

Center for Counseling and Family Therapy

I.	Mission.....	4.....
	General Center Information.....	5.....
II.	General Policy.....	5.....
	Administration.....	7.....
	Confidentiality of Information.....	9.....
	Collegial Relationships.....	11.....
	Peer Supervision.....	11.....
	Co-Therapy.....	11.....
	Professional Dress Code.....	12.....
	Professional Liability Insurance.....	13.....
	CCFT Revenue Sharing.....	13.....
III.	Clinical Procedures and Training.....	14.....
	Clinical Procedures and Responsibilities.....	14.....
	Case Assignment.....	14.....
	Intake.....	15.....
	Determining and Collecting Fees (Payment).....	18.....
	Voicemail.....	22.....
	Opening and Closing the CCFT.....	24.....
	Phone Procedures.....	24.....
	Taking Messages at the Clinic.....	25.....
	Scheduling.....	25.....
	File Maintenance.....	26.....
	File Organization.....	26.....
	Case Closing and Transfers.....	27.....
	Completing Client Contact and Supervision Reporting Forms.....	27.....
	Recording Sessions.....	28.....
	Directions for Learning Spaces.....	28.....
	Ending Service at CCFT.....	30.....
IV.	Crisis Intervention and Emergency Procedures.....	31.....
	Clinical Emergencies.....	32.....
	Current or Recent Sexual Abuse or Physical Abuse.....	33.....
	Relational Violence.....	33.....
	Intoxication.....	34.....

Suicidal Ideation.....	34.....
Severe Suicidal Ideation.....	35.....
Acute Psychiatric Concerns.....	36.....
Expression of Homicidal Intent.....	36.....
Emergency Phone Numbers.....	37.....
Appendix A.....	38.....
Appendix B.....	39.....
Appendix C.....	39.....

2. Intellectual Inquiry and Communication. To foster and develop rigorous and original scholarship for both faculty and students.
3. Community Building. Students will be trained to be adept at understanding and working with clients from a variety of multicultural backgrounds, with a specific emphasis on the concerns of poor and underserved populations.

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

Coordinator and Assistant Coordinator

The coordinator positions were designed to be leadership experience for students in the management of a counseling clinic. This includes the management of: 1) tasks for insuring smooth clinic functioning (see below), 2) dual relationships with student therapists and faculty, and 3) yourself as a model of professionalism and cultural humility. This requires strong communication skills, dedication to the mission of the center, and, pragmatically, 10

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

Because we understand that our working relationships create the culture that impacts our work with our clients, everyone working at CCFT strives to relate to students, faculty and staff with acceptance, openness, and respect. Developing a culture thus fosters the same atmosphere and attitudes for our clients.

Only those hours of direct client contact which are supervised by an AAMFT Approved Supervisor or Supervisor Candidate who is not a student in the same program as the student therapist may count toward the student therapist's required direct client contact. In spite of these limitations, the program faculty encourages students to supervise each other's sessions. Such experiences are helpful to the student being supervised and to the supervising student, broadening repertoires of interventions, building confidence, and giving each party an opportunity to learn more about therapy.

To maximize the positive outcomes of peer mentoring, mentors are strongly encouraged to construct a supervision agreement to guide their work as peer supervisors, in accordance with the Supervision in courses. For more information, see the "Supervision of Supervision" section in the program manual.

When Ph.D. student therapists complete the Doctoral Practicum Sequence, they enter a Post Practicum status. Upon entering this status, therapists are required to continue to receive clinical supervision and enroll in Clinical Supervision.

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

AAMFT COAMFTE regulations determine what can be counted as therapy hours. To have a session count as co-therapy, it is necessary that each therapist be in the room with the client(s) for the majority of the session. Co-therapy can be especially useful in dealing with couples, families, and groups. Students are encouraged to engage in co-therapy when it is appropriate. To avoid confusion, one therapist must be declared the primary therapist, the other will be the co-therapist. The supervisor who supervises the primary therapist will provide supervision for the cas

- x Sheer or “see through” clothing
- x Plunging necklines
- x Teeshirts, sweatshirts, sweatpants
- x Slippers, flipflops, tennis shoes, or work boots
- x Clothing that is excessively revealing, distracting, provocative or tight
- x Oneshoulder shirts, sweaters, or tank tops

Students who do not follow the dress code will be reminded once and are then subject to disciplinary action.

Every student enrolled in practicum and seeing clients at the CCFT needs to have professional liability insurance. An affordable option (student level) can be purchased through AAMFT or CPH and Associates of Chicago ([at www.cphins.com](http://www.cphins.com))

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

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

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

number of the client is left on the therapist's clinic voicemail and the therapist's name is at the bottom of the list. If the therapist assigned a client is unable to schedule a first appointment due to scheduling conflicts or specific needs or requests of the client, the therapist is responsible for reassigning a new clinician and notifying the coordinator of the change. Upon case assignment, each clinician is required to contact the client within 24 hours, to discuss arranging an initial appointment.

The first session is 90 minutes long and costs all clients \$10. This is meant to lower the barrier to care and allow for enough time to complete all the paperwork, give the client a chance to

- 9 Attend Telehealth 101 with Dr. Heidi Rootes, Monday March 23, see Zoom link in email.
- 9 An Introduction to Setting up a Telebehavioral Health Practice: Competencies and Considerations: <https://youtu.be/dj4DJWVXXTM>
- 9 Distance Counseling <https://www.telehealthresourc>

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

In-Person Transaction

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

Voií0ÍÀ ìä JcÔ+Û a ÎA c#Ô+ÛáR\$ÎA 2À TqRaS ÜR . Áá 6äääääB.a 1÷ ÷ JUÛP Û IU À #•cÔän#!

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

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

Manual Key Transaction

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

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

Steps to change voicemail scripts

- x Dial 77216 (voice item maintenance)
- x For 9778179
 - o Application ID 8179#
 - o 123456#
- x For 9772195
 - o Application ID 2195#
 - o 123456#
- x For 9775180
 - o Application ID 5180#
 - o 123456#
- x To record message:
 - o Hit 1 for main recording
 - o 5 to record
 - o # to stop
 - o 2 to listen

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

To change main voicemail line:

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

Computer Setup

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

-Sign in to your Google Account.

-Accept the Terms of Service and Privacy Policy.

-Search by city or area code for a number10(c4(2lr6 366(.))TJ 0 Tc 0 Tw 19.5 0 Td ()T([(S)-o)-4(d6 8.

Android Setup

-Make sure your phone is on and you can get texts. To check, we'll send your phone a text with a code.

-On

Opening Procedures:

- 9 Turn on all lights
- 9 Unlock client file cabinet – put calendar and receipt book on desk
- 9 Unlock door to waiting room
- 9 Enter Door Code
- 9 Enter “A4A” to open the waiting room
- Unlock window to the waiting room

Closing Procedures:

- 9 Turn off all lights
- 9 Turn off computer
- 9 Turn off video equipment
- 9

Checking Messages on Main Line

On phone, press message button.

Mailbox 72505#

Password 3740#

Press 2 to hear messages again

Press 76 to delete messages

Press 4 to replay message

Press 6 to skip message.

If a client calls to leave a message for a therapist

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

- f Follow the procedures outlined above for answering the phone.
- f If you need to take a message record the information in the CCFT Communication Log located at the front desk. Forward it to the appropriate individual either by their cell phone, emailing/texting them (with no identifying information about client), or calling their Google voicemail and leaving them a direct message. When taking messages or conducting intakes, please remember to write legibly to ensure that other clinicians can understand the message. Any information obtained within the phone call should be included on the intake form.
- f If the caller is requesting services please use the client information intake form to obtain the following information:
 - o Ask potential client name/phone number
 - o Ask permission for the therapist to leave a message at the number provided
 - o Ask about the type of therapy service that the potential client is requesting
 - o Also, provide the client with basic information about the clinic as a training facility and a sliding fee scale clinic. See information above about the clinic.
- f Script for conversation with new client
 - o (i.e.) Client: I am interested in receiving services with your clinic
 - o (i.e.) Staff: At this point I will take some basic information and pass it on to your clinician who will be contacting you within 24 hours to schedule your first appointment. (If the client has questions about fees or other general information please refer to section above, if the client has a question that you cannot find an answer to let them know that the clinician will be able to answer further questions).

The scheduling of clients will be dependent on several primary factors: your schedule, your clients' availability, room availability, and the CCFT's hours of operation. Once a session has been scheduled, it is your responsibility to make sure the appointment is written in the calendar in a timely manner to avoid overbooking. When scheduling sessions from home or from outside

Be sure to bring the case file for each client you plan to review to your individual supervision session. Each time you review the case, your supervisor will examine your file to insure it is in order. A form exists in the file that the supervisor will date and sign with each review.

If at the end of each month the files are not in order, the supervisor will not sign off on hours accumulated for that month. You will then lose credit for the hours of therapy and supervision you have accumulated for that month.

When a case is closing or transferred, complete a "SLU Case Closing Summary" on Carepaths, obtain a supervisor electronic signature, and put the file in the Coordinators Inbox (located on the second shelf of the far left white file cabinet) indicating that it is ready to be closed or needs to be assigned to a new therapist due to the transfer.

It is also required that each client complete an OQ-45 as part of the termination and transfer process to track client progress throughout treatment at the CCFT. Copies of OQ-45s for the Youth OQ-45 (if client is a minor) can be found in the workroom.

In the case of a transfer client, it is ideal that the terminating therapist, the client, and the new therapist meet during a session to summarize previous treatment and client goals. The following should be completed following a transfer:

involved in working with clients, etc.).

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

To record:

1. Log into Learning Spaces. Username is your SLU email and password 123456 (PLEASE CHANGE TO SOMETHING YOU WILL REMEMBER AND IS MORE SECURE).
2. On the home page click on Recording
3. Select the MFT Room you are scheduled to be in
4. On the left side select your name for Activity, Group, and Learner
5. For the Case select the case you are in

Directions for Zoom video access and recording for telehealth sessions

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

When a therapist determines that they are completing their tenure at the CCFT they should inform the Director of Clinical Services and the Coordinators. This notification should occur no less than three months prior to the termination of all cases.

Prior to the actual completion of cases, the therapist should investigate how they will terminate each case. In the event the client(s) require additional therapy, the clinician will arrange with their supervisor and the Director of Clinical Services to transfer the case to another practicum therapist. A closing/transfer summary should be completed on each terminated case. Upon completion of all parts of all the clinic files assigned to the therapist, a signed acknowledgment of completion will be signed by the Coordinators and distributed to the therapist, Director of Clinical Services, clinical supervisor, and advisor to the therapist.

Potential clients who call while in the midst of a crisis (actively suicidal or homicidal) should be referred to a hospital emergency room (preferably Saint Louis University Hospital because they have an inpatient psychiatric unit), or the police should be notified. It is unwise to attempt to provide more than brief phone counseling and referral to a service that is equipped to deal with such a crisis.

CCFT is not a "walk-in" clinic. As a result, if a prospective client appears without an appointment, their name and phone contact information will be obtained. They will be informed that they will be contacted by a CCFT therapist in the next 48 hours or less.

If an established client calls the CCFT requesting immediate services, the client should be advised that the CCFT will attempt to reach the client's therapist immediately and have the therapist call the client. Therapists must keep their contact information up to date with the clinic, and should identify a backup person if they will be out of town. If the therapist is not available to handle the crisis, the practicum supervisor and/or the CCFT Director will be notified and will respond to the client. The Director / supervisor will assess the situation, and he/she will take whatever action is necessary.

If there is any indication that a client might harm herself or others, or if the situation presents possible ethical/legal concerns, a supervisor is to be contacted immediately. In the event a faculty supervisor, the director, or the therapist is not available, the client is to be directed to the Saint Louis University Hospital Emergency Room on Grand Avenue or closest hospital. If the assessment of risk is high and the client refuses to proceed to the emergency room, call Saint Louis University Public Safety (973-000) or 9911 and ask for an ambulance and the police.

AT NO TIME SHOULD A THERAPIST GO TO A CLIENT'S HOME, MEET A CLIENT AT THE HOSPITAL OR OTHER LOCATION, OR TRANSPORT A CLIENT.

Determine if there is an immediate risk of violence or of the client(s) leaving. Separate the clients into separate rooms, or take one with you if necessary. Get another therapist or staff member involved—interrupt a session, open the door to the therapy room, call or page the clinic director and tell him/her it's an emergency, etc. Identify your options and develop a plan to handle the situation; remain calm. If you have been threatened or threatened, do not go back into the therapy room by yourself, wait for help.

MFTs have an ethical and legal obligation to report physical or sexual abuse. If you have questions whether or not an incident is reportable, engage your supervisor at once to help make the decision. Develop a plan with your supervisor.

The following is a general outline of a procedure to follow:

1. Explain that a report about the abuse or suspected abuse must be made, as by law and ethical guidelines.
2. Ask the client(s) if they would like to make a report first; reporting empowers the client. Let the client know that you will be reporting regardless of their decision to report. Inform the client of the reporting process.
3. If the perpetrator is in the home, call 800.392.3738 (Missouri area Child Abuse Hotline); 1-800-252-2873 (Illinois area Child Abuse Hotline)
4. If the perpetrator is not in the home, this becomes a police case.
 - f St. Louis City Police: 314.444.5555
 - f St. Louis County Police: 314.889.2341
5. Contact your supervisor and discuss your assessment prior to making a call. If a decision needs to be made immediately, contact your supervisor and inform her that it is an emergency and you need immediate consultation.

being threatened with harm. Pay attention to the cues that involve physical violence, and watch for nonverbal cues that may suggest physical violence. If you suspect physical violence is occurring:

1. Separate couple and talk with each one about a Safety Plan which could include: Women's Protective Services, temporary separation (where one spouse can go for cooling off period—parent, sibling, friend, motel, shelter).
2. Find out if others might be at risk (parents, siblings, children, others).
3. If after meeting with each individual you determine the situation is not safe, inform the couple that relational therapy will need to be delayed until a plan is established that can ensure the safety of all individuals. Do not increase the risk of further violence by

revealing too much to an angry, unrepentant partner. Do not commence relational therapy if you determine the threat of violence is too great.

4. Your decision should be guided by your judgment of risk of violence and feedback from your supervisor. Consult your supervisor as soon after the session as possible.
5. If you learn there has been a history of violence, but it is stopped, also discuss and create a safety plan that will be followed when relational therapy resumes.
6. Call Saint Louis University Public Safety (9700) if threat of violence seems imminent.

Similar to relational violence, it is clinically inadvisable, unethical, and not helpful to conduct a therapy session if the client is under the influence of a substance. If you suspect that a client is under the influence of a substance, refer to the informed consent form that outlines our policy on such issues and:

1. State that you can see the client is intoxicated, drunk, high, etc. (i.e., do not ignore), and that you cannot proceed with therapy unless everyone in the room is sober.
2. State that if the intoxicated client cannot drive him or herself home, the person must be driven home by someone (if available, someone at session).
3. Offer to help find someone to pick up intoxicated person, such as a spouse, relative, friend, taxi cab, or the police.
4. If a client threatens to leave anyway, explain that you must call the police.
5. If

St. Louis City Police: 314~~444~~5555

St. Louis County Police: 314~~889~~2341

SLU Public Safety: 314~~977~~3000

Saint Louis University Hospital Emergency Room: ~~517~~4-8777

Cardinal Glennon Emergency Room: 314~~577~~5666

Saint Louis University Department of Neurology and Psychiatry: ~~317~~46082

CCFT DirectorCell: 763-443-4289

Division of Children and Family Services Child Abuse Hotline:

1-800-392-3738

417-326-6241

Request for Fee Lower than \$10

Date Requested: _____

Request to lower fee below \$10.00

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

Katie HeidenRootes, Ph.D.
Director of Clinical Services, CCFT

Date

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

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

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

Non-Discrimination Policy and Signature page

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

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

We as a program embrace the spirit and letter of this non

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

Printed Student Therapist Name

Student Therapist Signature

Date

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

References