MFT Program Handbook

MARRIAGE & FAMILY THERAPY

VALDOSTA STATE UNIVERSITY

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Equal Opportunity and Affirmative Action Statements

Equal Opportunity

Valdosta State University is an equal opportunity educational institution. It is not the intent of the institution to discriminate against any applicant for admission or any student or employee of the institution based on the sex, race, religion, color, national origin, disability, or sexual orientation of the individual. It is the intent of the institution to comply with the Civil Rights Act of 1964 and subsequent Executive Orders as well as Title IX, Equal Pay Act of 1963, Vietnam Era Veterans Readjustment Assistance Act of 1974, Age Discrimination in Employment Act of 1967, and the Rehabilitation Act of 1973.

Affirmative Action

The Americans with Disabilities Act, Public Law 101-336, extends the prohibition against discrimination on the basis of disability in Section 504 to all programs, activities, and services provided or made available by state and local governments, regardless of whether those entities receive federal financial assistance. Section 504 of the Rehabilitation Act of 1973 states that no otherwise qualified disabled individual can be denied access to or participation in any federally funded activity or program solely on the basis of disability.

About This Handbook

Graduate school represents a new educational experience where you are faced with a large quantity of complex information. The MFT Program Handbook serves as a resource to help guide you through this experience. It is written for the students and faculty who, along with clients, bring life to the clinic. It describes the details of the daily operations of the clinic, delineates the policies and procedures to which all who use the clinic adhere, and it describes expectations from the point of admission to degree completion. You are responsible for familiarizing yourself with the contents of this Handbook. Access is available as an electronic pdf version on the program's website and server.

The manual is organized to provide quick and easy access to most operational aspects of the MFT Program and FamilyWorks. 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 internships, clinic operations, or clinical situations may arise that are not addressed in this manual. In such situations, the Clinical Coordinator and other MFT faculty are able to answer questions concerning practicum, internship, or clinic operations.

If you notice that this manual is missing something that would be helpful to students, please inform me. While a formal and comprehensive review and revision of the handbook occurs every three years, students' insightful and useful comments are often the impetus of frequent "as necessary" revisions that occur year-round.

I encourage you to refer to it whenever you have questions about clinic procedure or program policy. I hope your time at FamilyWorks is rewarding and full of good learning.

Jessica Millican, LMFT
Clinical Coordinator
Family Therapy Program
Valdosta State University

About the MFT Program and Faculty

Welcome to the MFT Program and FamilyWorks at Valdosta State University. FamilyWorks is the university-based family therapy clinic for the Marriage and Family Therapy Program. The clinic officially opened its doors as the Moore Street Clinic in the spring of 2000, changing the name to FamilyWorks in the summer of 2011, when the program, clinic, and faculty offices took up new residence, all under the same roof on the corner of Patterson and Gordon Streets. Since its inception, the clinic has had a two-pronged purpose: (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 and the VSU campus.

2023 MFT Faculty	Title	Phone
Martha Laughlin, Ph.D, LMFT	MFT Program Director	(229) 249-4961
Jennifer Lambert-Shute, Ph.D, LMFT	Professor and Continuing Education Coordinator	(229) 245-4323
Hoa Nguyen, Ph.D	Associate Professor	(229) 333-6013
Jessica Millican, MS, LMFT	FamilyWorks Clinical Coordinator	(229) 293-6266
Michelle Brooten-Brooks, MS, LMFT	Adjunct Faculty Member	(229) 333-7983
Khushbu Patel, MS, Ph.D Candidate	Adjunct Faculty Member	(229) 333-7983

Emergency and Other Important Numbers

- Dial 5555 to reach the VSU Police from any clinic phone
- Dial 911 for the Valdosta (City) Police Department, an ambulance or firetruck.

Suicide/Crisis Prevention Hotline **Having a crisis or suicidal thoughts? Call below:**	
988 Suicide and Crisis Lifeline 988lifeline.org	Call/Text 988
• For deaf/hard of hearing	711 + 988
National Suicide Prevention Lifeline	800-273-TALK (8255)
Georgia Crisis & Access Line Georgiacollaborative.com	1-800-715-4225
App available for download:	**MyGCAL**

Domestic Violence **Confidential information, intervention, referrals**	
National DV Hotline	1-800-799-SAFE (7233) Text "START" to 88788
Thehotline.org	Live chat
• For deaf/hard of hearing	1-800-787-3224
National Sexual Assault Hotline	800-656-HOPE (4673)
Rainn.org	Live chat
The Haven	Valdostahaven.org
Local crisis line	1(229) 244-1765
GA crisis line	1(800) 33HAVEN

Sexually Transmitted Infections **Confidential information, referrals, testing**	
CDC National STD Hotline	1-800-232-4636
• For deaf/hard of hearing	1-888-232-6348
The STI Project Thestiproject.com	
US Dept. HHS HIV/AIDS Hiv.gov	1-800-CDC-INFO 1-800 (232-4636)
Georgia HIV/AIDS Information Line	404-876-9944

Children & Teens **Helping children, teens, parents**	
Boys Town Boystown.org	1-800-448-3000 Text "VOICE" to 20121
Childhelp National Child Abuse Hotline Childhelphotline.org Childhelp.org	1-800-422-4453 Text 1-800-422-4453 Live chat
Cyber Tip Line	1-800-843-5678
Teen Line Teenline.org	800-852-8336 Text "TEEN" to 839863

LGBTQ+ Resources **Peer counseling and suicide prevention for LGBTQ+**	
LGBT National Help Center Hotline Lgbthotline.org	888-843-4564
LGBT National Youth Talkline	888-246-7743
LGBT National Senior Hotline	888-234-7243
National Coming Out Support Hotline	888-688-5428
The Trevor Project Thetrevorproject.org	1-866-488-7386 Online chat Text 678-678
Queer Med – Providing Affirmative Care Queermed.com Email	404-445-0350 info@queermed.com

Addiction Hotline **Help, group support, referrals**	
Substance Abuse & Mental Health Services Administration (SAMHSA) National Helpline Samhsa.gov	1-800-662-HELP (4357)
Al-Anon Family Groups Meeting Info Al-anon.org	1-888-4AL-ANON (1-888-425-2666)
Georgia Council on Problem Gambling Georgiagamblinghelp.org	404-985-6785
Georgia Lottery Gambling Hotline	1-800-715-4225

Local and Regional Mental Health **Useful resources**	
Greenleaf Behavioral Health Greenleafhospital.com	855-823-5918
GA Family and Children Services Lowndes County DFCS	(404) 657-3433 (229) 333-5200
GA Dept. of Public Health Southhealthdistrict.com	886-801-5360 229-333-5290
Mental Health Support Group	theyellowelephant.org

Valdosta State University **Resources for students**	
Counseling Center Student Health Center, 2nd floor	(229) 333-5940
College Assistance Migrant Program (CAMP) 301 Baytree Road Suite 2141	229-253-2861
24/7 Mental Health Support Line	888-910-3365
If you are a student in search of psychiatric assessment, please contact the VSU Counseling Center.	

Getting Started at FamilyWorks

Therapeutic services at FamilyWorks are provided primarily by student therapists currently enrolled in *Practicum, MFTH 7600 or Internship, MFTH 7980* and under faculty supervision. 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) the Clinical Coordinator. The Clinical Coordinator will place the student on the rotation list. The student is responsible for submitting a *Therapist Availability Sheet* to the Clinical Coordinator for inclusion in the Therapist Availability binder.

FamilyWorks Definition of Family

FamilyWorks holds an inclusive definition of family and couple, providing 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.

Professional Liability Insurance

All faculty and students must have liability insurance coverage. At the beginning of every semester, faculty supervisors will be responsible for ensuring that each of their practicum students has a professional liability insurance policy and has submitted proof of his or her coverage to the Clinical Coordinator. During the start of Fall semester each year, incoming students are instructed on how to purchase AAMFT student membership, through which they get liability insurance.

Safety and Security

While Valdosta is considered by many to be safer than many major metropolises, students are urged to "think safety." If working alone in the clinic, particularly after hours, students are advised to lock themselves in. If, for some reason, you feel unsafe moving from building to car late at night, you are encouraged to call VSU Public Safety (7816) and request an escort to your car.

The VSU Police Department patrols the VSU campus and at night checks all buildings to make sure that they are locked**. If you have an emergency, call 5555 from any clinic or VSU phone.**

Hours of Operation and Clinic Coverage

Students have unrestricted access to the clinic via their student ID card (which acts as a 24 hours

a day, seven days a week, 365 days a year slider-key), including semester breaks and university-scheduled holiday closings. In this way, therapeutic services can continue irrespective of weekends, university breaks, and holidays.

Phone Coverage

Clinically active therapists and Shift Managers enrolled in the Marriage and Family Therapy Program, make it possible for the FamilyWorks phone to be answered by a person, for most business hours. There are times, occasionally, when the intake office is not occupied. The next available shift worker will check any messages left during that time and follow-up.

Accessing FamilyWorks with Your 1Card

To have access to FamilyWorks, you must acquire a student ID card from the 1Card service office, located at 1205 N. Patterson Street, University Center (UC). Once you have successfully obtained your student ID, send the Clinical Coordinator your student ID number (870 number). The Clinical Coordinator will ensure each student has electronic access. Once you have been approved for access, you will be assigned a PIN number that you will enter on the keypad after you swipe your card. To view your PIN, select *View Personal Pin* from the *Student Services & Financial Aid* tab in Banner.

Business Cards

All students will utilize standard FamilyWorks business cards during their time in this program. During the first year, students will be doing service learning, some of which involves handing out business cards. When students reach their clinical year, they will be using business/appointment cards for a variety of reasons, such as giving them to clients so that they know the date and time of their next appointment. All student cards look the same. On the front, each card shows the clinic name, address, phone, and fax. On the back are blank slots for your clients' names, date, and time of next appointment

Mailbox Folders

All MFT students are given a physical mail folder, located in the mail cubby, which is directly across from the MFT classroom. Each therapist should check his or her box with consistent regularity.

Opening & Closing FamilyWorks

Once inside FamilyWorks, students gain access to the intake office, all therapy and observations rooms, graduate assistant offices, and the clinic filing room via a key kept inside a realtor's lock box that hangs on the outside of the door of the Clinical Coordinator's office, room 157. Most times during the week—except during holidays and university-scheduled break—a graduate assistant or Shift Manager staffs the main FamilyWorks phone during business hours, taking intake and referral calls. During the remaining hours of the week, clients leave messages on the machine, and a GA/shift manager responds to them within 24 hours. Georgia State licensed, AAMFT Approved faculty supervisors are often available in person and always by phone when

students need emergency advice or supervision. Between semesters, faculty supervisors are available for case consultation and supervision as arranged between faculty member and student.

Opening FamilyWorks

1. The university clock automatically unlocks the MFT doors at 7:30am. If you arrive before 7:30am, use your ID card and pin number in the slider box attached to the outside wall of the building facing the parking lot to get into the breezeway. Your pin number can be found on Banner via "View Persona Pin."
2. Once inside the breezeway, use your slider key again to unlock the door leading into FamilyWorks.
    a. Using the code that you will receive during service-learning training, open the lockbox that hangs on the door of Room 157. Use the key inside to unlock the intake office.
    b. The key inside the lockbox opens the classroom, all therapy and observations rooms, the graduate assistant office, and the clinic filing room. Use this key to unlock all rooms. *On occasion, someone sets the key down, then can't remember where it is. Once all doors are open, immediately put the key back into the lock box.*
3. Turn on clinic lights.
4. Tidy lobby area and therapy rooms, as needed.

Closing FamilyWorks

If you are the last to leave the clinic—if there are no further sessions on the book for the rest of the day, if no therapists or clients remain in the clinic, if no one is coming in immediately behind you to do service learning—then do the following:

1. tidy the front lobby area (i.e. straighten pillows, magazines, pick up toys etc.)
2. turn off all lights in the classroom and lock all doors—intake, all therapy and observation room doors, classroom, the file room, the student work room, and the door leading out to continuing education. Make sure the PP light is off in the classroom.
3. close email and log off of the intake computer
4. shut and lock the intake door as you go out.
5. Make sure the glass door between the waiting room and the breezeway is locked
6. Lock the outer glass door that leads from the breezeway to the parking lot: In the morning, the push-bar on this door is locked down, so that the door is not capable of locking itself. In short, the glass door is <u>locked into an "open" position</u>. To make this door lockable, you are going to unlock the push-bar so that it pops out, which releases the door lock, making it capable of locking again.
    a. To do this: insert the Allen wrench into the small hole in the front of the metal push-bar and push it down toward the floor, which will release the lock and let the bar pop out. The door will now automatically lock behind you when you leave the clinic. (So, make sure you have everything before you leave the building!).

b. The Allen wrench is kept in a white envelope in the bottom left drawer of the intake office desk.

Shift Management

Shift Management Procedures

- If you are the first shift manager of the day, please follow the procedures for opening FamilyWorks.
- If you are the first shift manager of the day, please follow the procedures for opening FamilyWorks (see previous page).
- Log into the intake computer: You will use your active directory login information.
- Log into the FamilyWorks email account by doing the following:
- Sign into your personal VSU email
- Click on the person icon located of the far-right side
- Click on “open other mailbox”
- Type in "FamilyWorks"
- Check messages on telephone answering machine. NOTE: If clients are in the waiting room, shut the intake door before listening to messages.

Here is how to access telephone messages or view call history via telephone

- Press the “Messages” button on the phone and enter the code 1281#, to listen to recorded messages
- For call history: Select “Directories” (far right side of phone), which will prompt missed, received, and placed calls.
- With arrows in the middle of the phone, scroll down to click on the option you need.
- Push “select.” The phone numbers will show along with the date/ time the call came in.
- Be sure to call and email any therapists whose clients have left messages. Do not just save the message and hope that another person in the clinic will rely the message.
- Open the scheduling book and review any appointments for the day so that you know who you might be expecting to walk in the door while you are at the desk.
- Review the Shift Notes binder for any outstanding messages, items left unfinished from the previous shift manager, etc.
- Open the template for the Daily Message Log, which is on the A. MFT OneDrive. Download the DML from OneDrive. Do not enter it directly into the template.
- As your shift unfolds, track any intakes, messages, or other happenings in the DML. At the end of your shift, you will email a copy of the Daily Message log (paste directly in body of email, do not send as an attachment), and send the email to all students and faculty
- Because FamilyWorks is student-operated, many people do intakes and other paperwork from the intake office. For this reason, it is vital that we have ongoing and clear communication between a student leaving a shift and a student coming on to begin a shift. The point of the DML is to pass messages from one SM/GA to another; to track what is done and what remains undone. Thus, the first task of each new on-coming GA or SM arriving to

do his or her stint is to tackle what is left over from the previous shift.

- The doors to FamilyWorks automatically lock at 7:30 PM Monday – Thursday and 3PM on Friday. If this is during your shift, and you are expecting clients, you must use the Allen wrench to unlock the door (see opening/closing FamilyWorks for more instructions). Insert the wrench into the small hole in the metal push- bar. While holding the push-bar down, turn the Allen wrench, which will disengage the lock
- When completing the Daily Message Log or emailing therapists, please be sure to not include any identifying information (i.e. only use the client's initials and do not include phone number).
- If you are the last shift manager of the day, please follow the procedures for closing FamilyWorks (see pg. 15)

FamilyWorks Telephone System

The telephone lines running throughout FamilyWorks are part of the Valdosta State University telephone system. The main FamilyWorks number, the number used by the public and intake workers, is **(229) 219-1281**. *This line is not to be tied up with personal or professional calls, including research projects.*

Students are encouraged to use any of the other phones located in the student breakroom, file room, or graduate assistant offices for their professional or research calls.

Telephone Etiquette

Don't presume that people (faculty, co-therapists, etc.) recognize your voice, even if you are calling someone you know well. Begin each call with, "Hello, this is [your first and, perhaps, last name] from FamilyWorks. Speak slowly, listen carefully to each caller. Always be respectful.

How to Dial On and Off-Campus

Calling an On-Campus Number. To place on-campus calls, dial only the last 4 digits of the phone number. For example, from a phone on campus, (229) 219-1281 can be reached by just dialing 1281.

Calling an Off-Campus Number. To place local, off-campus calls, you must first dial 8, which will open an outside line. When calling non-local numbers (i.e. other area codes), you will have to dial 8 to open the line, then 1 and the client's phone number.

Use of Email, Cell Phone, and Social Media

The use of email, personal cell phones, and social media involves complex questions of legal, ethical, and pragmatic issues. Because FamilyWorks is part of a university system, we cannot assume complete client confidentiality within the university computer system. You also cannot know who has access to your client's emails, either unauthorized or unauthorized by the client. You could encrypt your e-mails, but this requires the complexity of public and private encryption keys, and you would have to teach your clients to use them. And then there are the complex

ethical questions: What are your liabilities if a suicidal client sends you an e-mail that you don't see or can't answer for 12 hours because you're in the air? Or the client who writes long, detailed personal emails and thus extends the time of his session by half an hour? What about the client who wants a "short" answer right away to a therapy question? Since the social expectation is that emails are answered quite rapidly, how long are you "allowed" to not respond to your clients' emails? Since you have an email relationship with them, can you have a period of time (a week? a month?) during which you are not obligated to respond? The list could go on.

As the above questions indicate, these are complicated questions. It is for these reasons and more that we continue to write our case notes on paper and do not communicate with clients using the Internet. Thus, it is the current policy that under no circumstances are FamilyWorks therapists to engage with clients by email, text, Facebook, Instagram, Twitter, or any form of social media. These types of media are public and not in any way secure.

Email messages can be used to communicate with other GA/shift managers/therapists about client appointments, telephone calls, and other administrative tasks. However, *under no circumstance are clients' names, addresses or phone numbers to be fully or directly used in email exchanges.* All references to clients must be oblique and/or coded and should never include therapeutic content. References to clients must be by some means other than names or descriptions that could identify a client. Appointment date and time are often used. An email from a GA/shift manager to a therapist might read, for example, "Hello, [MFT Student]. The client that you have scheduled for tomorrow, Jan. 6, Monday, at 7pm called to cancel." If you are unable to compose an email that is both clear and excludes client name or identifying information, then you must use the telephone or other means of communicating with the GA/shift managers.

Additionally, it is clinic policy that your cell phone is never to be used as a means of communicating with clients. Once a client has your cell phone, the law considers it part of your usual means of communicating with clients. If you ever ignore or miss a client call, you can be liable, should that client commit suicide.

Intake Procedures

Clients begin their relationship with the therapeutic process when they or their representative make their first contact with FamilyWorks, 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 contact with their therapist. This means that the intake conversation is the first point at which a positive orientation toward therapy can be fostered 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, that reflect client strengths, and nurtures the trust necessary for the work to come.

The established protocols for initiating therapeutic services at the FamilyWorks is as follows: While on the phone with a prospective client, the GA/shift managers or service-leaner also does

the following:

- Discusses the way FamilyWorks therapists work, including digital recording and consultation teams
- Sets the fee with the client based on the sliding Fee Schedule (see Appendix A).
- Gives the caller the name of the student who will be the caller's therapist (will see the rotation list for this information).

When a prospective client calls for therapeutic services, a GA or shift manager documents the following information on the Intake Form:

1. Demographic information (client name, address, phone number, 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. Use the Rotation List to find an available therapist. It is very important that once you assign a client to a therapist that you cross out their name, date and move their name to the bottom of the list. In addition, move their availability sheet to the back of the book. This ensures that therapists have an equal opportunity to obtain clients. Please review the section "Rotation List" for a more detailed explanation.
7. Place the Intake Sheet in the Completed Intakes folder.
8. Contact the practicum supervisor or the therapist assigned by email and phone and inform him or her that a new client. Note: *Under no circumstances will the GA/SM/intake person leave direct identifying information such as names or phone numbers on message machines or send it through emails.* The message that therapists receive will merely inform them that they have a new client, and they can get the completed intake from the intake office.
9. Clients who elect not to receive services at FamilyWorks are given alternate treatment options such as other community agencies or private practitioners.

Making Appointments for New Clients

Consultation teams (practica) always get priority for clients. When you begin your shift as an intake person, begin by checking whether a faculty practicum supervisor has submitted a request for a new case. Then, when a client calls the clinic for an appointment, the GA/shift manager will ask the client if she or he has the practica dates available for the appointment. If the client is not available during practicum time or does not wish to work with a team, then assign the client to the therapist that is at the top of the rotation list. After the GA/shift manager has finished on the phone with the client, he or she calls the assigned therapist. If the therapist is not reached in person, a message is left on their phone. In addition to the phone message, the GA/SM emails the assigned therapist with a non- specific (no names, gender, case particulars) message that she or

he has been assigned a new client.

The Rotation List

Client appointments are assigned according to a rotating list of student therapists. Once a student has been released by her supervisor to see clients at the clinic on her own, they will go onto the rotation list, beginning at the bottom. When the student at the top of the rotation list gets a new client, their name is rotated to the bottom of the list, and the next name on the list 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.) The therapist who is assigned the case will select his or her own co-therapist. Only the therapist to whom the case is assigned moves down the rotation list. The co-therapist does NOT move on the rotation list. 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 is assigned that case, and 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 their desire and willingness to speak with a therapist. We want to capture that point of readiness. The more quickly clients can be seen after they call the clinic, the less likely they are to no-show or cancel. Working hard to accommodate clients' scheduling needs is one of the ways that FamilyWorks prides itself on being client centered. 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 comply with these requests to the extent possible.

Here is how the rotation list works:

- After you've completed the intake, make sure you've signed the intake form
- Cross out the name of the student at the top of the rotation list (the person to whom you are assigning the new case for which you just did the intake), then rewrite that therapist's name at the bottom of the rotation list.
- If a therapist has been given a client but is unable to see the client, it is his/her responsibility to take care of that client. It is NOT to be given back to the intake or Shift manager.
- If a client no-shows, the therapist remains at the bottom of the rotation sheet

A growing number of our MFT students have internships at sites in which clients come to FamilyWorks to see the intern rather than see the intern on site at the internship. The process for handling this is as follow:

1. These are considered "personal" referrals. When students get a personal referral, so, for example, Amber Collins, who is interning with a pediatrician, Dr. Loeffler, gets a referral, regardless of where she is on the rotation list, Amber goes to the bottom of the

rotation list. From that position, she can, and probably will, continue to get referrals from Dr. Loeffler's office. In the meantime, Amber, who is now at the bottom of the referral list. Amber may not move up as rapidly because she keeps getting personal referrals.

2. Personal referral from internships can go to other students (other than the internship site student) when the internship student's caseload is too full. Should they become too full, they will inform the Clinical Coordinator, who will let the intake desk know that temporarily, referrals from their site can go to the general rotation list.

Same or Next Day Appointments

When a client requests an appointment on the same day that they call the clinic or for the next day, the shift manager will go down the rotation list until they reach a therapist by voice who is able to accommodate the day and time requested by the client.

Therapist Responsiveness

All students seeing clients at FamilyWorks 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 at which they can be reached by faculty, co-therapists, GA/shift manager'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.

How to Use 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 on the OneDrive. Whenever a practicum, a faculty member, or a therapist schedules an appointment with a client, he or she is responsible for documenting the appointment in the digital scheduling book. The scheduling book is organized by colors indicating information about the session:

F2F New - Green
F2F Returning - Orange
No Show - Red
Reschedule - Blue
Cancel – Purple

Hendricks	EF	1hr	X				X	5:00p								
								5:15p								
								5:30p								
								5:45p								
								6:00p	Walker	MJ	1hr	x				x
								6:15p								
								6:30p								
								6:45p								

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 Scheduling Book. When a practicum has an open time slot, the faculty supervisor requests a new client by documenting the request at the top of their practicum availability sheet. Requests for cases from practica receive priority over requests for clients from individual therapists.

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 an Observation Room, 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 streams into the Observation Room and clients can see into the interior of the observation room. This is disruptive to clients.

Parking Permits and Citation

MFT students, faculty, and staff must purchase a University parking permit. Clients are not required to register with parking, but may still receive a citation. They are not expected to pay that. Please talk to your clients and ask them to give you the citation if they receive one. The Clinical Coordinator will then contact parking and have them waive it.

Therapy Agreement and Informed Consent

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(s), 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 process of therapy at a university training clinic—the team, videotaping procedures, the intercom telephone, consultation breaks, etc.

MIDS Transportation for a Client

You can arrange transportation for clients through MIDS. If a client has Medicaid or Medicare, he or she can use MIDS free of charge. However, they must call 5 days in advance, *not including the day of the appointment or the day of the call* (so think of it as 7 days in advance, just to be safe). This is also useful information to hand out when doing intakes. MIDS has a toll free number that the client can get if they do not qualify. In the event they do not qualify, the trips are typically $3 to a destination.

MIDS
1610 River Street, Valdosta, GA 31601-5123.
Phone: (229) 316-2153 or (229) 247-0914

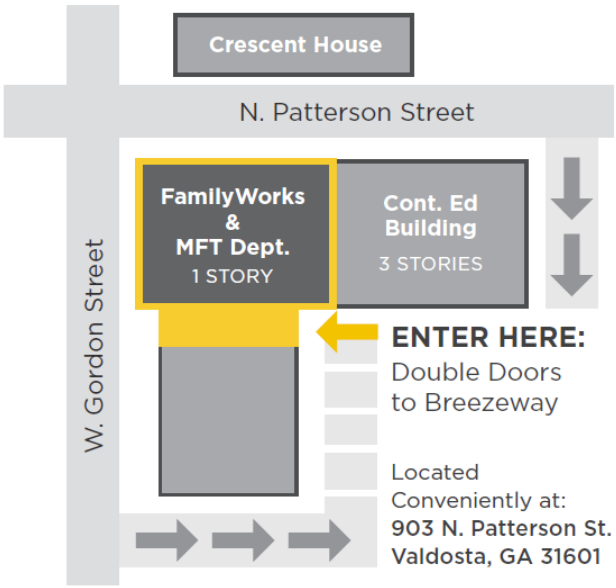
The information you need to have ready before making the call includes the following:

- 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 (FamilyWorks)
- day and time of transportation.

Directions to FamilyWorks

- FamilyWorks and the MFT Program are housed together. Our address is 903 North Patterson Street, Valdosta, GA 31698. Our phone number for both the program and the FamilyWorks clinic is 229-219-1281.
- We are in the one-story part of the Continuing Education Building that is on the corner of Patterson and Gordon Streets (directly across the street from the Crescent House).
- You can reach the building from driveways off Patterson or Gordon Streets. If you come in off Gordon, you'll be at the back of the Continuing Education building, which is where you want to be.
- If you come in off of Patterson, drive around to the back of the building. We are tucked in the

corner of the one-story part of the L-shaped building, between Creative Services and the Continuing Education Building.



Clinical Procedure and Professional Conduct

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 (mandated) 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(s). 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 file the report him or herself. If the parent(s) agrees, accompany them to a telephone located in a private area of FamilyWorks. Develop a follow-up plan with the parent(s).

2. Before or after you notify DFCS, notify your faculty supervisor and the Clinical Coordinator 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. 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).

Confidentiality

FamilyWorks 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. 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 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 breached 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. Discussing clients is only acceptable as part of a conversation that is supervisory in nature. There are no exceptions to this.

More 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 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.

An example of this might look as such:

A person from a state-run office (for instance, the Department of Children & Family Services) calls and requests information about the last date a client was seen for therapy. The appropriate response would be*, "I can neither confirm nor deny whether or not he/she was or is a client at FamilyWorks. Please ask your client to sign a Release of Information requesting FamilyWorks to request such information, fax it to us, and I will be most happy to search for this client. If he or she is a client, I will call you with the information you have requested."*

Written communications are afforded the same privilege of confidentiality given verbal communication. Clients' case records and digital recordings 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 FamilyWorks are stored in the records filing cabinet located in the Clinical Filing Room. Whenever no one is in the clinic, the filing cabinet and room must be locked.

Client files, all documents that identify client information, and audio or video recordings of sessions are not removed from the FamilyWorks 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 FamilyWorks. 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 bathroom. Do not leave files and case-related forms lying around. They should not be seen by anyone other than therapists or faculty. View Endura recordings, including role-playing and training sessions, at times or in places that clients cannot see or hear them. If a client sees you viewing a recording, they cannot tell whether the recording you are watching is a role-play or a real family, and may conclude that you are willing to be casual with confidentiality.

Finally, even though you work in a therapy clinic, you do not have free-reign access to all clients' files. (Exceptions to this are faculty and faculty appointed file reviewers, Clinical Coordinator,
etc.). The privilege of confidentiality for clients extends to anyone outside the immediate treatment team and faculty. If you are reviewing a file that means that you've been observing the case, therefore you can be considered a part of the team. Nonetheless, respect the therapist's work with the client and do him or her the courtesy of asking permission to see the file. Unless there is some extraordinary circumstance that you don't know about, he or she will routinely grant this permission.

Why such a broad clinic policy? At times, family, friends, acquaintances of students in the program come to FamilyWorks to see a therapist. A broad policy that restricts file viewing to the immediately relevant treatment clinicians and supervisors, prevents you from discovering that your next door neighbor (an acquaintance with whom you share a pew on Sunday, the receptionist at your dentist's office, your mom, the girl that sells you cigarettes at the 7-11, etc., etc.) are in therapy at FamilyWorks. These folks are the focus of our care, and they must be given the option of telling you—or not—that they are seeing a therapist in the clinic where you study. If they haven't told you on their own, there may be a reason for that. If they have told you and you know they are coming here but don't know the details of the work they are doing here, your un-related-to-treatment curiosity will have to remain unsatisfied. If you rob them of these freedoms, you breech their confidentiality, a serious infraction.

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 Digital Recordings for Educational Purposes* form, recordings produced at the clinic can be used for clinical research and scholarly presentations. Students are encouraged to participate in faculty or classmates research projects.

Release and Permission to Use Digital Recordings for Research Purposes
If a faculty member or a student wants to use recorded material (DVD, audio- or videotapes) outside of the MFT program for research or instructional purposes (conferences, etc.), ***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 Recorded Material for Research or Instructional Purposes* form. The client/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.

Relinquishing Privileged Information
Professional privilege is not absolute in most states. According to Georgia statutes, therapists are required to reveal privileged information under certain circumstances. These include:

- 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.
- A judicial court order requiring therapist communication.
- 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 FamilyWorks 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.

Release of Information
Clients have a right to view their files when they wish because they "own" the information that we collect about them in our files. This is one of the reasons that we get their permission, when we release their information to anyone, including the client him or herself. The procedure by

which information is released to clients themselves or someone else is as follows:

- When a client wants us to send written or give verbal information to someone else or release it to him- or herself, they grant us permission by signing a *Release of Information* (ROI) form. Verbal permission is meaningless and unacceptable.
- An ROI must be signed by all adult members (18 or over) attending therapy. The ROI must be signed before any exchange of information (either verbal or written) takes place. Whenever you obtain a signed *Release of Information*, write a note in the case file documenting this fact.
- If a current client (someone who has a current, open file) asks for a copy of his or her file, tell the client that you'll inform the therapist of the client's request. The therapist, who knows the identity of the client, will take responsibility for securing a signature on an ROI.
- If a client who is not current (the file is closed and the therapist has graduated) requests a release of information, whether to him or herself or to someone else, tell the person to come to the clinic with a photo ID (passport, driver's license). Make a copy of the photo ID, and give the client an ROI to sign, make sure you have the client's correct name and contact phone number, and let the client know that you will pass the request on to the Clinical Coordinator. Make sure that the Clinical Coordinator gets the ROI that you had the client sign (i.e., put it in her mailbox with a note or email saying what the signed ROI is about, or hand it directly to her). She will pull the client's file, put the signed request inside, review the file, and contact the client to make sure that he or she gets the requested copies.

Client Request for Written Information

Clients sometimes request a letter stating that they are getting services at FamilyWorks. Obtain the appropriate signatures from all relevant clients on a *Release of Information* form. Your supervisor should review the letter/report that you draft prior to mailing. All written information originating from FamilyWorks must be typed on FamilyWorks letterhead and a copy placed in the client file.

Subpoena of Therapeutic Information and Records

A subpoena is a legal document or order that requires the therapist to appear and testify in court and/or to produce documents. *Subpoena duces tecum* is an order requiring the therapist appear in person and to bring specific documents, reports, tapes or any other specified records that are in the possession or under the control of the witness, to a certain place at a certain time. 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).

- Never attempt to avoid being served a subpoena.
- Never surrender documents or give confidential information of any kind to the server, no matter how insistent or aggressive he or she may be. Simply give your name, if that is asked for and accept the subpoena.

- A subpoena issued by an attorney looks very much like an official judicial subpoena. Upon receipt of a judicial subpoena, notify your supervisor to review the subpoena, discuss any questions or concerns, and determine a course of action. Record any action taken in the case file.
- Never acknowledge to the subpoena server that you know or treated the client whose records are being subpoenaed.
- Never, under any circumstances, ignore a subpoena of any sort. You must respond, one way or another.
  - ✓ Once you receive the subpoena, make an appointment with your supervisor and study subpoena: Who initiated the subpoena? A judge/court or an attorney? Does releasing information compromise your client's welfare or the welfare of other people? What state and federal laws (e.g., HIPAA, Patriot Act, copyright laws) impact how you respond to the subpoena? What does the codes of ethics tell you about how to respond to a subpoena? What are the relevant therapeutic circumstances?
  - ✓ Next, call your client(s). Advise her or him that the record of your work together has been subpoenaed. Tell her/him/them that if willing to release the information, you require a signed ROI giving you permission to do so. If there was more than one person/client involved in treatment, you must secure authorization to release information from each client before releasing any information.
    - If the client expresses willingness to sign an ROI, fill out the release for a one-time disclosure for the purpose of responding to a subpoena. AFTER the ROI is signed, call the attorney who initiated the subpoena. Inform him or her that you have received the subpoena and will be preparing the file for copying and release. Provide a date as to when you will have that completed.
    - If the client is unwilling (to release information), contact the attorney who served the subpoena in writing, letting her or him know that you have received the subpoena but that you do not have the client's permission to release the requested information, which is confidential. If the attorney still wishes to see your client's file, he or she will have to then move to get a judge's order to release the information. Unless you can make the case that releasing it would be in some way injurious to your client, you must then release the information.
    - Sometimes providing only a **summary** of the treatment rather than appearing in person or providing the entire file may be acceptable to clients, attorneys and courts.
    - When appropriate and legally allowed, provide the minimum information necessary. However, some situations may demand that you release the entire file
    - If a signed authorization to release form is included, but the therapist believes that the material may be clinically damaging, s/he should discuss these issues with the client before releasing the records
    - Never alter records.
    - Sometimes providing only a summary of the treatment rather than appearing in person or providing the entire file may be acceptable to clients, attorneys and courts.

Transporting Confidential Material

Whenever case files or recorded material (DVD's, videotapes, audiotapes) are transported to or from the clinic, the following procedure must be strictly observed:

- To walk with confidential material (thumb drives, 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.
- While driving from one place to another, the locked bag must remain in a lockable space in your car, such as the trunk or secure lock box.
- During anytime that you are not viewing or reading the materials, they must remain in a locked container (backpack, briefcase, suitcase, or satchel of some kind) at all times.
- While in a public place—for example, a courthouse building—the student must be mindful that he or she is transporting confidential material and keep the container close to his or her person and take appropriate precautions.

Professional Conduct and Dress

FamilyWorks is a professional clinic, and even though you are students, you are now professionals providing a professional service. To provide our clients with the best care and to maintain university and community support, FamilyWorks must continue to 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. Therapists should absolutely never be late for sessions. Most of you will go through this program never once being late for you clients. This is as it should be. Others of you will be late on a very rare occasion. That happens to us all. When you are going to be late, you have to call the Clinical Coordinator. If for some reason you can't reach her, call your immediate practicum supervisor. If for some reason you can't reach her, call the next faculty member of your choice.
- Whenever possible, let someone know you are on your way if you are detained.
- 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.
- 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.

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. If granted, non-program observers must sign the *Guest*
Agreement to Maintain Client Privacy and Confidentiality (see the Clinical Coordinator for this form).

Building Maintenance & Work Orders
FamilyWorks building and all interior equipment and structures are to be maintained in proper working condition so that the Clinic remains safe and comfortable for all. Faculty members or a designee can call VSU's Plant Operations for minor requests for repairs (i.e., leaks, air conditioning, plumbing or electrical problems, changing light bulbs, etc.). Major problems must be brought to the attention of a faculty member.

- If you are requested by faculty to call in a work order of any kind, please be sure to include the Clinical Coordinator's name, especially for IT work orders (this ensures that he/she can log onto the IT webpage and check on the progress of these work orders).
- If a worker comes to fulfill a work order, direct them to the Clinical Coordinator or the Program Director.

Case Files

When a Client Is Assigned
All faculty, students, and practica seeing clients at FamilyWorks 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/shift manager that a new client has been scheduled, the therapist is to place a return call or email to the GA/shift manager confirming that the GA/shift manager'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 15 minutes early for the first session, so that they can complete paperwork and other bureaucratic tasks and still leave a full hour of talk time.

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/shift managers between 9am and 11am, asking a fellow student to check the Scheduling Book, or the student can consult the Scheduling Book him or herself.

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:

- Background Information
- Therapy Agreement & Informed Consent
- Release of information (if applicable)
- Use of Video Taping form (if applicable)
- *On the right side of the file, top to bottom, are the following:*
- Contact & Fee Record
- Case notes

At times, you may find it necessary to open a second, new file on a client who 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 for 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.

Managing Client Record Files

Client records are the property of FamilyWorks 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 27. 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.

Fee and Contact History Sheet

Everything that you do concerning a client must be documented. This means that if, for instance, you see a client once, then he doesn't show up for subsequent scheduled sessions—your Fee and Contact Sheet should show not only entries for the dates of the no-show sessions, it should also show the dates of every single attempted and successful telephone call that you made to the family/client. This sheet should show a history, so that someone reading the file should be able to track every single contact that you had with the client. Your Fee and Contact Sheet might look like this:

Date	Session #	Description of Contact (Session type, phone calls, hours, etc.)	Previous Balance	Paid Today	Unpaid Balance
2/3/2016	1	Family Session, 1hr	$0	$2.00	$0
2/9/2016		Phone call, T → C, .25hrs	$0	$0	$0
2/10/2016		No Show – Family Session	$0	$0	$0
2/20/2016		Phone call, T → C; No answer	$0	$0	$0
2/23/2016		Phone call, T → C; No answer	$0	$0	$0
2/26/2016		No Show – Family Session	$0	$0	$0
2/26/2016		Phone call, T → C; No answer	$0	$0	$0

As you can see, a quick read of this sheet gives the reader a fairly clear linear storyline of the general course of therapy. That is exactly what is needed.

One last point: Regardless of whether you speak to a client or not, if an entry is documented on the "Fee and Contact History" Form, it must have a corresponding note within the body of the case notes. If a therapists places a call to a client, there must be documented, regardless of whether the spoke with the client. For example:

Date	Description of Contact (Session type, phone calls, hours, etc.)
6/9/2019	Phone call, T → C, .25hrs

The corresponding note would be:

June 9, 2019, 1:00pm, Phone Call, Jill **T**, Jack **C**----------
(T) called (C) to confirm appointment scheduled for February 10, 2011 at 5:30pm. (C) did
not answer so (T) left a message. Jill Fable, MFT Intern ----------

Documenting Telephone Calls

Document ALL telephone calls in two places:

- List the call on the Fee and Contact sheet indicating whether it was T to C or C to T
- Write a short case note about the call.

This includes attempted calls for which you were unable to leave a message and during which you did not talk to the client ear-to-ear, in which case the call will be notated on the F & C sheet and the case note may look like this.

February 9, 2020, 1:00pm, Phone Call ----------
(T) called (C) to confirm appointment scheduled for February 10, 2016 at 5:30pm. (C) did
not answer so (T) left a message. Nicole Alers, MFT Intern ----------

You do not have to document calls from the client when the client does not manage to reach you. For example, if your client calls the clinic asking to speak with you and the SM passes that message on to you, you do not need to write a note saying the client attempted to reach you. However, when you return that call later that day or the next, the note should reflect that you are returning the clients' call to you:

February 9, 2020, 1:30pm, Phone Call ----------
(T) returned (C)'s call to confirm appointment scheduled for February 10, 2016 at 5:30pm. (C) answered and confirmed. Nicole Alers, MFT Intern ----------
----

If the client calls you and you are here to take the call, you will document that like any regular phone call.

February 9, 2020, 1:45pm, Phone Call ----------
(C)'s called to check in with (T) about upcoming appointment scheduled for February 17, 2016
at 5:30pm. (T) was in clinic and took the call. (T) and © discussed session and agreed to move
Back the session to 6:30pm. Nicole Alers, MFT Intern ----------
----

The result of documenting phone calls in two places is that each file should show (and file reviewers should find) a direct correspondence in number between case note entries about calls

and Fee & Contact Record phone call entries. So, if, over the course of working with a client, you placed 25 phone calls, that client file will have 25 case note telephone-related entries, and your F & C sheet will have 25 telephone-related lines.

Collecting and Documenting Fees

FamilyWorks is not a free clinic. Your orientation toward fees should be that everybody pays something, even if it is only a dollar or two. We are not a donation-only clinic. FW does charge fees to the general public. Although FamilyWorks has a policy that no one is turned away based on inability, a fee of $0 should be a last, not a first, resort. Pull out the sliding fee schedule, tell the client what he or she will be paying based on the scale and, if necessary, go down from there. FamilyWorks 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. Exceptions to this rule apply to institutions whose clients truly can pay nothing, such as LAMP clients, who are referred to us from the local homeless shelter. They are always seen without charge. The list of no-fee institutions includes the following:
    - LAMP
    - DJJ clients
    - Partnership for Health
    - VSU students, faculty, and staff
    - Wire Grass Technical College
    - Georgia Military College
    - Military Personnel and military family members
    - Referrals from Victims Advocacy

2. Whenever possible, the GA/shift manager will discuss and set fees with clients during the intake conversation or before the first session. The GA/shift manager will indicate the client fee on the Intake Form.
3. 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.
4. Services are never to be withheld because of an inability to pay. If clients cannot afford the fee established for their income and household, the fee can be adjusted at the discretion of the therapist.
5. The payment methods we accept are check or cash. Checks should be made out to the Family Therapy Foundation.
6. 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* form.
7. The client must then read and sign the *Therapy Agreement and Informed Consent* form.

8. Faculty members often 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.

Documenting Fee Payments

FamilyWorks therapists will keep a record of any payment made 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.

2. Make sure a receipt is written in the receipt book.
    - White copy - goes to the client
    - Yellow copy – fold with money and put in payment box
    - Pink copy – stays in receipt book

3. Document the amount paid on the *Fee and Contact History* sheet, which is the top-most form on the 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.

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

Depositing Fees

FamilyWorks strives for accurate documentation of all monetary transactions. Receipts and cash payments are reconciled once a month. The Clinical Coordinator or designee 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 are retained by both the Clinical Coordinator or GA and the Director of Clinical Training.

Cancellation and No-Show Policies

A cancellation is when the client calls to cancel an appointment by leaving a message or talking directly to someone (the therapist, or a GA/shift manager). 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.

Date	Session #	Description of Contact (Session type, phone calls, hours, etc.)	Previous Balance	Paid Today	Unpaid Balance
4/9/2020	3	No show	$0	$0	$0

The corresponding note would be:

April 9, 2020, 1:00pm, Client No-Show, Nicole (T) Keri (T) Sarah © ----------
© did not show for her 1:00pm appointment. (T)s will check in with © tomorrow about--------
rescheduling. Nicole Alers, MFT Intern, Keri Feole, MFT Intern ----------

Cancellation Policy

1. After three 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 FW 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. In the Scheduling Book, a red "C" over the client's appointment time

No-Show Policy

1. After three no-shows, a client's file should generally be closed.
2. After the first no-show, the therapist should call the client and discuss the missed appointment.
3. If the client does not show up a second time and does not call the therapist 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 or write a letter documenting the end of therapy.
4. Whenever a therapist wants to close a client's case but has been unable to reach him or her by phone to inform him or her of this, the therapist will send a letter to the client noting that his or her file has been closed.

Documenting No-Shows

No-shows must be recorded in 2 places.

1. On the Contact and Fee Record in the case file.

2. In the Scheduling Book, a red "C" over the client's appointment time

Writing Case Notes

All therapeutic activity must be clearly noted in case notes. At the end of every therapy or consultation session, whether conducted at the client's home or at the Clinic, and for each phone call that is therapeutic in nature, therapists are required to write a case note.

Case notes forms can be found in the clinic filing room (which is located in a room at the back of the break room) in a filing cabinet labeled forms. 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 Clinic Filing 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; **black ink preferred**.
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.

July 1, 2020, 1:00pm, 1.5hrs., Family Session, Nic (T), Jamie (T)Casandra © Paul © Sarah © Malik © ----------
©'s presented to therapy ready to begin therapy. (T) reviewed informed consent. ©'s presented
with concerns about their children's behavior. Casandra © explained that both Sarah © and ----
Malik © have been fighting more recently. (T) validated ©'s concerns and inquired all family
Member's perspective on the situation. (T) plans to continue joining with ©'s and explore the -
Patterns of their relationships. Next session: July 7th, 2016 at 1:00pm. ----------
NicAlers, MFT Intern, Jamie Smith, MFT Intern ----------

The header of your case note should begin with a full date (month, date, year), followed by the session time, length of session and type of session. Those who were present for the session, therapists and clients, must also be listed in the header. As seen in the example above, symbols (T) and © should be used to indicate who the therapist and clients are in the session.

The body of your case note should reflect an outline of the session. Specifically mention your impressions of the client, your working hypotheses and/or understanding of the client's dilemma,

and progress made toward goals.

The footer of the case note will briefly touch on any plans that you and your client have decided on for the next scheduled session, as well as tasks that need to be completed between session – either by the therapist(s) or client(s). You will also indicate the date (month, day, year) and time of the next session. All case notes must be signed by the therapists who saw the client(s), with your degree and or title following your signature.

Finally, document on the *Fee and Contact* form that a session was held, including any amount of money that was or was not collected and the duration of the session. The description of the type of session will be Family, Individual, or Couple.

Concluding Therapy

If a client does not show up for a session or two, therapy does not simply stop. Ethical and safe legal practice dictates that therapists try to contact the client/family in an effort to find out where they stand, perhaps even encourage them to take a break from therapy and return later. 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:

01/02/18 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 this time.

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

When efforts to speak directly with the client fails, the therapist should always send a letter documenting closure to the current therapy and inviting the family to return in the future (see example letters, Appendix B). Place a copy of the letter in the client file.

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 FamilyWorks, 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 Ernestine Hemingway. We agreed that since he has missed the last 2 sessions, he may wisely be recognizing that he is finished with her therapeutic work. I invited Ernestine to

return to the FamilyWorks if he wishes at any time in the future to do further therapeutic work. Case closed. Then, document the case closure on the Contact and Fee Record.

Closing Case Files

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. MFT faculty/staff will not sign off on the client contact portion of a student's Graduation Checklist until his or her files are complete and up to date.

The end of treatment is defined as the point at which the therapist is certain 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 than the date of the last session. For example, a client may cancel a session, then not show up for one or more rescheduled sessions. Despite efforts to contact the client, the therapist is unable to do so. In such cases, the therapist must send a letter telling the client that his file is being closed. This serves as formal documentation announcing the end of the therapeutic relationship. Establishing a specific date that the therapeutic relationship ended protects you from legal responsibility should the client, for example, commit suicide. If the therapist is able to talk directly with the client by phone, this conversation, once documented, also serves as formal announcement of the end of the therapeutic relationship. Then, the therapist writes a case note documenting his or her efforts to contact the client and stating that the file will be closed since no further contact has been made. The date that this note is written is the closed file date THAT you document and how you document the fact that you are no longer seeing a client is important. You don't want to be caught getting sued by a client's family because she committed suicide after you saw her two times, then never showed up again. In such a scenario, the law would likely consider that you were still, in fact, her therapist, even if you did not consider yourself to be. The way the law does NOT consider you to still be her therapist is when the court sees a documentation in the file indicating that you haven't seen the client for a while and that you have closed the file.

This does not mean that every file closing requires a letter. If you had a phone conversation with your client in which it was overtly discussed that therapy was finished, terrific. Document the phone call on the *Fee and Contact sheet*, write a note summarizing the essence of the phone call (that you both agreed therapy is finished), and you're good to go.

When a client file is ready to be closed (whatever the reason—the client is finished or no longer interested in therapy, a frequent no show, has moved or died, or doesn't feel therapy is helping), here is the procedure by which a client file is closed.

Step 1 – Therapist Checks File
The therapist checks over the client file for accuracy and thoroughness by completing the *Closed Case Checklist* form. He then leaves the *Closed Case Checklist* form on the right side of the client file and puts the entire file in the drawer labeled recently closed (Filing cabinet #6).

Step 2 – File Master Checks File
The Graduate Assistant functioning as our File Master will then review the client file that the therapist has just closed, going through the file carefully looking for missing signatures, case note entries, or discrepancies. The File Master will find that either no further corrections are needed or more corrections are necessary.

Step 3 – No Corrections Needed
When the File Master discovers that no further corrections are needed, he or she moves the file to the Reviewed Drawer and enters data into the closing file Qualtrics survey, formally closing out the file. He or she then moves the file to the Entered Drawer and makes a permanent label for the file. After making a permanent label, the file is ready to be filed alphabetically in the appropriate closed case filing cabinet (Cabinets 1, 2, or 3). The client's case is then formally and completely closed.

Step 4 – If Corrections Are Needed
If the File Master finds mistakes in the file, he or she attaches a Notice of Deficiency (below) to the file and returns the case file to the therapist's mailbox folder (Cabinet 5). The therapist will have 5 working days to make corrections to the file.

Step 5 – If the Therapist Makes Corrections Within 5 Days
The therapist completes the corrections within 5 working days and again places the file in the recently closed file drawer. The File Master again reviews the file to assure that the corrections have indeed been made. If so, Step 3 is followed.

Step 6 – If the Therapist Fails to Make Corrections Within 5 Days
Before this step occurs, the File Master will put complete an Active File Checklist, indicating what is missing or needs to be corrected. The file is then put back in the Therapist's drawer. If the corrections are not made after the Active File Checklist has been placed in the therapist's file in their folder the following will occur.
If the file is not corrected within 5 days, the File Master sends a formulaic email (see email – Case File Deficiencies Remain Outstanding After 5 Days) to the therapist informing her or him that the 5 day window has closed and 3 additional working days, excluding holidays, are now the window within which the file must be corrected. This email is copied to the therapists' immediate supervisor and the director of clinical training. If the file is corrected within the 3 days, Steps 2 and 3 are repeated.

Step 7 – The Therapist Fails to Make Corrections Within the 3 Days
The File Master turns the matter over to the therapist's immediate supervisor, who may consult with the director of clinical training and/or other faculty. The inability to demonstrate that he or she is able to follow clinic policy in a timely manner will be noted on the student's practicum evaluation (see Practicum I criteria, Follow clinic policy (paperwork, follow-up, confidentiality, legal, and/or referral issues, etc.).

Notice of Deficiency
Subject: Client File Deficiency Dear Therapist,

A review of your case file(s), completed on [insert some date], found that some corrections are necessary. I've placed the file(s) back in your student mailbox. Please re-check the file(s) before [insert some date], which is 5 working days from the review date, and return the file to the Newly Closed—Need to Transfer cabinet (Cabinet #6). Then please send me an email letting me know that you re-reviewed the file and that it is ready for my re-review.

Thank You for your expeditious attention to this matter, Your Ever Loving Colleague and File

Master,
Anthony Potter

Case File Deficiencies That Remain Outstanding After 5 Days
Subject: Email Informing Therapist that Case File Deficiencies Remain Outstanding Dear

Therapist:

This email is a friendly reminder that you have one or more case file deficiencies that remain outstanding. The 5 day window within which the file(s) needed to be corrected has expired. With this email, you have an additional 3 days to complete the file(s) after which the policy dictates that I turn the matter is turned over to faculty.
Thank you again for attending to this important matter, Your friendly and Ever-Hopeful File Master,

Transferring Cases to a New Therapist
The program maintains a written policy that outlines the transfer of cases from one therapist to another. Please see the section "Transferring Clients" in the Policy on Practicum and Internship located on the MFT website.

Reopening Cases
When a family, couple, or individual who has seen a FamilyWorks therapist at a previous time

and wishes to return to the FamilyWorks, the following procedure will be followed:

- The return will be treated as if it is a completely new record.
- The GA/shift manager will complete another intake with the client, filling out a new Intake Sheet.
- A new file will be generated, and a new case number will be assigned.
- 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 ROI's
- Pull the client's original file from the Closed Files drawer in the filing cabinet located in the Clinical Filing 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.

Case File Security

To ensure file security and maintain confidentiality, all case files are to be stored in the client file room at FamilyWorks Clinic. Interns are not to take client files out of FamilyWorks Clinic for any reason other than court appearances.

Digital Recording Security

Endura, the FamilyWorks video recording system, is compliant with HIPAA Privacy and HIPAA Security Rules, which require covered entities to maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting electronic personal health information (ePHI). The only ePHI that is electronic are our actual sessions, which are temporarily recorded and electronically viewed. Specifically, the Endura system accomplishes what HIPAA Covered Entities are required to do, which are:

- ensure the confidentiality, integrity of all ePHI that is created
- identify and protect against reasonably anticipated threats to the security or integrity of the information;
- protect against reasonably anticipated, impermissible uses or disclosures; and
- ensure student compliance

Students have 24/7/365 access to Endura, which allows secure observation of live sessions from FamilyWorks computers only, which are located in private areas within the clinic. Students cannot download sessions without faculty permission and oversight.

The Program neither bills insurance nor keeps client case notes on computers—all are written by hand. No client information is transmitted electronically. We only keep an electronic scheduling book on the shared OneDrive, but this book does not include identifying client information. Client initials are used in the scheduling book and all communications about clients. We do not use email as a routine means of conversing with or informing clients.

Sessions at FamilyWorks are highly confidential material. At no time, may therapists copy sessions and other confidential material onto flash drives and remove this material from the clinic. All data must remain in the clinic at all times. All recordings remain the property of the MFT program and are not to be used for personal use at home or elsewhere. All digital information is erased once the therapist is finished with them.

Client Rights/Grievances

All FamilyWorks 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.

Client Request to Review File

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

1. 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, the clients desired corrections can be added in the form of amendments to the original entry. Do not change the original entries. Any amendment should 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.
5. 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.
6. 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.
7. On the Contact and Fee Record document –File Review and any monies collected.

Written Correspondence and Reports

All written correspondence and reports emanating from FamilyWorks are to be produced in a timely manner on FamilyWorks 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.

Special Circumstances and Procedure Information

Department of Juvenile Justice

FamilyWorks gets DJJ clients daily, but particularly on Thursdays when GA's go to court. There are a few additional items about which to be aware when doing an intake or therapy with a minor.

Doing an Intake with a DJJ Client

Legal Issues

Since DJJ clients are minors, someone is likely driving them here. Usually that adult, but always some adult must sign the *Family Therapy Agreement. At BOTH the level of intake and at the first session, intake worker and therapist are responsible for assuring that the correct paperwork is in place or in process, and that the correct information is given to the client. So, at intake, ask, "Who will be bringing Johnny to FamilyWorks? What is the legal relationship of that person to Johnny?"* If the person is a parent, ask if there are any child custody issues currently underway. For example, you might ask, "*Is Johnny staying with you, but his Dad (Mom) has legal custody?*" If the person identifies him/herself as a non-parent, then you must ask several other questions: "Are you John's legal guardian then?" If yes, ask him or her to bring in the paperwork next time that says that. If no, ask who is, and find out how to contact that person. Get a name, phone, and email number. If local, ask that person to come sign a Therapy Agreement. If not local, mail the form to the person.

When the therapist sees the client and his or her parent/guardian for the first time, he or she must be aware of issues of legal guardianship. *Look at the Family Therapy Agreement* that they hand back to you. SEE what the relationship of the signer is to the child. If the answer is something other than Mom, Dad, or legal guardian, you must ask these questions again. *What is your <u>legal</u> relationship to [the child]?* Make sure that person is the LEGAL guardian of the child.

Curfew

Parents may call seeking evening appointments for a child on curfew. When this is the case, you simply need to let them know that they can still come, however, they need to contact their probation officer in advance. Their probation officer will then provide a number for the client call, usually the P.O.'s extension, and the client will have to make three calls: on leaving home, on arrival at FamilyWorks, on returning home.

Tracking monitors

Clients with monitors follow the same procedure described above, the only difference is that they are aware of this in advance, at the time the ankle bracelet is installed. At that time, they sign a form acknowledging their awareness of their responsibility to call in their whereabouts. YOU CANNOT give them permission to attend an event. Such requests must go through tracking, where tracking agents sit at computers 24/7 and monitor the movement of the offenders. If they

go out of parameters, the tracking device notifies the trackers on the computer, and the child is picked up and sent to jail.

How long do they have to attend therapy?

Some clients want to know the length of time they are required to attend therapy. The answer: "That will be a decision that you and your therapist make together." Judges do pay attention to therapists' recommendations. The kids are strongly advised by the court not to miss any appointments that they schedule. Remember, these issues didn't happen overnight and they cannot be fixed overnight.

How old are DJJ clients?

Clients age out of the DJJ system at 16 or 17, so we won't be getting anyone older than that. The kids may be as young as 8 or 9.

Confidentiality

Just because the referral came from the court does not mean the court (and that includes lawyers, probation officers, judges, etc.,) has carte blanche right to confidential information about the client. As always, GET A RELEASE of INFORMATION before you talk to anyone! However, DO NOT get oppositional to the court. It is in the best interest of your client to develop and maintain open and collegial relationships with the people at court. They are not your enemy. If you don't like what they are doing or disagree with how they treat your client, remember that they, too, are part of a large system, and are shaped by all that means.

The Relationship between Clients' Court Orders and Therapists Responsibilities

Clients, not therapists, are court-ordered to therapy. When a client is ordered by the court to come to therapy that does not mean the therapist has been court-ordered to do something; it is, rather, the client that has been ordered. How the therapy is conducted (a particular way or configuration or length of time), is not an order of the court to the therapist, rather an order of the court to the client. So, if the judge says to a client, you are mandated to have both individual and family therapy, that does not mean that you are court-ordered to see the client twice a week alone and with his family; however, the court is also your client. You have a political and business relationship with the court, and you want to maintain that relationship because that is in the best interests of your client.

Ask the client to bring in a copy of the court order so that you can see what the court expects of him or her. Routinely call the probation officer at the outset, just to make the connection on behalf of your client. Get a *Release of Information* signed at the first session, tell your client you're going to call, see if you can get a fix on what the legal system needs. You might ask him or her, "I wasn't in court, of course, so I'm wondering if you can tell me what the conditions of probation are? What, if any, documentation are you looking for from FamilyWorks?"

Letter Writing

You may need to write a letter to the court or an attorney. GET A RELEASE OF INFORMATION. Always inform and/or work with your supervisor when you write a letter for or about a client.

Subpoenas

Students are rarely subpoenaed, but it does happen. There is always the possibility. If you get a subpoena, tell your supervisor immediately and work with her/him to contact the attorney and prepare to go to court.

How the DJJ Process works

1. When a minor commits a crime, he/she is detained, finger printed, etc. and usually released. Sometime after the release, the minor will receive a letter in the mail telling her the name of her probation officer. When they meet their probation officer for the first time, they are administered their consequences, which, depending on the crime, can be an ankle monitor, probation, therapy, etc.
2. If a person(s) is already on probation, (i.e., is a repeat offender), when they go to court, they may be referred by the judge.
3. The DJJ worker or judge will inform the family that they are required to attend 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 Boys and Girls club.) When the clinic receives referrals from the Department of Juvenile Justice, the following procedures are followed:
    A. FamilyWorks charges $3.00 to individuals and $5.00 to families referred to by DJJ.
    B. The therapist(s) should get a release of information signed early in the case, allowing them to contact the probation officer, send the final closing letter to the probation officer, and talk to anyone else whose input would be helpful to the client.
    C. At the close of the last session, the therapists will send a brief letter to the probation officer of record letting him or her know that family therapy has concluded and what was accomplished.

Child Custody Law In Georgia

Introduction

You may find yourself working with a child whose parents are involved with the courts around child custody or perhaps a divorced parent who brings the child in for therapy. A child under the age of 18 cannot receive services without the informed consent of the parent or guardian (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 divorce decree or the court order awarding custody. If the parent requesting therapeutic services has sole custody, the therapist may proceed with therapy. However, if the parent requesting therapy has no custody rights, as determined by a judge, he or she must secure the signature of the sole, legal 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 FamilyWorks services for reasons of custody evaluation must be informed that FamilyWorks does not have evaluators on staff and that clinic therapists do not perform custody evaluations.

Here is what you need to know. In Georgia, there are two types of custody: legal custody and physical custody. In almost all cases, both of the custody types are shared between the parents. In awarding joint custody, the court may order joint legal custody, joint physical custody, or both. Under Georgia law, both parents are equal when it comes to child custody arrangements.

Typically, Georgia parents are awarded joint legal custody, which means that the parents must share in decision-making regarding the children and that the parents have equal rights to the child's medical and educational records. Ultimately, one parent will be awarded final decision-making authority for times when the parents are unable to reach a mutual decision. Typically, final decision-making goes to the parent who has primary physical custody.

Physical custody is, in most cases, also shared. However, usually there is one parent designated as the primary physical custodian and the other parent receives secondary physical custody. The courts determine physical custody based on several factors, including, most importantly, who has been the child(ren)'s primary care giver during the marriage.

Sole Custody

Sole custody is when both legal and physical custody are given to only one parent. In this case, final decision-making rights about medical, educational, extracurricular, and religious decisions

are his or hers alone. Her child lives with her with little or no physical visitation time with his other parent, and she has full decision-making authority without input from the other parent. Because the courts presume that contact with both parents best serves a child's well-being, judges award sole custody to a parent only when contact with the other parent would harm the child. For example, if one parent has a history of abusing the child, the court will place physical custody with the other parent, with restricted visitation, and give her full decision-making authority as well.

Except in extreme circumstances, Georgia courts usually will not award sole custody of children to one parent–at least not officially. Section 19-9-3 of the Official Code of Georgia Annotated specifies that it is the state's policy to ensure that children have frequent contact with both parents after a divorce or separation. However, the rest of the Code is riddled with provisions that tend to give one parent more rights than the other.

Legal Custody

Legal Custody is the right to make major decisions regarding the child. With *joint legal custody*, both parents have equal rights and responsibilities to make major decisions concerning the child. Legal custody defines which parent makes decisions regarding the child's upbringing. Georgia officially leans toward joint legal custody, but Section 19-9-1 of its family law code gives one parent ―veto power" over the other. When both parents have an equal right to make important decisions, they can easily reach an impasse if they disagree over an issue.

Section 19-9-1 of the state's Official Code mandates that when awarding joint legal custody, a judge must give someone tiebreaking control in instances when parents don't agree. This is usually the parent the child lives with most of the time. Therefore, even when parents technically share joint legal custody, one parent often has the sole right to overrule the other parent when making major decisions regarding their child.

Physical Custody

Physical custody refers to which parent the child physically lives with. With joint physical custody, both parents share substantially equal time and contact with the child.

According to the terms of Section 19-6-15 of Georgia's Official Code, even when parents share joint physical custody and their children live with each of them a fairly equal amount of time, judges must name one parent primary custodian. This is usually the parent the child lives with on a regular basis. The parent who does not have primary custody receives parenting time and visitation rights. Because Georgia's Code contains no language that specifically refers to the concept of joint physical custody, the primary custodial parent would technically have sole physical custody.

Unmarried Parents

When a child is born to unmarried parents, Georgia law states that the mother has sole custody unless and until the father establishes his paternity. However, the state's laws for establishing

paternity are exceptionally lenient. A father needs only to openly acknowledge to the world that the child is his. When he does this, Georgia law gives him the right to seek custody or visitation.

Georgia courts consider the best interests of the child when making custody determinations.

In Georgia, children who are 14 years or older often make a custody election about the parent with whom they would prefer to live. However, a judge can overrule the custody election if the judge decides that living with the child's preferred parent is not in the child's best interests. According to child custody laws in Georgia, a parenting plan is required for any custody agreement. The parenting plan generally recognizes that:

- A close and continuing parent-child relationship and continuity in the child's life is in the child's best interest.
- A child's needs change and grow as the child matures, and parents should consider this in order to minimize future modifications.
- The parent with physical custody will make day-to-day decisions and emergency decisions while the child is residing with that parent.
- *Both parents will have access to all of the child's records and information, including matters concerning education, health, extracurricular and religious instruction.*
- Unless parents agree or the judge decides otherwise, a parenting plan will also usually outline:
  - Where the child will spend each day of the year.
  - How holidays, birthdays, vacations, school breaks, and other special occasions will be spent.
  - Transportation arrangements, including how and where the child will be exchanged and how transportation costs will be paid.
  - Whether supervision is needed, and if so, the particulars of the supervision.
  - How the parents will allocate decision-making authority with regard to the child's education, health, extracurricular activities, and religious upbringing.
  - If the parties agree the matters should be jointly decided, the parenting plan will outline how to resolve a situation in which the parents disagree.
  - What, if any, limitations exist while one parent has physical custody in terms of the other parent's contacting the child and the other parent's right to have access to information regarding the child.

Non-Custodial Parents

Unless there is a court order expressly stating otherwise, noncustodial parents enjoy all the same rights as custodial parents. Noncustodial parents can participate in parent-teacher conferences, receive report cards and progress reports and get copies of educational records.

You may contact noncustodial parents and involve them in an academic or emotional issue. **In an effort to preserve your relationship with custodial parents, however, you may decide to inform them any time you've called a noncustodial parent. This is a judgment call that would depend on the context, history, and the student who is experiencing the problem.**

All 50 states and the District of Columbia have adopted the Uniform Child Custody Jurisdiction

Act in an effort to support both parents involvement in their children's lives. When deciding custody, many states follow the Uniform Marriage Act, which encourages custodial decisions, in part, to favor the parent determined to be most likely to keep the other parent involved in the child's life (Commissioners of Uniform State Laws, 1997).

Stepparents also have rights under the Department of Education (DOE), Family Educational Rights and Privacy Act (FERPA) which defines parent as "a natural parent, a guardian or an individual acting as a parent in the absence of a parent or a guardian." Additionally, the DOE has stated, "that a parent is absent if he or she is not present in the day-to-day home environment of the child. Accordingly, a stepparent has rights under FERPA where the stepparent is present on a day-to-day basis with the natural parent and child and the other parent is absent from that home. In such cases, stepparents have the same rights to education records under FERPA as do natural parents. Conversely, a stepparent who is not present on a day-to-day basis in the home of the child does not have rights under FERPA with respect to such child's education records."

In the end, regardless of whether you're dealing with custodial parents or noncustodial parents, they still have the right to be involved in their children's education.

Emergency Procedures

All unusual incidents or emergencies, whether or not they involve clients, are to be reported by the student or faculty member involved or student or faculty member who has first-hand knowledge of the incident. FamilyWorks Clinic will follow a standard procedure for incidents:

1. Go to the nearest, safe phone and call the VSU police at **5555.** Describe the nature of the emergency.
2. If the emergency is of a medical nature, ask the VSU police to call an ambulance, or call 911 yourself and ask for an ambulance. DO NOT TRANSPORT clients to the emergency room in your own vehicle. They may not be able to access FW via other routes and the EMT's may find locked doors, particularly after hours.
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. Never attempt to physically restrain a client. Do not transport people on your own.
6. As soon as possible, the faculty supervisor will contact the Director of Clinical Training regarding the incident.

Note: If it is a friend or classmate in need of medical assistance, you would be wise to call an ambulance rather than transport the student on your own. Since you can't necessarily know the nature of the medical problem, you take risks should the student's condition deteriorate during transport (i.e, seizures, convulsions, stop breathing, etc.).

Procedures for Emergency and/or Dangerous Situations

While it is rare, feeling that your physical safety is at risk while in the presence of a client can be a 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.

1. If two clients are physically fighting, focus on getting them separated, out of sight of one another. Ask someone to help you, then put each of the fighting parties in any empty room. Do not physically place yourself between two people who are fighting

If you have reason to believe that you may be going into session with a potentially dangerous client, consider cancelling 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 decide to proceed with the session, ask another therapist to visually check on you through the one-way mirror in the observation room. Or, ask someone in the clinic to 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 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 the Clinical Coordinatory, faculty or colleagues on hand whenever possible. Call the Clinical Coordinator or your faculty supervisor. If necessary the campus police at **5555**.

Suicide Assessment

While FamilyWorks 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 a desire/willingness 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.

FamilyWorks 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 client, 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.

How the Risk and Resource Interview Guide is Organized

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.

The Risk and Resource Interview Guide © Flemons & Gralnik

- **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 any of your SOs ever physically hurt themselves? How?
	• Have you ever physically hurt someone else?	• 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? osports? ogardening? operforming/fine arts? ovolunteer 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?

Brown, G. K. (2002). A review of suicide assessment measures for intervention research with adults and older adult

Appendix A - Sliding Fee Schedule

At this time, FamilyWorks does not accept Medicare or other forms of third party payment. As an alternative to insurance, we offer a sliding scale fee structure. If a client does not wish to participate in the sliding scale fee structure of FamilyWorks, we will try to refer them/him/her to a place where their insurance coverage can be used. Checks, made payable to **Family Therapy Foundation**, are preferred.

Number of 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 – Sample Letters

These letters are examples of letters that you might find yourself writing on behalf of your clients. Borrow from these examples, if you wish, but make sure that your letters are tailored to your client, i.e., speak to the need of *your* client, not a generic person. Put all letters on FamilyWorks letterhead and always make a copy to put in the client's file.

Sample One: Verification of Attendance

****

January 29, 2018

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 FamilyWorks at Valdosta State University for family therapy beginning November 2011. This letter is to verify that Laura and Shawn have 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 FamilyWorks at (229) 219-1281. Respectfully,

Barack Obama
Family Therapist in Training

Sample Two: Verification of Attendance

****

June 13, 2012

Dear Mr. Wolff,

We're sorry to have missed you for your last two appointments at the FamilyWorks. Since we have many families waiting to see therapists here at the FamilyWorks, 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. 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, 2018

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, 2018

To Whom It May Concern:
I am writing this letter at the request of Ms. Tilda Tyson, who came to FamilyWorks 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, 2018, and she has been an eager and willing participant in therapy. Tilda has done a great deal of important work, and I can 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 FamilyWorks at (229) 219-1281.

Sincerely,
Paul Wolfowitz and Karl Rove Family Therapy Intern

Sample Five: Closing File
****

April 15, 2018

To Whom It May Concern:

I am writing this letter at the request of Mr. and Mrs. Ttttt Xxxxx, who have come to FamilyWorks 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 FamilyWorks: (912) 2191281.

Sincerely,

Donald Rumsfeld
Family Therapist Intern

Sample Six: Letter to DJJ

****

November 1, 2018

Dear Ms or Mr. Samuels:

At the request of [person's name], we are writing to confirm that she [or he], has been coming to FamilyWorks. We understand that she is required by the court to attend therapy, and we can verify that [person] has a first session as of March 1, 2014, and we have been seeing her [him] on a weekly basis since that time to discuss the difficulties that resulted in this referral.

In a very short period of time, [person's name] has made significant strides. She has already taken a test using techniques learned in therapy that allowed her to successfully complete the exam and earn a score with which she was much happier. Nonetheless, if there are things that you can do to make the testing situation/circumstances easier for [person's name], we believe that would be of immense help to her as well. [person's name] plans to continue attending therapy, and we will continue to work with her. If we can be of any additional help, do not hesitate to contact us.

Warm Regards,

Jane Austen and Dorothy Brooks, Family Therapy Interns

Valdosta State University
Family Therapy Program Valdosta,
GA 31698-0060
Office: (229) 219-1281
Fax: (229) 293-6265

Appendix C – Intake Form and Message Scenarios

Here is what the FamilyWorks intake form look like:

FAMILYWORKS INTAKE INFORMATION

To be Completed by Therapist	
FW Case #	
Date of 1st Session	
Co-therapist?	

Intake Date	
Intake Time	
Shift Manager	
Fee $	

Assigned To	
Therapist	
Practicum	

Referral Information	
Name	
Organization	
Phone Number	

The following questions are used to gather more information regarding the client and establish the session fee. Remember: We do not ever turn anyone away due to inability to pay, regardless of reason or previously established session fee.

Is the Client any of the Following?		
Previous FW Client	Y	N
Student (VSU, Wiregrass, other)*	Y	N
Military, veteran, or military family*	Y	N

All students & military have no fee

Client and Household Information Place an asterisk (*) next to the caller's name

First Name	Last Name	Relationship to Client	Age	Will Attend Therapy?	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

Contact Information			
Phone		Can we leave a message/send an email?	
Cell		Y	N
Alternative Number		Y	N
Email		Y	N
Address			

Availability	
S (Sunday)	
M (Monday)	
T (Tuesday)	
W (Wednesday)	
T (Thursday)	
F (Friday)	
S (Saturday)	

Reason for Seeking Therapy: Get as much information as you can. Don't be afraid to ask questions. Lean in, be curious.

Reminders for Shift Managers	
Completing Intakes	• Shift notes are to document/record messages only (e.g., client calls to confirm, an appointment). Do not document intakes in shift notes.
Reminders for Therapists	
Contacting New Clients	• **New clients are to be contacted within 24 hours of intake**. • It may be helpful to keep track of your attempts to contact new clients (see *Attempted Contact* section below), and if you are continuously unsuccessful in reaching a client, seek supervision.
Case #s/New Client Files	• **Do not create more work for yourself**. Case #s and new client files should not be assigned or created until after a client(s) have completed/signed an Informed Consent. Until then, they are not considered a FW client.
Keeping Up with Intake Sheets	• Intake sheets should remain in your practicum file folder until a new client file has been created. Once a new client file has been created, complete the *To be Completed by Therapist* section located at the top of the first page and place the sheet and place it in the client's file.
Attempted Contact	While you are not required to formally document or track unsuccessful attempts of contacting new clients, you may find it helpful to keep track of your attempts.

	Date	Time		Date	Time
1			2		
3			4		

From: familyworks
Sent: Tuesday, June 03, 2018 8:03 AM
To: Jennifer Lambert-Shute (jjshute@valdosta.edu);
Subject: New Client Scheduled

Good morning. Client with the initials CL has been assigned to your Practicum on Tuesday June 10th at 6:30 pm. The client's information is in the intake book.

-Stefanie

FAMILY WORKS
903 N. Patterson St.
Valdosta, GA 31698
Phone: (229) 219-1281
Fax: (229) 219-1280

Scenario: *Client calls the clinic because they will be late.*
Client: My appointment is scheduled for 6:30 pm. I am stuck in traffic so I'm going to be 15 minutes late. My therapists are (therapist name and therapist name).
SM Message: (Therapist name and Therapist name)'s client called to let them know that they would be 15 minutes late for their appointment. Emailed and called both therapists. Therapist A did not answer so I left a message on her voicemail. I left a message for them in the message log.

Email Example:
From: familyworks
Sent: Wednesday, June 11, 2018 6:00 PM
To: Ebony Iheanacho (eciheanacho@valdosta.edu); Jocelayna S Howard (jhoward@valdosta.edu)
Subject: Client Called for you Hello,
Client with the initials CL called to say that they would be about 15 minutes late for their 6:30 pm appointment. The clients' phone number is in the message book.

-Stefanie

FAMILY WORKS
903 N. Patterson St.
Valdosta, GA 31698
Phone: (229) 219-1281
Fax: (229) 219-1280

Scenario: *Client calls the clinic because they want to cancel or reschedule their appointment*
Client: I have become ill and will not be able to make my 7:00 pm appointment tomorrow. I know the names of my therapists.
SM Message: (Therapist name and Therapist name)'s client called to let them know that they would not be able to make their appointment. Emailed and called Therapist A. Therapist B was in the clinic so I let her know in person. I Left a message for them in the message log that Client would like to reschedule.

Email Example:
From: familyworks
Sent: Tuesday, June 03, 2018 8:03 AM
To: Ebony Iheanacho (eciheanacho@valdosta.edu); Jocelayna S Howard (jhoward@valdosta.edu)
Subject: Client Called to Cancel
Good morning, shift manager Stefanie here. Client with the initials CL called to cancel Wednesday's 6:30 pm appointment due to illness. Client indicated that they could make next Wednesday but did not specify a time on that day. The client's phone number is in the message book.
-Stefanie

FAMILY WORKS
903 N. Patterson St.
Valdosta, GA 31698
Phone: (229) 219-1281
Fax: (229) 219-1280

Scenario: Client's DFACS caseworker calls for information.
Caller: I am a case worker for DFACS and my clients are attending therapy at FamilyWorks in order to get their children back, who were taken away for allegations of abuse. I want to know if our mutual clients have been attending their sessions and what has been discussed.
SM Message: DFACS worker called regarding information about a client. I let him know that I was not able to confirm or deny whether a client is being seen here. I took the workers info and number as well as the name of the clients about whom he was inquiring and told him that I would pass it along to a supervisor. I contacted Stephen Norris, who took the message. He will search for a file in this clients' name and contact the therapist, asking him or her to contact the DFACS case worker.

Email Example:

From: familyworks
Sent: Tuesday, June 03, 2014 8:03 AM
To: Martha Laughlin (mlaughl@valdosta.edu)
Subject: DFACS Worker Called
Good morning. This is shift manager Stefanie Maxwell. DFCS Worker, Mrs. Stevenson called to inquire about a potential client with the initials CL. I let her know that I could not confirm or deny that the client was being seen but that I could take her name and number and have a supervisor call her back. Her phone number is in the message book.

-Stefanie

FAMILY WORKS
903 N. Patterson St.
Valdosta, GA 31698
Phone: (229) 219-1281
Fax: (229) 219-1280

Scenario: *Client called for information but can't remember any information about their appointment and their last name is not in the book and you are not able to locate their intake.*

Client: I am a fairly new client. I have been seen only once, and I don't remember my therapists' names. I am calling to see when my next appointment is and the client worker cannot seem to locate it in the book. I can sort of describe my therapist (gender, height, hair color, skin color, and eye color).

SM Message: A client with the initials (Client's initials) called the clinic to confirm her appointment time but there was no appointment scheduled this week with her name. I asked her the name of the clinic at which she attended this first session. She was able to identify FamilyWorks on Patterson Street. I was unable to locate her intake, so I sent an email to all therapists to check the messaging book.

Email Example:

From: familyworks
Sent: Tuesday, June 03, 2018 8:03 AM
To: MFT Advanced MFTAdvanced@valdosta.edu
Subject: Client Called
Good morning, therapists! A client initials (CL) called the clinic this morning to confirm her appointment time but there was no appointment in the book with her last name. I was not able to locate her anywhere in the scheduling book or in the intake book. I took her name and

phone number down and said that I would have her therapist contact her today. Please view the message book and see if this client belongs to you.

-Stefanie, Shift Manager

FAMILY WORKS
903 N. Patterson St.
Valdosta, GA 31698
Phone: (229) 219-1281
Fax: (229) 219-1280

Appendix D – Example of the Daily Message Log

Therapist/ **Team Assigned**	**Client Initials**		**Therapist Notified** **Phone** **(notate by placing an x in appropriate boxes)**	**Therapist Notified** **Email** **(notate by placing an x in appropriate boxes)**	**Rotation List** **Updated (notate by placing an x in the box)**

Session Information

Therapist(s)/ Team Last Name Only	**Client Initials**	**Scheduled Time**	**Type of Session** (TMH or F2F)	**Outcome of Session** (F2F Sessions Only) **Began on time**	**Began late**	**Cancelled**	**No show**	**Reschedule**	**Notes**
Walker	MJ	6pm	F2F	X					

Messages Taken: Do not put any intakes completed here. Only voicemails or calls received

Therapist(s)/Teams Last name only	**Client Initials**	**Phone/Voicemail/Walk-In Messages** (Brief description of call or voicemail no confidential or identifying information)	**Therapist/Team Notified** (notate by placing an x in appropriate boxes) **Phone**	**Therapist/Team Notified** (notate by placing an x in appropriate boxes) **Email**
		.		