enriquez@opsb.net</a></td>
</tr>
<tr>
<td>Horizons Rehab</td>
<td></td>
<td>Kerry Scott</td>
<td>318-651-9363</td>
</tr>
<tr>
<td>Inspirations IOP/ PHP</td>
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</table>
4310 S. Grand Street
Monroe, LA  71202
Email:  ketienne@basrehab.com
Contact: Kara Etienne or Mark Stephenson 318-410-9019
"Provides outpatient counseling, which includes group, individual and family counseling."

**Inspirations Glenwood (Allegiance)**
102 Thomas Road, Suite #502
West Monroe, LA  71291
Email:  doneal.wmonroe@ahmgt.com
Contact: David O'Neal 329-2174
"Provides group therapy to the geriatric community."

**Jack Hayes Elementary**
3631 Old Sterlington Road
Monroe, LA  71201
Contact: Pam Smith 343-4560
"Provides education for grades PK-6 with an enrollment of 623 students. Interns will provide counseling services to students and their families."

**Juvenile Drug Court**
4824 S. Grand St.
Monroe, LA  71202
Contact: Dr. Bethany Simmons 342-1281
"Provides legal/therapeutic services for Juveniles charged with a drug offense."

**Quest School/Learning Tech**
2401 Oliver Road
Monroe, LA  71201
Email:  dpu@olympi.com
Contact: Donna Underwood    318-322-6000

**Lexington Elementary School**
1900 Lexington Avenue
Monroe, LA  71201
Email:  lynn.hodge@mcschools.net
Contact: Lynn Hodge 322-9753 ext. 41
"Provides education for grades PK-6 with an enrollment of 549 students. Interns will provide counseling services to students and their families."

**Liberty Healthcare Systems Monroe IOP**
414 Pine St.
Monroe, LA  71201
Contact: Pat Melton 699-8819

**Life Choices Pregnancy Resource Center**
1500 Royal Avenue
Monroe, LA  71201
lifechoices@centurytel.net
Contact: Carol Duncan 323-2200  
"Provides services to expecting mothers."

<table>
<thead>
<tr>
<th>Louisiana Methodist Children’s Home</th>
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<tbody>
<tr>
<td>901 South Vienna Street</td>
</tr>
<tr>
<td>Ruston, Louisiana 71273</td>
</tr>
<tr>
<td>Contact: Sharon Kilcoyne or Charlene Taylor 318-255-5753</td>
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<tr>
<th>Louisiana Methodist Children’s Home</th>
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<tbody>
<tr>
<td>Family Plus Department</td>
</tr>
<tr>
<td>4390 Old Sterlington Road</td>
</tr>
<tr>
<td>Monroe, LA 71203</td>
</tr>
<tr>
<td>Contact: Troy Luttgeharm 318-343-3528</td>
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"Provides out-patient individual, couples and family therapy on a sliding fee scale; at times, in-home assessments and therapy may be provided."

<table>
<thead>
<tr>
<th>The Macro Group</th>
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<tbody>
<tr>
<td>1602 Royal Avenue</td>
</tr>
<tr>
<td>Monroe, LA 71201</td>
</tr>
<tr>
<td>Contact: Stevens Davis, Jr.</td>
</tr>
<tr>
<td>Office: 318-325-7725</td>
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<tr>
<th>MMO Behavioral Health Systems Outpatient Services</th>
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<tbody>
<tr>
<td>2430 Old Sterlington Rd.</td>
</tr>
<tr>
<td>Monroe, LA 71203</td>
</tr>
<tr>
<td>Contact: Jean Anne Black, LCSW-BACS 342-9012</td>
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<tr>
<td><a href="mailto:blackj@mmoinc.com">blackj@mmoinc.com</a></td>
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<tr>
<th>Neville High School</th>
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<tbody>
<tr>
<td>600 Forsythe Avenue</td>
</tr>
<tr>
<td>Monroe, LA 71201</td>
</tr>
<tr>
<td>Email: <a href="mailto:dorothy.thomas@mcschools.net">dorothy.thomas@mcschools.net</a></td>
</tr>
<tr>
<td>Contact: Dorothy Thomas 323-2237 (3006)</td>
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</table>

"Provides education for grades 9-12 with an enrollment of 834 students. Interns will provide counseling services to students and their families."

<table>
<thead>
<tr>
<th>Northeast Louisiana Adult and Family Literacy Consortium</th>
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<tbody>
<tr>
<td>701 St. John Street</td>
</tr>
<tr>
<td>Monroe, LA 71201</td>
</tr>
<tr>
<td>Contact: Andres Enriquez(318-432-5365 and 318-614-5262) or Kaye Sharbono(432-5330)</td>
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<thead>
<tr>
<th>Northeast Louisiana War Veterans Home</th>
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<tbody>
<tr>
<td>60700 Hwy 165 N</td>
</tr>
<tr>
<td>Monroe, LA 71203</td>
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<tr>
<td>Contact: Cynthia Bratton 362-4206</td>
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<tr>
<th>Novice House</th>
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<tr>
<td>806 Standifer Avenue</td>
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<tr>
<td>Organization</td>
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<tr>
<td>Monroe, LA 71202</td>
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<tr>
<td>Ouachita Parish High School</td>
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<tr>
<td>Our House/Transitional Living Program</td>
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<tr>
<td>Positive Enterprises for Empowering the Public (P.E.E.P.)</td>
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<tr>
<td>Primary Health Care</td>
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<tr>
<td>Psychological and Intervention Services</td>
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<tr>
<td>Serenity Springs Specialty Hospital</td>
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<tr>
<td>St. Francis Medical Center, Maternity and Child</td>
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</tr>
<tr>
<td>309 Jackson Street</td>
</tr>
<tr>
<td>Monroe, LA 71201</td>
</tr>
<tr>
<td>Contact: Rebecca Hays or Lisa Yarborough 966-4292</td>
</tr>
<tr>
<td>“Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need.”</td>
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<tr>
<th>St. Francis Medical Center</th>
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<tr>
<td>Manager of Employment Services</td>
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<tr>
<td>309 Jackson Street, Monroe, LA 71201</td>
</tr>
<tr>
<td>Contact: Jennifer Brady 327-4806</td>
</tr>
<tr>
<td>&quot;Provides admission assessments, group counseling, and individual counseling as needed.&quot;</td>
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<tr>
<th>St. Patrick’s Behavioral Health Hospital</th>
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<tr>
<td>3421 Medical Park Dr.</td>
</tr>
<tr>
<td>Monroe, LA 71203</td>
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<tr>
<td>Contact: Bob Kaschak 327-4686</td>
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<thead>
<tr>
<th>Sterlington Rehabilitation Hospital</th>
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<tbody>
<tr>
<td>P. O. Box 627</td>
</tr>
<tr>
<td>111 Hwy 2</td>
</tr>
<tr>
<td>Sterlington, LA 71280</td>
</tr>
<tr>
<td>Contact: Cathy Parker 318-665-9920</td>
</tr>
<tr>
<td>&quot;Our staff is committed to providing quality healthcare in a personal and family-type atmosphere.”</td>
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<thead>
<tr>
<th>Swartz Upper Elementary</th>
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<tbody>
<tr>
<td>109 Raymond Drive</td>
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<tr>
<td>Monroe, LA 71203</td>
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<tr>
<td>Contact: Mary Skelton 343-1723</td>
</tr>
<tr>
<td>Email: <a href="mailto:skelton@opsb.net">skelton@opsb.net</a></td>
</tr>
<tr>
<td>&quot;Provides education for grades 3-6 with an enrollment of 607 students. Interns will provide counseling services to students and their families.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ULM Counseling Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1140 University Avenue</td>
</tr>
<tr>
<td>Monroe, LA 71209</td>
</tr>
<tr>
<td>Email: <a href="mailto:tipton@ulm.edu">tipton@ulm.edu</a></td>
</tr>
<tr>
<td>Contact: Karen Foster 342-5220</td>
</tr>
<tr>
<td>&quot;Provide personal and academic counseling services for university students. Also provide outreach programs for classes, organizations and residence halls.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Upward Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>3815 Bon Aire Drive</td>
</tr>
<tr>
<td>Monroe, LA 71209</td>
</tr>
<tr>
<td>Email: <a href="mailto:baggiano@ulm.edu">baggiano@ulm.edu</a></td>
</tr>
</tbody>
</table>
“Upward Bound, part of the federal government’s TRIO programs, is designed to help selected students develop the skills and confidence to pursue a college education.”

<table>
<thead>
<tr>
<th><strong>The Wellspring</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling and Family Development Center</strong></td>
</tr>
<tr>
<td>1103 Hudson Lane, Suite 1</td>
</tr>
<tr>
<td>Monroe, LA  71201</td>
</tr>
<tr>
<td>Email: <a href="mailto:ccascio@wellspringalliance.org">ccascio@wellspringalliance.org</a></td>
</tr>
<tr>
<td>Contact: Caroline Cascio and Donna George 323-1505</td>
</tr>
</tbody>
</table>

"Services include individual, marital and family therapy, as well as supervised visitation."

<table>
<thead>
<tr>
<th><strong>The Wellspring</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Justice Center</strong></td>
</tr>
<tr>
<td>520 Riverside Drive</td>
</tr>
<tr>
<td>Monroe, LA  71201</td>
</tr>
<tr>
<td>Contact: Latreta Burns 323-1505</td>
</tr>
</tbody>
</table>

"Staff works exclusively with domestic violence victims."

<table>
<thead>
<tr>
<th><strong>The Wellspring Family Visitation Center</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1103 Hudson Lane, Suite 1</td>
</tr>
<tr>
<td>Monroe, LA  71201</td>
</tr>
<tr>
<td>Email: <a href="mailto:llongenbaugh@wellspringalliance.org">llongenbaugh@wellspringalliance.org</a></td>
</tr>
<tr>
<td>Contact: Lisa Longenbaugh 323-1505</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>West Monroe High School/School Based Health Center</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>201 Riggs St.</td>
</tr>
<tr>
<td>West Monroe, LA  71291</td>
</tr>
<tr>
<td>Email: <a href="mailto:bfuller@opsb.net">bfuller@opsb.net</a></td>
</tr>
<tr>
<td>Contact: Beth Fuller 318-387-8420</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>West Ouachita High School</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4061 Caples Road</td>
</tr>
<tr>
<td>West Monroe, LA  71292</td>
</tr>
<tr>
<td>Contact: Teresa Mayeaux 249-4773</td>
</tr>
</tbody>
</table>

"Provides education for grades 8-12 with an enrollment of 997 students. Interns will provide counseling services to students and their families."

<table>
<thead>
<tr>
<th><strong>The Women’s Clinic</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3424 Medical Park Dr.</td>
</tr>
<tr>
<td>Monroe, LA  71203</td>
</tr>
<tr>
<td>Contact: Dr. Katherine Wilson 361-9299</td>
</tr>
</tbody>
</table>
**SECTION 1**

Our business, organization, or agency has had ULM Marriage and Family Therapy Student Interns in the past 5 years.

- YES (Please continue to section 2)
- NO (Please skip to section 3)

---

**SECTION 2**

We had ULM Marriage and Family Therapy Student Interns at the:

- Masters’ level
- Doctoral level
- Doctoral level, 3rd Year Internship, MAFT 7052

---

<table>
<thead>
<tr>
<th>Please rate your intern on the following:</th>
<th>1 (Very Dissatisfied)</th>
<th>2 (Dissatisfied)</th>
<th>3 (No Opinion)</th>
<th>4 (Satisfied)</th>
<th>5 (Very Satisfied)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Therapeutic Abilities</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Interactions with Other Staff Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Performance</td>
<td></td>
<td></td>
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</tbody>
</table>

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Please rate the following:

- I would have another ULM MFT Student Intern work in my setting
- I would hire a Marriage and Family Therapist in the future.
<table>
<thead>
<tr>
<th>Please explain:</th>
<th>1 (Not Skillful At All)</th>
<th>2 (Not Skillful)</th>
<th>3 (No Opinion)</th>
<th>4 (Skillful)</th>
<th>5 (Very Skillful)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate your intern's skill level on the following:</td>
<td></td>
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<tr>
<td>Clinical Assessment and Diagnosis</td>
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<tr>
<td>Please explain:</td>
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<tr>
<td>Providing Systemically Oriented Therapy</td>
<td></td>
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<td></td>
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<tr>
<td>Please explain:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Working with Individuals</td>
<td></td>
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<tr>
<td>Please explain:</td>
<td></td>
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<tr>
<td>Working with Couples</td>
<td></td>
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<tr>
<td>Please explain:</td>
<td></td>
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<tr>
<td>Working with Families</td>
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<tr>
<td>Please explain:</td>
<td></td>
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</tr>
<tr>
<td>Working with a Diverse Population of Clients</td>
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<tr>
<td>Please explain:</td>
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<td></td>
</tr>
<tr>
<td>Treatment Planning and Case Management</td>
<td></td>
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<tr>
<td>Please explain:</td>
<td></td>
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</tr>
<tr>
<td>Identifying Legal/Ethical Dilemmas and Effective Solutions</td>
<td></td>
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<tr>
<td>Please explain:</td>
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</tbody>
</table>

Have you employed a ULM MFT Graduate?

YES

NO

If yes, how prepared for the work setting was that Graduate/Intern?
If there were times when you had an issue with the Student Intern, did you contact a supervisor/administrator in the ULM Marriage and Family Therapy Program?

YES  NO

If yes, did you find that contact useful and the issue resolved?

If no, why not?

The ULM Marriage and Family Therapy Program's mission statements, for both the masters and clinical doctoral programs are:

Masters: The ULM Marriage and Family Therapy Master of Arts program is committed to a systemic orientation that fosters relational and contextual educational approaches in the fields of marriage and family therapy and counseling. Our mission is to prepare clinicians whose competencies in systemic practice, clinical scholarship, and ethics will professionally serve a diverse society. With a commitment to the classic foundations of family therapy and advancing the professions, we turn learning into relevant action for tomorrow’s practitioners.

Doctoral: The ULM Marriage and Family Therapy Doctor of Philosophy program is committed to a systemic orientation that fosters relational and contextual educational approaches in the field of marriage and family therapy. Serving a diverse society, our mission is to promote competencies in systemic clinical practice and supervision, pedagogy, and creative scholarship. With a commitment to the classic foundations of family therapy and advancing the profession, we turn learning into relevant ethical action for tomorrow’s innovators in systemic clinical scholarship.

How accurately does our mission reflect our training program from your perspective?

1 (Not Accurately At All)  2 (Not Accurately)  3 (No Opinion)  4 (Accurately)  5 (Very Accurately)

What changes would you suggest the MFT Program make to its mission?
What changes would you suggest the MFT Program make to its curriculum? Would there be any courses that you would either add or delete from the existing curriculum? Note: if you are not familiar with our curriculum, a list can be found at www.ulm.edu/mft/

The ULM Marriage and Family Therapy Program is dually accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as well as the Council for Accreditation of Counseling and Related Educational Programs (CACREP), meaning that our students are eligible to fulfill both licensing requirements as a Licensed Marriage and Family Therapist (LMFT) and a Licensed Professional Counselor (LPC). Do you see this as beneficial to our program and students? If not, please list any reasons our program could be improved by focusing on one particular professional identity.

Please provide any feedback to the ULM Marriage and Family Therapy Programs that you think will be helpful to them when training interns to work in various work settings:

Please provide any additional information that the ULM Marriage and Family Therapy Programs should know regarding their student interns:

Would you like any further information about the Marriage and Family Therapy profession and/or what the ULM Marriage and Family Therapy Student Interns have to offer?

YES (If yes, please contact the Director of Clinical Services at the information provided in the letter)

NO

SECTION 3

If you have not utilized ULM Marriage and Family Therapy Student Interns in the past 5 years, please list any reasons for not doing so.
Would you like any further information about the Marriage and Family Therapy profession and/or what the ULM Marriage and Family Therapy Student Interns have to offer?

YES (If yes, please contact the Director of Clinical Services at the information provided in the letter)

NO
Non-Clinical Externship Site Forms

- ✔ Intake Form
- ✔ Statement of Practice
- ✔ Consent for Treatment of Minors
- ✔ Authorization for Use or Disclosure of Protected Health Information
- ✔ Authorization for Release of Medical Information
- ✔ Treatment Plan: Intake Session Notes
- ✔ Session Case Notes
- ✔ Case Activity Record
- ✔ Special Therapy Agreement
- ✔ No Violence Contract
- ✔ Transfer of Intern
- ✔ Termination Summary
- ✔ Externship Confidentiality
INTAKE INFORMATION

Date: ________________ Date of Birth: ____________________ SSN: ________________

Name: ______________________________ Who will attend first session: ________________

Phone Number(s) (number(s) you want us to contact you at): _________________________

Address: ____________________________________________________________________

Mailing Address (if different than above): _________________________________________

May we contact you by: Mail: ______  Yes _______ No   Phone: ______ Yes _____ No

Reason for attending therapy: ___________________________________________________

How did you find out about us? __________________________________________________

BIOGRAPHICAL INFORMATION

Marital Status:

☐ Married
☐ Never Married
☐ Separated
☐ Divorced
☐ Cohabitating
☐ Long-term Relationship

Times Married: _________ Spouse’s Times Married: _______ Date of Marriage: _______

Ethnicity: ___________ Country of Origin: ______________ Religion: _________________

Employer: ___________________________ Spouse’s Employer: _______________________

Income Level:

☐ Below - $10,000
☐ 10K-20K
☐ 20K-30K
☐ Above 30K
Please list all adults living in your home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Marital Status</th>
<th>Times Married</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
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</tr>
</tbody>
</table>

Please list all children living in your home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Marital Status</th>
<th>Times Married</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Current Medical Problems:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Current Medications:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you sought therapeutic/mental health treatment before? ________________________
If yes, where? _________________________________________________________________

How would you like things to be different as a result of coming to therapy?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
an Externship Site of the
University of Louisiana at Monroe, Marriage and Family Therapy Clinic
(ULM MFT Clinic)

STATEMENT OF PRACTICE

Services provided at __________________________ are delivered by marriage and family therapy interns-in-training through the ULM Marriage and Family Therapy Clinic. Clinical supervision is provided to the intern by approved supervisors and/or candidates (the clinical supervisory faculty) through the ULM Marriage and Family Therapy Programs. Clinical supervision may include, case report/case consultation, live supervision, video/audio recording. I, __________________________, understand that the ULM MFT Clinic is a training facility for MFT Interns and Practicum students. To provide the best possible clinical services, sessions are subject to videotaping and/or live supervision by the ULM Clinical Supervisory faculty and team, which may on occasion include an invited consultant in the field of marriage and family therapy. Clinical Supervisory faculty includes AAMFT Approved Supervisors, and Candidates, under the supervision of a AAMFT Approved Supervisor Mentor.

Code of Conduct
All MFT Interns and Clinical Supervisory faculty are required to abide by the American Association for Marriage and Family Therapists Code of Ethics, the American Counseling Association Code of Ethics and Standards of Practice, and Louisiana Law. Copies of these codes are available upon request.

Privileged Communications
All MFT Interns and Clinical Supervisory faculty are required to hold all client information in the strictest of confidence, only to be disclosed in the following circumstances:
(1) During clinical supervision (supervision, may, as outlined above, consist of consultation with supervisory faculty, a team, and/or a consultant). **Videotapes may be used during supervision but are erased at the completion of supervision. No videotape is kept as part of the permanent client record.** Should the ULM MFT Clinic Staff or faculty desire to use information that might identify clients, such as videotapes, for purposes of research, professional training, presentations and/or publications, a separate consent form that clearly states the purpose, and use of that information, will be obtained from all clients prior to its use.
(2) If there is a waiver that has been previously obtained in writing and signed by all adults involved in the therapy sessions, in which case the information will only be divulged in accordance with the waiver. **Verbal authorization will not be sufficient except in emergency situations.**
(3) If mandated or permitted by law. Certain types of litigation, such as child custody cases, may lead to the court-ordered release of information, even without a client’s consent, in which case client confidences will only be disclosed in the course of that action.
(4) When there is any suspected or known child abuse/neglect.
(5) When there is any suspected or known elder abuse/neglect.
(6) When there is any suspected or known abuse/neglect of a dependent or disabled adult.
(7) When there is a clear and immediate danger to a person or to a person’s life, in which case client confidences may be disclosed in an effort to prevent any such clear and immediate danger. **This may include the notification of next of kin, another person who may prevent the clear and immediate danger, and/or the appropriate law enforcement agency.**
In the case of providing couple, family, or group therapy, client confidences cannot be revealed to others in the client unit unless there has been a written waiver previously obtained. In circumstances where the intern/supervisor believes that information should be shared with others in the client unit in order to help bring about the requested change, the intern may request that clients sign such waivers allowing the sharing of information with others in the client unit.

**Fees**
Intake sessions are _______, and all sessions thereafter are _______ per session, unless other arrangements are made with the intern prior to the session. All fees are payable at the time of the session.

Typically, our students do not participate in court activities or proceedings. The standard fee for depositions and/or court appearances, or any associated hearing, is **$400 per hour ($300 per hour for the supervisor, and $100 per hour for the intern)**. As this is a training facility, no intern is permitted to appear in court or at any associated hearing without the case supervisor also being present. Such appearances will only take place in response to a subpoena. **A retainer fee must be paid in advance of any deposition, court appearance, or associated hearing.**

**Scheduling Policies**
Twenty-Four (24) hours notice is required if an appointment must be cancelled or re-scheduled, other than in emergency situations. Appointments not canceled in this manner are subject to the customary fee of _________.

**Emergency Situations**
In case of an emergency please first call __________ at _______________. If you are suicidal and unable to speak with your therapist intern or a supervisor, please call the suicide crisis line at 1-800-SUICIDE or 1-800-273-TALK, 911, or the emergency room of a local hospital, depending upon your emergency.

I have read and discussed the above information with my therapist intern and agree to follow the policies of the ULM Marriage and Family Therapy Clinic. This agreement will remain in effect until termination of services occurs.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Signature of All Adults in Attendance

Date

Copy of Statement of Practice given to client? Yes ( ) No ( )
Copy of Clinic Brochure given to client? Yes ( ) No ( )

__________________________________________________________________________________

Signature of Therapist Intern

Date
Parental/Guardian Authorization

I, __________________________ (name of parent/guardian), having read and understood this statement of practice, give permission for ___________________________ (name of intern) to conduct therapy with my _____________________________ (relationship to parent/guardian), _____________________________ (name of minor).

By signing below, I am stating that I indeed have the legal authority to give permission for the minor child listed above to receive above-stated services.

_________________________________________________________________________________

Signature of Parent/Guardian  Date
CONSENT FOR THE TREATMENT OF MINORS

Minor’s Name: ____________________________________________________________

Date of Birth: ____________________________________________________________

Minor’s Address & Phone Number: __________________________________________

________________________________________________________________________

Therapist Intern(s): _______________________________________________________

This is to certify that I give permission for The University of Louisiana at Monroe, Marriage and Family Therapy Program therapist interns (listed above) to provide therapeutic services to my minor child. Such services may include individual therapy, family therapy, and/or group therapy, as well as clinical consultation with the faculty supervisor.

By signing below, I am stating that I indeed have the legal authority to give permission for the minor child(ren) listed above to receive above-stated services.

Signature of Parent/Legal Guardian ___________________________ Date __________

Printed Name of Parent/Legal Guardian ______________________________________

Address & Phone Number of Parent/Legal Guardian, if different from above ___________

Name, Title, and Signature of Therapist Intern and/or Witness __________________________ Date __________
Authorization for Use or Disclosure of Protected Health Information

Name(s): ____________________________________________

Address: ____________________________________________

Information, both written and not written, on the above named individual(s), is private and confidential. Information cannot be released to anyone without the written consent of the client(s) or the client’s parent or legal guardian, except as required by law and/or code of ethics. By my signature below, I give permission for the use and disclosure of individually identifiable health information relating to me, which is called “protected health information” under HIPAA (Health Insurance Portability and Accountability Act), as described below:

After reading and understanding the above disclosure, I give permission for
(Insert below: name of therapist intern, ULM Marriage and Family Therapy Clinic)

____________________

____________________

to release the following information only (Insert below: information to be released)

to (Insert below: name of individual to receive the information)

for the purposes of (Insert below: the purpose of releasing the information)

1. I understand that, if the person or organization that receives this information is not a health plan or health care provider covered by federal privacy regulations, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state law, or private.
2. I understand that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, or payment or my eligibility for benefits (if applicable).
3. I understand that I may revoke or cancel this authorization at any time by notifying __________________ in writing. I understand that my revocation will not affect any actions already taken before __________________ received my cancellation/revocation.

This authorization will expire on ___/___/____

Name and Signature of Client and/or Client’s Parent or Legal Guardian __________________________ Date __________________________

Name and Signature of Client and/or Client’s Parent or Legal Guardian __________________________ Date __________________________

Name and Signature of Therapist Intern or Witness __________________________ Date __________________________
Authorization for the Release of Medical Information

Name(s): _________________________________________________________________________
Address: _________________________________________________________________________

Information, both written and not written, on the above named individual, is private and confidential. Information cannot be released to anyone without the written consent of the above named individual or the above named individual’s parent or legal guardian, except as required by law.

This form enables the ULM MFT Clinic’s Therapist Interns and Supervisors to have access to the above named individual’s medical and/or psychological records, in order to allow a contextual understanding of the individual’s medical and/or psychological history and treatment.

After reading and understanding the above disclosure, I give permission for (Insert below: name of medical doctor, psychiatrist, or other treating medical professional)

______________________________________________________________________________

to release the following information only (Insert below: information to be released)

______________________________________________________________________________
to (Insert below: name of therapist intern, ULM Marriage and Family Therapy Clinic)

______________________________________________________________________________

for the purposes of (Insert below: the purpose of releasing the information)

______________________________________________________________________________

______________________________________________________________________________

Name and Signature of Client and/or Client’s Parent or Legal Guardian ______________________ Date ______________

Name and Signature of Client and/or Client’s Parent or Legal Guardian ______________________ Date ______________

Name and Signature of Therapist Intern or Witness ______________________ Date ______________
Client Number: Insert Text  Date: Insert Text
Therapist: Insert Text  Supervisor: Insert Text

Who attended? Insert Text

1. Presenting Problem (be specific) from all Members’ Perspectives (2.3.9): Insert Text

2. Why Now? Insert Text

3. History of Presenting Problem: Insert Text

4. Previously Attempted Solutions and Results: Insert Text

5. Critical Life Events: Insert Text

6. Contextual/Systemic/Relational Dynamics Important to Problem and/or Treatment (e.g. family, relational, individual, community, cultural, spirituality, sexual orientation, gender, social context) (1.2.1; 1.3.1): □ N/A  □ Not Enough Info/Continue to Assess  □ Applicable: Insert Text

7. Other Systems Involved in Clients’ Lives (e.g. court, social services, previous therapy, counseling, or treatment, previous diagnosis, health status, physical/organic problems) (1.2.2; 2.2.5): □ N/A  □ Not Enough Info/Continue to Assess  □ Applicable: Insert Text

8. Others Involved in Clients’ Lives/Presenting Problem (e.g. Relationships of Focus, and Who may Participate in Therapy in the Future) (1.3.1; 1.3.2): □ N/A  □ Not Enough Info/Continue to Assess  □ Applicable: Insert Text

9. Clients’ Strengths, Resilience, and Resources (2.3.8): Insert Text

10. In-Session and Out-Of-Session Interventions (include homework assignments/ tasks): Insert Text

11. Overall Goals, Issues and Themes for Therapy (Include: How would the client like for things to be different in the future / 6 weeks from now? When will the client know that they have reached their therapeutic goals?) (3.2.1, 3.3.1): Insert Text
12. **Agreed upon Goals for Therapy in Order of Priority** (specific, measurable, observable behaviors) (2.4.4; 3.3.1; 3.3.2):

<table>
<thead>
<tr>
<th>#</th>
<th>Goal</th>
<th>Specific, Measureable, Observable Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insert Text</td>
<td>Insert Text</td>
</tr>
<tr>
<td>2</td>
<td>Insert Text</td>
<td>Insert Text</td>
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<tr>
<td>3</td>
<td>Insert Text</td>
<td>Insert Text</td>
</tr>
<tr>
<td>4</td>
<td>Insert Text</td>
<td>Insert Text</td>
</tr>
</tbody>
</table>

13. **Issues/Risks Indicating a Need for Referral** (e.g. Specialized Evaluation, Assessment, or Care) (1.2.3; 3.3.6; 3.4.3): □ N/A □ Not Enough Info/Continue to Assess  
   □ Applicable: Insert Text

14. **Medications/Impact/Influence on Treatment** (3.1.3):
   □ N/A □ Not Enough Info/Continue to Assess  
   □ Applicable: Insert Text

15. **Notes/Other Information Pertinent to Treatment**: Insert Text
Session Case Notes

Client Number: Insert Text  Date: Insert Text
Therapist: Insert Text  Session #: Insert Text
Supervisor: Insert Text  Therapy Approach: Insert Text
Who attended? Insert Text

1. Goals for this Session: Insert Text

2. Assessment (How have things been since last session?): Insert Text

3. Specific Observable Behaviors During Session: Insert Text


5. Assess Each Clients’ Engagement in Change Process and Perspective of Presenting Problem (2.2.1; 2.3.9): Insert Text

6. List Progress Toward/Away from Goals (2.4.4; 3.3.1; 3.3.2; 3.3.5; 3.4.1; 3.4.2; 4.4.3): Insert Text

7. Systemic Hypothesis: Insert Text

8. Issues/Risks Indicating a Need for Referral (e.g. Specialized Evaluation, Assessment, or Care) (1.2.3; 3.3.6; 3.4.3): N/A  Not Enough Info/Continue to Assess
   □ Applicable: Insert Text

9. Clients’ Strengths, Resilience, and Resources (2.3.8): Insert Text

10. In-Session and Out-Of-Session Interventions (include homework assignments/ tasks): Insert Text

11. Progress Toward Termination and/or Any Aftercare Plans (3.3.1; 4.3.11; 4.4.3; 4.4.5): N/A at this time/Continue to Assess
    □ Applicable: Insert Text

12. Notes to Therapist/Other Information Pertinent to Treatment: Insert Text
## CASE ACTIVITY RECORD

**THERAPIST:** __________________________

**CASE #:** ____________________________

**CLIENT(S):** _________________________

**SUPERVISOR:** ________________________

**SITE:** ______________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Therapist Initials</th>
<th>Individual</th>
<th>Couple</th>
<th>Family</th>
<th>Group</th>
<th>Client Cancelled</th>
<th>Therapist Cancelled</th>
<th>No Show</th>
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an Externship Site of the
The University of Louisiana at Monroe, Marriage and Family Therapy Clinic

SPECIAL THERAPY AGREEMENT

I, ___________________________________________ (Name of Client), do hereby agree that I will not attempt to harm myself or to terminate my life while I am in therapy with ___________________________________________ (Name of Therapist Intern), of the ULM Marriage and Family Therapy Clinic. I further agree that if I find that I am feeling strong desires to inflict bodily harm to myself that I will not do so before first making and keeping an appointment with my therapist intern. I understand that if I can’t reach my therapist intern at the ULM Marriage and Family Therapy Clinic (318 342-5678), I am agreeing (a) to seek medical/psychological attention at the nearest hospital, mental health counseling clinic, or with the suicide 24-Hour Crisis Line at 1-800-SUICIDE or 1-800-273-TALK and (b) that I will request that my therapist intern be notified.

By signing below, I am stating that I agree to follow the above directions, and also understand that if I do not, the following will apply:

Failure to follow this special agreement, and the guidelines that I have agreed to, may result in my therapist intern notifying my next of kin, or someone else, so that they can have the opportunity to agree to a “suicide watch” or to assist in the establishing of a “suicide watch”. In extreme circumstances, my therapist intern may exercise the right/responsibility to inform the appropriate civil authorities which could lead to hospitalization.

__________________________________________
Signature of Client
Date

__________________________________________
Signature of Therapist Intern
Date

__________________________________________
Signature of Clinical Supervisor
Date

Copy Given to Client:

__________Yes
__________No
NO VIOLENCE CONTRACT

I ___________________________(Name of Client) pledge not to allow my anger to go to the point where I forcefully touch my partner, another family member, or any other persons no matter how right I feel I am.

I pledge to use time-out or alternative procedures instead, and to cooperate whenever my partner initiates time-out.

If I am unable to keep this contract, I pledge to:

1.

2.

3.

Entered into this ________________ day of ____________________, __________.

_______________________________________________________________
Name & Signature of Client                                    Date

_______________________________________________________________
Name & Signature of Client                                    Date

_______________________________________________________________
Name & Signature of Therapist Intern                          Date

_______________________________________________________________
Name & Signature of Clinical Supervisor                       Date
TRANSFER OF INTERN FORM

CLIENT NUMBER: ___________________________________________________________

DATE OF INITIAL APPOINTMENT: ____________________________________________

PREVIOUS THERAPIST: _____________________________________________________

PREVIOUS THERAPIST’S SUPERVISOR: _____________________________________

TRANSFERRED THERAPIST: ________________________________________________

TRANSFERRED THERAPIST’S SUPERVISOR: __________________________________

DATE OF TRANSFER: ________________________________________________________

REASON FOR TRANSFER: _________________________________________________

List Participants in Treatment: ______________________________________________

Initial Complaint: __________________________________________________________

Other Problems Addressed Throughout Course of Therapy: ______________________

Goals Established Throughout Therapy (2.4.4; 3.3.1; 3.3.2; 3.35; 3.4.1; 3.4.2; 4.4.3):

<table>
<thead>
<tr>
<th>#</th>
<th>Goal</th>
<th>Progress Goal was:</th>
<th>Evidence of Progress</th>
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<td>2</td>
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<td>Met</td>
<td>Deferred</td>
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### SUMMARY OF PROGRESS IN THERAPY

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<th>3</th>
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<td>Met</td>
<td>Deferred</td>
<td>Changed</td>
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#### Give a Report of Clients at Transfer:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

#### Notes to New Therapist:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

#### TRANSFER CHECKLIST:

- [ ] The Receipt of Privacy Practices form signed by all adults
- [ ] Permission to Contact form completed
- [ ] Mental Health Disclosure/HIPAA Form signed by all adults
- [ ] Statement of Practice signed by all adults (make sure new form signed for new therapist)
- [ ] Permission signed for the treatment of any minor child (if applicable)
- [ ] All dates and session numbers on Case Summary match session notes
- [ ] All session notes completed
- [ ] Transfer of Intern form completed and copy given to front desk (if applicable)
- [ ] Client Satisfaction Survey completed
- [ ] Client has no outstanding balance
- [ ] Termination form completed (from original therapist if applicable)
- [ ] Signature of supervisor

______________________________________________________________________________

Signature of Original Therapist Intern Date

______________________________________________________________________________

Signature of New Therapist Intern Date

______________________________________________________________________________

Signature of Supervisor Date
an Externship Site of the
The University of Louisiana at Monroe, Marriage and Family Therapy Clinic

TERMINATION SUMMARY

CLIENT NUMBER: ___________________________ DATE: ___________________________

THERAPIST: __________________ CURRENT SUPERVISOR: ______________________

Other supervisor(s) involved with this case: __________________________________________

Co-Therapist who assisted with this case (if any): _____________________________________

If a transferred case, list previous therapist(s): _______________________________________

Date of initial consultation: __________ Date of last session: _________________________

Total number of sessions (including initial consultation): _____________________________

Participants in Therapy:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Dates of Attendance</th>
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List Other Systems Involved in Clients’ Lives (e.g. court, social services, previous therapy, counseling, or treatment, previous diagnosis, health status, physical/organic problems)
During the Course of Therapy (1.2.2; 2.2.5; 3.3.7):

______________________________________________________________________________

List Any Referrals/Reports Made Throughout the Course of Therapy (3.5.1; 5.3.6; 1.3.8; 3.3.7; 5.3.7):

___________________________________________

List Any Referrals Made at the Termination of Therapy (3.3.8; 3.5.1; 5.3.7):

___________________________________________
CLOSING CASE SUMMARY

Initial Complaint:

______________________________________________________________________________
______________________________________________________________________________

Other Problems Addressed Throughout Course of Therapy:

______________________________________________________________________________
______________________________________________________________________________

Goals Established Throughout Therapy (2.4.4; 3.3.1; 3.3.2; 3.35; 3.4.1; 3.4.2; 4.4.3):

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Summary of Progress in Therapy: ____________________________________________
______________________________________________________________________________

Give a Report of Clients at Termination: ______________________________________
______________________________________________________________________________

Aftercare Plans (3.3.9): _____________________________________________________
Reason for termination of this case:

____ Client’s goals accomplished; client desired to terminate
____ Presenting problem rectified; therapist suggested termination
____ Goals accomplished; client and therapist agree to terminate
____ Client was referred to, or decided to seek assistance from, another professional resource.

Who/Where?

____ Client failed to attend scheduled sessions
____ Client discontinued therapy against professional advice

Reason given by Client: ____________________________________________

____ Other: ______________________________________________________

Prior to Termination, please make sure all of the following is complete and in the file:

CHECKLIST:

☐ The Receipt of Privacy Practices form signed by all adults
☐ Permission to Contact form completed
☐ Mental Health Disclosure/HIPAA Form signed by all adults
☐ Statement of Practice signed by all adults
☐ Permission signed for the treatment of any minor child (if applicable)
☐ All dates and session numbers on Case Summary match session notes
☐ All session notes completed
☐ Transfer of Intern form completed and copy given to front desk (if applicable)
☐ Client Satisfaction Survey completed
☐ Client has no outstanding balance
☐ Termination form completed
☐ Signature of supervisor

Therapist Signature: ________________________________ Date: ____________

Supervisor’s Signature: ________________________________ Date: ____________
CONFIDENTIALITY

Client confidences are strictly protected in accordance with the AAMFT/ACA Code of Ethics, Louisiana State Law, and the Health Insurance Portability and Accountability Act (HIPPA). All members involved in the treatment of client cases must keep all information protected and confidential. All information about clients should be considered confidential – names, personal information (age, gender, occupation, relationship status, etc.), topics discussed in therapy, etc. and should not be shared with anyone.

Due to the sensitive nature of treatment, you are required by Federal Law not to disclose any information obtained while participating at the ________________________, an externship site of the ULM Marriage and Family Therapy Clinic, including the identity of other people you see here.

The Federal Rules (42 C.F.R. Part 2) prohibit you from making any disclosure of any information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted. A general authorization of release of medical or other information is not sufficient for this purpose.

I have read and discussed the above information with the ULM MFT therapist intern and agree to follow the policies of the ULM Marriage and Family Therapy Clinic. This agreement will remain in effect until termination of services occurs.

_______________________________________________
Signature of All Adults in Attendance  Date

_______________________________________________
Signature of Therapist Intern  Date
MAFT 7052 Internship Forms

- ✔ Application for MAFT 7052
- ✔ MAFT 7052 Clinical Internship Contract
- ✔ MAFT 7052 Clinical Internship Evaluation
- ✔ MAFT 7052 Non-Traditional Internship Contract
- ✔ MAFT 7052 Non-Traditional Internship Evaluation
Application for MAFT 7052 Internship

Please complete the following and submit to the Director of Clinical Services prior to orientation for MAFT 7052 Internship, no less than five days prior to the last day of the semester in which you are concluding MAFT 7050 requirements:

Name: ___________________________ Date: ___________________

Address: ______________________________________________________________________

City: ______________________________ State: _____________________ Zip: ____________

Phone: ___________________________ (Home) Phone: ___________________________ (Cell)

Phone: ___________________________ (Work) Advisor Name:__________________________

ULM Email: ___________________________ Personal Email: __________________________

Emergency Contact: _____________________________________________________________

MAFT 7050 Supervisors: __________________________________________________________

Externship Site(s): _______________________________________________________________

Total Direct Client Contact Hours Earned in MAFT 7050: _____________

Number of Hours Obtained at MFT Clinic: _____________

Number of Relational Hours: _____________

Number of Alternative Therapeutic Contact Hours: _____________

Total Supervision Hours Earned in MAFT 7050: _____________

Number of Direct Observation Supervision: _____________

Number of Live/ Video Direct Observation Supervision: _____________

The following documentation must be submitted with this application:

☐ Final Monthly Client Contact Hour form showing documentation you have met all hour requirements:

For Doctoral students with COAMFTE accredited master’s degree:

- 700 Direct Client Contact Hours prior to entering MAFT 7052 Internship (500 COAMFTE MA Hours + 200 MAFT 7050 Hours)
  - 500 Direct Client Hours earned in COAMFTE Accredited MA Program
  - 200 Direct Client Contact Hours in MAFT 7050
    - 100 of those 200 Direct Client Contact Hours Obtained in the ULM MFT Clinic
    - 100 Relational Hours
- Only 150 Alternative Therapeutic Contact hours between MA & Ph.D. programs **combined**
- 100 Supervision Hours
  - 50 of those 100 Supervision Hours must be Direct Observation (Live, Audio, Video)
  - 25 of those 50 Direct Observation Hours must be Live or Video

For Doctoral students without a COAMFTE accredited master's degree:
- 700 Direct Client Hours prior to entering MAFT 7052 Internship (500 earned in accordance with COAMFTE Accredited MA Program Standards, unless documentation showing evidence of previously earning the equivalent can be produced + 200 Required in MAFT 7050).
  - 700 Direct Client Contact Hours
    - 200 of those 700 must be earned in MAFT 7050
  - 350 Relational Hours
    - 100 of those 350 must be earned in MAFT 7050
  - 250 Hours Obtained in the ULM MFT Clinic
    - 100 of those 250 must be earned in MAFT 7050
  - 150 Alternative Therapeutic Contact Hours allowed
- 200 Supervision Hours
  - 100 of those 200 Supervision Hours must be Direct Observation (Live, Audio, Video)
  - 50 of those 100 Direct Observation Hours must be Live or Video

☐ Final MAFT 7050 Practicum Evaluation Form (must be requested from supervisor).
☐ Signed MAFT 7052 Clinical Internship or Non-Traditional Internship **Contract**.

By signing, I agree that the information contained is true and all requirements are complete:

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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By signing, I agree that the information contained is true and this student is clinically ready to be enrolled in MAFT 7052:

<table>
<thead>
<tr>
<th>MAFT 7050 Supervisor Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Director of Clinical Services Signature</th>
<th>Date</th>
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**MAFT 7052 Overview**

All Ph. D. students are required to complete an internship of at least nine months duration. This shall be a supervised full-time experience emphasizing relationally focused practice and/or research. The majority of coursework will be completed before the beginning of the internship. Each semester in which a student is participating in the doctoral internship, she/he is required to enroll in MAFT7052, Internship in Marriage and Family Therapy. Once enrollment in MAFT7052 has been established, a student must continue to enroll in MAFT 7052 until the completion of the internship. Before graduating from the doctoral program, doctoral students will have completed 1000 hours of direct client contact equivalent to that which they would be receiving from an accredited program. Doctoral students who can document that their previous supervised clinical practice is comparable to that which would be received in an accredited program, may petition the program to waive some of the required 1000 direct client contact hours. If the student has completed the 1000 hours required, along with the appropriate supervision, he/she may petition his committee for permission to do a research focused internship. This may or may not include some hours of client contact. If it does include a clinical component then the program requirements must also be followed regarding supervision, etc.

Internship sites must meet ULM Marriage and Family Therapy program requirements and be approved by the Director of Clinical Training and the Doctoral Committee. Students are encouraged to select sites and provide experiences related to the students' interests. Students are expected to begin their internships within two semesters after completing the required coursework. Students not meeting this expectation must provide a petition for extension that must be approved by the Doctoral Committee.

A site contract must be signed by all parties PRIOR to the beginning of the internship. (See MAFT 7052 Clinical Internship Contract Agreement and MAFT 7052 Non-Traditional Internship Contract Agreement). Upon COMPLETION of MAFT 7052 Internship, the supervisor will complete the MAFT 7052 Clinical Internship Evaluation Form and MAFT 7052 Non-Traditional Internship Evaluation Form and this must be submitted to the MAFT7052 instructor.

The following are minimum requirements for successful completion of this course:

- **A signed internship agreement.** Prior to beginning the doctoral internship, students must have provided the program with a signed externship agreement form. A copy of this form is attached.

- **30-40 hour workweeks.** As the student's internship is to approximate full-time work experience, it is expected that the site supervisor and the student will orchestrate a 30-40 hour workweek. Activities of each intern will be documented at the internship site. These records will be made available to the ULM MFT Program.

- **Attendance of individual supervision/consultation.** Each student on clinical internship will receive individual supervision as outlined by the COAMFTE Standards of Accreditation. Attendance at individual supervision is mandatory. Each student on a research internship is expected to attend individual consultation for assurance of research progression.

- **Clinical Experience** Each student must obtain 1000 client contact hours to complete the clinical component of the doctoral coursework. All hours obtained under supervision as outlined by the COAMFTE Standards of Accreditation prior to initiation of clinical/research internship may be counted in achieving the 1000 cumulative total. All hours must be documented through the appropriate supervisor and hours accrued at internship sites must be reported to the MFT Ph.D. Director of Clinical Training.

- **Documentation of Liability** Documentation of liability insurance for interns will be confirmed. Liability insurance may be provided by the internship site or the student.

- **Alternate internship experience:** Students who have met, and can document that they have completed the 1,000 hours of client contact along with the appropriate supervision, may petition their committee to be allowed to do an internship that is research focused.
MEMORANDUM OF UNDERSTANDING CONCERNING AFFILIATION OF STUDENTS FOR CLINICAL TRAINING

This is a Memorandum of Understanding on the part of The University of Louisiana at Monroe, hereinafter referred to as the “University,” and __________________________, hereinafter referred to as the “Internship Site.”

A. Purpose

1. The purpose of this Memorandum of Understanding is to guide and direct the parties respecting their affiliation and working relationship, inclusive of anticipated future arrangements and agreements in furtherance thereof, to provide high quality clinical learning experiences for students in the Marriage and Family Therapy Doctor of Philosophy degree program, while at the same time enhancing the resources available to the Internship Site for the providing of services to its clients.

2. Neither party intends for this Memorandum to alter in any way their respective legal rights or their legal obligations to one another, to the students and faculty assigned to the Internship Site, or as to any third party.

B. General Understanding

1. The internship to be provided will be of such content, and cover such periods of time as may from time to time be mutually agreed upon by the University and the Internship Site. The starting and ending date for the internship shall be agreed upon at least one month before the internship commences.

2. All student participants must be mutually acceptable to both parties and either party may withdraw any student from the internship based upon perceived lack of competency on the part of the student, the student’s failure to comply with the rules and policies of the Internship Site or the University, or, for any other reason where either party reasonably believes that it is not in the best interest of the program for the student to continue.

3. There shall be no discrimination on the basis of race, color, national origin, religion,
creed, sex, age, sexual orientation, disability, or veteran status in either the selection of
students for participation in the internship, or as to any aspect of the clinical training:
provided however, that with respect to disability, the disability must not be such as would,
even with reasonable accommodation, in and of itself, preclude the student’s effective
participation in the program.

C. Internship Site Responsibilities

1. The Internship Site agrees to provide the intern with a 9 – 12 month internship experience as
   outlined in this agreement. This shall consist of ______ hours of client contact, of which at
   least 50% will be relational.

2. The Internship Site will retain responsibility for the care of clients and will maintain
   administrative and professional supervision of the student insofar as their presence and
   program assignments affect the operation of the Internship Site and its care, directly and
   indirectly, of clients.

3. The Internship Site staff shall, upon request, assist the University in the evaluation of
   the learning and performance of participating interns.

4. The Internship Site shall provide orientation for the ULM Marriage and Family Therapy
   Director of Clinical Training and intern of facilities, philosophies, rules, regulations, and
   policies of the site.

5. All medical or health care (emergency or otherwise) that an intern receives at the Internship
   Site will be at the expense of the individual involved, or as arranged with the site.

6. In accordance with the Educational Guidelines of the Commission on Accreditation for
   Marriage and Family Therapy Education, the Internship Site will comply with the following
   site requirements: (COAMFTE Standards 11.0)

   ♦ The program will maintain clear and ongoing relationships with all internship site(s),
     which will be specified in a written document- See Guideline 340.01

   ♦ Activities of each intern will be documented at the internship site(s). These records will
     be made available to the marriage and family therapy program. –See Guideline 340.02

   ♦ The institution sponsoring the internship site(s) will have been in operation for at least
     two years. –See Guideline 340.03

   ♦ Internship site(s) will provide adequate facilities and equipment for the intern to carry out
designated responsibilities. –See Guideline 340.04
Mechanisms for student evaluation of internship site(s) and supervision, and site
evaluation of the intern's performance, will be demonstrated. –See Guideline 340.05

Documentation of liability insurance for interns will be confirmed. Liability insurance
may be provided by the internship site(s), the marriage and family therapy program, or
the intern. –See Guideline 340.06

Internship site(s) will publish and adhere to policies prohibiting discrimination on the
basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation,
and socioeconomic status. –See Guideline 340.07

7. The Internship Site shall provide supervision for the intern following these guidelines
of the COAMFTE:

♦ An AAMFT Approved Supervisor or the equivalent will supervise the intern’s
clinical work. –See Guideline 330.04

♦ The internship supervisor will be available to the intern for at least one hour of
supervision per week. –See Guideline 340.08

♦ The internship supervisor will be clearly senior in experience to the intern. –See
Guideline 340.09

8. The Internship Supervisor shall be guided by the “Responsibilities of the Internship Site
Supervisor” (See Exhibit A) and AAMFT Standards for supervision.

9. The Internship Site agrees to provide the intern with a stipend, health benefits, vacation time,
and dissertation or other release time as provided for in such written agreements as have been
negotiated between the intern and the administrator of the Internship Site.

10. The Internship Site shall furnish the intern with a copy of the agency’s policies regarding
grievance procedures and non-discrimination.

D. University Responsibilities

1. The University will use its best efforts to see that students selected for participation in the
clinical training program are prepared for effective participation in the internship phase of
their overall education. The University will retain ultimate responsibility for the education of
its’ students.
2. Prior to the commencement of the internship experience the University will, upon request, provide responsible Internship Site officials with such student records as will adequately disclose the prior education and related experiences of prospective interns.

3. The University will use its best efforts to see that the clinical training program at the Internship Site is conducted in such a manner as to enhance client services. Only those students who have satisfactorily completed the prerequisite didactic portion of their curriculum will be selected for participation in an internship. \textit{-See Guideline 330.02}

4. Upon request by the University, the Internship Site will furnish evidence of liability insurance in an amount satisfactory to the University.

5. The University will require all participating students to show proof of health insurance if such is required by the Internship Site. Evidence of such insurance will be provided by the intern if so requested.

6. The University will require student compliance with the Internship Sites rules, regulations, and procedures, and use its best efforts to keep students informed of the same and any changes therein. Specifically, the University will keep each participating student apprised of his or her responsibility to
   A. Follow the administrative policies, standards, and practices of the Internship Site when the student is at the site.
   B. Provide the necessary and appropriate supplies required when such is not provided by the site.
   C. Report to the Internship Site on time and follow all established regulations during the regularly scheduled operating hours.
   D. Conform to the standards and practices established by the University while training at the Internship Site.
   E. Follow the AAMFT Code of Ethics.

7. The University will appoint an appropriate faculty member to serve as Director of Clinical Training. The Director of Clinical Training will be responsible for ensuring that the terms of this agreement conform to the COAMFTE guidelines for internship and that such guidelines are met during the course of the internship and will be available to both the intern and site supervisor for consultations during the life of this agreement.
8. The University will advise the intern of the requirements of complying with “Responsibilities of the Intern,” attached hereto as “Exhibit B.”

E. Mutual Responsibilities

The parties will work together to maintain an environment of quality clinical learning experiences and quality client services. At the request of either party, a meeting or conference will be promptly held between the ULM MFT Director of Clinical Training and the representative of the Internship Site to resolve any problems or develop any improvements in the clinical experience for the intern.

Contract approved by:

__________________________________________________  Date____________

Signature of Site Administrator

__________________________________________________  Date____________

Signature of ULM Director of Clinical Training

__________________________________________________  Date____________

Signature of ULM MFT Ph.D. Intern

Any dispute or conflict resulting from this contract shall be resolved as per L.S.A.-R.S. 39:1524-1526.
RESPONSIBILITIES OF THE INTERNSHIP SITE SUPERVISOR

1. The Internship Site Supervisor must be an AAMFT Approved Supervisor, or equivalent. Equivalency will be determined by the ULM MFT Doctoral Program in consultation with AAMFT. The intern must be provided with a ______ month supervision experience as outlined in the attached Memorandum of Understanding. A minimum of _____ hours of client contact will be required, of which at least 50% will be relational. Supervision will occur in a location that provides for the privacy and confidentiality required for the supervisory experience.

2. The Supervisor will provide the intern with at least one hour of supervision per week. At least 50% of this supervision must use live, video, or audio sources, and at least 50% must be individual supervision (no more than two supervisees per supervision session).

3. The Supervisor also agrees to evaluate the intern at the end of each semester and forward this evaluation to the ULM MFT Director of Clinical Training. Appropriate program forms will be provided by the Director of Clinical Training for this purpose.

4. The Supervisor will furnish a copy of her/his vitae to the ULM MFT Director of Clinical Training.

Name of Supervisor (Please print.)  Date

______________________________
Signature of Supervisor

______________________________
Name of ULM MFT Ph.D. Intern (Please print.)
EXHIBIT B
RESPONSIBILITIES OF THE ULM MFT Ph.D. INTERN

1. The intern agrees to work an average of _____ hours per week during a _____ month internship beginning _________________ and ending _________________.

2. The intern agrees to conduct at least ______ hours of client contact each week and to perform other appropriate duties as arranged with the Internship Site administrator.

3. The intern will submit a monthly report of client contact and supervision hours signed by the site Supervisor to the ULM MFT Director of Clinical Training within seven days of the end of the month of each semester of the internship.

4. The intern is responsible for obtaining liability coverage during the course of the internship. Documentation of coverage shall be attached to this document.

Name of ULM MFT Ph.D. Intern (Please print.) ____________________________ Date ____________

Signature of Supervisor ________________________________________________

Name of Supervisor (Please print.) ________________________________________
Appendix #3: Internship Evaluation Form (Clinical)

7052 DOCTORAL INTERNSHIP EVALUATION FORM
Final Supervisor Evaluation Form

Intern________________________________ Date __________________

Please circle the appropriate response using the following guide:
5= strongly agree  4=agree  3=undecided 2=disagree  1=strongly disagree 0=no data

1. The intern demonstrates appropriate relationship and joining skills with dyad/family.
   -See Core Competency 2.3.3
   5 4 3 2 1 0

2. The intern shifts approach when one way of gathering information is not working (flexibility).
   5 4 3 2 1 0

4. The intern demonstrates ability to elucidate presenting problem from the perspective of each member of the therapeutic system by receiving specific information from family members.
   -See Core Competency 2.3.9
   5 4 3 2 1 0

5. The intern concentrates on the interactions of the system rather than intra-psychic dynamics, and on process rather than content during assessment, diagnosis, therapy, and the delivery of interventions.
   -See Core Competencies 2.3.1, 2.3.3, 2.4.2, 4.3.4
   5 4 3 2 1 0

6. The intern demonstrates ability to assess and conceptualize cases systemically and for compliance with policies and procedures of practice setting.
   -See Core Competency 3.4.4
   5 4 3 2 1 0
7. The intern demonstrates sensitivity to cultural diversity and delivers interventions in a way that is sensitive to special needs of clients.  
    -See Core Competency 4.3.2

8. The demonstrates responsiveness to supervision, and utilizes consultation and supervision effectively.  
    -See Core Competencies 4.3.12, 5.5.2

9. The intern works well and cooperates with other interns, team members, and practitioners and shows respect for multiple perspectives.  
    -See Core Competencies 3.3.7, 4.5.1

10. The intern monitors issues related to ethics, laws, regulations, and professional standards and takes appropriate action when necessary.  
    -See Core Competencies 5.3.1, 5.3.2

11. The intern develops and assesses policies, procedures, and form for consistency with standards and practice to protect confidentiality and to comply with relevant laws and regulations  
    -See Core Competency 5.3.2

12. The intern practices within a defined scope of practice and competence.  
    -See Core Competency 5.3.7

13. The intern implements a personal program to maintain professional competence, including the pursuit of professional development through self-supervision, collegial consultation,
professional reading, and continuing educational activities.

-See Core Competency 5.5.2

14. Major Strengths:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15. Helpful suggestions for future clinical growth:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Total Client Contact Hours in 7052: _____ (Ind. ___; Relational _____)

Total Hours of Supervision in 7052: _____ (Live ____; Case Review ____)

(Indiv ____; Group ____)

Cumulative Total Client Contact Hours: _____ (Ind. ___; Relational _____)

Cumulative Total Hours of Supervision: _____ (Live ____; Case Review ____)

(Indiv ____; Group ____)

Student’s Signature:_________________________ Date:____________________

Supervisor’s Signature:_________________________ Date:____________________
Appendix #4: Internship Contract Agreement (Non-Traditional)

(NON-TRADITIONAL CONTRACT)

The University of Louisiana at Monroe
Marriage and Family Therapy
Doctor of Philosophy Degree Program

MEMORANDUM OF UNDERSTANDING CONCERNING AFFILIATION OF STUDENTS
FOR RESEARCH BASED INTERNSHIPS &/OR TRAINING

This is a Memorandum of Understanding on the part of The University of Louisiana at Monroe, hereinafter referred to as the “University,” and __________________________

_______________________________________________________________________,

hereinafter referred to as the “Internship Site.”

A. Purpose

1. The purpose of this Memorandum of Understanding is to guide and direct the parties respecting their affiliation and working relationship, inclusive of anticipated future arrangements and agreements in furtherance thereof, to provide high quality clinical learning experiences for students in the Marriage and Family Therapy Doctor of Philosophy degree program, while at the same time enhancing the resources available to the Internship Site for the providing of services to its clientele.

2. Neither party intends for this Memorandum to alter in any way their respective legal rights or their legal obligations to one another, to the students and faculty assigned to the Internship Site, or as to any third party.

B. General Understanding

1. The internship to be provided will be of such content, and cover such periods of time as may from time to time be mutually agreed upon by the University and the Internship Site. The starting and ending date for the internship shall be agreed upon at least one month before the internship commences.

2. All student participants must be mutually acceptable to both parties and either party may withdraw any student from the internship based upon perceived lack of competency on the part of the student, the student’s failure to comply with the rules and policies of the Internship Site or the University, or, for any other reason where either party reasonably believes that it is not in the best interest of the program for the student to continue.
3. There shall be no discrimination on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, disability, or veteran status in either the selection of students for participation in the internship, or as to any aspect of the clinical training: provided however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself, preclude the student’s effective participation in the program.

C. Internship Site Responsibilities

1. The Internship Site agrees to provide the intern with a 9 – 12 month internship experience as outlined in this agreement. Because the intern listed on this agreement has met minimal requirements for the internship experience, this will be a non-traditional internship, which will meet the needs of (a) the institution granting the internship, (b) the ULM MFT Ph.D. program requirements, (c) the intern. It may include some client contact as well as other professional development opportunities as provided for by the COAMFTE Standard of Accreditation.

2. The Internship Site will retain responsibility for the care of clients (if clinical performance is a part of this contract) and others who may be influenced by the actions required in this non-traditional experience, and will maintain administrative and professional supervision of the student insofar as their presence and program assignments affect the operation of the Internship Site and its care, directly and indirectly, of clientele or others.

3. The Internship Site staff shall, upon request, assist the University in the evaluation of the learning and performance of participating interns.

4. The Internship Site shall provide orientation for the ULM Marriage and Family Therapy Director of Clinical Training and intern of facilities, philosophies, rules, regulations, and policies of the site.

5. All medical or health care (emergency or otherwise) that an intern receives at the Internship Site will be at the expense of the individual involved, or as arranged with the site.

6. In accordance with the guidelines of the Commission on Accreditation for Marriage and Family Therapy Education, the Internship Site will comply with the following site requirements: (COAMFTE Standards 11.0)

   ♦ The program will maintain clear and ongoing relationships with all internship site(s), which will be specified in a written document- See Guideline 340.01
Activities of each intern will be documented at the internship site(s). These records will be made available to the marriage and family therapy program. – See Guideline 340.02

The institution sponsoring the internship site(s) will have been in operation for at least two years. – See Guideline 340.03

Internship site(s) will provide adequate facilities and equipment for the intern to carry out designated responsibilities. – See Guideline 340.04

Mechanisms for student evaluation of internship site(s) and supervision, and site evaluation of the intern's performance, will be demonstrated. – See Guideline 340.05

Documentation of liability insurance for interns will be confirmed. Liability insurance may be provided by the internship site(s), the marriage and family therapy program, or the intern. – See Guideline 340.06

Internship site(s) will publish and adhere to policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation, and socioeconomic status. – See Guideline 340.07

7. If clinical work is required of the intern, the Internship Site shall provide supervision for the intern following these guidelines of the COAMFTE:

- An AAMFT Approved Supervisor or the equivalent will supervise the intern’s clinical work. – See Guideline 330.04

- The internship supervisor will be available to the intern for at least one hour of supervision per week. – See Guideline 340.08

- The internship supervisor will be clearly senior in experience to the intern. – See Guideline 340.09

- The Internship Supervisor shall be guided by the “Responsibilities of the Internship Site Supervisor” (See Exhibit A) and AAMFT Standards for supervision.

8. The Internship Site agrees to provide the intern with a stipend, health benefits, vacation time, and dissertation or other release time as provided for in such written agreements as have been negotiated between the intern and the administrator of the Internship Site.

9. The Internship Site shall furnish the intern with a copy of the agency’s policies regarding grievance procedures and non-discrimination.
D. University Responsibilities

1. The University will use its best efforts to see that students selected for participation in the internship are prepared for effective participation in the in this phase of their overall education. The University will retain ultimate responsibility for the education of its students.

2. Prior to the commencement of the internship experience the University will, upon request, provide responsible Internship Site officials with such student records as will adequately disclose the prior education and related experiences of prospective interns.

3. If clinical services are a part of this contract, the University will use its best efforts to see that the clinical training program at the Internship Site is conducted in such a manner as to enhance client services. Only those students who have satisfactorily completed the prerequisite didactic portion of their curriculum will be selected for participation in an internship.

4. Upon request by the University, the Internship Site will furnish evidence of liability insurance in an amount satisfactory to the University.

5. The University will require all participating students to show proof of health insurance if such is required by the Internship Site. Evidence of such insurance will be provided by the intern if so requested.

6. The University will require student compliance with the Internship Sites rules, regulations, and procedures, and use its best efforts to keep students informed of the same and any changes therein. Specifically, the University will keep each participating student apprised of his or her responsibility to
   A. Follow the administrative policies, standards, and practices of the Internship Site when the student is at the site.
   B. Provide the necessary and appropriate supplies required when such is not provided by the site.
   C. Report to the Internship Site on time and follow all established regulations during the regularly scheduled operating hours.
   D. Conform to the standards and practices established by the University while training at the Internship Site.
   E. Follow the AAMFT Code of Ethics.

7. The University will appoint an appropriate faculty member to serve as Director of Clinical Training. The Director of Clinical Training will be responsible for ensuring that the terms of this agreement conform to the COAMFTE guidelines for internship and that such guidelines
are met during the course of the internship and will be available to both the intern and site
supervisor for consultations during the life of this agreement.

8. The University will advise the intern of the requirements of complying with “Responsibilities
of the Intern,” attached hereto as “Exhibit B.”

E. Mutual Responsibilities

The parties will work together to maintain an environment of quality clinical learning
experiences and quality client services. At the request of either party, a meeting or
conference will be promptly held between the ULM MFT Director of Clinical Training and
the representative of the Internship Site to resolve any problems or develop any improvements
in the clinical experience for the intern.

Contract approved by:

__________________________________________________  Date____________

Signature of Site Administrator

__________________________________________________  Date____________

Signature of ULM Director of Clinical Training

__________________________________________________ Date____________

Signature of ULM MFT Ph.D. Intern

Any dispute or conflict resulting from this contract shall be resolved as per L.S.A.R.S.
39:1524-1526.
EXHIBIT A

RESPONSIBILITIES OF THE INTERNSHIP SITE CLINICAL SUPERVISOR

1. The Internship Site Supervisor must be an AAMFT Approved Supervisor, or equivalent. Equivalency will be determined by the ULM MFT Doctoral Program in consultation with AAMFT. The intern must be provided with a ______ month supervision experience as outlined in the attached Memorandum of Understanding. A minimum of _____ hours of client contact will be required, of which at least 50% will be relational. Supervision will occur in a location that provides for the privacy and confidentiality required for the supervisory experience.

2. The Supervisor will provide the intern with at least one hour of supervision every other week. At least 50% of the supervision for client contact must use live, video, or audio sources, and at least 50% must be individual supervision (no more than two supervisees per supervision session).

3. The Supervisor also agrees to evaluate the intern at the end of each semester and forward this evaluation to the ULM MFT Director of Clinical Training. Appropriate program forms will be provided by the Director of Clinical Training for this purpose.

4. The Supervisor will furnish a copy of her/his vitae to the ULM MFT Director of Clinical Training.

Name of Supervisor (Please print.) ____________________________ Date ____________________________

Signature of Supervisor

Name of ULM MFT Ph.D. Intern (Please print.) ____________________________
EXHIBIT B
RESPONSIBILITIES OF THE ULM MFT Ph.D. INTERN

5. The intern agrees to work an average of _____ hours per week during a _____ month internship beginning _______________ and ending ________________.

6. The intern agrees to conduct at least ______ hours of client contact each week and to perform other appropriate duties as arranged with the Internship Site administrator.

7. The intern will submit a summary report of client contact and supervision hours signed by the site Supervisor to the ULM MFT Director of Clinical Training within seven days of the end of each semester of the internship.

8. The intern is responsible for obtaining liability coverage during the course of the internship. Documentation of coverage shall be attached to this document.

__________________________________________  __________________________
Name of ULM MFT Ph.D. Intern (Please print.)  Date

__________________________________________
Signature of Supervisor

__________________________________________
Name of Supervisor (Please print.)
Appendix #5: Internship Evaluation Form (Non-Traditional)

7052 DOCTORAL INTERNSHIP EVALUATION FORM
(Research Based Internship)

Supervisor Evaluation Form

Intern ___________________________ Date __________________

Please circle the appropriate response using the following guide:
5 = strongly agree  4 = agree  3 = undecided  2 = disagree  1 = strongly disagree  0 = no data

1. The intern demonstrates appropriate relationship and joining skills with dyad/family.
   -See Core Competency 2.3.3
   5  4  3  2  1  0

2. The intern shifts approach when one way of gathering information is not working (flexibility).
   5  4  3  2  1  0

3. The intern demonstrates ability to elucidate presenting problem from the perspective of each member of the therapeutic system by receiving specific information from family members.
   -See Core Competency 2.3.9
   5  4  3  2  1  0

4. The intern concentrates on the interactions of the system rather than intra-psychic dynamics, and on process rather than content during assessment, diagnosis, therapy, and the delivery of interventions.
   -See Core Competencies 2.3.1, 2.3.3, 2.4.2, 4.3.4
   5  4  3  2  1  0

5. The intern demonstrates ability to assess and conceptualize cases systemically and for compliance with policies and procedures of practice setting.
   -See Core Competency 3.4.4
   5  4  3  2  1  0

6. The intern demonstrates sensitivity to cultural diversity and delivers interventions in a way that is sensitive to special needs of clients.
   -See Core Competency 4.3.2
   5  4  3  2  1  0

7. The intern demonstrates responsiveness to supervision, and utilizes consultation and supervision effectively.
   -See Core Competencies 4.3.12, 5.5.2
   5  4  3  2  1  0

8. The intern works well and cooperates with other interns, team members, and practitioners and shows respect for
multiple perspectives.

See Core Competencies 3.3.7, 4.5.1

9. The intern monitors issues related to ethics, laws, regulations, and professional standards and takes appropriate action when necessary.

See Core Competencies 5.3.1, 5.3.2

10. The intern develops and assesses policies, procedures, and forms for consistency with standards and practice to protect confidentiality and to comply with relevant laws and regulations.

-See Core Competency 5.3.2

11. The intern practices within a defined scope of practice and competence.

-See Core Competency 5.3.7

12. The intern implements a personal program to maintain professional competence, including the pursuit of professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.

-See Core Competency 5.5.2

13. The intern knows the extant MFT literature, research, and evidence-based practice and critiques it appropriately.

-See Core Competencies 6.1.1, 6.3.1, 6.3.3

14. The intern understands research and program evaluation methodologies, both qualitative and quantitative, relevant to MFT and mental health services.

-See Core Competency 6.1.2

15. The intern understands the legal, ethical, and contextual issues involved in the conduct of research and program evaluation.

-See Core Competency 6.1.3

16. The intern recognizes opportunities for therapists and clients to participate in clinical research.

-See Core Competency 6.2.1

17. The intern contributes to the development of new knowledge.

-See Core Competency 6.5.1

18. The intern uses current MFT and other research to inform clinical practice.

-See Core Competency 6.3.2
20. Major Strengths:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

21. Helpful suggestions for future professional growth:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

22. Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Student’s Signature:__________________________ Date:________________

Supervisor’s Signature:__________________________ Date:________________