MOORE STREET CLINIC

POLICY AND PROCEDURE

MANUAL

Family Therapy Program

Valdosta State University

Equal Opportunity and Affirmative Action Statement

Valdosta State University is an equal opportunity educational institution that does not discriminate against any applicant for admission nor any student or employee on the basis of sex, race, religion, color, sexual orientation, national origin, or disability of the individual. It is the intent of the institution to comply with the Title VI of the Civil Rights Act of 1964 and subsequent executive orders, as well as Title IX in Section 504 of the Rehabilitation Act of 1973.

TABLE OF CONTENTS

EMERGENCY And Other Telephone Numbers . . 7

ABOUT the MOORE STREET CLINIC 9

Greetings 10

Introduction to the Moore Street Clinic 11
Layout of the Clinic 11

Graduate Assistants 11

Hours of Operation and Clinic Coverage 11

Safety and Security 11
Locking Up The Clinic 12

The Clinic Telephone System 12
Accessing the Client Phone Messages from a Remote Telephone. . . 12

Local Calls 13
— On Campus 13
— Off Campus 13

Long Distance Calls 13

Fees 14
Documenting Fee Payments 14
Depositing Fees 15

The One-Way Mirror 15

TV and Camera Operating Instructions 15
The TV for Room 1 15
The TV for Room 2 15
Trouble Shooting 15
The Cameras in Rooms 1 & 2 15

Professional Conduct and Dress 16
Dress Codes. 16

Parking 16

Quality Assurance 17
Building Maintenance and Service Requests 17

Directions to the MSC 17

MSC Services and Opportunities 19
Family Therapy Services 19
Working with Non-custodial Parents 19

Moore Street Clinic Therapists 19
Professional Liability Insurance 19

Research 20

PROFESSIONAL POLICIES and PROCEDURES **21**

Abuse Reporting 22

Managing Privileged Information 22
Confidentiality 22
Additional Information Therapists Must Know About Confidentiality . 23

Relinquishing Privileged Information 24

Subpoena of Therapeutic Information and Records 25

Transporting Confidential Material 25

Release of Information 25

Request for Written Information 25

Observation of Therapy Sessions by Non-MFT Program Members . . . 25

Release and Permission to Use Videotapes for Research or Instructional Purposes 26

Telephone Responsibilities 26
Therapist Responsiveness 26

Email 26

Mailbox Folders 26

Telephone Etiquette 27

CLINICAL POLICIES and PROCEDURES 28

Managing Clinical Activity 29
Intake Procedures 29

Rotation List 30
Appointments Within a Week or More. 30
Appointments in Two Days. 30
Same or Next Day Appointment 31

The First Session 31

Use of the Scheduling Book 31

Free Transportation for a Client 31

Case Requests, Assignments, and Transfers 32
Practica Requests for New Case 32
Therapist Requests for New Cases. 32
When a Client Is Assigned 32
Transferring Cases to a New Therapist 33
Reopening Cases 33
Referrals from DJJ 33

Concluding Therapy 34

Managing Client Record Files 35
Opening New Case Files 35
Writing Case Notes 36
Case Note Organization. 36

Cancellation and No-Show Policy 37
Cancellation Policy 37

Documenting Cancellations 37

No-Show Policy 37

Documenting No-Shows 37

Documenting Telephone Calls 37

Closing Case Files 38

Case Files Audit 38

Case File Security 38

Video Tapes 38
Video Tape Security 38

Client Rights/Grievances 38
Client Request to Review File 39

Written Correspondence and Reports 39

Emergency Procedures 39
Procedures for Dangerous Situations 39
Suicide Assessment 40

Appendix A – Sliding Fee Schedule

Appendix B – Clinic Forms

Appendix C – Sample letters

EMERGENCY TELEPHONE NUMBERS

	From an outside/ direct phone line	**From a VSU phone**
All Emergencies	**911**	**9-911**
Access Center	247-440 or 1/800-313-8199	9-247-4440 or 9/1-800-313-8199
Alcoholics Anonymous	247-1441	9-247-1441
Child Abuse & Neglect Reports: Day	333-5202	9-333-5202
Child Abuse & Neglect Reports: After hours	242-2606	9-242-2606
Haven: 24-Hour Hotline	244-1765	9-244-1765
Haven: Office	244-4477	9-244-4477
Helpline Georgia	1/800-338-6745	9-1/800/338-6745
LAMP/New Horizons Women's Shelter	242-5276	9-242-5276
Lowndes County Fire Fighters	**911**	**9-911**
Lowndes County Sheriff's Office: Patrol	333-5156	9-333-5156
Lowndes County Sheriff's Office: Dispatch	245-5270	9-245-5270
South Georgia Medical Center	333-1000	9-333-1000
United Way Information & Referral Line	245-1222	9-245-1222
VSU Public Safety: Emergency	**259-5555**	**5555**
VSU Public Safety: Office	333-7816	7816
VSU Information	333-5800	5800

Faculty Telephone Numbers

Full-Time MFT Faculty	From an outside/ direct phone line	From a VSU Phone
Kate Warner, Program Director	293-6264	6264
Martha Laughlin, Director of Clinical Training	249-4961	4961
Jennifer Lambert-Shute, Ph.D.	245-4323	4323

In addition, the Campus Directory can be viewed or downloaded from the web at:
www.valdosta.edu/news/Directory/

ABOUT

the

MOORE STREET CLINIC

Greetings

Welcome to the Moore Street Clinic at Valdosta State University. This handbook is written for the students and faculty who, along side clients, bring life to the clinic. It describes the details of the daily operations of the clinic and delineates the policies and procedures to which all who use the Clinic adhere.

This manual is organized to provide quick and easy access to most operational aspects of the Moore Street Clinic. It attempts to provide answers to the questions that students and faculty may have as they work in the Clinic. Nonetheless, unique situations pertaining to internship, Clinic operations, or clinical situations may arise that are not clearly addressed in this manual. In such situations, the Director of Clinical Training and other MFT faculty are able to answer questions concerning practicum, internship, or Clinic operations. As you work in the Clinic, you may notice information that is missing or areas of concern that are not addressed in the manual. I invite you to speak with me about this. Your experiences may assist in producing more helpful and informative revised editions of the manual.

Students are responsible for familiarizing themselves with the contents of this manual. I encourage you to refer to it whenever you have questions about clinic procedure or policy. I hope your time at the Moore Street Clinic is rewarding and full of good learning.

Martha Laughlin
Director of Clinical Training
Family Therapy Program
Valdosta State University

Introduction to the MSC

The Moore Street Clinic (MSC) is the university-based family therapy clinic for the Marriage and Family Therapy Program. The Clinic officially opened its doors in the spring of 2000 with a two-pronged mission: (1.) to operate as the primary clinical training facility for students in the MFT graduate program and (2.) to provide family therapy services to individuals, couples, and families in Lowndes county and surrounding areas.

Layout of the Clinic

The layout of the MSC is designed to create a home-like, yet professional atmosphere. It includes a waiting room, an intake area, one observation room, two therapy rooms, a kitchen, and 2 bathrooms. Both therapy rooms are equipped with intercom telephones and have videotaping capabilities. One therapy room has a one-way mirror.

Graduate Assistants

The Director of Clinical Training is responsible for the overall management and daily operation of all aspects of the Moore Street Clinic. However, two graduate assistants, students enrolled in the Marriage and Family Therapy Program, assist the Director of Clinical Training and make it possible for the phones to be answered ten hours each week. The graduate assistants are integral to the day-to-day operation of the MSC, since they handle requests for service, perform telephone and walk-in intakes, inform therapists about new clients, manage client files and scheduling, and help keep the premises in order.

Hours of Operation and Clinic Coverage

The Moore Street Clinic operates on a 12-month basis. A lock box attached to the house just outside the back kitchen door contains keys to the back door and the Observation Room door. Inside the Observation Room, another lock box contains keys to the filing cabinets. This arrangement makes the clinic accessible to any MFT student or faculty member seven days a week, 365 days a year, including semester breaks and University-scheduled holiday closings. Therapeutic services continue irrespective of university breaks and, when necessary, can continue during holidays. There are thirteen hours each day (from 8am to 9pm) during which therapy sessions can be scheduled. Students must get special permission from their faculty supervisor to schedule clients before 8am or after 9pm. Between 9 am and 11 am, Monday through Friday, except during holidays and university-scheduled breaks, a Graduate assistant staffs the main Clinic phone, (229) 219-1281, taking intake and referral calls. During the remaining hours of the week, clients leave messages on the machine, and a GA responds to them within 24 hours. Licensed, AAMFT Approved faculty supervisors are usually available by phone when clients are being seen. Between semesters, faculty supervisors will be available for case consultation and/or supervision as arranged between faculty member and student.

Safety and Security

VSU Public Safely patrols the VSU campus and at night checks all of the buildings to make sure that they are locked**. If you have an emergency, call 5555 from any of the clinic phones.**

For the safety of all, students must have another person physically present in the clinic whenever

they are seeing clients. A student can seek special permission from his or her supervisor to do otherwise.

While Valdosta is considered by many to be safer than a major metropolis, students are urged to "think safety." If you are working alone in the clinic, particularly after hours, you might be well advised to lock yourself in. If, for some reason, you feel that you need an escort to your car, call the Public Safety office at 7816.

Locking Up The Clinic

When you leave, regardless of the time of day, if no one else is at the clinic when you leave, you are responsible for locking up the building. When you leave the clinic, do the following:

- ✓ Check to see that the cameras in both rooms have been turned off
- ✓ make sure there are no videotapes or files lying around
- ✓ make sure the money box is in the filing cabinet
- ✓ lock both filing cabinets by pushing in the lock bolt (upper right hand corner of each cabinet)
- ✓ lock both doors to the Observation Room (the back door is opened infrequently; however, you may need to check it)
- ✓ lock (deadbolt) the front entrance door from the inside.
- ✓ make sure that the kitchen foyer light just inside the back door is on.
- ✓ make sure the coffee machine, the stereo, lights, and all computers are off
- ✓ adjust thermostat to an energy saving setting
- ✓ lock the back kitchen door as you leave the building, then replace the key in the lock box.

The Clinic Telephone System

The telephone lines running into the MSC are part of the Valdosta State University telephone system. There are six separate telephone lines running into the Clinic. The main number, the number given to the public, is (229) 219-1281. *This line is not to be used for personal calls or research projects.* Students and faculty are encouraged to use any of the other phones located in the observation room, therapy rooms, or the kitchen for their professional and personal calls.

The phone line running into the observation room is (229) 219-1278. This is the number given to active clients. The message on this phone asks clients to leave the name of their therapist along with their message. Calls from clients are either picked up by therapists who are in the clinic when the calls comes in, or they are recorded in the voice mailbox. Students are responsible for regularly checking the voice mailbox for calls from their clients. In most instances, this can be done from home or another remote phone. See the following section for directions on how to do this.

Accessing the MSC Phone From A Remote Phone

To access the Moore Street Clinic intake telephone from your home, cell, or other remote phone do the following:

1. Call the phone (229)219-1280 and wait for the machine to answer
2. During the greeting message (or a series of beeps when the answering system has been turned off)
    a. Press 0

   b. Enter pin – 12 (the first two digits of the last part of the clinic number)
3. The answering machine announces the current date and time and the number of messages stored in memory. You hear "to play incoming messages, press 0-2. For help press 1-0." You will hear a beep.
4. Enter a command within 15 seconds; each command thereafter must be entered within 2 seconds. The commands are as follows (items in bold pertain to therapists):

   0-1 repeat a message *
   0-2 playing incoming message
   0-3 skipping a message
   0-4 deleting a message
   0-5 stop operation
   0-6 answering system on
   0-7 memo record/stop **
   0-8 greeting message record/stop **
   0-9 answer system off
   1-0 help

   *for the repeat a message function, press 0-1 **within 4 seconds** to repeat the **previous message**, or press 0-1 **after 4 seconds** to repeat the **current message**

   **for the memo record and greeting message record function, the first time you enter the corresponding command, it starts the Recording function. Of you want to stop recording, press 0-7 or 8 or 5

5. After the command has finished, you hear intermittent beeps indicating that the system is in the command waiting mode. You may enter another command at this time from the list above.

6. When you are finished, hang up to exit the system. The answering system automatically returns to standby.

Local Calls

On-Campus. To place on-campus calls, dial the last 4 digits of the phone number. For example, the full number for the Director of Clinical Training is 249-4961. From the Clinic, dial 4961.

Off-Campus. To place local, off-campus calls, you must first dial 9, which will open an outside line.

Long Distance Calls

Long distance calls are permitted for faculty, therapists, and graduate assistants conducting clinic business. Students may place personal long distance calls with their own credit cards. To access the long distance phone system, dial 91, then dial the area code and number you wish to call.

Fees

The MSC has established specific guidelines for the payment and collection of client fees. They are as follows:

1. A fee for service is charged to each client based on a published sliding fee scale (Appendix A), which is based on clients' gross income and the number of people in the home. The exception to this is LAMP clients, who are referred to us from the local homeless shelter. They are always seen without charge.
2. Faculty may carry a small caseload. If a fee is collected from clients seen by faculty members, the fee is collected and deposited in the same manner as clients seen by student therapists.
3. Whenever possible, the GA will discuss and set fees with clients during the intake conversation or before the first session. The GA will indicate the client fee on the Intake Form.
4. At the beginning of the initial session, the therapist should discuss the fee with his or her client, confirm that the established dollar amount is within client's means, and inform them that payment is expected at the end of each therapeutic session.
5. Services are never to be withheld because of an inability to pay. If clients cannot afford the fee established for their income and household, a fee can be adjusted at the discretion of the therapist.
6. The preferred payment method is by check, not cash. Checks should be made out to the "Family Therapy Foundation."
7. Once the therapist and client are in accord about the fee, the therapist will write the fee in the appropriate place in the Therapy Agreement and Informed Consent.
8. The client must then read and sign the Therapy Agreement and Informed Consent.

Documenting Fee Payments

The MSC will keep records of all payment for therapeutic services. The procedure for ensuring that the payment of fees is properly documented is as follows:

1. A receipt from the carbon copy receipt book is to be filled out for all monies accepted from clients. The amount paid (and any balance due) is recorded on the appropriate line, and the therapist signs the receipt. Therapists can make change using the cash in the moneybox.

2. Tear the white copy out of the receipt book and paperclip it to the cash or check. (Leave the yellow copy of the carbon receipt intact in the receipt book. Do not tear it out.) Slide the clipped receipt and money through the slit in the black deposit box.

3. Document the amount paid on the Contact and Fee Record (Appendix B), which is the, top-most form on right hand side of each client file. Documentation will include sessions where no money was received (indicate a payment of $0.00), cancellations, rescheduled appointments, and no-shows (clients failed to appear for a scheduled appointment). Carry forward any remaining balance. Please note: Clients are charged for their session if they fail to give advance notice that they are unable to attend.

4. Therapists should ask each client if he or she would like a receipt. If so, make out a

second receipt using the computer generated receipt slips kept in the gray change box.

If a therapist closes a file while a balance remains due, a letter is to be sent to the family. (See (Appendix C) for example letters.

Depositing Fees
The Moore Street Clinic strives for accurate documentation of all monetary transactions. Receipts and cash payments are reconciled at least once a week. A GA is assigned the task of taking checks, cash, and receipts from the money box, investigating and correcting any discrepancies, and depositing the money into the Family Therapy Foundation fund. A record of all client monies is retained by both the GA and the Director of Clinical Training.

The One-Way Mirror

The one-way mirror requires that the team in the Observation Room sit in darkness. Remember that when you turn a light on in the Observation Room, clients are able to see through the mirror into the Observation Room. This can be distracting or even awkward for clients. When you enter the Observation Room when Room 2 is in use, close the door behind you as quickly and as quietly as you can. During the time that the Observation Room door is open, light from the hall is streaming into the Observation Room and clients can see this from inside the session room.

TV and Camera Operating Instructions

The TV for Room 1

The viewing monitor for Therapy Room 1 (the mirrored room) is the Panasonic television in the Observation Room. The small blinking green light indicates that the TV is connected to electricity but not on at the moment. The TV has a Panasonic remote control with a power button located on the top left corner of the remote with the word “Power” written just above it. The record button is a small square button with a red dot center located at the bottom of the remote. It has “REC” written just above it. When recording, a red light will appear at the bottom of the TV.

The TV for Room 2

The viewing monitor for Therapy Room 2 is the RCA television in the Observation Room. The RCA remote turns the TV on by pressing the small red circular button labeled “TV” at top left side of remote. The record button is the first lavender-colored button on the 3rd row of buttons. It is a small rectangular-shaped button with the letters REC just above it.

Trouble Shooting. From time to time, you may see a fuzzy screen when you turn on the RCA TV. Try this:

1) Point the remote at the TV/VCR and press the red button marked “TV” (top row, 2nd button from left)
2) Push the purple button marked “0” (that’s zero) twice (0,0). That’s it!

The Cameras in Rooms 1 & 2

The cameras in Rooms 1 and 2 are identical. Each camera has three green lights on it. Two of the lights remain steadily on at all times, whether the camera is off or on. When the camera is off, a continuously blinking green light indicates that the camera is on standby. The remote

controls for each camera are interchangeable. By pointing the remote control at the camera through the one-way mirror, the camera in Room 2 can be operated from the Observation Room. The camera in Room 1 cannot be operated from the observation room. To turn on the camera in Room 1, stand in the doorway of Room 1, point the remote at the camera, and press the "Operate" button on the uppermost row of buttons on the remote. If you wish to double check whether the camera is on or off, turn on the TV in the observation room. If you get a solid blue screen, then the camera is not on. The remote controls for the cameras are kept in the Observation Room.

Professional Conduct and Dress

To provide our clients with the best of care and to maintain university and community support, the clinic must operate with professionalism.

- Maintain a professional attitude and demeanor.
- Be responsible for assuring that your appointment times and dates are documented in the scheduling book.
- Be on time. If you are detained, let someone know you are on your way whenever possible.
- Respect the need for quiet in the clinic area, especially in the Observation Room.
- Respect clinic property and the personal property of your fellow students.
- Don't fill the clinic with the smell of pizza or popcorn when clients are scheduled.
- If equipment is not working properly or we run out of supplies, attempt to solve the problem yourself. If you are unable to do so, leave a note for one of the graduate assistants, and find another room.
- All therapists, whether at the clinic individually or as part of a practicum, are responsible for keeping the clinic neat. This includes straightening up after yourself and your clients. Make sure that the waiting room is in order, toys are back where they belong, magazines are neatly arranged, kitchen counters and the microwave are wiped clean, and any dishes are in the dishwasher and/or put away.

Dress Codes

At all times, therapists must conduct themselves in ways that promote a professional atmosphere in the Clinic. This includes dressing professionally when working with clients. Therapists are expected to dress in casual business attire, which can include pants/slacks and dress shirts, skirts and blouses, dresses, or suits.

Short-slit skirts or dresses, tank or halter-tops, see-through or low-cut blouses, latex stretch pants, beachwear, and tee shirts are not appropriate or acceptable attire. Cleavage and exposed mid-rif skin is not acceptable. Your professionalism and your validity as a therapist may be compromised when you dress in ways that suggest that you are deliberately attempting to appear sexy. Closed toe shoes are recommended, although dress sandals are permitted for women. Headwear should not be worn inside the MSC unless it is part of a religious requirement.

Students who have questions about appropriate attire should consult with their faculty supervisor. A faculty supervisor and/or the Director of Clinical Training will address any infractions of this policy with individual therapists.

Parking
The Moore Street Clinic has a small cement parking-pad on one side of the house and an adjoining lawn, both of which serve as parking for clients, students, and faculty utilizing the Moore Street Clinic. All students and faculty must have the appropriate VSU issued parking permit, which must be displayed on the vehicle as required by VSU's Department of Public Safety. Parking is sparse, so students must park conservatively. Students are expected to park on the lawn, as far back from the driveway as possible, so that clients can park on cement parking-pad and on the driveway.

Quality Assurance
In the interests of enhancing services and ensuring a safe and high-quality clinical experience for both clients and students, MSC policies and procedures and forms will be continually evaluated and updated for efficacy, accuracy, clarity, and facility. Revisions will be made whenever doing so increases the quality of client services, the clinic, student's education, and the MFT program in general. When a case file is closed, a graduate assistant checks the file to ensure that accurate and complete clinical and financial records have been maintained. If deficiencies remain, the file will be returned to the student for correction and completion. The Director of Clinical Training will not sign off on a student's client contact hours until his or her files are complete and up to date.

Building Maintenance & Service Requests
The MSC building and all interior equipment and structures are to be maintained and in proper working condition so that the Clinic remains a comfortable and safe environment. Faculty members or a designee can call VSU's Plant Operations for minor requests for repairs (i.e., minor plumbing or electrical problems, changing light bulbs, etc.). Major problems must be brought to the attention of the Director of Clinical Training, who can be informed about the nature of the problem by email or phone.

Directions to the Moore Street Clinic
The Moore Street Clinic is located at 210 West Moore Street between Patterson and Oak Streets, on the beautiful campus of Valdosta State University in Valdosta, Georgia.

To Reach the Clinic From Douglas on Highway 221
- When approaching Valdosta, Hwy 221 becomes Park Avenue. Continue on Park Avenue (west) until you reach the intersection of Patterson Street.
- Turn left on Patterson Street and head south. Move into the right hand lane.
- You will pass High Street on the right. The next street is W. Moore St. (also on right).
- Turn right onto W. Moore St, go 1.5 blocks. Look for the clinic sign on the right.

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To Reach the Clinic From Waycross on U.S. 84 (from east)
- As you enter Valdosta on U.S. 84, it becomes Hill Avenue.
- Follow Hill Avenue to the center of town (at the courthouse) and turn right onto Ashley Street (one-way north). Stay in extreme left lane, which will become a left-turn-only lane, after two blocks.

- Turn left on Magnolia Street, go one block and turn right on Patterson Street.
- Follow Patterson Street north approximately 4 traffic signals.
- After you go through the light at the Georgia Street/Patterson Street intersection, Moore Street is next. Turn left and go 1.5 blocks. The clinic is on your right. There is a sign on the lawn that says Marriage and Family Therapy Clinic

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From Thomasville on U.S. 84 (from west)

- Follow U.S. 84 to Interstate 75. Take Interstate 75 north to next exit (Exit 18). Exit Interstate and head east into Valdosta (turn right off of exit ramp).
- Turn left at the second traffic signal onto Gornto Road.
- At the next traffic signal turn right onto Baytree Road.
- Follow Baytree Road until it dead-ends into the VSU campus.
- Turn left onto Oak Street.
- Go <u>through</u> the first traffic signal (Georgia & Oak), and turn right onto the next road on <u>right</u> (Moore Street).
- Go 1 block. Look for Marriage and Family Therapy Clinic sign on the left.

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From Moultrie on Highway 94

- Hwy 94 turns into St. Augustine Road as it comes into Valdosta. Cross over the Interstate 75 overpass and follow St. Augustine Road into Valdosta.
- At the second traffic signal turn left onto Gornto
- The next traffic signal is at Baytree Road. Turn right onto Baytree Road.
- Follow Baytree Road until it dead-ends at the VSU campus and Oak Street. Turn left onto Oak Street.
- Go through one traffic signal (Georgia & Oak), then turn right onto the next street (Moore Street).
- Go 1 block. Look for Marriage and Family Therapy Clinic sign on the left.

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To Reach the Clinic From Interstate 75

- Follow Interstate 75 to Exit 18 and travel east into Valdosta.
- Turn left at the second traffic signal onto Gornto Road.
- At the next traffic signal turn right onto Baytree Road.
- Follow Baytree Road until it dead-ends into the VSU campus. Turn left onto Oak Street.
- Go <u>through</u> the first traffic signal (Georgia & Oak), and turn right onto the next road on right (Moore Street).
- Go 1 block. Look for Marriage and Family Therapy Clinic sign on the left.

MSC Services and Opportunities

Family Therapy Services

The MSC employs an inclusive definition of "family" and "couple" and provides services to a variety of family configurations including but not limited to single-parent families, same-sex parent families, and any group of people who define themselves as a family though not related by blood or legal ties. Services are provided regardless of sex, race, religion, sexual orientation, color, political affiliation, national origin, income level, or mental or physical disability.

Working with Non-custodial Parents

You may find yourself working with parents who are involved with the courts around child custody. A child under the age of 18 cannot receive services without the informed consent of a custodial parent (as appointed by the courts). If a divorced or separated parent asks for therapy for his or her child, the therapist must ask questions about legal custody. Before therapy can begin, the therapist must have confidence that he or she knows who has legal custody of the child. If the therapist is unsure or unable to know, he or she must ask the parent to provide a copy of the court order awarding custody. If the parent requesting therapeutic services is the non-custodial parent, he or she must secure the signature of the custodial parent on the Therapy Agreement & Informed Consent before therapy can begin. Whenever possible, the involvement of both parents is encouraged for therapy with a child or children. Custody issues are often complex and close supervision is important. Keep your supervisor informed about cases where child custody is involved. Parents who seek MSC services for reasons of custody evaluation must be informed that the MSC does not have evaluators on staff and that clinic therapists do not perform custody evaluations.

Moore Street Clinic Therapists

Therapeutic services are provided by student therapists who are currently enrolled in Practicum, MFTH 7600 or Internship, MTH 7980 and who are under faculty supervision. Faculty may carry a small caseload. Student therapists must have the permission of a faculty supervisor—usually the student's first or second practicum instructor—before they can see clients in the clinic on their own (outside of the practicum setting). When a faculty supervisor deems a student ready to see clients on his or her own, the supervisor will notify (verbally or by email) a GA. The GA will place the student on the rotation list. The student is responsible for submitting a Therapist Availability Sheet (Appendix B) to a GA for inclusion in the Therapist Availability binder.

Professional Liability Insurance

All therapists—faculty and students—conducting therapy or participating as team members at the Moore Street Clinic must have liability insurance coverage. At the beginning of every semester, faculty supervisors will be responsible for ensuring that their practicum students have professional liability insurance coverage by requiring each student to submit proof of his or her coverage, which the faculty supervisor will then submit to the Director of Clinical Training. During Orientation held in the Fall of each year, new students will receive information about how to obtain malpractice liability application materials. This information is also available in the *Family Therapy Practicum and Internship Handbook*.

Research

Research opportunities are available for faculty and students of the Family Therapy Program. Following IRB approval of any and all research proposals, assessment instruments can be administered to selected clients for clinical and research purposes, or clients can be interviewed with the appropriate consent forms in place. Assuming that the proper client signatures have been secured on the Use of Videotapes for Educational Purposes form (see Appendix B), videotapes produced at the Clinic can be used for clinical research and scholarly presentations. Students are encouraged to participate in faculty or classmates research projects, although anyone may decline to participate in any or all projects at any time.

PROFESSIONAL POLICIES and PROCEDURES

Abuse Reporting

In accordance with Georgia State law, if a therapist has reasonable cause to believe a child or an elder might be abused or neglected, he or she is obligated to make a report. All suspected or known incidents of abuse or neglect that have not already been reported are reported, by either the client or the therapist, to Lowndes County Department of Family and Children's Services (DFCS) at 333-5202 (from a VSU phone, dial 9-333-5202). When making this call, be prepared to provide demographic information (parent(s) name, home address, telephone number(s), age of child(ren) and so on) as well as a description of the abuse event. The following guidelines are written to facilitate therapists' compliance with the law and their responsibility to maintain confidentiality and the best interests of the client:

1. It is not your responsibility to investigate or "prove" your suspicions. If your suspicions occur during a session, discuss with your client your legal responsibility to report. Encourage the client to report it him or herself. If the parent(s) agrees, accompany them to a telephone located in a private area of the MSC. Develop a follow-up plan with the parent(s).

2. As soon as possible before or after you notify DFCS, notify your faculty supervisor and the Director of Clinical Training that you have a situation that has required or may require a report to DFCS. Be prepared to summarize the circumstances of the abuse situation and what information and action(s) you have discussed with the client(s).

3. In order to preserve the client's trust, you may need to again discuss your actions with the client after the investigation is complete. As always, it is advisable to consult with your supervisor concerning issues of ethical or legal responsibility.

4. Clearly document in the client case file all actions that you took (all phone calls, your assessment of the matter, your conversation with DFCS, your supervisor, any colleagues).

Managing Privileged Information

The Moore Street Clinic is guided by AAMFT's Code of Ethics and Georgia statutes, which are designed to safeguard the identity of clients, clinical activity, case records, and any additional forms of information created while affiliated with the clinic. Privacy and confidentiality issues are complex and become even more so when the unit of treatment is a family, a couple, or a relationship. Always contact your faculty supervisor when you have questions regarding confidentiality and professional ethics. The Director of Clinical Training can also be consulted.

Confidentiality

Therapists must abide by the following procedures to assure client confidentiality:

- All clients must be informed about the confidentiality policies (including limits to confidentiality) at the beginning of the first session. A Therapy Agreement & Informed Consent, the form that outlines confidentiality policies must be signed and kept in each client file before therapy can begin.
- The Therapy Agreement & Informed Consent must include in writing the fee agreed on between therapist and client.

- In the absence of specific conditions and a release of information, no information of any kind can be given out about client(s) as set forth in the Therapy Agreement & Informed Consent.
- Discussions about clients and cases must be restricted to closed session rooms, the observation room, or supervisors' offices.
- Intake sheets, client files, assessment instruments, and other materials pertaining to the client must be kept in the clinic and locked in file cabinets when not in use. The individual therapist and the clinic can be held legally liable if confidentiality is breeched as a consequence of files being taken from the clinic.
- Client involvement at the clinic must be kept confidential in therapist-client contacts outside the clinic. It is important to protect your therapeutic relationships from becoming known to individuals in the general community. If, for example, you run into a client in public, make sure that you do not inadvertently make your therapeutic relationship apparent to the friend (either the client's or yours) who is also part of the encounter.
- Never talk about clients in social situations or other inappropriate places. Discussion about clients is only acceptable as part of a conversation that is supervisory in nature. There are no exceptions to this.

The preceding information sheet about confidentiality can also be found in the *Family Therapy Practicum and Internship Handbook.*

Additional Information Therapists Must Know About Confidentiality

All communications that you have with your clients are confidential. Failure to protect your clients' privilege to have their communications held in confidence can result in any or all of the following: expulsion from membership in AAMFT, expulsion from your state professional organization, expulsion from Valdosta State University and the MFT program, a lawsuit against you, and loss of professional license or the ability to seek licensure.

Confidential information will be carefully safeguarded. Only under specific legal circumstances can you divulge information about the therapeutic work that you are doing with your clients. There are as follows:

- when clients give you written permission to talk to someone else about them
- when the client tells you things that the law requires you to divulge, such as child or elder abuse, intention to harm another person or him or herself.
- when a court order, signed by a judge, orders you to divulge information.

At any time that these specific conditions are not present, you must not give information of any kind about your client(s) to any person. This means that if anyone—a judge, a caseworker, a lawyer, a doctor—were to call and ask if a certain person was being seen at the Clinic or to ask about a particular client's therapy, you must tell the caller that in the absence of a signed release of information, you cannot discuss clients in any form. This includes relaying whether a certain person is or was a client at the Clinic.

Written communications are afforded the same privilege of confidentiality given verbal communication. Clients' case records and videotapes are confidential material. All client

information (including correspondence, evaluations provided by outside agencies, hand written letters from clients, data gathering forms, etc.) are to be kept in the client's file. All files on current clients at the MSC are stored in the records filing cabinet located in the Observation Room. Whenever no one is in the clinic, the filing cabinet must be locked. Both client records and videotapes are to be kept locked in their respective filing cabinets in the Observation Room and both the cabinets and the room are to be kept locked when not in use.

Client files, all documents that identify client information, and audio or video recordings of sessions are not removed from the MSC as a matter of course. Only under specific circumstances can case records or videotapes leave the Clinic. If confidential material must be taken from one place to another—say to court or to your supervisor's office for supervision—they must be transported according to the specific guidelines in the section below, Transporting Confidential Material.

Always review a request for the release of information. Make sure that the proper signatures, dates, and parameters are in place. Sometimes you may have a release of information but still be uncertain or have a question about confidentiality. Before you act, consult with your supervisor or a faculty member.

It is important to maintain an atmosphere of professionalism at the Clinic. This means that while you are bound by formal ethics and laws of confidentiality, more informal constraints should guide your behavior at the Clinic. Clients should see that confidentiality is always uppermost on your mind. Always hold conversations about clients behind closed doors: never in the hallway, the waiting room, or the kitchen. Do not leave files and case-related forms lying around. They should not be seen by anyone other than therapists and faculty. View videotapes, including role-playing and training tapes, at times or in places that no one else will see or hear them. If a client sees you viewing a tape, she can't tell whether the tape you are watching is a role-play or a real family. She may conclude that you are willing to be casual with confidentiality.

Relinquishing Privileged Information

Professional privilege in the state of Georgia is not absolute. According to Georgia statutes, therapists are required to reveal privileged information under certain circumstances. These include:

1. Communication relevant to the hospitalization of a client. If, in the course of treatment, a therapist has reasonable cause to believe the client is in need of hospitalization.
2. A judicial court order requiring therapist communication.
3. When therapeutic information is relevant to the issue of the client's emotional or mental condition in any proceeding in which the client relies upon the condition as an element of his or her claim or defense.

The limits of confidentiality are described in the MSC Therapy Agreement & Informed Consent, which all clients read and sign before therapy begins. Therapists will discuss confidentiality with clients to ensure that they are fully aware of the circumstances where

confidentiality is breached. Determine whether clients have any questions regarding confidentiality and, when needed, will seek guidance from their faculty supervisor or the Director of Clinical Training.

Subpoena of Therapeutic Information and Records
A subpoena can be issued by various court personnel for different reasons. Confidential client information is only released under a Judicial court order (initiated and signed by a Judge or a Judicial designee such as a General Master).

A subpoena issued by an attorney looks very much like an official judicial subpoena. Upon receipt of a judicial subpoena, the student is to notify his or her supervisor to review the subpoena, discuss any questions or concerns, and determine a course of action. Record any action taken in the case file.

Transporting Confidential Material
Whenever case files, videotapes, or audiotapes are transported to or from the clinic, the following procedure must be strictly observed:

1. To walk with confidential material (videotape, audiotape, client file) from a building to your car or from your car to a building, the student must have the material placed securely in a locked backpack, briefcase, suitcase, or satchel of some kind. This may require that the student purchase a small padlock.
2. The locked bag must be placed in a lockable space in your car, such as the trunk, and remain there during the time that you are driving from one place to another.
3. During anytime that you are not viewing or reading the material, it must remain in a locked container at all times.
4. If in a public place—for example, court—the student must be mindful that he or she is transporting confidential material and take appropriate precautions.

Release of Information
A Release of Information will be signed by all adult members attending therapy before any exchange of information (either verbal or written). The signed form is placed in the client file. Permission to release information must be in writing. Alternatives such as a verbal release are not acceptable. Whenever you obtain a signed Release of Information, write a note in the case file documenting this.

Request for Written Information
Clients frequently request written documentation of services received at the Clinic. Obtain the appropriate signatures from all relevant clients on a Release of Information form.
A draft of your letters and/or report must be submitted to a faculty supervisor for approval prior to the final typing. All written information originating from the MSC must be typed on clinic letterhead and a copy placed in the client file.

Observation of Therapy Sessions by Non-MFT Program Members
Team members are generally limited to faculty and MFT program students. Permission for non-program observers to view therapy sessions must be granted beforehand by the faculty supervisor responsible for the practicum or the case. Non-program observers must sign a

statement of confidentiality.

Release and Permission to Use Videotapes for Research or Instructional Purposes
If a faculty member or a student wants to use audio- or videotapes outside of the MFT program, ***all*** persons 18 or older who participated in therapy and/or who appear in the videotape of the session must sign the Release and Permission to Use Videotapes for Research or Instructional Purposes form. The family must be fully informed about how the tapes will be used. If a tape is to be used as part of a research study, approval by VSU Internal Review Board (IRB) must be obtained and all appropriate IRB protocols followed.

Telephone Responsibilities

It is the responsibility of all students seeing families at the Moore Street Clinic to maintain clear, consistent, and regular, ongoing communication with their clients, graduate assistants, co-therapists, and supervisors. This can be accomplished in a number of ways, including telephone, email, and by hard-copy messages that can be left in therapist and faculty mail folders.

A message machine is a connected to the telephone in the Observation Room (229/219-1278). This is the number that therapists give to their clients. Students are to check the answering machine at this number with consistent regularity when they have clients.

Therapist Responsiveness
All students seeing clients at the MSC are required to be readily available and reasonably responsive to communications from and about their clients. To that end, each student must provide telephone numbers, email addresses, and other means of contact through which they can be reached for messages from faculty, clients, co-therapists, the GA's, and in the case of emergency. Confidential information will not be left on therapists' home answering machines. Consequently, therapists are responsible for being responsive to any schedule changes, client messages, and administrative issues that need their immediate attention.

Email
Email messages can be used to communicate with the GAs about clients, appointments, telephone calls, and other administrative tasks. However, under no circumstance are clients' names or addresses to be directly used in email exchanges. Reference to clients must be by some means other than information that directly identifies a client, such as appointment date and time. An email from a GA to a therapist might read, for example, "Hello, [MFT Student]. The client that you have scheduled for tomorrow at 7pm called to cancel." If you are unable to compose a clear enough email message that excludes client name or identifying information, then you must use the telephone or other means of communicating with the GA.

Mailbox Folders
All faculty members and practica students have MSC mail folders located in the records filing cabinet in the Observation Room. Mail folders are used for messages, new case assignments, and mail. Each therapist should check his or her box with consistent regularity. To ensure confidentiality, the filing cabinet must be locked when no one is in the clinic.

Telephone Etiquette

Don’t presume that people recognize your voice, even if you are calling someone you know well. Begin each call with, “Hello, this is [your first and last name] from the Moore Street Clinic.” Speak slowly, listen carefully to each caller. Always be respectful.

CLINICAL POLICIES and PROCEDURES

Managing Clinical Activity

Intake Procedures

Clients begin their relationship with the MSC when they or their representative make their first contact with the Clinic, usually at the point of intake. The initial conversation that the client has with the intake worker generates a first impression that will shape clients' later contacts with their therapist. This means that the intake conversation is the first point at which a positive orientation toward therapy can be fostered in clients as the intake worker shows him or herself to be a safe person and an empathetic listener who has the best interests of the client at heart. The intake worker who is able to treat clients in ways that acknowledge that asking for help can be hard and that reflect client strengths nurtures the trust that will be necessary in the work to come.

The established protocols for initiating therapeutic services at the MSC is as follows: Between the hours of 9:00 a.m. and 11:00 a.m. each business day, all requests for appointments are taken in person by a GA or service learner staffing the phone. While on the phone with the client, the GA also does the following:

- discusses the way MSC therapists work, including videotaping and consultation teams
- sets the fee with the client based on the Sliding Fee Schedule (see Appendix A).
- sets a day and hour for the first therapy session. Note: it is often desirable to allow an hour and a half or even 2 hours for the initial session. This gives the therapist and the client extra time to complete the Background Information Sheet, read and discuss the Therapy Agreement & Informed Consent, discuss the intercom telephone, the team format, videotaping, the fee, and answer any questions the client might have. Therapists should consult with the GA's if they wish more time for an initial session.
- gives the caller the name of the student who will be the caller's therapist
- assigns a case number to the new file generated by the intake conversation

When a prospective client calls for therapeutic services, a GA or service learner documents the following information on the Intake Form (see Appendix B):

1. Factual information (client's name, address, telephone numbers, family members' names, etc.)
2. the reason for contacting the clinic
3. information about previous therapy
4. other agencies involved, if any
5. information about DFCS mandates or court orders to therapy, court documents including restraining orders and shared parental responsibility
6. available appointment times
7. a case file number. The case file number is the first 4 letters of the client's first name, the first three letters of the client's last name and the date of the intake, using two digits for each of the relevant numbers, including the year (i.e., 10 for the year 2010; 11 for the year 2011). So, Zaccari Johnson, who called in on October 4th, 2010 would have as a client number, ZaccJoh100410.
    - *Assigning Case Numbers to RAP files.* The case number for RAP files are slightly different, because you are dealing with two unrelated people. The case number for RAP files should be prefixed RAP, then the last names of both people involved, then the case number (date of intake). So, for example, if, on October 15, 2010, an

appointment for a RAP session is requested for Jane Smith and John Holden, the case number would be RAP HoldenSmith101509.

8. Record the client's and therapist's name in the Scheduling Book. Above the client's name write a small "N" with a circle around it to designate a new client. If the client is assigned to a practicum, the GA will simply write "practicum" in lieu of the name of a therapist. (The therapist will substitute his or her own name when the case is accepted.)
9. Place the Intake Sheet in the Intake Book.
   - Contact the practicum supervisor or the therapist assigned by email or phone and inform him or her that a new client has been scheduled on such-and-such a date and time. Note: *Under no circumstances will the GA/service learner leave direct identifying information on message machines or send it through emails.* The message that therapists receive will merely inform them that "You have a 1.5 hour session scheduled with a new client on March 23 at 10am. The client can be reached at (229) 475-2845."
10. Clients who elect not to receive services at the MSC are given alternate treatment options such as other community agencies or private practitioners.

The Rotation List

Client appointments are assigned according to a rotating list of student availability. Once a student has been released by her supervisor to see clients at the clinic on her own, she fills out an availability sheet and she is allowed to put her name on the rotation list, beginning at the bottom. As a student gets a new client, her name is rotated to the bottom of the list, and the next student's name rises to the top. (The student does not go on the rotation list if released to do co-therapy only. Rather, the student can make it known to other therapists that she is available to do co-therapy.) If a student receives a personal referral (a client calls in and asks for a therapist by name), regardless of her place on the rotation list, she rotates to the bottom of the list. A student can receive an unlimited number of personal referrals.

When a client makes a call for therapy, he or she is mostly likely at the peak of her desire and willingness to speak with a therapist. We want to capture that readiness. The more quickly clients can be seen after they call the clinic, the less likely they are to no-show or cancel. Thus, the Moore Street Clinic prides itself on being client-friendly and working hard to accommodate clients scheduling needs. When a client wants an appointment the same day, the next day, or within two days of the call, it is the policy of the clinic to oblige these requests.

Appointments Within a Week or More

When a client calls the clinic for an appointment, the GA/service learner will ask the client what days and times she has available for the appointment. Beginning at the top, the GA will work her way down the rotation list looking for the first therapist who has an available day and time that matches those needed by the client. When she finds such a day and time, the GA informs the client of the day and time and gives the client the therapist's name. After she gets off the phone with the client, the GA or volunteer calls the therapist with whom the client was just scheduled. If the therapist is not reached by voice, a message is left and the therapist is asked to return the call within 24 hours to confirm that she received the message, that she can see the client at that date and time, and to receive the client's name and contact information from the GA or volunteer.

If the therapist cannot take the client, the GA continues down the rotation list, again looking for a therapist who has an available day and time that matches those needed by the client.

Appointments in Two Days
When a client schedules an appointment 2 days or more after the intake call, the GA or service learner will call the therapist upper most on the rotation list whose availability matches that of the client. The GA will leave a message on the cell and home phones of only this therapist, calling no others. The therapist is expected to call the clinic as soon as he or she receives the message and leave a message confirming that she can or cannot see the client. At the very latest, the GA must hear confirmation within 24 hours and at least 24 hours before the scheduled appointment. If the GA does not hear from the therapist by this time, she will proceed down the rotation list and give the case to the first person she reaches by voice who can accommodate the scheduled date and time.

Same or Next Day Appointments
When a client requests an appointment on the same day that they call the clinic or on the very next day, the GA or volunteer will go down the rotation list until they actually reach a therapist by voice who is able to accommodate the day and time requested by the client.

The First Session

Before the first session, the therapist should review all information obtained from the intake interview and any documentation from the court, a medical doctor, etc.

It is therapists' responsibility to review with clients the forms that they will be signing. At the first session the therapist reviews the Therapy Agreement & Informed Consent, obtains required signature, and answers any questions and concerns the client may have. Assure that the following are reviewed:

- confidentiality and its limits
- the fee
- the no show policy
- the cancellation policy
- the structure of therapy—the team, videotaping procedures, the intercom telephone, consultation breaks, etc.

At the end of the first session, make sure that a room is available for the next meeting and that the client knows how to reach you at the phone in the Observation Room (219-1278). Appointment cards are available in the observation and session rooms.

Use of the Scheduling Book

In order to track appointments and to keep a record of which therapy rooms are occupied on what days and times, all therapy sessions are to be documented in the Scheduling Book. Whenever a practicum, a faculty member, or a therapist schedules an appointment with a client, he or she is responsible for documenting the appointment by drawing an oblique line across the block of time in the Scheduling Book and writing the client's last name above the line and the therapist's last name below the line. *All documentation in the Scheduling Book must be in pencil*.

Client appointments and room assignments can be confirmed at any time by consulting the Schedule Book.

The Scheduling Book contains confidential information, and it is to be kept in the records filing cabinet located in the Observation Room when not in use.

Free Transportation for a Client

You can arrange for transportation for clients who have Medicaid. Call Logistic Care at 1-888-224-7985. Their hours are M-F, 7-6. The call must be placed 3 business days prior to the day transportation is needed. The information needed before making the call include the following:

- client's Medicaid number
- address at which client will be picked up
- address at which client will be dropped off
- name of provider where the client is being seen (Moore Street Clinic)
- day and time of transportation.

Case Requests, Assignments, and Transfers

Requests for cases come from 2 sources: the practica and student therapists. Practica always have priority for the assignment of cases. Whenever practica are full and no requests are pending, cases are assigned on a rotating basis according to therapist availability on the particular days and times requested by a client.

Practica Requests for New Cases

The faculty supervisor (or designee) is responsible for tracking the practicum's clinical activity each week by entering follow-up sessions into the Schedule Book. When a practicum has an open time slot, the faculty supervisor requests a new client by completing a Practicum Client Request form on which she or he designates the desired appointment day and time. The practicum supervisor then places the request form in the GA Message folder, which is found in the second drawer down in the records filing cabinet. Requests for cases from practica receive priority over requests for clients from individual therapists.

Therapist Requests for New Cases

In order that cases are assigned to therapists in a fair, timely, and orderly manner the following procedure has been adopted:
When a student is released by the practicum instructor to see clients outside of practicum, she or he completes a Therapist Availability Sheet on which the student documents the specific days and times she or he is available to see clients. When a new client calls in search of a therapist, the GA consults the Therapist Availability Binder for the therapist next up on the rotation list. If that therapist has an appointment slot that fits the clients, then he or she is assigned the case. If he or she is not available at the time needed by the client, the assignment goes to the next available therapist on the list.

When a Client Is Assigned

All faculty, students, and practica seeing clients at the MSC are responsible for managing their own clinical caseload and schedules. Therapists on the Rotation List must check their email and/or home message machines at least once daily to determine whether they have

received a new client. Upon receiving a message from a GA that a new client has been scheduled, the therapist is to place a return call or email to the GA confirming that the GA's message was received and that the therapist will follow through with the client.
When a client is assigned, therapists are expected to make phone contact with the client within 24 hours. The phone call enables the therapist to introduce him or herself, confirm the appointment, review the directions to the clinic, and answer any questions the client may have. If the session is set for only one hour—by therapist preference or because of back-to-back room scheduling—therapists should ask clients to arrive 20 minutes early for the first session, so that they can complete paper work and complete other bureaucratic tasks.

After contacting the client, therapists are responsible for confirming that the correct date and time is entered into the Scheduling Book. This confirmation can be accomplished by calling a GA between 9am and 11am, asking a fellow-student to check the Scheduling Book, or the student can consult the Scheduling Book him or herself.

Transferring Cases to a New Therapist
Transferring clients from one therapist to another is a practice that should rarely occur. At times, however, it may be necessary to transfer a client to another therapist. When a client must take on a new therapist, the transfer must not interrupt therapy, and the transfer must be as easy for the client as possible. The student will discuss the circumstances of the transfer with her or his faculty supervisor and write a case note that clearly indicates the reason the case was transferred.

If you need to transfer a client to another therapist at the end of a semester, discuss this with the client. It is helpful to have a session in which the client and the new therapist are introduced, which aids in the transition and transference of information, and it also has a better rate of client follow-through.

Reopening Cases
When a family, couple, or individual who has seen a MSC therapist at a previous time and wishes to return to the MSC, the following procedure will be followed:
1. The return will be treated as if it is a completely new record.
2. The GA will complete another intake with the client, filling out a new Intake Sheet.
3. A new file will be generated and a new case number will be assigned.
4. Clients must fill out a new Background Information Sheet.
   - All participating clients (over 18 years of age) must read and sign a new Therapy Agreement & Informed Consent as well as any necessary Releases of Information forms.
   - Pull the client's original file from the Closed Files drawer in the filing cabinet located in the Observation Room and review it.
   - Note in the first case note that the client is returning. Indicate the name and case number of the original file.

Referrals from DJJ
When the clinic receives referrals from the Department of Juvenile Justice, the following procedure will be followed:

1. The DJJ worker will tell a family they are being required to attend 3 family therapy sessions, which is offered as an alternative to going in front of the judge and likely getting harsher sanctions. (DJJ may have other requirements for the family as well, like enrolling in an after school program or attending the Boys and Girls club.

2. The DJJ worker will fax the Moore Street Clinic a referral form that identifies the worker, provides contact information for the worker and the family, and gives a brief description of the nature of the DJJ problem (truancy, running away).

3. The Moore Street Clinic will call the family and set an appointment. Immediately afterward, the Moore street clinic will contact the DJJ worker (via email) and let the worker know the date and time of the 1st appointment. The client should be advised during the intake conversation that:

    a. we will be notifying the DJJ worker of the date and time of the first session (do this via email)

    b. if the first session is missed we will notify the DJJ worker ***and*** try to reach the family to set another appointment. We will always do both.

    c. the DJJ worker will be invited and may choose to attend the first 10 or 15 minutes of the first session, unless the clients strongly prefers that the worker not be present. In that case, we need to specifically notify the DJJ worker that we prefer that they not come to the first session. Note that the DJJ worker still gets notified of the date and time of the 1st session.

    d. There is no fee for families referred from DJJ.

4. Whenever possible, the DJJ worker will try to attend the first session, although, in all likelihood they will not be able to attend most sessions. They are often called on short notice to attend to crisis, move children from detention center to detention center, and other job related activities that can not be foreseen.

5. At the close of the third session, a brief letter will be sent to the DJJ worker, letting them know that the 3 session minimum was met, and what the clients and family believe was accomplished.

6. At the 1st session therapist should always:

    a. Let the family know that DJJ requires a brief letter indicating that the family completed the 3 session minimum, and a brief statement of what was accomplished.

    b. Get a release of information signed allowing us to to send the 3rd session letter.

    c. Inform the client that the letter will be written collaboratively between the client and the therapist.

Concluding Therapy

If a client does not show up for a session or two, therapy does not simply stop. Ethical practice dictates that therapists try to contact the family in an effort to find out where they stand, perhaps even encourage them to take a break from therapy. If efforts to speak with them fail, the therapist should consider the appropriateness of sending out a letter giving closure to the current therapy and inviting the family to return in the future (Appendix C). Place a copy of the letter in the client file. Each telephone attempt should be documented on the Contact and Fee Record and a brief note written in the case file. If all attempts to reach the family fail, the therapist will write a final note describing this. Example:

> 01/02/02 Despite numerous attempts to reach the Bush home, I have been unable to speak with anyone. The family has not returned my phone calls, and I received no response to the letter sent one month ago. I am closing the file at his time.

Then, document "Case closed" on the Contact and Fee Record and the date of your note.

If therapy concludes as part of a last session, write the usual case note describing the last session, and include in the note the nature of the therapeutic conclusion. Example:

> We discussed the ways therapy has (or has not) been helpful and the changes that George has made. We agreed that further sessions are unnecessary. I invited George to return to the MSC, if he wishes at any time in the future. Case closed.

Then, document the case closure on the Contact and Fee Record.

If therapy concludes as part of a telephone or in-person contact, write a case note that summarizes the conversation and note the nature of the case termination. Example:

> I placed a call to Condoleeza Rice. We agreed that since she has missed the last 2 sessions, she may wisely be knowing that she is finished with her therapeutic work. I invited Condi to return to the MSC, if she wishes at any time in the future. Case closed.

Then, document the case closure on the Contact and Fee Record.

Managing Client Record Files

Client records are the property of the Moore Street Clinic and will remain in the building at all times. If a file needs to be transported out of the clinic for some reason, the therapist must follow the guides for transportation of confidential material found on page 23. Each client record file will be retained for a period of seven years from the time of the initial session at the Clinic. After seven years, each client record file will be shredded or destroyed in a manner that completely eradicates all client information.

Opening New Case Files

When a therapist sees a new client for the first time, the file will consist of the following forms: On the left side of the file, top to bottom, are the following:

1. Background Information
2. Therapy Agreement & Informed Consent
3. Release of information (if applicable)
4. Use of VideoTaping form (if applicable)

On the right side of the file, top to bottom, are the following:

1. Contact & Fee Record
2. Case notes

At times, you may find it necessary to open a new file on a client that you are already seeing. For example, you may see someone for individual therapy that turns into marital therapy or you begin seeing the individual's spouse alone. Or you may see a couple, and the husband requests individual therapy. If you see an individual only a few times inside the larger, understood context of marital therapy, or, if you see the partner of your individual client alone or with your original client for only a few sessions, it is not necessary to open a new case file. However, for ongoing contact, it is strongly recommended that a new file be opened.

Document in the case notes of ***both*** files that there is a corresponding file on the client and note the case number. Consult with your faculty supervisor to decide whether you should be the therapist on both cases or work in conjunction with another therapist.

When opening a new case file under these circumstances, clients must fill out a new Background Information Sheet and all clients 18 years of age or older must read and (re) sign the Therapy Agreement & Informed Consent. A new and/or additional fee must be worked out.

Writing Case Notes

All therapeutic activity must be clearly noted in case notes. At the end of every therapy or consultation session and for each phone call that is therapeutic in nature, therapists are required to write a case note on each session, whether conducted at the client's home or at the Clinic. Case notes forms can be found in the forms organizer located on top of the filing cabinet in the Observation Room. Case notes and all client-related material are kept in client files, and the files are kept in the records filing cabinet located in the Observation Room.

1. Case notes must be completed within 24 hours of the session. Faculty supervisors will monitor students case note activity.
2. If you make a mistake while writing the case note, draw a single line through the error, and place your initials and the date of the correction above the line. Do not use white out. Do not scratch the error out with heavy pen. Do not erase the error or make it in any way illegible.
3. All case notes must be written in black or blue ink.
4. All case notes must be legible. The writers of illegible paperwork will be asked to rewrite their notes.
5. Leave no blank lines and cross off the unused bottom of the page.

Case Note Organization. Each case note will be organized in the following way. Each note must routinely begin with the full date (day, month, year), the session time, the length of the session, and the clients present. For example:

> 3/01/02, 2pm. A 2-hour session was held with Casandra Wall, her husband, Perry, and their 2 kids, Sarah and Malik.

The above information is then followed by an outline of the session, a description of

client patterns and other relevant descriptive session information, such as progress made toward goals.

The middle section of the case note includes your impressions of the client's status, your working hypotheses, or your assessment and/or understanding of the client's dilemma.

The final section of the case note will include topics to be covered or questions to be asked at the next session, tasks that need to be completed between sessions—on the part of either the client or the therapist(s)—and the next session date.

Sign your name at the bottom of each case notes. Follow your signature with your degree and title. For example, Susan Smith, MFT Student. If you saw the client with a co-therapist, he or she must also sign.

Finally, document on the Contact and Fee Record (Appendix B) that a session was held. The description of therapy will be Family, Individual, or Couple.

Cancellation and No-Show Policy

A cancellation is when the client calls to cancel an appointment by leaving a message or talking directly to someone (the therapist, a GA). A no-show is when clients do not show up for their appointments without any notification that they will not be attending. The following guidelines constitute the procedure that therapists are to follow when clients cancel or do not show up for their appointments. If you feel that your client warrants special consideration in the case of cancellations and no-shows, discuss your concerns with your supervisor.

Cancellation Policy

1. After two cancellations, the client's file will be closed, so that another client can fill the vacant slot. However, before doing so, the therapist should call the client and discuss the missed appointments. It would be appropriate for the therapist to explain the Clinic's cancellation policy with the client at this time.
2. Document the phone conversation in the case record and on the Contact and Fee Record.

Documenting Cancellations

Cancellations must be recorded in three places.

1. The Contact and Fee Record.
2. A brief case note written documenting the telephone call.
3. A large, red "C" is to be written over the appointment time block that reserves the client's appointment in the Scheduling Book.

No-Show Policy

1. After two no-shows, a client's file will be closed.
2. After the first no-show, the therapist should call the client and discuss the missed appointment. Remind the client of the clinic's no-show policy.
3. If the client does not show up a second time and does not call the counselor beforehand to explain, the client's file will be closed so that another client can fill the vacant

appointment slot. However, before doing so, the therapist should call the client and discuss the missed appointments.

4. The therapist will send a letter to all clients terminated as a result of this policy (Appendix C).

Documenting No-Shows

No-shows must be recorded in 2 places.

- On the Contact and Fee Record in the case file.
- A large, red "N S" is to be written over the appointment time that reserves the client's appointment in the Scheduling Book.

Documenting Telephone Calls

All telephone contacts, whether initiated by the therapist or the client, must be recorded on the Contact and Fee Record and a brief note written. The case note should contain the following information:

3/01/02 T/C placed to (or received from) Richard Pearl to remind him of our upcoming session scheduled for 3/03/02 at 4:30pm.
(signed) Dick Cheney, Family Therapy Intern

Closing Case Files

The end of treatment is defined as the point at which the therapist is sure that the client will no longer be returning to therapy. Most often, this is the date of the client's last scheduled appointment. However, there are circumstances in which the date that the file is closed is different that the date of the last session. For example, a client may cancel a session, then not show up for the rescheduled session. Despite his or her efforts to contact the client, the therapist is unable to do so. In this case, the therapist writes a case note documenting his or her efforts to contact the client and stating that the file will be closed due since no further contact has been made. The date that this note is written is the closed file date.

Case Files Audit

When client case records are closed, files will be audited to ensure that the file is complete, all signatures are in place, and all paperwork has been completed. Therapists whose case files are not complete and/or were not prepared in a professional manner will be returned to the therapist for corrections. Therapists who consistently fail to complete case files in a professional manner will be brought to the attention of the Director of Clinical Training and the appropriate faculty supervisor. The therapist will meet with the faculty supervisor and/or the Director of Clinical Training corrective action will be taken.

To Close A Case File

Get a Closed CaseNote Checklist sheet from the metal files along the back wall in the practicum room. Go through each item, checking every applicable box. Put the checklist on the right hand side of the casefile on top of the contact and record fee sheet. Then put the green case file, now closed, in the back of either the first drawer (for closed cases A-M) or the second drawer (for closed cases N-Z) of the filing cabinet in the practicum

room. The files do not have to be in alphabetical order. Therapists should not move the information from the green folder to a brown one. The GA's will do that.

Case File Security

It is vitally important that the therapists and faculty who practice in the MSC ensure the safe storage of client records, which contain confidential information. To achieve this, all case record files will be kept in locked filing cabinets located in the Observation Room.

Video Tapes

The Family Therapy program will supply the video tapes used at the MSC, which are available from the bottom drawer of the videotape filing cabinet in the Observation Room. Student interns will label each tape with his or her name, the name of the client, and the date(s) of the session(s). Video tapes remain the property of the program.

Video Tape Security

Therapists who practice at the MSC are responsible for ensuring the safe storage of video tapes, which contain confidential information. Videotapes are stored in the video filing cabinet located in the Observation Room, which will be locked except when students or faculty are using the clinic. Videotapes will be erased and re-used after the therapist is finished with them. Tapes are not to leave the clinic except for supervision.

Client Rights/Grievances

All MSC services will be provided to clients with competence and respect, without discrimination based on race, color, religion, creed, national origin, gender, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

The Clients Bill of Rights will be available on information sheets kept in the waiting room that clients can read and take with them.

Client Request to Review File

Clients have a right to see the content of their files. The MSC will provide clients with reasonable access to their clinical record:

1. When possible, talk with your supervisor before granting the request.
2. Find a secure and private area—a session room, for example—and sit with the client, providing explanation and clarity when it is requested or necessary. If either the student or the faculty supervisor deems it beneficial, he or she may join this meeting.
3. If the client disagrees with any of the record's content, corrections can be added in the form of amendments to the original entry. Do not change any original entries. Any amendment will state that it has been added at the behest of the client.
4. Copies of all or part of a client record may be given to the client following his or her request. The fee for client case record copies is $.25 per page, payable in advance. If the client is unable to afford copy charges, they can be waived.
5. At the conclusion of the review of the case record with the client, the therapist will write a case note documenting the request to see the file, the date of the review, any relevant points that came from the discussion with the faculty supervisor, and any amendments that were initiated by the client during the review.
6. On the Contact and Fee Record document "File Review" and any monies collected.

7.

Written Correspondence and Reports

All written correspondence and reports emanating from the Moore Street Clinic are to be produced in a timely manner on MSC letterhead and must be of professional quality.
The contents of written correspondence, reports, and legal documents will be reviewed by the student's faculty supervisor until he or she tells the student it is not necessary. Proofread all letters before printing out a final draft. A copy of all correspondence is placed in the client's file.

Emergency Procedures

All unusual incidents or emergencies are to be reported by the student or faculty member involved or having first-hand knowledge of the incident. The Moore Street Clinic will follow a standard procedure for incidents:

1. Never attempt to physically restrain a client. Do not transport clients. In an emergency, go to the nearest, safe phone and call Public Safety by dialing **5555.** Describe the nature of the emergency.
2. Then dial **911**, and tell the emergency operator what you need.
3. Call your current faculty supervisor and ask him or her to help you manage the emergency until help arrives.
4. When the police arrive, let them make determinations regarding jurisdiction.
5. As soon as possible the faculty supervisor will contact the Director of Clinical Training regarding the incident.

Procedures for Dangerous Situations

While it is rare, feeling that your physical safety is at risk while in the presence of a client can be an extremely difficult situation. A policy cannot anticipate all possible situations and guarantee your safety. This means that in such a situation, above all, you must use your best judgment. Here are some guidelines and information to help you think about how you would want to handle a dangerous situation.

If you have reason to believe that you may be going into session with a potentially dangerous client, ask another therapist to walk past the room approximately every few minutes. Another avenue is to have someone in the clinic serve as a team member or co-therapist. If you believe another therapist may be in a dangerous situation:

a. Knock on the door of the session room.
b. Ask the therapist to step outside.
c. Discuss what the therapist would like you to do.

If you are reasonably certain that going into a session with a client would endanger your life or physical safety, you have the right NOT to go into the session. You must figure out how to tell the client or leave the immediate vicinity to call for help (**5555**) in a way that best insures your safety.

If you believe that your client is in danger of harming him or herself or others (including you), or if your client refuses to leave a session at your request, consult with faculty or colleagues on hand whenever possible. Call your faculty supervisor. If necessary call **911** or the campus police at **5555**. Police officers can make a welfare check at a client's home.

Suicide Assessment

While the Moore Street Clinic is neither an emergency facility nor intended to function as a crisis center, therapists sometimes face crises that may be part of the presenting problem or occur as the therapeutic process develops. Sometimes, the taking of one's own life may appear to be a good solution to a client. A person who states she is willing to attempt suicide should be taken seriously.

Suicidal people sometimes try to get out a message for help. The goal of the therapist is to make alternative means of help readily available.

The client who talks about self-destruction also wants to live, although the balance may be tipped against that desire for the moment. No one is permanently "suicidal." People become more suicidal when their perspectives freeze, their contexts narrow. There are two aspects to a frozen perspective, each of which requires careful exploration with the client for alternatives to coping with a situation, while not denying the real alternative of suicide. Helping the person choose an alternative to suicide reduces the risk that she will die inadvertently. Understanding a suicidal person is the first step in the helping process.
Consider the following when working with a suicidal client:

- Stay calm, confident, and seek to make sense of your client's view, just as you would if the topic were not suicide.
- Establish a relationship with the person. Affirm the client for talking with you about this. This is a positive step that suggests the client may be working hard to stay alive.
- You should already have identifying information (telephone number and where the person lives); however, if you are working with someone who walked into the clinic, you may not. When therapeutic timing permits, get as much of this as you can.

The Moore Street Clinic utilizes the following suicide assessment protocol developed by Flemons and Gralnik.

The Risk and Resource Interview Guide

© Douglas Flemons, Ph.D. & Leonard Gralnik, M.D., Ph.D.

When confronted with clients in crisis, we bear responsibility for assessing whether they are in imminent danger of harming themselves or others. However, we are equally responsible for assessing whether they have access to the necessary resources for safely and effectively dealing with the crisis. A clinician who primarily hones in on problems and risk factors may arrive at an unnecessarily pessimistic clinical impression. In contrast, a clinician who primarily focuses on mediating factors and exceptions to problems may fail to grasp the depth of clients' distress and the severity of the danger they are in.

Given the isolating nature of suicidal ideation and actions, it is easy to become narrowly focused on the risks and resources of the individual client. Of necessity, we are always attempting to determine whether the person in front of us is in imminent danger. But to adequately answer this

question, we need to attend carefully not only to the individual's unique experiences—thoughts, beliefs, history, emotions, and behaviors—but also to the interplay of these experiences with those of significant others (alive and deceased) in his or her social context. The *Risk and Resource Interview Guide* (RRIG) guides inquiry into the dangers and potentials in both the interior and the social worlds of clients, providing a means for obtaining the necessary information for making difficult choices regarding hospitalization and the breaking of confidentiality.

No paper-and-pencil assessment device can take the place of a well-conducted clinical interview and well-honed clinical judgment. "The evaluation of a patient's risk for suicide should never be based upon a score of a single scale. Rather, a comprehensive assessment should be made" (Brown, 2002, p. 37). In keeping with this view, we designed the RRIG as an organizing template for managing clinical interviews, rather than as a checklist to be rigidly followed. It pairs topics of inquiry, cueing the therapist to interweave explorations of risk with explorations of protective factors. We did this in recognition of the fact that no assessment instrument merely gathers information: Neutral questions do not exist. No therapist can make a determination of his or her clients' "state of mind" without simultaneously influencing to some degree how the clients, themselves, are experiencing their situation. Thus, every question asked is not only a tool for collecting data, but also a tool for *intervening*, for contextualizing and shaping the clients' way of orienting to themselves and what they are facing. A sensitivity to *how* questions are posed, and an interlacing of risk and resource explorations helps clients not to feel "grilled," and to potentially recognize options and possibilities that have been escaping their notice.

Risk and Resource Interview Guide

The RRIG is organized in 2 X 2 tables, each of which offers you complementary questions for delving into clients' and their significant others' current or past experiences. It suggests possibilities for how to pose the questions, and, in the accompanying commentary to each table, we provide a rationale for the wording we've used, along with information that can help inform your listening. However, we want to caution you not to use the RRIG in a mechanical fashion, listing off questions one after the other. Instead of keeping the RRIG between you and your clients, we suggest you keep it beside you, drawing from it as a means of unfolding a conversation. If you do this, the content and form of the next question you ask will depend on the answer your clients give to the last one. Because such interactional sensitivity can't be pre-planned, the questions in the tables are not nearly as nuanced as the ones you will ask in your interviews. A client's answer to your first question under a particular topic may render obsolete any subsequent questions listed in the table, or it may require more in-depth questions than those listed.

The topics covered in the RRIG are arranged in approximate order of clinical significance. Although a thorough crisis assessment would almost certainly include an exploration of the first seven or so categories (and perhaps some of the others), it is doubtful that you would need to exhaustively explore every topic before being able to make a sound clinical decision regarding client safety. As soon as you are confident that you have the necessary information to take action—whether to take steps toward hospitalization, to develop a safety plan, or to end the session, knowing the client is safe—you can stop following the guide.

The interactional orientation of the RRIG allows you to pick up on the relationship between your clients and their significant others, as well as the relationship between their despair and their reasons for hope and/or survival. But as you explore these issues, you will also be attending closely to their interaction with *you*. As you talk with clients in crisis, continually attend to whether they are

- responding to what you say.
- making eye contact.
- answering your questions thoughtfully.
- able to elaborate on answers when you request them to do so.

Stay attuned to clients' interpersonal participation as the following areas are explored.

Risk and Resource Interview Guide
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Suicidal/Homicidal Thoughts

	Client	Client's Significant Others
Risk	• Have you had thoughts about taking your/someone else's life? • How do you make sense of this?	• Do your SOs know about the thoughts you've been having? • If they knew, what would be their response? • How would they make sense of it?
Resource	• Have you ever succeeded at not acting on an urge to take your/someone else's life? • How do you make sense of this?	• Have your SOs talked to you about not acting on your urges? • How do they make sense of your previous successes at not acting on urges?

Plans

	Client	Client's Significant Others
Risk	• Do you have any intent or plan to harm yourself?	• Do any of your SOs know about this plan? • If they did, would they take it seriously? • What action would they take?
Resource	• What plans do you have to accomplish something that matters to you?	• Do any of your SOs know about these plans? • If they did, would they take them seriously? How would they try to help?

Hope

	Client	Client's Significant Others
Risk	• How much hope do you have that your life can change? • How much hope do you have that therapy/medication/etc. could make a difference?	• How much hope do your SOs have about your life changing? • How much hope do your SOs have that therapy/medication/etc. could make a difference?
Resource	• How much do you want help in changing your thoughts/ behaviors/life circumstances? • What steps have you taken to initiate some kind of change?	• How have your SOs encouraged you to get help and change? • What steps have they taken to support you?

Suicide Attempts / Significant Accomplishments

	Client	Client's Significant Others
Risk	• Have you ever attempted suicide?	• Have any of your SOs attempted/committed suicide? • How have they responded to your despairing thoughts and actions?
Resource	• Have you ever attempted/ accomplished something really difficult/significant? What was it? How did you do it? • What talents and unique interests have you developed and pursued?	• Have any of your SOs helped you in attempting/accomplishing something really difficult/significant? What have they done? • What difficult/significant things have your SOs attempted/accomplished? • How have your SOs helped you in your development and pursuit of talents and interests?

Weapons/Safety

	Client	Client's Significant Others
Risk	• Do you have access to guns or other weapons? • Are you willing to remove them from your home?	• Do any of your SOs have guns or other weapons in their home? • Will they be willing to remove them?
Resource	• Do you have ways of protecting yourself and staying safe? • What are they?	• Which of your SOs can help protect you and keep you safe? • How are they able to do that?

Hurting/Protecting

	Client	Client's Significant Others
Risk	• Have you ever physically hurt yourself? How? • Have you ever physically hurt someone else?	• Have any of your SOs ever physically hurt themselves? How? • Have they ever done anything that impelled you to hurt yourself? What? • Have any of your SOs ever physically hurt someone else?
Resource	• Have you ever successfully not acted on an urge to hurt yourself or someone else? • How have you kept the urges from becoming actions?	• Have any of your SOs ever helped protect you from urges to hurt yourself or someone else? • How have they kept your urges from becoming actions?

Psychiatric/Therapeutic Involvement

	Client	Client's Significant Others
Risk	• Have you ever seen a psychiatrist or therapist? • Did that person give you any diagnoses? • Do you know what the diagnoses were?	• Have any of your SOs seen a psychiatrist or therapist? • Do any of your SOs know about any diagnoses you've been given? • What was their reaction? • What do your SOs think of your psychiatrist/therapist?
Resource	• Have you found previous psychiatrists/therapists helpful in your making changes? • How did they help? • How did you change?	• How have your SOs helped you in your work with previous psychiatrists or therapists?

Hospitals and Sanctuaries

	Client	Client's Significant Others
Risk	• Have ever been hospitalized? For what reason(s)?	• Did any of your SOs agree that you needed to be hospitalized? • What did they do once you were admitted? Were they supportive?
Resource	• Have you ever found it helpful to be hospitalized? How so? • Do you have experience with and/or access to sanctuaries—spiritual retreats or places of worship? • Have they been (or do you imagine they could be) helpful? How?	• Do you know anyone else who has been helped by being hospitalized? How did it help? • What do your SOs think of such sanctuaries? • Have they been (or would they be) supportive of your going there?

Moods

	Client	Client's Significant Others
Risk	• Have you ever had prolonged periods of feeling sad or guilty? • Do you ever lose interest in enjoyable activities? • Has your mood ever been unusually high or energetic, where you felt as if you didn't need to sleep? • Have you been feeling irritable or angry? • Have you been feeling nervous, tense, or anxious? • Do you worry a lot about stuff? • Have you ever felt sad, but at the same time felt as if you had too much energy and couldn't relax? • Has your mood been down or blue? • Have you ever had a panic attack—a time when your heart was pounding, you got dizzy and out of breath, or you thought you were having a heart attack? • Any difficulties sleeping? Eating too much or not enough? • Have you had low energy or difficulty concentrating?	• Do any of your SOs struggle with their emotions—anger, anxiety, the blues? • How do they respond when you're having a hard time with your emotions? • Do they notice what's going on with you? • Does being around them change how you're feeling?
Resource	• What have you found to be helpful when you're feeling down/angry/anxious/guilty? • What do you do at the time? • Have you ever sought treatment? Was it helpful? How? • Have you ever noticed times when your mood changed for the better—you felt calmer, lighter, more centered? What were you doing at the time or just before it happened?	• Have you ever talked to any of your SOs about these bouts of feeling down/angry/anxious/guilty? Was it helpful? • Are any of your SOs effective at getting unstuck from troubling emotions? How do they do it? • Have any of your SOs ever helped you get to a better place? How did they do it?

Altering Awareness

	Client	Client's Significant Others
Risk	• Do you drink? How often? How much? • Do you use drugs? Which ones? How often? • What have you been told about the dangers alcohol/drug abuse? • What's your take on these dangers?	• Do any of your SOs drink? How often? How much? • Do any of your SOs use drugs? Which ones? How often? • What do your SOs know about the dangers of alcohol/drug abuse? • Have any of your SOs ever warned you about these dangers? What do they say?
Resource	• Have you ever succeeded in stopping drinking or using drugs? How did you do it? • Do you exercise? What do you do? How often? • Do you meditate? How often? • Do engage in any healing practices?	• Would any of your SOs help you if you were to decide to stop drinking/using drugs? • Are any of your SOs aware of your exercising/meditating/involvement in healing practices? Are they supportive of it?

Voices/Visions

	Client	Client's Significant Others
Risk	• Have you ever heard a voice or seen a vision that has told you to harm yourself or someone else? • Have you ever heard a voice or seen a vision that has frightened you in other ways?	• Do any of your SOs know about these experiences? What was their reaction when they found out? • Have you ever talked to a psychiatrist or therapist about these experiences? What did he or she say about them?
Resource	• Have you been able to ignore or not take seriously a voice or vision that was telling you to harm yourself or someone else? How did you manage to do that? • Have you ever heard a voice or seen a vision that has calmed you down or helped you feel more grounded? • Have you ever heard a voice or seen a vision that you've recognized as spiritually significant?	• Have any of your SOs helped you to ignore or not take seriously a voice or vision that was telling you to harm yourself or someone else? How did they do that? • Do any of your SOs know about your experiences with the helpful voices/visions or about your spiritual experiences? • Have you ever talked to a psychiatrist or therapist about the helpful voices/visions or about your spiritual experiences? What did he or she say about them?

Suspicion/Trust

	Client	Client's Significant Others
Risk	• Do you ever find yourself not trusting other people? • What sorts of concerns do you have about them?	• What do your SOs have to say about your suspicions? • How trusting are they of you and others? • Do you feel more or less trusting of your SOs after talking with them?
Resource	• How do you cope with the people you can't trust? • Who are you able to trust? • How do you tell the difference between people you can trust and those you can't?	• Are any of your SOs trustworthy? How do you know? • How do they help you tell the difference between trustworthy and untrustworthy people?

Lethargy/Activity

	Client	Client's Significant Others
Risk	• How much TV do you watch? What sorts of shows? • How much time do you spend surfing the web? Do you participate in chat rooms? What sorts? • Do you feel better or worse after watching TV or surfing the web?	• How much do your SOs watch TV and/or surf the web? • What do they say about your TV/web habits?

Resource	• Do you read? What sorts of stuff?
	• Are you actively involved in physical/aesthetic/spiritual activities? Which ones?
	  ○ sports?
	  ○ gardening?
	  ○ performing/fine arts?
	  ○ volunteer work?
		• Are any of your SOs actively involved in physical/aesthetic/spiritual activities? Which ones?
		• What do they think about your involvements?
		• Do you ever do stuff like this together?

Abuse/Respect

	Client	Client's Significant Others
Risk	• Have you ever been physically abused? When? • Have you ever been sexually abused? When?	• Have any of your SOs ever physically abused you? • Have any of your SOs ever sexually abused you?
Resource	• Have you ever been physically comfortable with someone? • Have you ever been in a sexually respectful and satisfying relationship? • Have you ever felt a spiritual connection with someone?	• Have any of your SOs ever helped protect you from being physically or sexually abused? • Have any of your SOs been supportive of your good relationships?

Medications

	Client	Client's Significant Others
Risk	• Are you currently taking any medications for anxiety, depression, or other psychological symptoms? Which ones? • Have you taken any in the past? Which ones? • What is it like for you to take them? • Have you experienced any side effects? How do you deal with them?	• Do your SOs know about your taking these medications? • What do they think about it?
Resource	• Have your medications helped you? How? • Does it help when you take them consistently? • Have there been periods of time when you have done fine without medication? • What is different about these times? • What did you do to make these times possible? • What does taking the medication mean to you?	• Have any of your SOs helped you to take your medications consistently? • Do any of your SOs help you communicate with your doctor when your medication isn't working or when you're experiencing side effects? • Would your SOs agree that there have been times when you haven't needed medication? • What have your SOs noticed about you during those times when you haven't needed medication? • How were they helpful during these times?

Sexual Orientation

	Client	Client's Significant Others
Risk	• Have you ever experienced any conflict or confusion about your sexual orientation?	• Are you able to talk with any of your SOs about your sexual orientation? • If they knew about your sexual orientation, how would they react? • Who would be most concerned or frightened?
Resource	• Are you comfortable with your sexual orientation?	• Who have you been able to talk to about your sexual orientation? • Who has been the most helpful?

Relationships

	Client	Client's Significant Others
Risk	• Have you recently experienced the break up of an important relationship? How did you react?	• How did your SOs react to your breakup?
Resource	• How have you kept going? • Are you involved in any new or renewed relationships? • In what ways do family/friends rely on you? • Do you have any pets? How important are they to you?	• How have your SOs helped you to keep going? • How have they supported you in your new relationships?

Medical Conditions

	Client	Client's Significant Others
Risk	• How is your health? • Do you have any chronic or acute medical conditions? • Have you recently been tested for HIV and/or other STIs? • What were the results?	• Do any of your SOs have a chronic or acute medical condition? • Do they understand what you're going through?
Resource	• How often do you exercise? • How's your eating/sleeping? • How effective is the treatment for your medical condition?	• Are any of your SOs supportive of your working with your doctor to get the help you need?

- **Pregnancies**

	Client	Client's Significant Others
Risk	• Have you/a partner had any unwanted or problematic pregnancies? When?	• If any of your SOs knew about your/a partner's unwanted or problematic pregnancy, how would they react? • Would they offer to help?
Resource	• Have you/a partner had a desired/healthy pregnancy? When?	• How would your SOs react to a desired/healthy pregnancy? • What would they offer to do?

- **School and Work**

	Client	Client's Significant Others
Risk	• Have you been experiencing any problems in school or at work?	• How do your SOs expect you to perform in school and/or at work? • How do they react when you're not doing well?
Resource	• Have you experienced any successes in school or work? How did you do it?	• Have any of your SOs helped you through problems in school or work? How did they do it? • Have any of your SOs taken the pressure off you to perform at some predetermined level of excellence?

- **Finances**

	Client	Client's Significant Others
Risk	• Have you been experiencing any financial problems? • How have you coped with such problems in the past?	• Have any of your SOs been experiencing financial problems? • Do they know about your financial situation? • If they did know, what would they say?
Resource	• How have you turned your financial situation around in the past? What steps did you take?	• Have any of your SOs been able to help you financially in the past? • What have they done? • What would it take for them to do something now?

References

Brown, G. K. (2002). A review of suicide assessment measures for intervention research with adults and older adults. www.nimh.nih.gov/suicideresearch/adultsuicide.pdf.

APPENDIX A

SLIDING FEE SCHEDULE

Sliding Fee Schedule

The Moore Street Clinic does not accept Medicare or other forms of third party payment. As an alternative to insurance, we offer a sliding scale fee structure. If you do not wish to participate in the sliding scale fee structure of the Moore Street Clinic, we will try to refer you to a place where you can use your insurance coverage. Checks, made payable to **Family Therapy Foundation**, are preferred.

People In the House			
Gross Income	**1 - 2**	**3 - 4**	**5 or more**
0 - 5,999	0	0	0
6,000 - 6,999	0	0	0
7,000 - 7,999	0	0	0
8,000 - 8,999	0	0	0
9,000 - 9,999	0	0	0
10,000 - 10,999	0	0	0
11,000 - 11,999	0	0	0
12,000 - 12,999	3	0	0
13,000 - 13,999	3	0	0
14,000 - 15,999	3	0	0
16,000 - 17,999	3	3	0
18,000 - 19,999	5	3	0
20,000 - 21,999	5	3	0
22,000 - 23,999	5	3	0
24,000 - 25,999	5	3	0
26,000 - 27,999	5	5	0
28,000 - 29,999	10	5	3
30,000 - 31,999	10	5	3
32,000 - 33,999	10	5	3
34,000 - 35,999	10	5	3
36,000 - 37,999	10	5	3
38,000 - 39,999	10	5	3
40,000 - 41,999	20	10	5
42,000 - 45,999	20	10	5
46,000 - 49,999	20	10	5
50,000 - 54,999	20	10	5
55,000 - 55,999	20	10	5
60,000 - 64,999	20	10	5
65,000 - 69,999	20	10	5
70, 000 - over	20	10	5

APPENDIX B

CLINIC FORMS

BACKGROUND INFORMATION

Your Name:_________________________________ **Your date of birth:**_____________

Spouse/partner's name:__________________________ **His/Her date of birth:**___________

Home address:____
(Street) (City) (State) (Zip)

Home phone: (   )_________________ **Your work phone: (   )** ________________
(area code) (area code)

Your spouse/partner's work phone: (   )_______________________________________
(area code)

FAMILY INFORMATION

Children	Age	Gender
________________________________	_________	_______________
________________________________	_________	_______________
________________________________	_________	_______________
________________________________	_________	_______________

Have you had previous therapy? ☐ **Yes** ☐ **N o** **Was it helpful?** ☐ **Yes** ☐ **No**

How was it helpful? Or, how was it not helpful?______________________________________

____

____

Do you or anyone in your family have any medical problems that you think are part of the reason that you are here?

____

Current medication?____

How did you hear of us?____

What race and/or ethnic group do you consider yourself?

____

We ask this question for statistical purposes only. You are not required to respond.

We are always interested in better meeting the therapeutic needs of our clients and improving our services to families. As a means of gathering information about how we are doing, from time to time, we mail out questionnaires and surveys to the families who have come to the clinic. Would you be willing to receive a stamped, self-addressed survey in the mail?

☐ Yes, I would be willing to receive a survey or questionnaire in the mail.

☐ No, please do not send me a survey or questionnaire in the mail.

From time to time students or faculty conduct research through the clinic. We invite you to participate in these research projects. If you would like to know about research being conducted at the Moore Street Clinic and be given the opportunity to participate in a research project, a researcher or research assistant, usually someone other than your therapist, will contact you to tell you about the research. At that point, you can decide whether or not you wish to participate.

☐ Yes, I would be interested in having a researcher contact me to tell me about current ongoing research, so that I can decide whether I would like to participate.

☐ No, I do not care to learn about nor wish to be given the opportunity to participate in research being conducted through the Moore Street Clinic.

____

If you are 18 years of age or over, please your name sign here Date

____

If you are 18 years of age or over, please your name sign here Date

VALDOSTA STATE UNIVERSITY
Family Therapy Clinic

Case Notes

Client Name:____ **Case Number:**____________________

Valdosta State University

Moore Street Clinic

CONTACT AND FEE RECORD

(face-to-face, phone calls, no shows, cancellations)

Client:______________________________ **Case No:**__________________

Date	Description of Contact (phone, in-session, etc.)	Amount Owed	Paid	Balance

The MOORE STREET CLINIC
VALDOSTA STATE UNIVERSITY

THERAPY AGREEMENT & INFORMED CONSENT

The Moore Street Clinic, part of Valdosta State University and the Marriage and Family Therapy Program, is dedicated to providing therapeutic treatment to families, couples, and individuals and to training skilled family therapists.

Videotaping and Teams: Your therapist is an advanced level graduate student in Family Therapy training. In an effort to provide you with the best possible treatment, all Moore Street Clinic therapists receive ongoing supervision with VSU faculty credentialed by the American Association Marriage and Family Therapy (AAMFT) and licensed in the State of Georgia. In addition, our approach to therapy includes videotaping and working in teams. Your therapist is a member of a team of therapists, all of whom are working together on your behalf. To assist you more effectively, your therapist will routinely videotape the work that you do together. Your therapist and his or her team and faculty supervisor will review the tapes. Because the Moore Street Clinic is part of an educational program, the supervisor may use the tapes for graduate training or research purposes. Sometimes we ask families to permit us to use the tapes of our work with them at regional or national professional conferences. Only your signature on a special release form will allow us to do this. Without it, your tapes will be treated as described above. The tapes remain the property of the Moore Street Clinic and Valdosta State University.

Confidentiality: Confidentiality is an important part of the therapy process. It means that unless you give us written permission, we may not give any information about you to anyone outside of the Moore Street Clinic. If you and another adult (someone 18 years of age or older) are seen together, <u>both</u> of you must agree in writing before any information can be released. There are specific times, however, when the law requires us to give information about you with or without your consent:

(1.) When required by subpoena or court order.
(2.) To report known or suspected instances of abuse, exploitation, or neglect of children and elders.
(3.) To warn another person that you have threatened his or her life.
(4.) When you are a danger to your own life.

Risks and Benefits of Therapy: While therapy can be an effective mode of treatment for a variety of life problems, positive results cannot be guaranteed. One major benefit that can be gained from participating in therapy includes a better ability to handle or cope with family and other interpersonal relationships. Other benefits relate to the potential to resolve specific concerns brought to therapy. Seeking to resolve issues between family members and other persons can similarly lead to discomfort, frustration, and relationship changes not originally intended. Moore Street Clinic therapists focus on the relational nature of therapeutic problems. At any time, you may ask your therapist(s) to explain more about how they work, why they are gathering information, or why they are prescribing a particular approach.

Payment and Cancellations: Payment is due at the end of each session. It is necessary to give your therapist or the Moore Street Clinic at least 12 hours advance notice if you need to cancel an appointment. If you give less than 12 hours advance notice, you will be charged ½ of your regular fee, which must be paid before the beginning of your next session. If you miss an appointment without giving any notice at all, you will by charged your full fee, which must be paid before the beginning of your next session. Your fee is $ ____________

The Moore Street Clinic does not perform child custody evaluations for court. The therapists at the Moore Street Clinic are family therapists-in-training, and, as such, it is not in your best interest to ask for their testimony in court. If you or your attorney decides to subpoena a Moore Street Clinic therapist, you will be charged our full clinical fee of $100. per hour for the time that the therapist spends preparing to testify, travel to and from court, waiting to appear, and testifying. You are responsible for and agree to pay these charges whether or not the therapist ultimately testifies.

Emergency Procedures: The Moore Street Clinic is not an emergency facility and cannot provide crisis or emergency services. If you call during the evening or on a weekend, your therapist may not receive the message until the next business day. Should you or one of your family members require emergency assistance, you can call the local 24-hour hotline number (229) 247-4440, call 911, or go to the nearest hospital emergency room.

I have read and understand the above statements concerning video recording, team observation, the limits of confidentiality, the risks and benefits of therapy, fees, training supervision, and the non-emergency status of the Moore Street Clinic. By signing below, I am indicating my informed consent to receive services as described above.

To be signed by all participating members 18 or more years of age

____
Client signature Date

____
Client signature Date

____
Client signature Date

Valdosta State University
Moore Street Clinic
AUTHORIZATION FOR RELEASE OF INFORMATION

I/We____ hereby authorize

____
(agency and/or person)

at____
(address and telephone number)

to release information and/or a copy of my records to:__________________________________
(agency or person)

at ____
(address and telephone number)

The purpose for the release of the information is as follows:

_____ To facilitate communication between client and specified others.

_____ To facilitate understanding and support of client

_____ Other ____

This is a continuing disclosure that will expire 90 days from the date of signature. Expiration date is:____
The Moore Street Clinic at Valdosta State University will not be responsible for any cost or liability incurred through the release of information to any agency or person.

PROHIBITION ON REDISCLOSURE: This information is being disclosed from records whose confidentiality is protected by federal law. Federal regulations prohibit making any further disclosure of this information without the specific written consent of the person to whom it pertains.

____
Signature and Social Security number of client **Date**

____
Signature of Witness **Date**

Moore Street Clinic Intake Information

Intake Date:		Assigned to (primary therapist):
Date of 1st Appointment:		Co-therapist:
Fee: $	MSC Case #:	Practicum:
Referring Organization:	Phone number:	
Referral Person:		
Referral Phone #:		

Client Information

First Name	Last Name	Relationship to caller	Age	Will attend?
		Caller		

Street address	Apt No.	City	State	Zip
Home Phone		Other phones (cell, beeper)		
Can call work? Y N Work Phone #1		Work Phone # 2		
Best Times To Meet				

Reason For Referral: ____

____

____

____

Intake Person Signature: ____

Closed File Check List
Moore Street Clinic

Last name of client who initiated therapy:____

Other last names involved:___________________________ Intake date:____________________

Case Number:_________________________

Therapist:____________________________

Date of first session:____________________

Therapist:____________________________

Date of last session:____________________

Practicum:____________________________

Closed date:_________________________

Practicum:____________________________

Practicum:____________________________

- ☐ The Intake form is complete
- ☐ Background form is complete
- ☐ Therapy Agreement & Informed consent form includes all necessary signatures
- ☐ Release form(s) is(are) complete
- ☐ Session dates & Contact and Fee Record reconcile
- ☐ Case notes are complete, and each contains the following: Date, time, session duration, therapist(s) in attendance, clients in attendance, session content, date of next session, therapist signature with clinical identity (Family Therapy Intern)
- ☐ There is a final case note describing the circumstances of closure of the case.
- ☐ The client ID number is on each form that calls for it.
- ☐ File pages are in correct order

  Left side, top to bottom:
  a. Background Information Sheet
  b. Therapy Agreement & Informed Consent
  c. Release of information
  d. Letters for client
  e. Letters from clients

f. Any additional materials from the client (poems, notes, emails, etc.)

Right side, top to bottom:

a. Contact and Fee Record
b. Case notes

~ Post Closure Planning ~

☐ Yes, I plan a follow-up call to this client.
Approximate date of planned call:______________________________
(month/year)
(Note: Your follow-up call must be reflected in a case note.)

☐ No, I do not plan a follow-up call to this client.

☐ Check this box, if you know of reasons that this client should **not** be contacted by the Moore Street Clinic to conduct program evaluation or family therapy research. (For example, this client participated in therapy against the express wishes of a family member.) Please describe your concerns:

____

____

____

____

Therapist Availability Sheet

Date Submitted:________________________________

Therapist Name:____

Contact Numbers	**Place and/or Kind of Contact** (cell, home, work, etc.)
#1:________________________________	____________________________
#2:________________________________	____________________________
#3:________________________________	____________________________
#4:________________________________	____________________________

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

Directions
Cross out all the times you are not available.
Submit a new schedule as often as your availability changes
Print clearly.

APPENDIX C

SAMPLE LETTERS

These letters are examples only. Borrow, but make sure that your letters are your own. Letters need to speak to *your* client, not a generic person. Put all letters on Moore Street Clinic letterhead, and don't forget to make a copy to put in your client's file.

Sample One: Verification of Attendance
****
January 30, 2004

To Whom It May Concern:

I am writing this letter at the request of Laura Smith. She and her son, Shawn Donnell, came to the Moore Street Clinic at Valdosta State University for family therapy. This letter is to verify that Laura and Shawn kept each of their scheduled appointments, and they were eager and willing participants in therapy. They did a great deal of important work, and they report that things are much improved at home. They relay that they have experienced a number of successes since they completed therapy. It was pleasure working with the Smith/Donnell family, and we wish them continued success.

If I can be of further assistance, please feel free to contact me at the Moore Street Clinic at (229) 219-1281.

Respectfully,

Donald Rumsfeld
Family Therapist in Training

Sample Two: Verification of Attendance
****
June xx, 2000

Dear Xxxxx,

We're sorry to have missed you for your last two appointments at the Moore Street Clinic. Since we have many families waiting to see therapists here at the Moore Street Clinic, we are unable to keep this slot open for you.

We will close your file at this time; however, we invite you to return at any time, should you wish. We understand that therapy needs to occur at a time when it fits with people's already busy lives. Please feel free to call us again (912/219-1281), and your file can be re-opened.

With warm regards,

Dick Cheney,
Family Therapist Intern

Sample Three: Closing File of Client Who No-Showed or Canceled Two or More Times
****
March 15, 2004

M. L and M D.
street address
town, GA, zip

Dear M. and M.,
It's been several weeks since we've talked, and you and the children have been in my thoughts often. I wonder how your new job is working out, M; how you're dealing with all the demands on your time, M; how your relationship as a couple is progressing; and how B, K, R, and B are doing. We know that people stop therapy for many excellent reasons: You may be done with therapy, sometimes therapy is just not a good fit, sometimes people realize they do not need therapy, and sometimes life is simply too busy. Whatever your reason, it is perfectly fine. We know that your decision is the right one for you, and we trust that things are going well.

I am going to close your file at this time. However, if at any point in the future you wish to speak with us again, please feel free to call the clinic (219-1281), and we would be glad to set up an appointment with you.

We wish you the best. It was a pleasure working with you.

Sincerely,

Condeleeza Rice
Family Therapist in Training

Sample Four: Closing File
****
March 4, 2004

To Whom It May Concern:

I am writing this letter at the request of Ms. Tilda Tyson, who came to the Moore Street Clinic at Valdosta State University for family therapy. The work that Ms. Tyson has done with us was around her concerns with her anger. This letter is to verify that Tilda kept each of her scheduled appointments since January, 2003, and she has been an eager and willing participant in therapy. Tilda a great deal of important work, and she is able to report that matters concerning her anger have improved. It was a pleasure working with Tilda, and we wish her continued success.

If I can be of further assistance, please feel free to contact me at the Moore Street Clinic at (229) 219-1281.

Sincerely,

Paul Wolfowitz
and
Carl Rowe
Family Therapy Interns

Sample Five: Closing File
****

June 15, 2000

To Whom It May Concern:

I am writing this letter at the request of Mr. and Mrs. Ttttt Xxxxx, who have come to the Moore Street Clinic at Valdosta State University for family therapy. The work that the Xxxxx's are doing in therapy has been aimed at achieving the return of their son, Mmmm, who was removed from their home by the Dept of Family and Children's Services and is currently in foster care. This letter is to verify that the Xxxxx's have kept each of their scheduled appointments since April 2000, and they have been eager and willing participants in therapy. They have examined a number of important issues regarding the responsibilities as parents, and they have made several good changes in this area.

If I can be of further assistance, please feel free to contact me at the Moore Street Clinic: (912) 219-1281.

Sincerely,

Donald Rumsfeld
Family Therapist Intern