



Marriage and Family Therapy Clinical Handbook

Fall 2023

Marriage and Family Therapy Programs (MS and PhD)

Brigham Young University

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Welcome to BYU's Comprehensive Clinic. The following information will be supplemented, as needed, through clinic office communications and reviewed annually at faculty retreats. **Read this manual thoroughly before you begin seeing clients**, and bring any questions to your direct practicum supervisor or faculty advisor. Think of this manual as your clinical handbook. It will answer nearly all of your questions, and it is your responsibility to know this information whenever you have a question about procedure. **Always consult the Clinical Handbook first before asking staff for guidance.** The BYU Comprehensive Clinic number is 801-422-7759 and is located at 1190 N 900 East Provo UT 84602.

Requirements for Clinical Case Assignments

Students in the Marriage and Family Therapy program must meet certain requirements before they can enter the clinical portion of the program. While we expect most students to be ready after during the first semester of their beginning practicum, we realize some may not be ready to make this step.

The following are the criteria that students must meet to proceed into gaining direct client contact (as outlined in MFT 625 Beginning Practicum):

- 25 Live Observation Hours behind the mirror
- CMS/Clinic Procedure Exam with 90%+
- Handbook Program Procedure Exam 90%+
- Demonstration in class and during lab hours of skills
- Adequate grades (B or higher)
- Management of RA Hours (10hrs/week for graduate advisor)
- Passing role play helping skills midterm in beginning practicum
- Clearance from Advisor and all other Faculty

Expectations for Seeing Clients in the BYU Comprehensive Clinic

Student Therapists must be currently enrolled as a student in an accredited program at BYU which is housed in the Comprehensive Clinic (i.e. audiology, clinical psychology, marriage and family therapy, or social work).

The trainee agrees to meet the requirements outlined by their programs including completing the appropriate records and forms (i.e. treatment plans, case notes, terminations, summaries, assessments) on all clients who are seen in the clinic. A record of this information is required to be entered into the Client Management System (CMS). In addition, it is expected that the trainee will have all case notes and records co-signed by the faculty supervisor, and coordinate all transfers of cases through their supervisor, the MFT Director of Clinical Training,

and the Clinic Director (if needed). The trainee agrees to return all hard copy client records at the end of each day to the Materials Room.

Only cases assigned through our internal system, with signed informed consent, and seen under the supervision of an approved supervisor may be seen in the Comprehensive Clinic. The clinic is run by the clinic director. The Clinic will endeavor to provide clients who are screened to meet the programs' acceptance criteria. The Clinic will also strive to audit client records to provide information to supervisors on whether students are keeping records in accordance with program standards. All trainees are expected to maintain the established confidentiality and other ethical guidelines outlined by their professional organizations and programs.

MFT Student Clinical Expectations

General Expectations

Students are expected to have updated contact information within CMS and [Practice Research Network](#) (PRN)

- CMS Contact Information must be updated n your own
 - Note: You will need to utilize a VPN to access CMS if off-campus
- Clients are expected to be current in their payments to the Comprehensive Clinic
- Students are responsible for ensuring clients are up to date in payments and can check this within CMS
- If clients have an overdue balance, student therapists should discuss this with their clients and have them pay more than the minimum payment until their balance is up-to- date. Online payment systems may be utilized.

If 3 weeks have passed without contact from a client, the student therapist is expected to mail the clinic termination letter with their signature. This can be done through the part-time secretaries.

- Terminate the case a week after mailing the letter
- Cases must be closed after 4 weeks of no contact or you'll get an audit alert.
- Case Notes are to be completed within 24 hours
- Case Notes typically follow the DAP format, but please discuss additional needs and expectations with your supervisor for the semester

A Treatment Plan needs to be completed within 24 hours of the 3rd session

A Treatment Plan needs to be completed regularly after the 24th session to continue treatment

- If therapy goes beyond 24 sessions, a treatment plan is needed every 8 sessions (i.e. 32, 40, 48)

Justification for treatment beyond 24 sessions needs to be discussed with your practicum supervisor (e.g. progress being made as evidenced by assessments) If a case has been seen for over 32 sessions and the student therapist needs to transfer the case, the student needs to initiate transfer by including their current supervisor, the next student therapist as well as the next faculty supervisor, and Lauren within a message in CMS. Within this transfer message, the need for the transfer and continuation of therapy should be clear.

Clients may return for treatment in the clinic after 6 months without treatment

Contact Logs should be filled out every time a phone call, text, email or other contact occurs between a therapist and client

Take note of relevant factors within the case note and contact log (e.g. DCFS contact etc)

All students- even those working off-site- are expected to maintain at least 4 active cases within the Comprehensive Clinic throughout their time in the program. Exceptions need to be approved by your advisor, practicum supervisor and clinical director.

MS Students are expected to accumulate at least 400 face-to-face clinical hours (251 relational) by the time of graduation.

PhD Students are expected to graduate with a total of 1,000 clinical hours (500 relational) post- baccalaureate by the time of graduation.

Transferring a case should only be done in rare circumstances. It is expected that a student therapist will not abandon his/her clinic clients in order to pursue off-site placements.

- Off-site Students should continue seeing their current caseload until those clients have completed treatment and continue to maintain at least 4 active cases at the BYUCC.

Practicum grades will be affected for non-compliance with any of the general caseload expectations. See your practicum syllabus for specific deductions.

Approved Vacation Time

Students should plan to be available to clients except during typical University holidays. The longer university holidays are typically the last week of December and first week of January in addition to a week near the end of August. Students should pre-approve vacation time with their advisor. Students should also be mindful of the [BYU academic calendar](#).

Practice Research Network (PRN)

Students are expected to ensure their clients utilize the assessments within PRN by sending PRN prior to each session and utilizing the data to inform their treatment. PRN also requires weekly updates of cases which can be found at <https://mft-prn.byu.edu/forms/casestatus>. Students should update the treatment goals within PRN by the third session in addition to doing the treatment plan through CMS. Cases should also be terminated within both PRN and CMS.

Students need to message Lauren through CMS with the name, age, type of therapy (couple, individual, family) and Identified Patient for each case they are assigned so she can input this data into PRN. Please do so at least 48 hours in advance.

1. Student therapists are responsible for sending out assessments. It's recommended to give clients a couple days' notice to fill them out.
2. PRN Paperwork:
 - a. Treatment plans. You need to complete a treatment plan for your clients with PRN . The treatment plan includes:
 - i. Diagnosis
 - ii. Up to 3 goals
 - b. Weekly Session Reports. These are quick, and they don't take very much time.
 - c. Termination summaries.
 - i. Diagnosis
 - ii. How they did on goals
 - iii. What kind of model you used

Expected Caseload

MS 1st year Students: 10+ active cases in caseload at Comprehensive Clinic beginning Winter of their first year

MS 2nd year Students: 10+ active cases between Comprehensive Clinic and off-site placement. Typically, no new cases are added after April of the second year to help ensure you complete treatment with each new case.

- Minimum 3 active weekly cases at BYU Comprehensive Clinic while working off-site

Unlicensed PhD Students: 4 active on-site cases at Comprehensive Clinic

Fully Licensed PhD Students: 2-4 active on-site cases at Comprehensive Clinic through their first year

PhD 3rd Year Students: Caseload negotiated with advisor based on doctoral internship contract

Ethical Decision Making

Clinic Case Management Policies

The Clinic is a privilege for the students who work in it. It is expected that student therapists will act professionally at all times in the Clinic and be mindful of client confidentiality and dignity.

Caseload Requirements

To graduate from the MFT program you will need to complete a specified number of clinical hours. Non-compliance with any of the general caseload and clinical expectations will result in a practicum grade deduction. See each practicum syllabus for details.

Master's Students: To graduate, students must complete at least 400 face-to-face clinical hours. At least 251 of these hours must be relational. They must have received at least 100 supervision hours and 50% of these hours must be raw/live/video. First year Master's students will have at least 10 active cases at the clinic. Second year students will have at least 10 active cases (see off-site placement guidelines if this applies to you).

Doctoral Students: To graduate, students must complete at least 1,000 [\[LB1\]](#) [\[AW2\]](#) face-to-face clinical hours. At least 500 of these hours must be relational. They must have received at least 100 supervision hours and 50% of these hours must be raw/live.

Minimum Caseload: All students—even those working off-site— are expected to maintain at least 5 active weekly cases within the clinic throughout their time in the program. Exceptions to this rule are rare and need to be approved by your advisor, practicum supervisor, and the clinical director.

Receiving Cases: Students are expected to accept the cases assigned to them by the clinic.

Transferring Cases: Transferring a case is strongly discouraged. It should only be done only in rare circumstances. It is expected that students will not abandon their clients at the clinic in order to pick up more off-site clients or to graduate. More information on transferring cases will follow.

Insurance: All students are expected to be members of AAMFT while in the program. The MFT program will pay membership and liability insurance directly for all MS Students, and all PhD students during their first 3 years. It is your responsibility as a student to provide the MFT secretaries with your membership number and email for this to occur. Students typically enroll in AAMFT prior to the end of their second month in the program. Liability insurance is provided by CPH & Associates.

As of October 2018, rates are as follows: \$69 Student Member (includes liability insurance), \$146 Pre-Clinical Fellow (LAMFT) and \$100/year liability CPH Liability (Likely most PhD students), and \$216 Clinical Fellow (LMFT) and \$48-59/year CPH Liability.[\[LB3\]](#)

To Do List for New Cases

1. Make sure your information in CMS is up to date <https://cmscc.byu.edu/cmscc/profile.php>
2. You'll get a text and/or email when assigned a new case
3. Look at CMS
4. Get clients info in CMS
 - Demographics: phone number, ages, if you can leave a message
 - Intake: read their description of their presenting problems
5. Call them using their phone number in demographics
 - "Hi, may I please speak with client's name?"
 - "Hi, client, this is therapist's first name from the BYU Comprehensive Clinic. I've been assigned your case and I'd like to arrange a time to meet with you in the upcoming week. My availability is _____. Which of those days work best for you? ... "
 - "The Comprehensive Clinic is located at 1190 N 900 East. When you come in, make sure to get a parking permit and then check in with the *upstairs* receptionist. Prior to your appointment, I will email you paperwork which should take about 30-45 minutes to complete. Each person over 12 will need to complete this paperwork..."
6. Within their CMS file, go to scheduler and click when you plan to see them in the calendar and reserve a therapy room
 - Note: If you hover over the room number it should show you how many people fit in each room
 - Must do therapy in a room with video capability
 - Might need to email Clinic Secretary or Materials Room to reserve therapy room
7. Message Lauren via CMS (confidential information) to put clients into PRN
 - SUBJECT "First Session Date Time" (*at least 2 days in advance*)
 - Client Name, Age, Sex, Type of Therapy (Couple, Individual or Family)
 - a. If family therapy, specify who is the Identified Patient
8. Log into PRN <https://mft-prn.byu.edu/>
 - If you don't yet have an account, email Lauren Barnes@byu.edu
9. Click "My Cases"
10. Find Client
11. Click "Add session"
12. Select family members who will be attending the next session
 - Email PRN assessments through the portal to those over 12years old
 - PRN Website—Dashboard—"View Details" for your case—Add Session—Change date and time to match session—Check boxes for clients attending—Save—Go to sessions page—Show Assessments—View QR Code—Type in client's email
 - Check before session to see if the assessments have turned blue (meaning the clients have taken it)

When Client Arrives

1. You'll receive a text they are ready to be seen
2. Greet them by the upstairs receptionist

Send payment form to client

- a. ccmati.byu.edu—Client Messenger—Online Payment—Add email and subject—
Good to type in your name and program in the email—Send

IMPORTANT LINKS

IVS (Video System) <https://compclinic.byu.edu/#/assets.php>

Case Request Form <https://forms.gle/qWNnUEvgXuWBYJpA7>

PRN <https://mft-prn.byu.edu/>

CMS <https://cmscc.byu.edu/cmscc/>

CCMATI <https://ccmati.byu.edu/Employee/Email>

Initial Case Management

Contacting a New Referral: You will be notified via email or text when you have been assigned a new client within CMS. Contact new clients as soon as possible, preferably within 24 business hours of the case assignment. It is important to document all contact and attempted contacts in the “client contact” log of the digital client file.

Any needed assessment protocols should be indicated within eClinic. Therapists are primarily responsible for administering questionnaires and forms to their clients. Further information as to when and how to schedule both clinic paperwork and assessments will be reviewed in your beginning practicum class.

Initial Communication Permissions: The receptionists get permission from the client to receive texts and to leave voice messages at the initial phone call to set up the intake appointment. A script could include something like:

“Voice messages and texting are insecure ways of communicating and could allow others to know that you are seeking mental health services. Would you like to give us permission to leave voice messages on your phone? Would you like to receive a text message on your phone to facilitate setting an appointment?” [if the client agrees, continue] “Such a text message would alert you that you are about to receive a phone call and would give you the options to choose to either receive the call at that time or to call into the Clinic to give us times when you would be available to receive a call. Do you have any questions about this?”

These instructions would be repeated at intake with encouraging the client to answer phone calls from the Clinic number 801-422-7759.

Initial Appointment: At the initial appointment, the student therapist will go over the paperwork with the client, limits to confidentiality, the expectations of the client, no-show policy, the client’s preferences for contact from the clinic, and the process of paying for treatment. Be sure to have the client read and sign the client contract found in Appendix J.

Initial Treatment Plan: Treatment plans are an important part of therapy both here in the Comprehensive Clinic and in almost all mental health settings. In the Comprehensive Clinic, treatment plans must be submitted within 24 hours of the third session. Treatment plans can be modified any time during treatment and should be if the new symptoms or patterns are discovered or if the goals or modality for therapy change. Please include all of the following categories in a treatment plan:

- *Presenting Problem:* This is what the client system describes as the reason for coming to therapy. It may be different than the diagnosis.
- *Diagnosis:* Using DSM-5, students should identify a diagnosis for all individuals involved in the case.
- *Individual Symptoms:* This should be a list of symptoms of the identified patient and perhaps others if a couple or family. The symptoms should be consistent with the diagnosis but may go beyond DSM symptoms.
- *System Patterns:* If the client is an individual, this part might include information about patterns of relationships in family, extended family, or even social support system. If the client is a couple or family, this should include brief descriptions of the patterns (interpersonal dynamics) you have identified during the first three sessions.
- *Goals for Therapy for Individual(s):* This should include a list of what the client and the therapist hope to accomplish in therapy. These goals should guide treatment and their accomplishment will help both the client and therapist recognize progress and determine when therapy should be concluded.
- *Goals for Therapy for System:* This should include a list of goals for changes in the client (couple or family) system
- *Therapy Modality:* This should include the type of therapy approach/model the therapist intends to use as well as an estimated number of sessions the therapist thinks the case will need.

Ongoing Case Management

Case Note Timeliness: It is prudent to write case notes as soon as possible after seeing a client, couple, or family and within 24 hours. Paper work is a necessary part of managing a case in a professional manner. All files are audited every two weeks. If a student receives an alert concerning a file, it is important to address the identified concern in as timely a manner as possible.

Collecting Payment: Payment is made to the receptionist following each therapy appointment beginning with the first. Clients are expected to be up-to-date in their payments to the clinic. Student therapists are responsible for ensuring that clients are up-to-date in payments. This can be confirmed within the client management system.

If clients have an overdue balance, student therapists should discuss this with their client and set up an increased payment amount each appointment thereafter until their balance is up-to-date.

Correspondence with a Client by Mail: Students will type any letters or correspondence for clients and have the MFT part-time secretary print it on letterhead. The student and the supervisor should sign the letter. You must make a copy of the letter and add it to the client's file. It is crucial for ethical clinical practice that any client or other confidential letters must not have any identification from the clinic or BYU. The envelopes must be blank and addressed like this:

[Student therapist's name]
1190 North 900 East
Provo, UT 84604

The MFT secretary (in 234 TLRB) will supply a stamp for the letter since it cannot be metered. For client confidentiality, please do not use BYU return address envelopes of any kind.

Correspondence with a Client by Phone: Caller ID poses some challenges when contacting clients. If you make the call from the intern's office it will show up on the client's caller ID as "unknown" or "blocked." If you call from your personal phone, your own information will show up, which will give your clients access to your personal number. Calling from your own phone will also create potential confidentiality breaches by saving the client's phone number in your recently called list. The client will not have the Clinic's phone number appear in their recently called list in the event that they have a follow up question.

In order to have the Clinic's phone number appear in the caller ID, you must call 801-317-8835 before dialing the client's phone number. You will then be prompted to enter the client's phone number to be forwarded to the client. Your personal number will be hidden from the Client. Caller ID will display the Clinic's number (801-422- 7759). The Client's number will not be saved in your phone. Communicating with a client via your personal cell phone will be addressed later in this chapter.

Text Notification Prior to a Client Call: If your client has given you permission to text them, you may choose to text them to let them that you will be calling in the next 30 minutes and to get their permission to call. This will improve the probability that the client will answer your call. To do this, text the client's number to 801-317-8835. You will receive a reply text that says: "[client's number] will be sent a message informing them that you would like to call them to set up an appointment."

The client will receive a text: "Hello, this is in regards to services you recently requested. You gave us per- mission to text you to schedule services. Please respond YES or NO whether you will be available in the next 30 minutes to receive a call."

If the client responds "YES," you will receive a message: "[client number] will be available to receive your call for the next 30 minutes." You can then call the client using the procedure above.

If the client responds "NO," the client will receive the following text: "Please call 801-422-7759 and leave a message about when would be a good time to call you to schedule services."

You will also receive a text saying, “[client number] will NOT be available to receive your call for the next 30 minutes.”

If the client attempts to text back in free form to the Clinic number, they will receive the message: “This is an unmanned phone number. Please call 801-422- 7759 to leave a message. If this is an emergency, please call 911 or call the Crisis Line at 801-691-5433.”

Emergency Contact Information

In the event of a client emergency (for contact information, please see this year’s faculty directory (posted on LS):

First, contact your clinical supervisor.

If s/he is not available, contact your Clinical Director, Dr. Barnes.

If s/he is not available, contact your Program Director, Dr. Bean.

If s/he is not available, contact another Program Faculty

If they are not available, contact the Comprehensive Clinic Director, Dr. Fawcett.

Hospitals

Utah Valley Regional Medical Center Emergency Room 357-7001

Mountain View Hospital (Payson) Emergency Room 465-7190

Orem Community Hospital Emergency Room 714-3326

Timpanogos Hospital Emergency Room 714-6570

(Crisis worker is from Mountain View)

American Fork Hospital Emergency Room..... 855-3555

BYU Police. 911 or 422– 2222

Community Resources

Center for Women and Children in Crisis 377-5500

(Safe house from Domestic Violence, rape hotline)

Family Support and Treatment Center 229-1181

(Crisis respite care for Children)

Crisis Lines

Suicide and Crisis Lifeline 988

Crisis Line of Utah County 801-691-5433

Wasatch CMHC Emergency 801-373-7393

Utah Poison Control Center 800-222-1222

Going out of Town/Service

You must notify your clinical supervisor (in addition to your graduate advisor) if and when you'll be out of town or away from the clinic. This is especially important if you'll be out of cell service. It may be pertinent to find a backup therapist within your practicum depending on the severity of the case. Discuss each situation with your practicum supervisor. Student therapists are expected to treat their caseload ethically and with professional care and oversight.

We expect students to notify their clinical supervisor and graduate advisor with at least 2 weeks' notice, but preferably as early as students know they will be out of town and seek approval just as they would with an employer.

Once students are approved to be absent, they are expected to clearly and professionally communicate their absence to their clients after consultation with their clinical supervisor. This is especially important and applicable if students are going to be absent from the BYU Comprehensive Clinic for more than 5 business days. In cases where clients have an ongoing risk issue, student therapists are responsible to direct clients to emergency hotlines and services if they have needs while the therapist is away.

If students are out sick, they are expected to communicate with their supervisor and also communicate with their clients, if applicable via ccmati or other means to ensure appointments are rescheduled and clients know how to reach emergency hotlines and services.

PRN Expectations

Students seeing clients at the Comprehensive Clinic are required to use the PRN for every case and for every session. The responsibility to make sure clients follow PRN procedures is ultimately the student's. Clinic staff are there to assist you and help, but it is your responsibility to make sure procedures are followed. The only exceptions to this policy are with approval of the clinical director, if the PRN system or clinic Internet is down, or if a client is in danger of harming themselves or someone else. Even when a client is late, they must complete the assessments. The following are the PRN procedures:

Appointment Notification: Students must notify the clinical director, via the clinic messaging system, at least 24 hours before seeing a client so that information can be entered into PRN. Complete information must be sent. This includes: Case ID number, type of therapy (family, couple, individual), names (age/sex) of each client, date and time of upcoming session, and # of previous sessions.

Sessions not entered 24 hours in advance will be canceled. Repeated incidents of canceled sessions will result in the loss of one letter grade per incident in practicum (MFT 655R)

Treatment Plans: Students must fill out the PRN therapist report (after each session), the PRN treatment plan (after the third session), and treatment summaries on time. If the documentation is not completed within 24 hours of being due, it will affect your grade. Every 4th incident of not completing PRN reports on time will result in the loss of one letter grade.

Assessments: If a client does not take PRN assessments, students must reschedule the clients and not see them until assessments are completed. Failure to follow the policy will result in the loss of one letter grade per incident.

Responding to Messages: Students will respond to messages from the clinical director regarding PRN within 24 hours. Failure to do so will result in the loss of one letter grade per incident.

Client Management: Students are responsible to remind clients to arrive early to complete PRN assessments for each session or have clients complete assessments on their own time prior to their arrival; this is not the responsibility of office staff. All clients must take PRN even if it cuts into session time.

Remember that clinical hours that count toward graduation are actual face-to-face time with clients. The time the client spends completing PRN assessments does not count towards clinical hours. If clients come late and use session time completing PRN, you cannot count the full hour as therapy time.

Counting Supervision and Client Contact Hours

The clinical practicum supervisor serves a variety of functions in students' clinical training. One of the supervisor's key roles is to verify clinical supervision hours and hours of clinical contact with clients. You will turn in a log of your hours each semester or term to the part-time secretary in 234 TLRB. Supervisors and students should discuss the policies and specific situations when determining which hours count. Commonly agreed-upon standards include:

- *Basic Standard:* In Utah, in order to graduate and obtain LAMFT status, the following is one of the requirements: "a clinical practicum of not fewer than 600 hours, which includes not fewer than 100 hours of face-to-face supervision and not fewer than 500 direct contact hours of face-to-face supervised clinical practice of which not less than 250 hours shall be with couples or families who are physically present in the therapy room."
- *Combo Hour:* When you are seeing a client (for an hour) and it is supervised live, you count it as an hour of therapy and an hour of live supervision.
- *Group Individual Supervision:* If you watch video of yourself in group practicum supervision.
- *Group Video Supervision:* if you watch video of another practicum member in supervision
- *Following a case:* If you follow a case consistently, it may be an observation hour or a team therapy hour. This depends on how active you are on the case and your

practicum supervisor. If you are only observing, it's just an observation hour. If you actively participate in treatment planning, give the therapist feedback about what he/she did that was/wasn't planned, give feedback about the client and case, and remain an active participant throughout treatment, you may be able to count it as a team therapy hour (e.g. Angela Bradford's practicum). However, be sure to double-check this with your practicum supervisor at the beginning of each semester, as each supervisor may have somewhat different expectations.

- *Live/Raw Supervision*: observation of your personal or your practicum therapy by your approved practicum supervisor via video or behind the one-way mirror when you are present.
- *Psychoeducation*: is considered a non-process meeting in which you deliver MFT content. If you want to know whether to count a presentation as psychoeducation, you need to consult with your supervisor at the time of the presentation.
- *Reflection Team Hours*: an alternative hour when you are following closely along with a case and rotate going into the therapy room with the other therapist. This usually occurs in Angela Bradford's supervision. You need pre-approval to count "team" hours.
- *Relational Hour*: couples or families who are physically present in the therapy room
- *Supervision or Practicum Hour*: typically a full 60 minutes; 60 minutes = 1 hour
- *Therapy Hour*: fifty minutes of face-to-face is equal to 1 hour of therapy; 60 minutes = 1.2 hours

Adding Clients to a Case

Student Therapist Screening: For those potential clients and who later need to be added to a case, student therapists can be trained to screen for the program acceptance criteria. Scripts and checklists exist to walk the therapist through the screening criteria: suicidality, drug use; violence; legal concerns; and severity and chronicity. This screening could be done by the therapist talking with the current client about the potential family member in a live session or by phone. The conclusion that the new client passes program acceptance criteria could be documented in a case note.

Possible Complications: About 10-15% [LB4] of therapy intakes are screened out currently at the time of intake. The student therapist would have to be prepared for that possibility (be able to refuse treatment, and know where to refer). Prior to using the current acceptance criteria there were up to 3 emergencies per semester requiring evaluation for hospitalization of clients. This was difficult for students, supervisors, and clients. Under the current criteria, this has been reduced to about 1 such emergency per year. Supervisors and students can keep the need for crisis intervention low by accurate screening during intake. When in doubt, the student should refer the potential client out and/or refer them to go through the formal intake interview process.

Demographics: If the new family member/ partner passes screening, an electronic demographic form could be completed by the student therapist, copied and pasted and sent to Dr. Fair within the client management system messages, and then deleted from the student's computer. The new client(s) can be added to the case immediately or the next day.

Informed Consent: Once the new client is entered into the client management system, s/he can sign the informed consent at the next scheduled session on an iPad. In unplanned circumstances (someone shows up before they're in the client management system), a paper copy is always acceptable.

Treatment Plans: Multiple treatment plans can currently be added in the client management system to a case. If desired, treatment plans on an individual, couple, and family can all be added into one case. This would require attention to clarifying in the document who is the client for each plan.

Treatment Summaries: If desired, for clarification, more than one treatment summary can be placed in each case within the system to differentiate treatment responses by the different entities: individuals, couples, and families. Treatment summaries, case notes, and assessments are the most frequently requested documents. Writing such documents with the knowledge of how they may be requested in the future would be helpful to the clients.

Requests or Subpoenas for Records: Release of records is very rare. If you receive a request, please consult with your practicum supervisor and the Comprehensive Clinic Director. Individuals only have access to documents that are their own (individual) records or their children's or wards' records. To release a document with multiple adult participants mentioned, all participant signatures are needed (or a valid court order), or information must be redacted (which is time consuming and error prone). This can be sorted out for closed cases by the auditor at the time of the request for the release of information or subpoena, and by the supervisor and student therapist for active cases.

Case Transfer Guidelines

Transferring a case should only be done in rare circumstances. It is expected that a student therapist will not abandon his/her clinic clients in order to pursue off-site placements. Guidelines for MFT students transferring client cases from one therapist to another include:

- *Supervisor Permission:* You must first and foremost obtain permission from your practicum supervisor to transfer a client.
- *Client Permission:* If a transfer was not initiated by your client, you must also obtain permission from your client to do a transfer. Explain that you will do your best to select a new therapist who meets their needs, (i.e. gender preference, age, experience level, knowledge of treatment for their particular problem, availability to complete their treatment before she/he graduates.)

- *Timing:* Give the client at least 2-4 sessions advance notice of your need to transfer them. This will give you and the new therapist at least 2 or more sessions to meet together with the client to do the hand-off if desired by supervisor.
- *Address Concerns:* Discuss with the client the pros and cons of the referral to another therapist; help them make the best decision for themselves. Address their anxiety, disappointment, sadness, sense of loss, etc., that may occur when transfers are made. Evaluate their progress to date and goals not yet met that may be addressed in therapy with the next therapist.
- *Case Paperwork Transfer:* Get permission from the client to let new therapist read all his/her case notes, Treatment Plan, and diagnosis based on your work with them. Reassure the client they will not have to re-tell their entire life story again to another therapist. The new therapist will join the case with much knowledge of the situation and treatment progress to date and unfinished therapeutic issues.
- *First Joint Session:* You and the new therapist should meet with the client at least twice before the switch is made. You direct the first session, with the new therapist joining in where appropriate, asking clarification questions, joining with the client and engendering hope for improvement in their condition. For the new therapist, the initial goals are joining, instilling hope, engendering confidence in the client that you are an empathetic, genuine, warm individual with skills/supervision experiences that can help them.
- *Following Joint Sessions:* The next 1-2 sessions should be directed by the new therapist, with the referring therapist providing ideas and comments as appropriate, helping the client clarify treatment progress with the new therapist, etc. The referring therapist should show support and confidence in the new therapist and reassure the client that he/she will receive good treatment from the new therapist. Reassure the client that the new therapist may consult with the referring therapist on their case to provide the best treatment.

The new therapist should come prepared to answer all questions the client may have about their personal and academic background, theoretical lens most used in therapy, level of experience and supervision experience, etc. Be prepared to explain to the client why you agreed to take over therapy and why you see yourself as a good fit for the client and their needs/problems.

In the same session, the referring therapist should also review the progress the client has made in therapy with them as well as outline the challenges/goals yet to accomplish with the new therapist. This should reflect a “strengths-based” approach to the client’s continued therapy.

The new therapist may have to rewrite a new treatment plan based on all that is learned in these hand-off sessions. This, of course, is co-developed with the client and they agree to the treatment plan, duration, their role, the therapist’s role, etc.

System Transfer of the Case: In order to transfer a case in the client management system, these additional steps must be carried out:

- You must be updated on all of your case notes prior to requesting the transfer
- Create a message in the client management system that includes your current supervisor, the new therapist, the new therapist's supervisor, and the clinic director
- In the message, state the following:
 - The case number of the case being transferred
 - Why the case is being transferred (e.g. request for new therapist, therapist graduating etc.)
 - A request for the time when you'd like the transfer to occur

Extending Cases, 24+ Sessions

Client cases are generally resolved within 24 sessions. Justification for treatment beyond this needs to be discussed with your practicum supervisor (e.g. progress being made as evidenced by assessments). Additional requirements include:

- *Supervisor Approval/Requirements:* Your practicum supervisor must approve any extension and may have additional requirements that must be met but are not listed here.
- *Updated Treatment Plan:* A new treatment plan must be completed within 24 hours of the 24th session.
- *Additional Treatment Plans:* If therapy continues beyond 24 sessions, a new treatment plan is required after every 8th session (ie 32nd, 40th, 48th, etc).
- *Transferring an Extended Case:* If a case has been seen for over 32 sessions and the student therapist needs to transfer the case, the student must send a message within the client management system stating the need to transfer the case and the need for ongoing treatment. This message must be sent to the current student therapist's supervisor, the new student therapist, the new student therapist's supervisor, and the clinical director.
- *Returning for treatment:* After termination of a case, clients may return for treatment in the clinic after 6 months without treatment in the clinic.
- *Offsite Therapist Recommendations:* A list of potential therapists and other mental health clinics is available from the clinic director and/or the clinical director and also at cc.byu.edu.

Terminating a Case

Client case terminations should be completed in a timely manner so clients can move off the waitlist. On those occasions when clients do not follow through with appointments, therapist should make every effort to contact the client to either set up a new appointment or close the file if the client does not intend on returning.

At times, a client will end therapy by avoiding phone calls. If no contact has been made with a client for 3 weeks, the student therapist is expected to sign and mail the clinic termination letter or message through the secure messaging system. (See the section on mailing letters earlier in this chapter.) If there is no response from the client within a week, the case must be terminated.

Students should destroy unnecessary documents that have client names or other identifying information on them.

Off-site Student Therapist Placements

Occasionally, students have the opportunity to work off-site at a clinical placement. Students are not permitted to seek work off-site without prior approval from their graduate advisor and the clinical director. Each application to work off-site must first be presented to the graduate advisor and clinical director. The Clinical Director and Graduate Advisor will approve or deny a student's desire for offsite placement and the designated location. *When do I start an internship and what should I look for when finding an internship?*

Master's students cannot begin looking into offsite placements until winter of their second year. They must have approval from their faculty advisor and clinical director and have satisfactory progress in the program in addition to at least 250 on-site clinical hours at the BYU Comprehensive Clinic.

PhD students can begin working offsite once they have completed 200 clinical hours on site at the BYU comprehensive Clinic. They must have approval from their faculty advisor and clinical director and have satisfactory progress in the program.

First Year Master's Students

Masters students are primarily employed at the Comprehensive Clinic throughout their time in the program. First year master's students do not qualify for an off-site placement. They must maintain a minimum of 10 active cases at the Comprehensive Clinic.

Second Year Master's Students

Masters students are primarily employed at the Comprehensive Clinic throughout their time in the program. Occasionally, MS students will seek off-site placements in order to get more specialized clinical training and oversight. It is expected that students pursuing an off-site placement will attempt to find a clinical practice that is in-line with their clinical project. They

must meet all of the following requirements. Failure to abide by these guidelines may result in a marginal review from faculty and/or immediate termination from the off-site placement.

Time requirement: Students may begin working offsite towards the end of their 2nd Winter semester, depending on approval.

Clinical hour requirement: Students must have completed 250 face-to-face clinical hours at BYU. Comprehensive clinic responsibilities: Students must maintain a minimum of at least five active weekly cases at the clinic, equaling 20+ client contact hours each month. Please note, you cannot transfer cases in order to accommodate an off-site placement.

Research assistantship responsibilities: Students must be up to date with their Research Assistant- ship (RA) work and continue consistently working for their major professor doing RA work as need- ed.

Length of an off-site placement: Students must have long-term commitment to an off-site placement (i.e. until the time they graduate).

Supervision requirement: Students must maintain a ratio of 1 supervision hour to every 5 therapy hours at their offsite placement from their off-site placement supervisor. Your off-site supervisor must be an AAMFT approved supervisor or candidate.

Doctoral Students

PhD students may begin working off-site after they have completed 200 clinical hours at the clinic and if they are still actively progressing towards graduation. Caseload requirements are determined in conjunction with your advisor and based on your internship contract.

Student/Supervisor Work/School Relationship

To protect against ethical issues which may emerge from dual roles and multiple relationships, adjunct or other faculty supervisors may not recruit or discuss with students regarding current or potential placement off-site at their clinical sites. If a student is actively engaged working off-site for an adjunct supervisor at their clinical site, they cannot simultaneously be placed in a practicum section with that supervisor. It would be inappropriate for a faculty member to recruit students to work at their clinical site while the student is enrolled in their class receiving a grade.

It is the responsibility of the student to get approval from the clinical director, their graduate advisor, and the MFT faculty prior to beginning work off-site.

It is also the responsibility of the student to inform the clinical director of multiple relationships and other conflicts that may arise.

Communicating with Clients^[LB5]

Receiving Client Phone Calls

Students are encouraged to give permission for the Clinic receptionists to forward phone calls from their clients to the student's phone. When a call comes in, the receptionist would first contact the student by phone to ask if they are able to receive a client call. If so, the client's call will be forwarded to the student. If not, the receptionist will take the message from the client and send it to the student as a CMS message. When a call is forwarded to a student, the student's phone number is blocked from the client. Receptionists are not to give student contact information to clients.

RingCentral

Each student is assigned a phone number in RingCentral. These are University-owned numbers and can be used to call clients directly and they can call you back directly without having to go through the receptionist. You will need to install an app on your phone or computer to use this resource.

What you CAN do

- Call the client directly using the RingCentral App (do not use your native phone app with your personal number)
- Provide the RingCentral number to clients to call you directly.
- Receive voicemail messages from clients.
- Turn your availability to take a call on or off (go directly to voicemail)

What you should NOT do

- Please do not change the settings for afterhours announcement or the assigned business hours for the Clinic on your app. This has been pre-recorded and refers the client to the Clinic main number after hours. Clients should not have the ability to leave you direct messages after hours.
- Please do not change the settings about voice-to-text voicemail messages. This would potentially allow PHI to be sent over email or text. Please review voicemail messages directly through the app.
- Texting has been disabled on these numbers. Please do not text clients through any app. It is not considered safe for PHI.

Texting, Email, & Social Messaging

Email, text messaging, or messaging on social media or networking sites is not allowed during your time at the BYU clinic. These messages may not be secure, and messages may not be read in a timely fashion.

Also, these communications could compromise confidentiality, and such exchanges might need to become a part of the legal clinical record. Open two-way texting and emailing or other electronic communication may open the University, the Program, your supervisor, and yourself to increased liability.

The receptionists and intake workers explain the risks of email and texting to clients. The clients give permission to receive one-way messages from the Clinic related to scheduling and the exchange of information (e.g. assessments, consent forms), and to receive voice messages. One-way email messaging for scheduling purposes or to exchange secure links such as PRN assessments, consent forms, or a secure Zoom link for appointments is available through <https://ccmati.byu.edu/Employee/Email>

Students may send materials to Clients through Box by contacting the Clinic Secretary and uploading things following procedures. Confidential documents could be sent password protected.

Contacting Clients by Phone

To CALL the client so that the Clinic's phone number (801) 422-7759 will show on the client's caller ID instead of "blocked" or "unknown," call 801-317-8835. You will be prompted to enter the client's phone number. You will then be forwarded to the client. Your personal number will be hidden from the Client. Caller ID will display the Clinic's number 801-422-7759. The Client's number will not be saved in your phone.

If you would like to TEXT the client to let them that you will be calling in the next 30 minutes and to get their permission to call, text the client's number to 801-317-8835 (this is to improve the probability that the client will answer your call) You will receive a text:

"[client's number] will be sent a message in- forming them that you would like to call them to set up an appointment."

The client will receive a text: *"Hello, this is in regard to services you recently requested. You gave us permission to text you to schedule services. Please respond YES or NO whether you will be available in the next 30 minutes to receive a call."*

If the client responds "Yes," the student will receive a message: *"[client number] will be available to receive your call for the next 30 minutes."* You can then call the client using the procedure above.

If the client responds "No," the client will receive the following text: *"Please call 801-422-7759 and leave a message about when would be a good time to call you to schedule services."*

If the client responds "NO," the student will receive a text: *"[client number] will NOT be avail- able to receive your call for the next 30 minutes."*

If the client attempts to text back in free form to the Clinic number, they will receive the message: *“This is an unmanned phone number. Please call 801-422-7759 to leave a message. If this is an emergency, please call 911 or call the Crisis Line at (801) 691-5433.”*

Responding to Client Requests for Letters

Custody recommendations

As a treating clinician the student has not performed an evaluation to support any opinion concerning child custody. The therapist is considered a “fact witness” in this situation, and it would be unethical to make any recommendations on custody lacking that formal evaluation. Clients may request a letter giving an opinion concerning child custody. It may be best to review the case notes with the client and give him/her a copy of the record as the most accurate account of the therapist’s observations.

Disability, Immigration, Client safety to drive, etc.

Clients may request therapists to write letters supporting their claim for disability, a statement documenting a disability that would impact the immigration process, or whether or not the client is safe to drive. Such letters would require formal evaluations which are not performed here at the Clinic. Social Security Disability Determination Services and the Division of Rehabilitation Services do not accept evaluations performed at the Clinic.

Documenting Treatment

Clients occasionally request letters documenting the diagnosis and participation in treatment. This could include letters to support accommodations for school, a time of deferral from school, or letters for lawyers, other service providers, caseworkers or probation officers. It may be appropriate, pending supervisor approval, for the student to write a brief letter documenting the client’s diagnosis, beginning and ending dates of treatment, and the number of sessions attended. A copy of the treatment summary including the client’s response to treatment may also be appropriate. A general rule is to include the least amount of information that is necessary to fulfill the request and to state only the facts supported by observations.

Releases of Information

It is vital to obtain a Release of Information before any letters, emails, or other documentation are sent. The Release of Information form is available in paper form at the Reception Desk upstairs. It is possible to work with the Clinic Auditor to send and receive Release of

Information forms electronically and securely through a Box folder and CCMati. Forms are available in both English and Spanish.

Emotional Support Animal

This is a more complicated issue, so please refer to the Emotional Support Animal section of Appendix Q.

Use of Personal Cell Phones When Contacting Clients

The use of your personal cell phone number is not allowed. Creating a Google Voice number and/or other contact methods outside is also discouraged. [LB6] [AW7] It is important to be aware that unencrypted emails and texts can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of therapist-client communication.

State law and professional/ethical standards vary regarding cell phone use as it relates to therapy. Students are responsible to make sure they communicate in a legal and ethical ways with clients. **No client info should be saved on students personal phone.**

In general, as a program, we discourage cell phone use with clients. However, if you choose to use your personal cell phone with blocked number, your voicemail message **MUST** include a statement regarding emergencies.

Example: *“You have reached the voice mail of John Doe. If this is an emergency or crisis situation immediately hang up and dial 911, your local crisis line or go to the nearest emergency room.”*

In this message it is also advised that you state your boundaries regarding the hours you will answer and/or return calls.

Example: *“Please remember calls received after 3 p.m. on Friday will not be returned until Monday morning.”*

Please consult with each supervisor if they have any additional requirements regarding personal cell phone use.

BYU MFT is not liable for any associated cost for using personal cell phone. Please do not use texts, email, voice mail, or faxes for emergencies. See the appendix for a client phone agreement.

Concerns with Texting Clients

It is best to limit communication strictly to scheduling matters when texting or messaging. Prior to engaging in text communication, there are several things to discuss with your client.

Informed Consent: Clients must be informed that there are risks to texting and give their consent. You will need to clarify on the appropriate use of texting (i.e. not for emergencies or clinical info).

Clients may easily give consent to use texting, not being aware that inadvertent revelation of their participation in therapy to others may have, repercussions in relationships, future job possibilities (government agencies, military, security clearance), and insurance. Also, once information is in cyber space, they lose control of the information.

Security: Clients should be informed of the discoverability of PHI including the fact that the client is receiving therapy services (appointment time, phone number) by unauthorized persons. Electronic information can be accidentally or purposefully be resent quickly anywhere. Also consider the consequences of loss, theft, and resale or recycle of the mobile device.

One of the most common concerns raised to APAIT is: “My mobile device has been lost and it has client information on it.”

Confidentiality: Another risk is that service providers may reveal things in the content of the message that the client doesn’t want revealed. This can include the fact that someone is receiving mental health services. There is a need to prevent accidental release of information to others (wrong autofill email or phone number).

The fact that a text or message was sent needs to be logged in the contact log of the client. All other correspondence is part of the legal record, especially when deemed “clinically relevant.” This would include texts that drift into clinical topics.

Standard of Care and Boundary and Limit Setting for the Appropriate Use of the Technology: With access to open texting, some clients may text for emergency communication and may mention clinical issues in spite of instruction to do otherwise. Open texting can imply 24/7 availability of the therapist. You need to clarify with the client your availability, your response time to texts, and times when you will not respond to texts (after hours, during school breaks).

There are some clients for whom texting or messaging would be inappropriate (minors, intellectually disabled, emotionally immature, personality disordered, dependent).

Potential for Miscommunication: There is a need to clarify differences in communication between face-to-face and texting. For example, face-to-face interactions reduce miscommunication and misunderstanding due to lack of visual cues and immediate feedback.

Special Instructions for Family Therapy

Family Therapy is based on the belief that there are systemic factors which impact any therapy case. Family therapy is often seen as a unique perspective which allows observation of and intervention in the interactional dynamics which are occurring within a family unit. From

this perspective, it is important that cases are managed by a primary therapist who is aware of all the dynamics and determines appropriate treatment goals, interventions, and monitors the outcome of therapy.

It is assumed that families and couples will be seen together unless there is supervisor approved clinical rationale which suggests that other types of intervention would be more appropriate.

To help students coordinate and facilitate couple and family therapy, the following guidelines have been developed for use in the MFT program:

- One therapist will be assigned as the primary therapist for each case
- The case file for the family will include all notes written on any member of the family seen. If the case is concurrently assigned to a co-therapist for some part of the therapy, a copy of the individual (adolescent, spouse, or child) notes will be added to the family file by the primary therapist.
- The primary therapist, through consultation with the supervisor, will be responsible to coordinate treatment of all family members, review and update data in the file, and coordinate other therapy received by members of the family including groups (parenting, assertiveness training etc.)
- A decision made by a primary therapist to include a co-therapist must be approved by the supervisor of the primary therapist. When a co-therapist is involved in the case, the primary therapist is responsible to meet with the other therapist at least weekly to coordinate the treatment plan, review case notes, and add new case notes to the file. These notes can be added under a separate tab in the file titled Correspondence.
- The co-therapist can be added to the case (with access through CMS, as in groups, but has no responsibility for the audit. The audit responsibility rests with the primary therapist alone).
- It is the responsibility of the primary therapist to write a treatment plan that outlines each of the areas of treatment being received by each family member, rationale, and the goals of actions prescribed (including use of a co-therapist for individual therapy not conducted by the primary family therapist such as in some cases of play therapy or a separate therapist for each of two divorcing spouses).
- If one individual terminates therapy with the primary therapist (as in divorcing spouses) a termination is filed for that individual by the primary therapist and the therapist who is seeing that individual is no longer considered a co-therapist. The file becomes an individual case with no shared information. The same would be true for an adolescent client (who has reached the age of 18) and wishes to have an individual therapist.
- The primary therapist must write a referral for treatment to the new therapist for their file. This referral letter (note, memo) identifies the specific reasons for the referral and the goals for treatment the primary therapist hopes will occur while the family member(s) is/are seeing the treatment therapist.

- The primary therapist is responsible to his/her supervisor for case management and supervision. The co-therapists may consult with their supervisor on the case and consult with the primary therapist and/or supervisor if changes in treatment are needed.
- Factors which may encourage working with parents and children, or parents and adolescents together include such things as:
 - Child is uneasy being alone with the therapist (such as immature, shy, fearful). After trust is established the therapist may see them alone when necessary.
 - Parents are able to handle their own anxiety and are able to focus on their child when appropriate.
 - Attachment between the parent and child has been broken (illness, separation, divorce, death).
 - Acting out is primary way the child gets attention.
 - Multi-generational themes are present for child.
 - Parent will not participate in any other kind of therapy.
- Factors which may discourage working with parents and children together or spouses together initially until some of the individual issues are resolved include such things as:
 - Parent's emotional issues are too intense and they are not able to focus on their children enough to be accessible to them during therapy.
 - The parents are not healthy enough to contain information or experiences that occur during treatment requiring the children to bear the burdens of therapy for their parents.
 - Parents are not able to interact with children and are unwilling to learn.
 - The parent's early childhood was very dysfunctional and they are not able to move beyond their pain to engage with their children in a therapeutic manner.
 - The child or adolescent needs privacy and a separate space to deal with issues of abuse or trauma.
 - Either parents or children are too reactive to be together even in play.
 - One or both partners report violence in the relationship which requires interviewing each spouse separately before proceeding with con- joint treatment.

In the above cases, concurrent individual therapy may be appropriate for parents and children when approved by the supervisor; however, it is important that the family unit meet together for some experiences that encourage bonding among members. It is important that all parents who have children in play therapy receive individual or couple or parental therapy concurrently with the child's individual therapy.

Prior to the conclusion of treatment, family members need to work together in family therapy including all possible members of the family. This is critical when issues of shame, attachment, security, belonging, and connection exist. The treatment may include filial therapy and/or family therapy.

Assessments for more Serious Concerns in Therapy

Please note that after conducting an assessment in session of any kind regarding risk behaviors, your case note must clearly include the documentation of your assessment and a clear summary of the results.

Assessment guidelines do not include information regarding safety plan details, hospitalizations, or reporting instructions for state or law enforcement agencies. These guidelines are general suggestions and should not be considered a replacement for consultation with a qualified supervisor and familiarity with California law and ethics but rather a supplemental guide.

Inter Partner Violence, Domestic Violence Assessments

- Begin by separating the couple for an individual interview that will last approximately 5 minutes each. Introduce this procedure during the first session as a normative part of couple treatment that is routine and occurs once in the first session and then again periodically as needed.
- One way to explain and introduce the brief individual interviews is to explain that you'd like a few minutes to simply get to know each person one on one and assure that both parties have the opportunity to offer feedback about what they would like to cover in therapy.
- Begin by talking individually to the partner who you perceive to be more vulnerable.
- **Questions to ask to assess the lethality and risk of the situation:**
 - "If I had a video camera rolling while you and your partner were having a disagreement, what would I see happen?"
 - "So, to clarify, in times of conflict have your arguments ever become physically involved or included kicking, pushing, hitting, slapping, shoving, blocking someone from leaving etc.?" (make sure to use some specific words so that clients are very clear on what you're asking)
 - "Also, I wanted to check, in your sexual relationship with your partner, has there ever been an instance where someone was made to do or participate in something they did not want to do?"
 - **If the client denies any presence of these behaviors-YOU'RE ALL DONE! IF NOT, continue to find out the following things:**
 - When was the last time a violent episode occurred?
 - How often have they occurred in the past?

- Ask the partner to describe the worst episode, make sure you understand exactly what happened (i.e. what was happening right before and after the episode, how long did it last, exactly what did each person do, and how did it conclude?)
- Were one or both partners in any previous episodes under the influence of any substances?
- Have any weapons or objects been used during an episode?
- Ask about the presence of minors in the home and clarify exactly what minors may have observed in the way of violent interchanges between partners which may necessitate a report to CPS.
- Ask about whether the partner is afraid for their own safety or anyone else's and whether any threats been made against their life?
- Ask whether the other partner would agree and also share the same report you just heard; also ask whether the partner who reported the violence (especially if it was perpetrated against them) would be frightened about you conducting the same assessment with the other partner, e.g. "Do you feel comfortable with me asking your partner the same questions I've asked you?"
- Create a safety plan if necessary (i.e. if client is frightened, if violence is severe, frequent or includes several lethality factors such as weapons or substance abuse involvement)
- ALWAYS process the presence of violence in a couple with your supervisor (or colleague AFTER you are licensed) to determine the appropriateness of couples' therapy. Furthermore, the development and implementation of a no-violence contract or safety plan(s) may be necessary and should be created in collaboration with clients as well as your supervisor.

Substance Use & Abuse

- Typically, this assessment should be conducted individually. As such, if you are seeing a couple or family in therapy, be sure to create a space and time in the first session to assess for substance use.
- **Questions to ask to assess:**
 - "How much alcohol do you drink and how often?" Be sure not to ask if the client uses alcohol. They will deny use if they don't use it, but if they do use it, clients are less likely to deny use when the question is phrased on the assumption that they do drink.
 - If the client does not offer the information readily, try offering an over-estimation of amount and frequency to normalize and give the client "permission" so to speak to be honest about their use. For instance, "So, would

you say that you drink about a case of beer a day?” A client is more likely to change your estimation accurately in the downward than upward direction.

- “How much of any other substance aside from alcohol do you use and how often?” If clients are hesitant to offer information, you can offer a general list of other substances, including illicit drugs in order to improve the chance that the client will answer honestly. “...Such as cigarettes, cocaine, acid, prescription pills, marijuana, meth, or heroine etc.”
- **Other things to keep in mind about assessment:**
- What is the history of the abuse (i.e. when was the first use?, have there been attempts to decrease or stop use if so-what were they?, what were the conditions/circumstances of the first use and current use?, who knows about the use and the accurate amount and frequency of it now?, what is going on emotionally, behaviorally, and mentally before and after use?)
- If all of the history becomes cumbersome to remember in your mind, try drawing out a timeline with your client which includes the prompts or triggers for use, and the details of frequency, quantity and type of substance use.
- Be sure that your client understands that while the use of substances does not bar them from receiving therapy, coming to a session under the influence of any substance is inappropriate, unhelpful for them and thus the session will not be held, and it will be your responsibility as the therapist to ensure that they do not drive home.
- Gathering this information will help you to understand what the client gets out of using a substance and will inform intervention. Being able to provide supervisors with accurate and appropriate information will allow them to help you formulate appropriate interventions.

Suicide and/or Self Harm

- This assessment should also be done individually. Almost all clients should be asked whether they experience suicidal thoughts, or thoughts about self harm. This is because many clients experience feelings of depression amidst the struggle that brought them to therapy and feelings of depression coincide with the risk for thoughts of self harm and or suicide.
- **Questions to ask:**
 - “With all of the challenges you’ve been facing, do you experience any feelings of being down or depressed?” If not, still ask the next question, but you can document in your note that the client denied feelings of depression.

- “One question that I ask everyone that I see in therapy is have you ever had any thoughts about hurting or killing yourself?” **If the answer is no, YOU’RE ALL DONE!** If the answer is yes, continue to find out:
 - “Can you tell me more about the thoughts?”
 - “Have you ever thought specifically about how you would harm/kill yourself? Can you tell me about any plan that you’ve thought of?”
 - A client wishing they could not wake up tomorrow, or having feelings that they wish they could ‘end it all’ are frequently classified as passive ideation and should be regularly re-assessed over the course of therapy.
 - If a client has no plan, and passive ideation, let them know that you’ll be regularly checking in with them about this, and also ask them to let you know if their thoughts become more specific, and now the **ASSESSMENT IS ALL DONE** (but don’t forget to process with your supervisor to be sure that appropriate monitoring and intervention is applied).
 - If the client has more than a passive ideation, and has a specific plan, or perhaps multiple scenarios in their mind of possibilities of self-harm or suicide, ask “In the plan(s) that you described to me, do you have access to the means necessary to carry out that plan?”
 - If so, discuss options for eliminating access including informing key people in the person’s life who can help decrease the risk. Calling supportive others in session is a good way to do this immediately.
 - If a client has a plan, and means, but is unwilling or able to contact a supportive other or feasibly remove access to means ask “Are you able to guarantee me that your safety will be preserved from now until our next meeting?”
 - Even if the client says “yes” and even if they agree to the removal of means and contacting supportive others...*the presence of a plan and means should be taken very seriously and consultation with your supervisor before the client leaves is a good course of action. Hospitalization may be necessary to guarantee the safety of your client if a plan and means are present.* This also indicates that the client is likely highly distressed. *Taking your client’s distress seriously and valuing their safety above the therapeutic relationship in a moment crisis is critical to effective therapy.*

Minors and Sexting

The university’s position is that this is a reportable behavior^[LB8]. The applicable statute broadly states that if we know that “a child is, or has been, the subject of abuse or neglect,” then we

have an obligation to report. Utah Code Ann. § 62A-4a-403(1). The law does not condition reporting on who causes the abuse or neglect, only that the child has been subject to it.

As you may know, “abuse” includes “sexual exploitation,” which in turn includes taking or possessing pornographic photos of a child. See Utah Code Ann. §§ 62A-4a-101(1); 80-1-102(1)(a); 80-1-102(71). Some examples include:

1. A minor discloses taking pornographic pictures of self or another minor and sends them to: a minor; or an adult
2. An adult takes pornographic pictures of a minor and doesn’t send them or does send them

Teletherapy Policies

Teletherapy is an important skill commonly used within the field as common practice. During beginning practicum, students will be given procedures and exams regarding procedures to prepare them for utilizing secure teletherapy during their time at the BYU Comprehensive Clinic. Policies were created and trainings were given to all students to enable them to continue working and progressing in their program during the COVID19 pandemic and may policies continue to be utilized.. These policies and trainings are given to all students during their initial practicum course and require a competency exam to proceed. Please consult with your supervisor and the clinic director for the most current guidelines on teletherapy practices in the clinic.

Supervision Teletherapy Policies [HERE](#)

Must fill out Telehealth Therapy form during beginning practicum [HERE](#) and before seeing clients [HERE](#) (currently at end of the spreadsheet)

Utah State Telehealth Requirements

- Obtain informed consent of telehealth services and include:
 - Additional fees for telehealth, if applicable
 - Release of information
 - Rights the client has to obtain case information
 - Information affirming telehealth service meets privacy standards and warning of security risks.
 - Warning that information may be lost due to technical failures
 - Information disclosing website owner, location, and contact information
- Be familiar with medical resources and emergency resources nearby the client’s residence of teletherapy in case of emergency during session
- Verify the client’s identity and current location before beginning session

Policies Regarding Professional Experiences

Student Initiated Off-Campus Clinical Experiences

The COAMFTE/AAMFT Accreditation standards allow students the opportunity to gain a portion of their clinical experience off campus under appropriate supervision as part of their clinical training. The purpose of these policies and procedures is to outline the guidelines students must follow before pursuing off-campus (i.e. outside of the comprehensive clinic) clinical experience.

Application Process: Students should describe their proposed off-campus experience in a letter to the clinical director and their faculty advisor at the earliest possible date before beginning their experience. This letter should address:

- Training site description and clientele served
- Nature of clinical experiences including projected number of hours conducting individual, group and relationship therapy per week and for the total experience
- Description of supervision. The supervision must follow the AAMFT and BYU program guidelines and the supervision must be approved by the clinical faculty. The supervisor must be an AAMFT approved supervisor or supervisor-in-training or have essentially the same credentials
- Expected salary or reimbursement, if any
- Start date and date

MFT Offsite Placement Contract: This form must also be filled out and submitted with the letter. A sample form is included in Appendix F, but the form is now digital. The clinical faculty will approve, disapprove or return the proposal for revisions. A completed and signed MFT Offsite Placement Contract must be submitted after approval of the site and prior to starting work offsite.

- Off campus practicum may begin towards the end of the 2nd Winter semester depending on approval and student progress and Comprehensive Clinic demands
- Maximum number of clinical hours a student may earn off-campus is 250 for MS students.
- The ratio of supervision hours to clinical hours must be in accordance with AAMFT guidelines for students in training: 1 hour of supervision per 5 clinical hours.
- Live or video-audio tape formats should be used at least 50% of the time in supervision if possible.
- During the off-campus experience, the student must be concurrently enrolled in MFT 655R or MFT 755R in addition to MFT 770R in which they are receiving individual supervision and are registered for the appropriate number of credits and carrying the expected case load at the comprehensive clinic.

Regarding Work Outside of the Clinic Prior to Graduation

This is to clarify the policy of the Utah Division of Occupational & Professional Licensing (DOPL) concerning master's-level students who are all-but-thesis (ABT) and who wish to practice MFT off-campus under the supervision of an approved supervisor, after the completion of their 500 hours of clinical experience for the master's degree. Such individuals are in violation of state law. Students must continue their enrollment in classes until their graduation.

There are only three types of people who can legally practice MFT in Utah:

- Full-time or part-time students under supervision of a faculty member in an MFT program
- Licensed MFTs
- Approved Associate MFTs

It is against the policy of the MFT program for a student to practice MFT outside of an approved placement. Therefore, practicums will not be approved for ABT (all-but-thesis) students after the initial two years in the MS program, except in rare occasions where students are actively working toward graduation and have approval from their faculty advisor.

These policies exist to protect the public, the student, and our program. They point to the importance of completion of the master's thesis as soon as possible. All doctoral students who have completed the required COAMFTE master's curriculum are required to become Associate Licensed Marriage and Family Therapists in the State of Utah as soon as they have officially completed the curriculum.

Professional Liability Insurance

Current MFT students are covered by professional liability insurance for their clinical practice while enrolled as full-time students completing the MS or PhD degree. Students must concurrently enroll in the appropriate clinical practicum, MFT 655R, MFT 755R, or MFT 770R whenever they are seeing clients, in order to be covered by liability insurance and to have supervision hours count toward program clinical hour requirements. Student membership in AAMFT also provides some additional individual malpractice insurance protection. All students are required to be student or clinical members of AAMFT. This is typically provided by CPH & Associates for free for students. Students should sign up and send their certificate to the part-time secretaries.

Dress Code (in therapy sessions)

Pants of a non-jean material (or professional skirt) combined with a professional top (such as a dress shirt, blouse, polo, collared shirt etc.) is considered acceptable. An informal dress with appropriate skirt length is also acceptable for women. Shoes should be business-casual in style. A blazer or business jacket can optionally be added.

Unacceptable clothing includes: rumpled or ripped clothing, T-shirts, miniskirts, jeans, flip-flops, underwear as outerwear, athletic wear, inappropriately revealing attire such as bare mid-ribs or very tight-fitting clothing. Students are expected to abide by BYU's [Dress and Grooming Standards](#) at all times

Becoming Licensed in the State of Utah

Students can receive all the necessary licensing forms and applications by calling the Utah Department of Occupational and Professional Licensing (DOPL) at 801-530-6628. Students can license when they do the following:

After graduation:

- Wait for degree/diploma to posted on BYU's website via (website here)
- Apply for associates degree via Utah DOPL and expect to pay a fee (\$300+)
- Take the exam within a year of graduating. We recommend taking it as soon as possible.

After at least 18 months of practicing as an LAMFT, verify to DOPL you have completed the following:

- Provide official transcripts of the earning of a master's degree in marriage and family therapy from a COAMFTE accredited program, or provide documentation of the equivalent.
- Complete 3,000 hours of supervised marriage and family therapy training, which includes a minimum of 1,000 hours of supervised therapy experience (with 500 hours being couple or family therapy) after receiving an COAMFTE Accredited Master degree.
- Complete at least 100 hours of direct face to face supervision with a state approved or AAMFT approved supervisor. Supervision must be throughout the time period.
- Passing score on the National Examination for Marital and Family Therapy (EMFT). Please note that you will need an access code from DOPL to register for this exam (which you will receive at the time of your LAMFT verification)
- Have your graduate advisor sign the [Supervisor Verification form](#) and submit it to DOPL.

Appendix 1: BYU

Comprehensive Clinic Client Management System

1. You will need to be on the VPN if you are signing into CMS away from BYU. You received instructions on how to do this already. They are also at the end of this document.
2. You will receive an email notification from CMS when you have been assigned a new client if you have authorized this in your profile.
3. Go to <https://cmscc.byu.edu/cmscc/>. Login into CMS URL with single sign-on. If it requests an update to your profile, please do so. Make sure your cell number is there with a checkbox so you can receive alerts.
4. Notice the navigation in CMS: tabs along the left side. These tabs will drop down extra options. No difference between function of links and buttons. Search function is on the upper right. Profile is at upper right and log out.
5. CMS opens to the alerts tab.
6. Select alerts tab to see what needs to be corrected. Select the item to be taken to the place where the alert needs to be corrected.

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts

Filter Found: 3

Date	Task	Days Between
09/06/2023	A consent is needed on Case# 4.	NA
09/06/2023	A consent is needed on Case# 544.	NA
09/06/2023	A consent is needed on Case# 526.	NA

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7. Select Messages tab to see whether you have messages from other students, Clinic admin, or your supervisor.
8. Select the “Cases” tab. Select the new case. Open the “Details” button.
 - a. **Place to update billing fee.** Note the fee in CMS. Record the “Case Fee” in the box, and if there is one, be sure the “Bill To” box is correct [the box won’t be there for individual clients]. For psych assessments and child psychotherapy cases in the Clinical Psych program, the child will be listed. Select “Update.”

Comprehensive Clinic CMS

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Leaf Rye - Case #544

Request Termination

Client Name: Rye, Leaf
Case Status: Active

Billing

Case Fee: \$ 30.00
Bill To: Leaf Rye
Update

Case Balance Total: \$0.00

- b. Assignment.
- c. [Consents are signed electronically]

Billing

Case Fee: \$ 30.00
Bill To: Leaf Rye
Update

Case Balance Total: \$0.00

Assignments

Department(s): MFT
Supervisor(s): admin. sys
Therapist(s): Brousseau, Stephen

Upload Documents

No documents have been uploaded.

Case Document Upload

This is for documents that apply ONLY to this case.

Choose File: No file chosen
Upload

Type:
Client:
Update

9. Select the "Intake" subtab in the blue ribbon. Read the intake.

Comprehensive Clinic CMS

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Leaf Rye - Case #544

Request Termination

Client Name: Rye, Leaf
Case Status: Active

Billing

Case Fee: \$ 30.00
Bill To: Leaf Rye
Update

Case Balance Total: \$0.00

The screenshot displays the Comprehensive Clinic CMS interface. On the left sidebar, the 'Intake' subtab is highlighted with a red circle and a red arrow. The main content area shows the details for 'Leaf Rye - Case #544'. At the top, there is a 'Request Termination' button. Below this, the 'Referral Information' section contains a table with the following data:

Receptionist	Date Client Called	Time Client Called	Children Ages	Adult Ages
Development, Propel	04/22/2022	12:00 PM		

Below the 'Referral Information' section is the 'Intake Information' section, which contains a table with the following data:

Therapy Requested	Intake Worker	Intake Worker Gender	Intake Date
Individual	Dave Intake	Doesn't Matter	04/22/2022

Below the 'Intake Information' section is the 'Intake Notes' section, which contains the text: 'Presenting Problem(s):'. At the bottom of the page, there is a section for 'Background Information'.

10. Select the “**Demographics**” subtab to see the client’s contact information and whether the client has given permission to call or to leave a text message or one-way email messages. This will also have whether they agreed to participate in telemental health therapy, the emergency contact person information, and any research they agreed to participate in. Will have all the individuals in the case.

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Stephen Brousseau

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John Doe - Case #4

Report Template

Demographics

John Doe (Lead Contact)
Print

Medical Record: 1

Client Name John A. Doe	Gender Male	Date of Birth (06/06/1990)	Age 33
Address 123 Fake Street	City Anytown	State Utah	Zip 84059
Phone Number (801) 654-8525 (Cell)	Best Time to Call Evening	Leave Message Yes	Allow Text Message No
Other Phone	Leave Message	Email test@fake.com	Allow Email Message Yes
Marital Status Married	Years	Number Children	Language English
Ethnicity Caucasian	Religion LDS	BYU Affiliation Not Affiliated	Referred Source Work
Family Income \$30,001 - \$40,000	Employment Status Full - Time	Education Some College	Occupation Mechanic

Parent Information

Parent Name Doe, Joseph	Parent Name Doe, Janice	Phone Number
Address	City	State
		Zip

Telehealth
Interfered in Telehealth?

Military Service
1. Service in the military
2. Service in a combat zone

Emergency Contact
Name
Relationship
Phone Number

Scheduler Settings for John Doe
Next Session Number: 3
Update

Record Removal Eligibility Date: 03/17/2036

Upload Documents
No documents have been uploaded.

Case Document Upload
This is for documents that apply ONLY to this case.
Choose file
No file chosen
Upload
Type
Client
Update

Penelope Import
Legacy CMS Case ID
Penelope Case ID

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Medical Record: 1

Client Name John A. Doe	Gender Male	Date of Birth 06/06/1990	Age 33
Address 123 Fake Street	City Anytown	State Utah	Zip 84059
Phone Number (801) 654-8525 (Cell)	Best Time to Call Evening	Leave Message Yes	Allow Text Message No
Other Phone	Leave Message	Email test@fake.com	Allow Email Message Yes
Marital Status Married	Years	Number Children	Language English
Ethnicity Caucasian	Religion LDS	BYU Affiliation Not Affiliated	Referred Source Work
Family Income \$30,001 - \$40,000	Employment Status Full - Time	Education Some College	Occupation Mechanic

Parent Information

Parent Name Doe, Joseph	Parent Name Doe, Janice	Phone Number
Address	City	State
		Zip

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts 1 Messages 1

Cases 3

Details Documents Contact Log

Demographics

Intake Audit Appointment History Scheduler

Users Audit Summary Reports AR eClinic Search FAQ

\$30,001 - \$40,000 Full - Time Some College Mechanic

Parent Information

Parent Name Doe, Joseph Doe, Janice Phone Number

Address City State Zip

Telehealth

Interest in Telehealth?

Military Service

1. Service in the military 2. Service in a combat zone

Emergency Contact

Name Relationship Phone Number

Scheduler Settings for John Doe

Next Session Number 3 Update

Record Removal Eligibility Date: 03/17/2036

1. Check what rooms are open in the Clinic in CMS. Open the case under the “Cases” tab, select “Scheduler” in the blue ribbon. Select the box in the room desired at the time and day that to see the client. Select the teletherapy box if you need to do teletherapy AND you will need the room. If a room is not needed, select the telehealth column on the left to schedule the session at the desired time. You will be providing teletherapy from your own location.
Don't schedule 255, 295, or 277. They are classrooms.

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

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Case List

Filter Found: 5

Client(s)	Date Assigned	Supervisor(s)	Case #
Doe, John	09/06/2023	admin, sys	4
Joe, Smith	09/06/2023	admin, sys	424
Ana, Smith	09/06/2023	admin, sys	526
Smith, John	09/06/2023	admin, sys	536
Smith, Jenny	09/06/2023	admin, sys	544
Doe, Jane	09/06/2023	admin, sys	
John, Bobby	09/06/2023	admin, sys	
Rye, Leaf	09/06/2023	admin, sys	

Comprehensive Clinic CMS

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John Doe - Case #4

Add Document

Add Alert

Request Termination

Type	Date	Status	Print
Case Note 0	09/15/2011		
Case Note 1	10/06/2009		
Case Note 1	01/12/2010		
Case Note 1	01/14/2010		
Case Note 1	01/06/2011		
Case Note 1	01/11/2011		
Case Note 1	01/10/2011		
Case Note 1	01/18/2011		
Case Note 1	10/11/2022		
Case Note 1	08/01/2013		
Case Note 1	03/29/2021		
Case Note 2	06/30/2021		
Case Note 2	03/08/2023		
Case Note 12	10/13/2009		

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John Smith - Case #526

Monday, September 18, 2023

September 2023

Second Floor

Go to Today

	222	231	255	259	263	265	269	276	277	279	280	283	289	292	295
8:00															
8:30															
9:00															
9:30															
10:00															
10:30															
11:00															
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3:30															
4:00															
4:30															
5:00															
5:30															
6:00															
6:30															

2. Select the clients who will be attending. If you will be using the room for performing teletherapy, select that box.
3. If the session is billable, select the box and be sure that the case fee is correct. **If the client is not paying a fee, uncheck the “Billable” box, or select the “None” button for cases with multiple clients.**
4. Make sure that the session number is correct.
 - a. If it's the first session (that is face-to-face), assure the session number says 1 so that CMS will automatically give them the new client paperwork. **Be sure that the consents are in the case before you see the client. If it is not, contact the auditor first, and if needed, the client.**
 - b. Send clients consent forms through [CCMATI](#)

- i. On the right-hand side under Template Messages, click on **Consent Forms/Assessments**
- ii. Choose the following forms based on the type of therapy:
 1. **Individual**
 - a. Adult Clinical Services Agreement
 - b. Adult Clinical Services (MFT)
 - c. Adult Research Consent
 - d. In Person Consent
 2. **Couple**
 - a. Adult Clinical Services Agreement
 - b. Adult Clinical Services (MFT)
 - c. Adult Research Consent
 - d. In Person Consent
 3. **Family**
 - a. Adult Clinical Services Agreement
 - b. Adult Clinical Services (MFT)
 - c. Adult Research Consent
 - d. In Person Consent
 - e. Parent Guardian Research Consent
 - f. Research Assent Ages 7 to 14 OR Research Assent Ages 15 to 17
 - g. In Person Consent
5. Duration will always be an hour on the hour. No scheduling on the half hour etc. Select Save.
6. Video will automatically be selected. All sessions are digitally recorded. Give any relevant special instructions to the AV clerk at the bottom. (not necessary for telemental health services.)
7. If consents are collected, CMS will still try to collect consents with the iPad on the first session. Tell the receptionists and the clients NOT to have the clients to sign again in the note if clients have already completed Consent.

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John Smith - Case #526

Create A New Case Reservation

Reservation For Stephen Brousseau

Date: Monday September 11, 2023
Room: 265
Time: 3:00 pm
Duration: 1 Hour

☒ Telehealth

Billing Information

Billable
☐ None
☒ One in the Group
☐ Each Individually

Case Fee \$ 15.00

Attendance / Paperwork

ADD	Client Name	Bill	Tasks	Session	Notes
<input checked="" type="checkbox"/>	John Smith	<input checked="" type="radio"/>	Paperwork tickets are not available at this time.	2	
<input checked="" type="checkbox"/>	Jenny Smith	<input type="radio"/>	Paperwork tickets are not available at this time.	2	

Video

ADD	Special Requests
<input checked="" type="checkbox"/>	

Add Cancel

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John Smith - Case #526

Create A New Case Reservation

Reservation For Stephen Brousseau

Date: Monday September 11, 2023
Room: 265
Time: 3:00 pm
Duration: 1 Hour

☐ Telehealth

Billing Information

Billable
☐ None
☒ One in the Group
☐ Each Individually

Case Fee \$ 15.00

Attendance / Paperwork

ADD	Client Name	Bill	Tasks	Session	Notes
<input checked="" type="checkbox"/>	John Smith	<input checked="" type="radio"/>	Paperwork tickets are not available at this time.	2	
<input checked="" type="checkbox"/>	Jenny Smith	<input type="radio"/>	Paperwork tickets are not available at this time.	2	

Video

ADD	Special Requests
<input checked="" type="checkbox"/>	

Add Cancel

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Comprehensive Clinic CMS

Referral Search Search Stephen Brousseau

John Smith - Case #526

Create A New Case Reservation

Reservation For Stephen Brousseau

Duration 1 Hour

Billing Information

Billable: ☐ None ☒ One in the Group ☐ Each Individually

Case Fee: \$ 15.00

Attendance / Paperwork

ADD	Client Name	Bill	Tasks	Session	Notes
<input checked="" type="checkbox"/>	John Smith	<input checked="" type="radio"/>	Paperwork tickets are not available at this time.	2	
<input checked="" type="checkbox"/>	Jenny Smith	<input type="radio"/>	Paperwork tickets are not available at this time.	2	

Video

ADD Special Requests

Add Cancel

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8. Call the client and set up the first session as soon as possible
 - a. To call the client so that the Clinic's phone number will show on the client's caller ID instead of "blocked", **call** 1-801-317-8835. You will be prompted to enter the client's phone number, then you will be forwarded to the client.
 - b. To text the client to alert them that you will be calling (there's a higher probability of them answering), **text** the client's number to 801-317-8835. Both you and the client will receive a text afterwards. The client will respond YES or NO to alert you if they will be available in the next 30 minutes to receive your call. If they respond "YES" you will receive this second message. If they respond "NO" you will receive a message and they will be prompted to call the Clinic to leave you a message through the receptionists about when would be better for you to call.
 - c. Give them verbal directions to the Clinic (1190 N 900 East Provo; kitty corner from the BYU Creamery on Ninth), parking is found on the East side of the building where it says "Clinic Visitors Parking."
 - d. Tell them they will need a parking pass from the *downstairs* receptionist to hang on their rear-view mirror if they come before 7:00 PM, and they will need to also check in at the *upstairs* receptionist.
 - e. Remind them to show up 30 - 45 minutes early on their first session to fill out paperwork if they have not already completed PRN at home otherwise their paperwork time will cut into session.

- f. Establish the fee for services (usually \$30/therapy session). Tell them you will email them instructions and a link on how to pay for services online. Make sure they know your name (First name) and program (MFT).

BYU CC Materials

Check-Out Check-In History Archive Inventory People Shelf Audit **Client Messenger** Employee Tracker

Card Scanner

Client Messenger Service

To:

[+ Add Email](#)

Subject:

Body:

Attachments: No file chosen

Template Messages

English

Spanish

☐ Zoom Invitation

☐ Online Payment

☐ Consent Forms / Assessments

☐ Intake Appointment Reminder

☐ Teletherapy Handout

Client Messenger Service

To:

[+ Add Email](#)

Subject:

Body:

These instructions describe how to make payments online to the BYU Comprehensive Clinic using a credit or debit card. Payments go through Cashnet, the secure credit card transaction service used at BYU.

Click on the following link, or type the URL into your browser, to go to the payment page:
<https://commerce.cashnet.com/webcms>

Enter the amount to be charged in the Payment Amount box.
 Type in the first and last name of the person who received services.
 Select the program that the therapist is in. If you do not know you, please ask the therapist or call 801-422-7759 and ask the Clinic receptionist.
 Type in the name of the therapist.
 Click Add to Basket.
 You will be taken to a review page. Review the amount then click checkout.
 You will be taken to a page to enter the credit card information. Please enter the required information. The email address will be used to receive a receipt for the payment.
 Click Continue Checkout to finalize the payment.

Please contact the BYU Comprehensive Clinic with any questions (801) 422-7759.

Attachments: No file chosen

- g. Remind them of their agreements in the In-Person Agreement: not to come to the Clinic if sick, call the receptionist when they arrive in the parking lot, meet the therapist downstairs, be screened, and be escorted up to the room by the therapist.
9. Document every contact outside of therapy in the **Contact Log**. Under the “Cases” tab, select the case and “Contact Log” in the blue ribbon. Complete the required boxes: Contact Date, Contact Time, and Result. Fill in what happened in the Notes free text box and select “Save.” **If clients aren’t contacted every two weeks, students and supervisors will be alerted.**

Comprehensive Clinic CMS

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John Doe - Case #4

Request Termination

Contact Information

Name	Phone	Phone Type
John Doe	(801) 654-8525	Cell

Add New Contact Attempt

Contact Date

09/11/2023

Contact Time

--:--

Result

Contacted

Notes

Add

Contact History

Date/Time	Rep	Result	Notes
11/09/2021 10:00 AM	Fawcett, David	Contacted	Test
01/09/2012 07:35 PM	Test, Four	Contacted	Client cancelled. Need to reschedule for next week. She'll call me.
01/09/2012 01:00 PM	Test, Four	Left Message	
09/07/2011 12:42 PM	Test, Four	Contacted	Called and set up meeting for the 25th of December
01/18/2011	Test, Four	No Answer	Called and wasn't home. Didn't leave message as per instructions.
01/11/2011 04:15 PM	Test, Four	No Answer	called client to set up first meeting, no answer.
01/10/2011 04:15 PM	Test, Four	Left Message	
01/06/2011 11:25 AM	Test, Four	No Answer	Tried calling home and cell, no answer.
01/14/2010	Test, Four	Contacted	Made first appointment with client.
01/12/2010 11:30 AM	Test, Four	Contacted	left a message
10/13/2009 08:00 AM	Test, Four	Contacted	GREAT! :)
10/07/2009 02:35 PM	Test, Four	Contacted	Called and scheduled appointment with John for first interview.
01/30/2009 03:00 PM	Test, Four	Contacted	set appointment for session
01/20/2009	Test, Four	Contacted	client call to cancel.
01/15/2009 11:30 AM	Test, Four	Contacted	Contacted for first appointment set for 1-24-09 at 4:00pm.
01/13/2009	Test, Four	Contacted	made first contact, set up first appt.
01/05/2009	Test, Four	Contacted	contacted client to schedule appointment
10/16/2008 09:00 AM	Test, Four	Contacted	Called the client and set up first appointment. Will be meeting Wednesday, October 23rd at 12 pm.
01/22/2008	Test, Four	Contacted	Talked to John on the phone about his sob fest
01/17/2008	Test, Four	Contacted	Contact client for first appointment
01/15/2008 11:30 AM	Test, Four	Contacted	Called client to verify appointment
10/24/2007 05:00 AM	Test, Four	Client Cancelled	Client canceled therapy to take pet to pet hospital.
01/25/2007 12:00 PM	Test, Four	Contacted	call client to schedule an appointment
01/22/2007 04:00 PM	Test, Four	Contacted	
01/18/2007 06:00 PM	Test, Four	Left Message	left message on voicemail.
01/09/2007 01:40 AM	Test, Four	Contacted	I contacted the client and scheduled an appointment.
10/24/2006 03:45 PM	Test, Four	Left Message	

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John Doe - Case #4

Request Termination

Contact Information

Name	Phone	Phone Type
John Doe	(801) 654-8525	Cell

Add New Contact Attempt

Contact Date

09/11/2023

Contact Time

--:--

Result

Contacted

Notes

Add

Contact History

Date/Time	Rep	Result	Notes
11/09/2021 10:00 AM	Fawcett, David	Contacted	Test
01/09/2012 07:35 PM	Test, Four	Contacted	Client cancelled. Need to reschedule for next week. She'll call me.
01/09/2012 01:00 PM	Test, Four	Left Message	
09/07/2011 12:42 PM	Test, Four	Contacted	Called and set up meeting for the 25th of December
01/18/2011	Test, Four	No Answer	Called and wasn't home. Didn't leave message as per instructions.
01/11/2011 04:15 PM	Test, Four	No Answer	called client to set up first meeting, no answer.
01/10/2011 04:15 PM	Test, Four	Left Message	
01/06/2011 11:25 AM	Test, Four	No Answer	Tried calling home and cell, no answer.
01/14/2010	Test, Four	Contacted	Made first appointment with client.
01/12/2010 11:30 AM	Test, Four	Contacted	left a message
10/13/2009 08:00 AM	Test, Four	Contacted	GREAT! :)
10/07/2009 02:35 PM	Test, Four	Contacted	Called and scheduled appointment with John for first interview.
01/30/2009 03:00 PM	Test, Four	Contacted	set appointment for session
01/20/2009	Test, Four	Contacted	client call to cancel.
01/15/2009 11:30 AM	Test, Four	Contacted	Contacted for first appointment set for 1-24-09 at 4:00pm.
01/13/2009	Test, Four	Contacted	made first contact, set up first appt.
01/05/2009	Test, Four	Contacted	contacted client to schedule appointment
10/16/2008 09:00 AM	Test, Four	Contacted	Called the client and set up first appointment. Will be meeting Wednesday, October 23rd at 12 pm.
01/22/2008	Test, Four	Contacted	Talked to John on the phone about his sob fest
01/17/2008	Test, Four	Contacted	Contact client for first appointment
01/15/2008 11:30 AM	Test, Four	Contacted	Called client to verify appointment
10/24/2007 05:00 AM	Test, Four	Client Cancelled	Client canceled therapy to take pet to pet hospital.
01/25/2007 12:00 PM	Test, Four	Contacted	call client to schedule an appointment
01/22/2007 04:00 PM	Test, Four	Contacted	
01/18/2007 06:00 PM	Test, Four	Left Message	left message on voicemail.
01/09/2007 01:40 AM	Test, Four	Contacted	I contacted the client and scheduled an appointment.
10/24/2006 03:45 PM	Test, Four	Left Message	

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10. When your client arrives for face to face and has checked in, **you will receive a text message** alert from CMS assuming you have given permission in your CMS profile. Clients will be upstairs. When the receptionists marks them as arrived, it will trigger a case note and an invoice in CMS. To indicate that the teletherapy session occurred go to the eClinic tab and select the “Paperwork” button. Then indicate that the client arrived and documents will be created.

Comprehensive Clinic CMS

Monday, September 11, 2023

September 2023

Second Floor

8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 1:00 1:30 2:00 2:30 3:00 3:30 4:00 4:30 5:00 5:30 6:00 6:30

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Comprehensive Clinic CMS

Paperwork List

Monday, September 18, 2023
11:17:40 AM

September 2023

Therapist	Client Name	Arrived	Tasks	Notes	Room	Administered
Stephen Brousseau	Smith Joe	Arrived	Clinical Agreement MFT (v21.1) Adult Consent for Research Telehealth Agreement Good Faith Estimate (v23.1)	Therapist: Reception:	Telehealth	No
Stephen Brousseau	Smith Ana	Arrived	Clinical Agreement MFT (v21.1) Adult Consent for Research Telehealth Agreement Good Faith Estimate (v23.1)	Therapist: Reception:	Telehealth	No

12:00 PM

Therapist	Client Name	Arrived	Tasks	Notes	Room	Administered
Stephen Brousseau	John Smith		Good Faith Estimate (v23.1)	Therapist: Reception:	265	No

cmscc-dev.byu.edu says

Set client Smith Joe as ARRIVED?

This action CANNOT be undone and you will not be able to edit paperwork after.

OK

Cancel

11. NEVER SEE A CLIENT UNTIL THEIR CONSENT FORMS (paper or iPad) HAVE BEEN FILLED OUT.

***If you have questions about whether the consent forms have been completed or not, talk to the Auditor or message Joe Fair through CMS.

12. Following the session, schedule a time for the next session in CMS. Please remind the clients to pay online and remind them of the fee. Make sure they know your name and program (MFT).

13. Write your case note for each session within 24 hours. Select “Documents” under the “Cases” tab. CMS will automatically have created a case note for the session that you completed (after the receptionist checked the client in for face-to-face clients; for teletherapy clients, the students will have indicated that the client attended as stated above).

If there are circumstances where you need to add a case note, Select “Add Document” from the dark blue ribbon on the right under the client name. Select “Case Note.”

Comprehensive Clinic CMS

John Doe - Case #4

Add Document Add Alert Request Termination

Type	Date	Status	Print
Case Note 0	09/15/2011		
Case Note 1	10/06/2009	✓	
Case Note 1	01/12/2010	✓	
Case Note 1	01/14/2010	✓	
Case Note 1	01/06/2011	✓	
Case Note 1	01/11/2011		
Case Note 1	01/10/2011	✓	
Case Note 1	01/18/2011		
Case Note 1	10/11/2022		
Case Note 1	08/01/2013		
Case Note 1	03/29/2021	✗	
Case Note 2	06/30/2021		
Case Note 2	03/08/2023		
Case Note 12	10/13/2009	✓	

- a. **Completing the Case Note.** Check the button on the right of the clients who you want to be included as part of the case note. Select whether or not the session is billable. Complete the other boxes (Session Number, Date, Contact type, etc.) if needed. Write your Session Notes according to program/supervisor guidelines. It is wise to save your work frequently so you don't lose a note in progress if CMS closes. Select the + box beside signatures and enter your CMS password. This will alert your supervisor to sign the document. Select Save. Case notes cannot be deleted. If there are ever extra case notes that were accidentally made, write in the case note that it was an error and sign and lock the case note. Or write another case note after it explaining it.

Comprehensive Clinic
CMS

Referral
Search
Stephen Brousseau

Alerts
Messages
Cases
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ

Add Case Note - John Smith - Case #526

Request Termination

Session Details

Client Participation

	Client Name	Present
<input checked="" type="checkbox"/> Add	John B Smith	<input type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Add	Jenny Smith	<input type="radio"/> Yes <input type="radio"/> No

☐ Billable Session

Session Number

Session Date09/11/2023

Session Time12:00 PM

Session Length50 (minutes)

Contact Type

Therapy Type

Session Notes

Data
Assessment
Plan

Add

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Comprehensive Clinic
CMS

Referral
Search
Stephen Brousseau

Alerts
Messages
Cases
Details
Documents
Contact Log
Demographics
Intake
Audit
Appointment History
Scheduler
Users
Audit Summary
Reports
AR
eClinic
Search
FAQ

Add Case Note - John Smith - Case #526

Request Termination

Session Details

Client Participation

	Client Name	Present
<input checked="" type="checkbox"/> Add	John B Smith	<input type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Add	Jenny Smith	<input type="radio"/> Yes <input type="radio"/> No

☐ Billable Session

Session Number

Session Date09/11/2023

Session Time12:00 PM

Session Length50 (minutes)

Contact Type

Therapy Type

Session Notes

Data
Assessment
Plan

Add

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Comprehensive Clinic CMS

Referral Search Stephen Brousseau

Alerts Messages Cases Documents Contact Log Demographics Intake Audit Appointment History Scheduler Users Audit Summary Reports AR eClinic Search FAQ

Case Note - Session: 0 - Jane Doe - Case #536

[Request Termination](#)

Session Details

Client Participation

Client Name	Present
Jane Doe	<input type="radio"/> Yes <input type="radio"/> No
Bobby John	<input type="radio"/> Yes <input type="radio"/> No

☐ Billable Session

Session Number: 0 Session Date: 09/11/2023 Session Time: 12:00 PM Session Length: 50 (minutes)

Contact Type: Therapy Type:

Session Notes

Data

Assessment

Plan

[Update](#)

Signatures

[Sign Document](#)

Please note that selecting "Sign Document" is the equivalent of your digital signature on the document.

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14. Treatment Plan - After the **third** session you are required to create a treatment plan. Under the "Case" tab select the case. Select "+Add Document" and select "Treatment Plan."

Comprehensive Clinic CMS

Referral Search Stephen Brousseau

Alerts Messages Cases Documents Contact Log Demographics Intake Audit Appointment History Scheduler

Jane Doe - Case #536

[Add Document](#) [Add Alert](#) [Request Termination](#)

Type	Date	Status	Print
Case Note (BPSS) 2	01/13/2023	<input checked="" type="checkbox"/>	Print
Case Note 1	11/16/2022	<input checked="" type="checkbox"/>	Print
Case Note 3	06/09/2023	<input checked="" type="checkbox"/>	Print
Case Note 4	07/11/2023	<input checked="" type="checkbox"/>	Print
Treatment Plan	01/13/2023	<input checked="" type="checkbox"/>	Print

Found: 5

- Under each client select the diagnosis using the filter from the drop-down list "+Add Diagnosis for..." Select therapy type.
- Compose the treatment plan according to program requirements in the "Treatment Plan Notes" open text box. Select Save. Be sure to sign it by entering your password. This will send an alert to your supervisor to sign and lock the document.

Comprehensive Clinic
CMS

Referral * Search... Search Stephen Brousseau

Alerts 1

Messages 2

Cases 3

Details

Documents

Contact Log

Demographics

Intake

Audit

Appointment History

Scheduler

Users

Audit Summary

Reports

AR

eClink

Search

FAQ

Add Treatment Plan - 09/11/2023 - Jane Doe - Case #536

Request Termination

Diagnosis

Add: Jane Doe

Code	Description
Add Diagnosis for Jane Doe	

Add: Bobby John

Code	Description
Add Diagnosis for Bobby John	

Treatment Plan

Therapy Type

Individual

Treatment Plan Notes

Presenting Problem:

Diagnosis:

Individual Symptoms:

System Patterns:

Goals for Therapy for Individuals:

Goals for Therapy for System:

Therapy Modality:

Add

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MFT Clinical Handbook | 54

- 15. Treatment Summary:** Request to terminate your case when all alerts have been resolved, a treatment summary is complete, and once all documents have been signed and locked
- A case MUST include a treatment summary if it is a therapy case. Only then will the case be cleared for termination.**
 - To write the treatment summary: select the case under the “Cases” tab. Select Documents and “+Add Document.” Choose “Treatment Summary” from the drop-down list.

- Complete the diagnosis for each client, if needed. Select date, the “Reason for Termination,” and the “Therapy Type” from the drop-down boxes. Compose the

treatment summary in the “Treatment Summary Notes” free text box according to program guidelines. Select “Save” and enter your CMS password to sign the document, which will send an alert to your supervisor. Wait for your supervisor to sign the Treatment Summary, then select the “-> Request Termination” button in the dark blue ribbon under the case name.

Comprehensive Clinic CMS

Referral Search Search Stephen Brousseau

Add Treatment Summary - 09/11/2023 - Jane Doe - Case #536

Request Termination

Diagnosis

Add: Jane Doe

Code	Description
<input checked="" type="checkbox"/> F31.75	Bipolar disorder, in partial remission, most recent episode depressed
<input type="text" value="Add Diagnosis for Jane Doe"/>	

Add: Bobby John

Code	Description
<input type="text" value="Add Diagnosis for Bobby John"/>	

Treatment Summary

Date Assigned: 08/26/2021 Date Terminated: 09/11/2023

Reason for Termination: Therapy Type: Individual Number of Sessions:

Treatment Summary Notes:

Comprehensive Clinic
CMS

Referral *

Search...

Search

Stephen Brousseau

Alerts 3

Messages 1

Cases 1

Details

Documents

Contact Log

Demographics

Intake

Audit

Appointment History

Scheduler

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

Add Treatment Summary - 09/11/2023 - Jane Doe - Case #536

Request Termination

Diagnosis

Add: Jane Doe

Code	Description
<input checked="" type="checkbox"/> F31.75	Bipolar disorder, in partial remission, most recent episode depressed

Add Diagnosis for Jane Doe

Add: Bobby John

Code	Description
<input type="checkbox"/>	

Add Diagnosis for Bobby John

Treatment Summary

Date Assigned
08/26/2021

Date Terminated
09/11/2023

Reason for Termination

Therapy Type
Individual

Number of Sessions

Treatment Summary Notes

Add

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Comprehensive Clinic
CMS

Referral * Search... Search Stephen Brasseur

Alerts 1

Messages 1

Cases 1

Details

Documents

Contact Log

Demographics

Intake

Audit

Appointment History

Scheduler

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

The treatment summary has been added.

Treatment Summary - 09/11/2023 - Jane Doe - Case #536

Request Termination

Diagnosis

Jane Doe

Code	Description
<input checked="" type="checkbox"/> F31.75	Bipolar disorder, in partial remission, most recent episode depressed
<input type="text" value="Add Diagnosis for Jane Doe"/>	

Bobby John

Code	Description
<input type="text" value="Add Diagnosis for Bobby John"/>	

Treatment Summary

Date Assigned
08/26/2021

Date Terminated
09/11/2023

Reason for Termination
Completed Treatment

Therapy Type
Individual

Number of Sessions
1

Treatment Summary Notes
They got better

Signatures

Sign Document

Please note that selecting "Sign Document" is the equivalent of your digital signature on the document.

Save

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Case Note - Session: 0 - Jane Doe - Case #536

Session Details

Client Participation

Client Name	Present
Jane Doe	<input type="radio"/> Yes <input type="radio"/> No
Bobby John	<input type="radio"/> Yes <input type="radio"/> No

☐ Billable Session

Session Number: 0 Session Date: 09/11/2023 Session Time: 12:00 PM Session Length: 50 (minutes)

Contact Type: Therapy Type:

Session Notes

Data

Assessment

Plan

Jane Doe - Case #536

Add Document Add Alert **Request Termination**

Type	Date	Status	Print
Case Note (BPS3) 2	01/13/2023	<input checked="" type="checkbox"/>	
Case Note 0	09/11/2023	<input checked="" type="checkbox"/>	
Case Note 1	11/16/2022	<input checked="" type="checkbox"/>	
Case Note 3	06/09/2023	<input checked="" type="checkbox"/>	
Case Note 4	07/11/2023	<input checked="" type="checkbox"/>	
Treatment Plan	01/13/2023	<input checked="" type="checkbox"/>	
Treatment Summary	09/11/2023	<input checked="" type="checkbox"/>	

Found: 7

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- 16. To transfer a case:** 1) get permission from your supervisor and 2) the receiving therapist's supervisor, 3) resolve any alerts for the case, 4) write a treatment summary and have it signed and locked by your supervisor, and then send an email/CMS message to the Clinical Director, Lauren Barnes, with the case number or name and the therapist it is being transferred to.
- 17. To add new clients to a case,** make sure that they meet Clinic criteria for acceptance and verify this in a message to Joe Fair in CMS along with the new client(s) demographic information. If you're not sure, have them call the Clinic to schedule a phone intake and alert Joe Fair so he can alert the receptionists to let them through. Joe will see that they are added to the case (if already an existing family case), or that a new case is created (i.e creating a new couple case

when a spouse is joining an individual already in therapy, or creating a family case when a couple has been coming in for marital therapy and now wishes to have children participate in services with them). If it's face to face, have the clients sign all necessary consent forms when they arrive for the next session, which will be their **first session for that new case** [be sure to make that clear to the receptionists and in scheduling in CMS].

MFT students will need to be sure that PRN session number is consistent with this new case

schedule. The prior client will also have to sign new consent forms because this is a new service for them (unless the auditor can copy over the consents from the prior case). This could be done by selecting session 1 for the clients and putting in a note for the receptionists to be sure the correct paperwork is given.

- 18. To pull an individual from a case for individual therapy** (e.g. create an individual case from a couple or family case) email or CMS message Joe Fair.

19. “Audit” tab - under “Cases” tab. This lists whether there are alerts or unresolved tasks with the case.

The screenshot displays the Comprehensive Clinic CMS interface. On the left is a dark sidebar with navigation options: Alerts, Messages, Cases, Details, Documents, Contact Log, Demographics, Intake, Audit (highlighted with a red arrow), Appointment History, Scheduler, Users, Audit Summary, Reports, AR, eClinic, Search, and FAQ. The main content area is titled 'Jane Doe - Case #536' and shows 'Client Consents'. It lists three consent forms, each with a red circle around the 'View Consent Form' link: 1. 'Clinical Services Agreement Form MFT (v21.1)' dated 07/11/2023 9:15 AM. 2. 'Adult Consent to Participate in Research' dated 07/11/2023 9:15 AM. 3. 'Good Faith Estimate (v21.1)' dated 07/11/2023 9:15 AM. Each form includes a 'SECTION' and a 'RESPONSE' field. Below these, another section for 'Bobby John' is visible, also showing consent forms with red circles around the 'View Consent Form' links.

Comprehensive Clinic CMS

Referral Search Search Stephen Brousseau

Alerts Messages Cases Details Documents Contact Log Demographics Intake **Audit** Appointment History Scheduler Users Audit Summary Reports AR eClinic Search FAQ

Jane Doe - Case #536

Client Consents

Jane Doe - Consents Complete [07/11/2023 9:15 AM]

☒ Clinical Services Agreement Form MFT (v21.1)
[07/11/2023 9:15 AM] [View Consent Form](#)

- SECTION: Electronic Communication
RESPONSE: I agree to receive one-way email and text messages for routine administrative purposes (such as scheduling, appointment reminders, completing forms and assessments, or instructions for exchanging documents).
- SECTION: Custody Disputes
RESPONSE: I agree not to involve the Clinic therapists, supervisors, or records in custody disputes.
- SECTION: Session Fee Agreement
RESPONSE: I agree to pay for services at \$30.00 a session.
- SECTION: By checking this box, you indicate that you have read this information, understand and agree.
RESPONSE: Yes
- SECTION: If you are filling out this form on behalf of someone under the age of 18 or who is legally incapable of authorizing services on their own behalf, please check the box above and type your name into this box below.
RESPONSE: I

☒ Adult Consent to Participate in Research
[07/11/2023 9:15 AM] [View Consent Form](#)

- SECTION: Consent #1: We would like your permission to analyze your Clinic written and electronic records for research purposes under future IRB approval. Please select the button to indicate your choice.
RESPONSE: I agree to allow my written and electronic records to be analyzed in research
- SECTION: Consent #2: We would like your permission to analyze video recordings of your services at a future date for research purposes under future IRB approved protocols. Please select the button to indicate your choice.
RESPONSE: I agree to allow video recordings of services received to be analyzed in research
- SECTION: Consent #3: We would like your permission to contact you in the future about research studies. Please select the button to indicate your choice.
RESPONSE: I agree to be contacted in the future about research studies

☒ Good Faith Estimate (v21.1)
[07/11/2023 9:15 AM] [View Consent Form](#)

- SECTION: By checking this box, you indicate that you have read and understand the Good Faith Estimate.
RESPONSE: Yes

Bobby John - Consents Complete [07/11/2023 9:20 AM]

☒ Clinical Services Agreement Form MFT (v21.1)
[07/11/2023 9:20 AM] [View Consent Form](#)

- SECTION: Electronic Communication
RESPONSE: I agree to receive one-way email and text messages for routine administrative purposes (such as scheduling, appointment reminders, completing forms and assessments, or instructions for exchanging documents).
- SECTION: Custody Disputes
RESPONSE: I agree not to involve the Clinic therapists, supervisors, or records in custody disputes.
- SECTION: Session Fee Agreement
RESPONSE: I agree to pay for services at \$30.00 a session.
- SECTION: By checking this box, you indicate that you have read this information, understand and agree.
RESPONSE: Yes
- SECTION: If you are filling out this form on behalf of someone under the age of 18 or who is legally incapable of authorizing services on their own behalf, please check the box above and type your name into this box below.
RESPONSE: For me

☒ Adult Consent to Participate in Research
[07/11/2023 9:20 AM] [View Consent Form](#)

- SECTION: Consent #1: We would like your permission to analyze your Clinic written and electronic records for research purposes under future IRB approval. Please select the button to indicate your choice.
RESPONSE: I agree to allow my written and electronic records to be analyzed in research
- SECTION: Consent #2: We would like your permission to analyze video recordings of your services at a future date for research purposes under future IRB approved protocols. Please select the button to indicate your choice.
RESPONSE: I do not agree to allow video recordings of services received to be analyzed in research
- SECTION: Consent #3: We would like your permission to contact you in the future about research studies. Please select the button to indicate your choice.
RESPONSE: I agree to be contacted in the future about research studies

☒ Good Faith Estimate (v21.1)
[07/11/2023 9:20 AM] [View Consent Form](#)

- SECTION: By checking this box, you indicate that you have read and understand the Good Faith Estimate.
RESPONSE: Yes

Case Notes Numbers

2	Days since last case note
5	Number of case notes written
2	Number of case notes needed to be signed by therapist
5	Number of case notes needed to be signed by supervisor

Client Contact Log

No contact history.

Alerts

Date	User	From	Client(s)	Task
01/13/2023	Supervisor, SocialWork	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (11/16/2022)
01/13/2023	Supervisor, SocialWork	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (01/13/2023)
01/13/2023	Supervisor, SocialWork	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Treatment Plan (01/13/2023)
06/09/2023	Department, Dave	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (11/16/2022)
06/09/2023	Department, Dave	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (01/13/2023)
06/09/2023	Department, Dave	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Treatment Plan (01/13/2023)
09/06/2023	admin, sys	CMS	Doe, Jane John, Bobby	Sign: Case #536 - Case Notes (06/09/2023)
09/06/2023	admin, sys	CMS	Doe, Jane John, Bobby	Sign: Case #536 - Case Notes (07/11/2023)
09/11/2023	Brousseau, Stephen	CMS	Doe, Jane John, Bobby	Sign: Case #536 - Treatment Summary (09/11/2023)
09/11/2023	admin, sys	CMS	Doe, Jane John, Bobby	Sign to lock: Case #536 - Case Notes (09/11/2023)

Audit Comments

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20. “Messages” tab. Use this to communicate with other CMS users confidentially about clients. These messages are not part of the client record. Select the “+New Message” button. Search the user in the search box, and select the user to whom to send the message. Put in a subject and a message and select send. When you receive messages, the messages can be forwarded to others different than the originator by searching and selecting their name.

Comprehensive Clinic CMS

Referral *

Search...

Search

Stephen Brousseau

Alerts

Messages

Sent Messages

New Message

Cases

Users

Audit Summary

Reports

AR

eClinic

Search

FAQ

Received Messages

User Messages

You currently have no user messages.

Phone Messages

You currently have no phone messages.

Clinic Announcement

There are no current announcements.

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts Messages Sent Messages New Message Cases Users Audit Summary Reports AR eClinic Search FAQ

New Message

You may send a message to as many CMS users as you choose. Simply search for the user and click "SELECT" after choosing their name in the drop down list. The person will be added to the "Send Messages To" list. Repeat this process as many times as needed.

Search & Select Users

Department Search Name Search

Send Message To

Subject

Message

Send

21. **"Users" tab.** Type the person's name in the first box and CMS will generate potentials. Select "User Type" or "Department" to filter the user list.

Comprehensive Clinic CMS

Referral Search... Search Stephen Brousseau

Alerts Messages Cases **Users** Audit Summary Reports AR eClinic Search FAQ

User List

Filter

Name Search User Type Department Show Images Filter

Account, Demo			dave@utahproduce.com	ID: 208
admin, sys	Flex User - Change permissions		(home)	ID: 261
	Provo, UT		8017124966(cell)	
			david.fawcett@byu.edu	
Allen, Whitney			whitneyallen722@gmail.com	ID: 250
Auditor, Test				ID: 184
Auto, Therapist SWK 555	Test Test #2		7384921045 (home)	ID: 148
422-9676	City, GR 78458		9950493784(cell)	
			test@email.com	
Barley, Dean			david.fawcett@byu.edu	ID: 211

22. **Reports tab –**
- a. Client list – a list of your clients with contact info

Comprehensive Clinic CMS

Referral Search Stephen Brousseau

Alerts Messages Cases Users Audit Summary

Reports Client List Therapist Report Clients Last Visit Therapy Hours

AR eClinic Search FAQ

Client List Report

Filter

Last Name	First Name	Medical Record	Address	Phone	Therapist(s)	Dept(s)	Supervisor(s)
Ana	Smith	362		(222) 222-2222	Brousseau, Stephen	MFT	admin, sys
Doe	Jane	403	111 bulldog boulevard provo	(801) 222-4443 Cell	Brousseau, Stephen	MFT	admin, sys
Doe	John	1	123 Fake Street Anytown	(801) 654-8525 Cell	Brousseau, Stephen	MFT	admin, sys
Joe	Smith	354	100 N 200 E Sandy	(222) 222-2222 Cell	Brousseau, Stephen	MFT	admin, sys
John	Bobby	412	Nowhere boulevard Salem	801801801	Brousseau, Stephen	MFT	admin, sys
Rye	Leaf	416	123 Rye Stree Rye City	(801) 766-2742 Cell	Brousseau, Stephen	MFT	admin, sys
Smith	Jenny	391			Brousseau, Stephen	MFT	admin, sys
Smith	John	390	123 Mile Street Provo	(801) 123-4567 Cell	Brousseau, Stephen	MFT	admin, sys

8 Clients for 8 Cases

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- b. **Therapist Report** - review the therapist's performance on selected indicators. **Practicum Supervisors** often use these to quantify a therapist's paperwork performance. Select the red circled question mark to learn what each indicator means.

Comprehensive Clinic CMS

Referral Search Stephen Brousseau

Alerts Messages Cases Users Audit Summary

Reports Client List Therapist Report Clients Last Visit Therapy Hours

AR eClinic Search FAQ

Therapist Report

Filter

Case Status Type

Date From 09/05/2023 To 09/13/2023 Filter

Total: 1

Dates: 09/05/2023 to 09/13/2023

Therapist	Case Created										Activity During Dates											
	Cases	Average Days to First Contact	Number Not Contacted	Average Days from Third Case Note to Treatment Plan Signed	Number without Treatment Plans	Number of Cases without Sessions	Number of Drop Outs	Average Sessions of Terminated Cases	Number of Early Termination Cases	Active Cases with More Than 24 Sessions	Active Cases Without Contact for 4 Weeks	Cases	Case Notes	Average Days to Sign Case Notes	Number of Case Notes Not Signed	Average Days Between Sessions	Appointments Scheduled	Number of No Shows	Total Balance Due	Number of Clients with Balance	Average Session Fee	Number of Last Minute Session
Brousseau, Stephen	0	-	0	-	0	0	0	0	0	0	0	1	1	0	0	-	1	0	\$0.00	0	\$0.00	0
Totals:	0	-	0	-	0	0	0	0	0	0	0	1	1	0	0	-	1	0	\$0.00	0	\$0.00	0

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- c. Select client's last visit to see when your clients were last seen.

Comprehensive Clinic CMS

Referral Search Stephen Brousseau

Alerts Messages Cases Users Audit Summary

Reports Client List Therapist Report Clients Last Visit Therapy Hours

AR eClinic Search FAQ

Client's Last Visit

Filter

Client(s) Name	Therapist	Supervisor	Therapy Type	Date of Last Session	Days Since Last Session
Joe, Smith	Brousseau, Stephen	admin, sys	Couple		
Ana, Smith	Brousseau, Stephen	admin, sys	Individual	09/11/2025	2
Doe, Jane	Brousseau, Stephen	admin, sys	Individual	03/08/2023	189
Doe, John	Brousseau, Stephen	admin, sys	Couple		
Joe, Smith	Brousseau, Stephen	admin, sys	Individual	09/11/2023	2
Ana, Smith	Brousseau, Stephen	admin, sys	Individual		
Doe, Jane	Brousseau, Stephen	admin, sys	Individual	08/26/2022	383
Doe, John	Brousseau, Stephen	admin, sys	Couple	04/02/2021	894
Rye, Leaf	Brousseau, Stephen	admin, sys	Couple	04/02/2021	894
Smith, Jenny	Brousseau, Stephen	admin, sys			

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- d. Select the therapy hours tab to see how many therapy hours you completed to date.

Therapist Therapy Hours

Filter: Date From: 08/14/2023 To: 09/13/2023

Last Name	First Name	Therapy Type	Total Hours	Telehealth Hours	In Person Hours	Unknown Hours
TOTAL:			0.00	0.00	0.00	0.00

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e. Select the **AR** tab (Accounts Receivable) to see the outstanding balances for your clients.

Client AR Summary

Filter: Found: 3

First Name	Last Name	DOB	Address	City	Phone	Email	Balance
John	Doe	08/06/1990	123 Fake Street	Anytown	(801) 654-8525	test@fake.com	\$150.00
Jane	Doe	11/07/1996	111 building boulevard	provo	(801) 222-4443	janedoe@aol.com	\$90.00
John	Smith	02/25/1987	123 Mile Street	Provo	(801) 123-4567		\$15.00

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f. **The eClinic Scheduler** tab shows what rooms are scheduled

eClinic Scheduler

Thursday, September 14, 2023

September 2023

Second Floor

Go to Today

Time	222	231	235	239	263	265	269	276	277	279	280	283	289	292	295
8:00															
8:30															
9:00															
9:30															
10:00															
10:30															
11:00															
11:30															
12:00															
12:30															
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4:00															
4:30															
5:00															
5:30															
6:00															
6:30															
7:00															
7:30															
8:00															
8:30															

23. **The search box** at the upper right allows you to search CMS for cases, clients, and referrals of clients you serve or supervise.

24. Tasks to be completed:

- a. Login into CMS the first time. Be sure that you have your contact information correct. Give permission for CMS to contact you via text and email so you can receive notifications of new cases and client arrivals for sessions. This can be updated by selecting “Profile” at the upper right.

Comprehensive Clinic CMS

Referral * Search... Search Stephen Brousseau

John Smith - Case #526

Request Termination

Client Names: Smith, John B, Smith, Jenny

Case Status: Active

Billing

Case Fee: \$ 15.00 Bill To: John Smith Update

Case Balance Total: \$15.00

Assignments

Department(s): MFT Supervisor(s): admin. sys Therapist(s): Brousseau, Stephen

Late cancellations (MFT)

The MFT program is utilizing a late cancellation and no-show billing policy. When clients do not cancel within 24 hours, or do not show up for a session, they are still billed the fee for their session. If an MFT client is marked as missed for a session, that is processed as a no-show by the system and an invoice is automatically created. If a client cancels last minute, the therapist needs to cancel the appointment in CMS. This can be done by going to eClinic > Paperwork

Comprehensive Clinic CMS

Referral * Search... Search Stephen Brousseau

Paperwork List

September 2023 Wednesday, September 13, 2023 11:46:22 AM

Therapist	Client Name	Arrived	Tasks	Notes	Room	Administered
Stephen Brousseau Cancel and Bill	Leaf Rye Print		Clinical Agreement MFT (v21.1) Adult Consent for Research Good Faith Estimate (v23.1)	Therapist: Reception:	265	No

Then clicking on the Cancel and Bill button for the session

12:00 PM

Therapist

Stephen Brousseau

Cancel and Bill

If a therapist wishes to cancel the session *without* creating the invoice, that can be done using the eClinic > Scheduler, click on the appointment, then choose “Delete Reservation”

cmscc-dev.byu.edu says

This appointment will be cancelled, but the client(s) will still get billed for the appointment.



OK

Cancel

Appendix 2: Using Box for Highly Confidential Data

BYU has a signed HIPAA Business Associate Agreement with box. However, BYU prefers to use the label HIPAA only when referring to HIPAA covered entities on campus. Currently, the only two HIPAA entities on campus are Y Fit and the BYU Health Center. The BYU Comprehensive Clinic is HIPAA exempt, as we do not interact with health insurance companies or any electronic transmission of health insurance information. While we are not a HIPAA covered entity, we are still required to maintain strict data security standards per Federal and State laws and per BYU policy. Such data is being referred to as Highly Confidential.

Security for all Box folders meets BYU OIT requirements and standards. However, because of the way Box accounts are set up at BYU, only certain folders should be used to store Highly Confidential data, which may include limited client or research participant information.

Faculty have been assigned a folder in their Box account that has the following format:
Faculty Name-HC

This folder has been designated for Highly Confidential data and should be used to store data that may have any identifiable client or research participant information. Data within this folder can be shared with others including other faculty, students, and even off-campus collaborators. It is critical to set sharing and folder access with care to preserve data security within these folders (and all Box folders.) While Box meets security requirements, using certain share settings allows for vulnerabilities. Each faculty is responsible for setting the sharing for data in their HC folder. No one else has access to this folder. Here are some guidelines and recommendations for sharing and storing data in the HC folders.

Do not share your –HC root folder with anyone.

You can view sharing for any folder by going into a folder and looking at the sharing section on the right. The example below shows a –HC folder. It will have Family Home and Social Sciences as the Owner and the Faculty as the Co-owner. It should not have any others listed at this level.

The screenshot shows the BYU Box web interface. On the left is a sidebar with navigation options: All Files, Recents, Synced, Trash, Notifications, Notes, and Favorites. The main area displays a list of files and folders. A folder named 'David Fawcett-HC' is circled in red. Below it, a table lists sub-folders: 'HC-File Sharing' (2 Files), 'Research' (0 Files), 'Students' (1 File), and 'FHSS Highly Confidential Folder Use.boxnote' (10.8 KB). On the right, the 'Sharing' tab is active, showing two users: 'Family Home and Social Scie...' as the Owner and 'David Fawcett' as the Co-owner. A red arrow points to the 'David Fawcett' entry. A 'Share this Folder' button is at the bottom right.

Name	Updated	Size
HC-File Sharing	Apr 19, 2019 by David Fawcett	2 Files
Research	Apr 19, 2019 by David Fawcett	0 Files
Students	Apr 19, 2019 by David Fawcett	1 File
FHSS Highly Confidential Folder Use.boxnote	Apr 17, 2019 by Family Home and...	10.8 KB

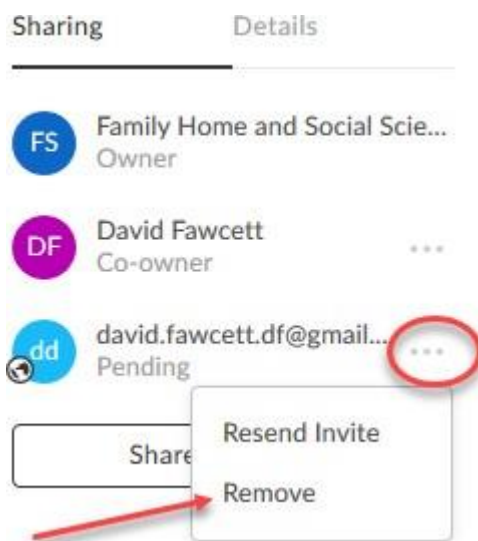
Create sub-folders for sharing.

When sharing data, it is recommended that folders be set up that are specific to that project. In Box, folder and data sharing flow down through folders. If the research folder in the example above were shared with a student, then that student would have access to all data and sub-

folders in that research folder. It is recommended that each separate research project be given a separate folder within the research folder. A collaborator could then be given access to just the one project. Also, sub folders can be set up to provide some collaborators access to parts (such as blank consent forms) but not to other parts (such as access to data). Organizing folders with this in mind can help improve data security by allowing access to only those who need it.

Audit sharing settings periodically

With students and other collaborators frequently rotating, it is important to periodically audit the sharing settings in all folders. It is recommended that at least once per semester, sub-folders in the –HC Box folder be reviewed and collaborators who are no longer on a project, or who no longer need access, be removed. To remove a collaborator, click on the three dots to the right of the name, and click Remove.



Secure Collaborations

The –HC folders provide the possibility of collaborating on documents that may contain Highly Confidential information without the need to ever store such data on a personal computer or transmitting such data via email or other non-secure means. One example of this is psychological evaluations. A student can complete evaluations, share them with their supervisor, receive feedback, make revisions, and submit for final approval – all without the file ever leaving the secure folder. (The final evaluation should also be uploaded into CMS). All of these steps can be completed through the Box –HC folder without the file being sent through email or residing on a personal computer. Here are instructions for doing this:

Create a folder for all students

In the –HC folder, create a folder labeled Students

All Files > ☆ David Fawcett-HC

Name



HC-File Sharing



Research



Students



FHSS Highly Confidential Folder Use.boxnote

In the Students folder, create a folder for each individual student.

All Files > David Fawcett-HC > ☆ Students

Name



John Doe



Jane Doe

In the student folder, set the sharing to include the student. Use the student's BYU email address as the student has a Box account through BYU. Select the option to Invite as Editor.

Share 'John Doe'

Invite People

Shared with FS dd

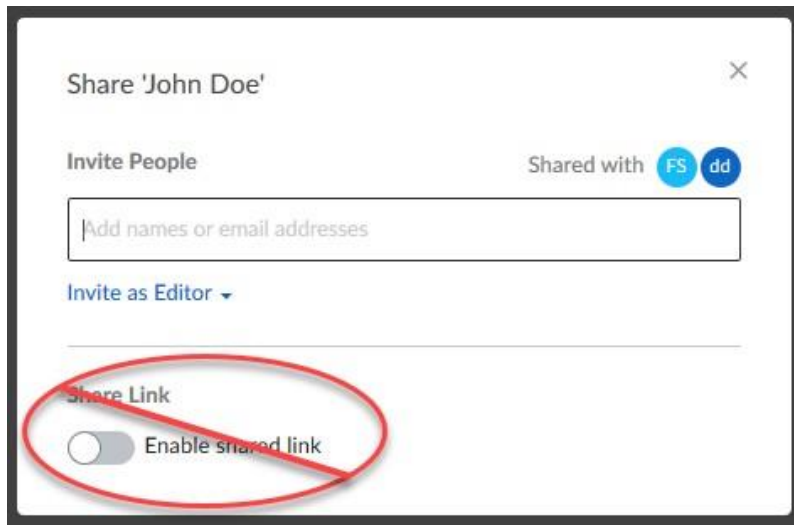
Add names or email addresses

Invite as Editor

Share Link

Enable shared link

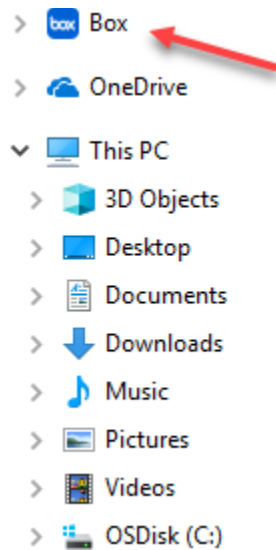
Do NOT set the Enable shared link option in any –HC folder. Enabling the shared link option allows anyone with the link to access that folder or file. It is a potential security issue. Only share –HC files and folders with specified people. Use student BYU email addresses.



Within the student folder, create a file for each assessment. The student has access to the files and can work on them through Box.



When the assessment is complete and approved, it can be uploaded to Penelope directly using Box Drive, which is an add-on that puts the Box file structure as an option in Windows. As long as Box Drive is installed, you can upload the files directly from Box into Penelope.



There are not limitations on the amount of space that you can use in the –HC folder. We have unlimited storage in Box. There are limitations on individual file size. The web access to box limits individual file upload size to 32GB and in Box Drive it is 15 GB for a single file. Any individual file larger than those sizes would have to be truncated prior to being uploaded.

According to the BYU Box page, we still cannot store credit card information (PCI-DSS) or federally protected research data such as CUI. We can store data designated as Highly Confidential in the –HC folders.

Appendix 3: Comprehensive Clinic

- Departments:
 - AV Audio Visual: Room 154, records therapy sessions
 - MATR Materials Room: Room 154, houses all client files, class readings, test kits, and toys—can be checked out using your Net ID
 - Computer Lab: Room 169, contains open access computers as well as a printer
 - PT Clinic Secretary: Room 241
 - Copy Machine: Room 243, get a copy code from the PT secretary
- CMS stands for Client Management System. All individuals participating in the service are in the case file.
 - CMS: uses BYU Single sign on. If connecting from off campus, connect to the VPN first.
- Sign into VPN (virtual private network) if accessing CMS from off campus

As an important security measure, new CMS will require a Virtual Private Network (VPN) connection for anyone trying to connect to CMS from off-campus. The VPN mimics BYU network security for the highly sensitive information that is handled by CMS. Installing and connecting to the VPN is quick. If you will be accessing CMS from off campus, please follow these instructions to install the VPN on your machine so that you will be able to access CMS. You do not have to run the VPN all the time on your machine but it does have to be connected to access CMS.
- Here is the link to the video instructions:
<https://byu.box.com/s/ub5f6vxcpftgbp8qpb93czqdmr2t8u0>
- Here is the link referenced in the first part of the video:
https://it.byu.edu/it?id=kb_article&sys_id=b3ed2555dbe7cc901f061cb51b9619a7
- If you are unable to connect to that page, click the link below to go directly to the download page (as referenced at 0:20 in the video)
<https://gp-cmps.byu.edu/global-protect/getsoftwarepage.esp>
- Make sure you fill out EVERYTHING else the first time you login and enable text messages on your account
 - Alerts
 - CMS alerts are automatic and will be deleted once they are resolved
 - All alerts must be resolved before a case can be terminated
 - Messages

- Send messages back and forth between any clinic employee
- The only place where confidential client information can be sent to someone else, if you need to email, use only case #s, nothing else. If names need to be used, you must use CMS. This is NOT part of the clinical record.
- Cases
 - Basic list of active cases, not those you have terminated or requested termination
 - Tabs:
 - Details
 - client name
 - case status
 - fees
 - place to attach documents
 - Documents
 - case notes—automatically created after the reservation has been made in CMS, should be filled out the day of the case, **no more than 24 hours later**
 - case notes cannot be deleted, if there are ever extra case notes that were accidentally made, just make a note of it on the case note and sign and lock the case note
 - Treatment Plan—must be created by therapist using the green plus “Add Document” link. CMS will prompt you to make one after 3 sessions
 - Treatment summaries—must be created by therapists,
 - Make sure all documents are signed and locked
 - Request termination
 - When there are no alerts, all needed consent forms have been signed, and all documents have been signed and locked, then you may request termination for your case, it will be terminated by the auditor if everything is in order
 - A case must include a treatment summary or a testing report before it will be cleared for termination.
 - Contact Log
 - Update this every time you talk to a client
 - Clients must be contacted at least once every two weeks, the auditor keeps tabs on how frequently you are in contact with your clients, note EVERY kind of interaction with the client
 - Demographics
 - Lead contact is the contact that will be billed. It’s OK if this is a child for child therapy or assessment cases.

- Contact information filled out by the receptionist who sets up the intake interview. The rest of the information is filled out by the intake worker during that interview.
- Intake
 - Information about the intake interview, written by the intake worker
 - Important to read before you see your client for the first time
- Audit
 - Shows if consent forms have been signed and when the client was last seen at the clinic or contacted.
 - Shows unresolved alerts as well as notes the auditor makes in regards to that case (you'll get emails from the auditor if something is wrong, but there will also be a note made in your case)
- Appointment History
 - Shows a history of all sessions that were scheduled, who attended, and what assessments were given
- Scheduler
 - Click on a box in the room that you want at the time and day that you are seeing your client
 - Put your client's name in the "Reservation For" box
 - Duration will always be an hour
 - Make sure the payment information is correct, if they aren't paying a fee, uncheck the "Billable" box
 - Psych Students: first session default to billable, after that make sure it's marked as unbillable
 - Check the "ADD" box on any clients that will be attending that session and select whatever assessments you want them to take in the "Tasks" column
 - If it's the first session, make sure the session number says 1 so that CMS will automatically give them the new client paperwork for face-to-face sessions
 - Notes will be seen by the receptionist, if you want them to do assessments, write it in the notes section
 - If you have any special requests for the AV department write it in the Video section and check the "ADD" box
 - Save the reservation
- Users
 - A list of contact information of anyone else who has access to CMS
- Audit Summary – Lists outstanding alerts and tasks
- Reports
 - Client list and all their contact information

- Therapist Reports—what your supervisor sees in regards to how you are handling cases
 - Clients last visit
 - Therapy hours
- AR
 - View all sessions that have an invoice, see client balances, search for transactions
- eClinic Scheduler
 - View your scheduled sessions as well as their paperwork and video logs
- IVS: (Only works on computers at the clinic or laptops plugged into the Ethernet at the clinic)
- <https://compclinic.byu.edu/login>
- Username: Net ID
Password: Last 4 numbers of BYU ID #
- CMS:
- <https://cmscc.byu.edu/cmscc>
- BYU Login credentials
- CCMATI: (therapist-client communication)
- <https://ccmati.byu.edu/Employee/Email>
- BYU Login credentials
- **MFT PRN**
- <https://mft-prn.byu.edu/>
- Login: byu student email address
- Weekly Case Report for Treatment Plan, Goals, and Termination <https://mft-prn.byu.edu/forms/casestatus>
- BYU ID Card Access:
- Room 169
- Room 282

Appendix 4: Clinic Forms

Clinical Competence Evaluation Form

Semester Clinical Experience Summary

Student Evaluation of Supervisor

BYU MFT Telehealth 1st Year Masters Student Training Checklist

BYU MFT Telehealth Student Training Checklist

Clinical Competence Evaluation Form^[LB1]

Clinical Competence Evaluation Form*

Student Name	Semester/Term	Year	Supervisor Name
<input type="radio"/> <input type="radio"/> MS or PhD (circle one)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> Semester/Term in practicum (circle one): 1 2 3 4 5 6 7 8		

Number of client hours for semester	Individual	Relational
Is percentage consistent with required totals and ratios? – Include percentage		
Number of client contact hours completed this semester/term		

Number supervision hours completed for this semester/term.	
--	--

*Overall competency evaluation based on developmental level (circle one):

Beginning (Semesters 1-3)			Intermediate (Semesters 4-+)			Advanced
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Below Expectations	Meets Expectations	Exceeds Expectations	Below Expectations	Meets Expectations	Exceeds Expectations	Professional

Using the 7 point scale above, the average rating for domain was as follows:

	Student	Supervisor	Comments
(a) Admission to Treatment			
(b) Clinical Assessment and Diagnosis			
(c) Treatment Planning and Case Management			
(d) Therapeutic Interventions			
(e) Legal Issues, Ethics, and Standards			
(f) Understand and respect cultural diversity			
(g) Supervision and Self of the Therapist			MFT Clinical Handbook 78

Please submit this form to MFT Graduate Secretary to be retained in student file

Semester Clinical Experience Summary

SEMESTER CLINICAL EXPERIENCE SUMMARY

DEFINITIONS:

Therapy:

Individual -- One client.

Couple -- Two clients in a therapy room where their relationship is the focus of treatment.

Family -- Two or more family members in the therapy room.

Group Individual -- Group therapy with the above definitions.

Group Couple -- Group therapy with the above definitions.

Group Family -- Group therapy with the above definitions.

Team -- Supervised, ongoing, as defined by MFT faculty, April, 1991.

Hour -- 50 minutes. Keep track of therapy minutes and at the end of the semester divide by 50.

Supervision:

Individual Live -- Supervision of your cases by a supervisor directly observing your work.

Individual Video -- Your case(s) being viewed by a supervisor using video tape play back with 1 or 2 supervisees present.

Group Live -- You participate in the supervision of others' cases being directly observed by a supervisor.

Group Video -- You observe the cases of others as they are being reviewed by a supervisor with 3 to 6 in the group.

Individual and Group Case Report/Process Notes -- Discussion of cases with 1 or 2 supervisees present, without presentation of video, audio, or live case material.

Team -- You observe and develop treatment interventions as part of a therapeutic team.

THERAPIST'S NAME

SEMESTER

SITE
(one site per summary)

Hours of Therapy

	MODE OF THERAPY	UNIT/SYSTEM IN THERAPY			
		Individual	Couple	Family	TOTAL
Beginning / Ending Dates:	Individual				
	Group				
	Psychoeducation ²				
	Team ²				
	TOTAL				
	% of TOTAL				
	Relationship % of Total				
_____ Therapist's Signature					

For Office Use Only	
Cumulative therapy hours in program	
Individual ¹ _____	Psych Ind ¹² _____
Couple _____	Psych Couple ² _____
Family _____	Psych Family ² _____
Grp Ind ¹ _____	Team Ind ¹² _____
Grp Couple _____	Team Couple ² _____
Grp Family _____	Team Family ² _____
TOTAL _____	
% Relationship Therapy _____	

Hours of Supervision

	MODE OF SUPERVISION	SUPERVISION			
		Live	Video	Case Report	TOTAL
Beginning / Ending Dates:	Individual				
	Group				
	Team				
	TOTAL				
	% of TOTAL				
	Raw Data % of Total				
_____ Supervisor's Signature					

For Office Use Only	
Cumulative supervision hours in program	
Ind Live _____	Grp Video _____
Ind Video _____	Grp CR/PN _____
Ind CR/PN _____	Team Live _____
Grp Live _____	
TOTAL _____	
Raw Data %* _____	
Ratio of Supervision to Therapy** 1: _____	

¹ Ind, Grp Ind, Team Ind may total no more than 249

² Team/Psychoeducation hours may total no more than 100

³ Must be atleast 50%

* Must be atleast 50%

** Must be 1 hour of supervision to no more than 5 hours of therapy

Student Evaluation of Supervision

Name of the supervisor for this evaluation semester:

In an attempt to protect your anonymity, we would like you to rate all the supervisors with whom you have worked over the past 12 months separately. Please use a separate evaluation form for each of your supervisors.

Rate this supervisor on their personal interactions with you in supervision:

Was approachable, available to me when I had problems	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was respectful of me as a supervisee and as a person	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Allowed me to disagree or have a differing opinion	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was empathetic; I felt heard and understood	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was calm in times of crisis	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Facilitated my “use of self” in therapy and was willing to “use self” in supervision	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was supportive and encouraging	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was genuine—open and honest	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was responsible—met obligations regarding meetings, time, etc.	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
When necessary, was able to give critical feedback in a supportive manner	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Empowered me as a therapist; helped me feel confident	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was respectful and understanding of issues of gender	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Was respectful and understanding of issues of culture, ethnicity, race and other social factors	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional

Please take a moment to explain any less than adequate ratings:

Rate this supervisor on their knowledge of marriage and family therapy:

Knew and helped me apply recent research to my cases	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Helped me conceptualize therapy according to theories and appropriate techniques	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Helped me develop effective treatment plans	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Helped me identify, conduct, and interpret appropriate assessments. and diagnoses	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Provided helpful feedback on my case notes and other case documentation	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional
Helped me recognize, understand, and manage ethical and legal issues	Deficient	Below Average	Adequate	Above Average	Very Good	Excellent	Exceptional

Please take a moment to explain any less than adequate ratings:

Please add any thoughts on the most and least helpful things about supervision with this individual:

Do you have suggestions for how supervision occurs in the MFT program?

Your Name:

Your Supervisor Name:

BYU MFT Telehealth 1st Year Masters Student Training Checklist

To ensure that you are aware of how technology-assisted therapy or supervision occurs in an ethical and legal manner, complete the following readings. This document should be reviewed and approved by faculty during pre-practicum during your first semester.

*Note: If you do telehealth therapy during your masters program, you will complete a different checklist prior to beginning those sessions.

Click the box next to each item after you have completed that step.

- ☐ 1. Read [Online Professionalism & Netiquette](#)
- ☐ 2. Review the [Informed Consent form for the BYU Comprehensive Clinic](#)
- ☐ 3. Read [AAMFT Best Practices for Online Therapy](#) (pages 11-15)
- ☐ 4. Read [BYU Clinic Manual for Telemental Health](#)
- ☐ 5. Read the [Cliff Notes](#) from the [APA Teletherapy Best Practice Training](#)
**Please note, this is about 6 hours of video content from 2020.. We have provided the “cliff notes” so you do not need to watch the videos unless you are interested.*
- ☐ 6. Review [Elements to Consider for Program Guidelines](#)

Submit this document to mftptsec@byu.edu.

After final review by the faculty, a digital copy will be kept in your student file and you will receive permission to begin teletherapy.

Your Name:

Your Supervisor Name:

BYU MFT Telehealth Training Checklist

*To ensure that you are aware of how technology-assisted therapy or supervision occurs in an ethical and legal manner, complete the following steps and outline your supervision plan.

*This document should be reviewed and approved by the faculty prior to meeting with clients by phone or online.

Click the box next to each item after you have completed that step.

- ☐ 1. Read [Online Professionalism & Netiquette](#)
- ☐ 2. Review the [Informed Consent form for the BYU Comprehensive Clinic](#)
- ☐ 3. Read [AAMFT Best Practices for Online Therapy](#) (pages 11-15)
- ☐ 4. Read [BYU Clinic Manual for Telemental Health](#)
- ☐ 5. Read the [Cliff Notes](#) from the [APA Teletherapy Best Practice Training](#)

**Please note, this is about 6 hours of video content from 2020.. We have provided the “cliff notes” so you do not need to watch the videos unless you are interested.*

- ☐ 6. Review [Elements to Consider for Program Guidelines](#)
- ☐ 7. With your supervisor, discuss policies for scheduling, communication, technology failure, document transfer, case documentation, payment, crisis response.
- ☐ 8. With your supervisor, discuss your plan for continued supervision.

- ☐ 11. Review and discuss any additional requirements by your practicum supervisor

Describe the supervision plan you have created with your supervisor:

Questions	Type your answer into the boxes below
How will you record sessions?	
How will you complete case documentation?	
How will your supervisor observe your therapy?	

When and where will you and your supervisor meet?	
How will you track client progress?	

Submit this document to mftptsec@byu.edu.

After final review by the faculty, a digital copy will be kept in your student file and you will receive permission to begin teletherapy.

Practicum Syllabus Base

MFT 655R: Intermediate Practicum in Marriage and Family Therapy

Group Supervision: Day Time

Course Location:

Individual Supervision:

Individual supervision location:

Instructor Information:

Name

Office location:

Office phone:

Cell phone:

Email:

Office hours:

Student Learning Outcomes:

This course provides the opportunity for supervised practice of marriage and family therapy in the Brigham Young University Comprehensive Clinic. Practicum also provides you with an opportunity to grow as a marriage and family therapist and a person. The expectations for this course are that your mind (understanding of human suffering and behavior), heart (empathy; capacity to love and nurture) and hands (skills necessary to provide effective therapy for individuals and families) will improve. Additionally, it is my belief that fostering your personal development (self-of-the-therapist work) is a primary purpose of supervision, and essential for truly effective therapy regardless of therapist model.

Practicum will emphasize the development of skills associated with the six Core Competency Domains by our accrediting body, [COAMFTE](#): (1) Admission to Treatment, (2) Clinical Assessment and Diagnosis, (3) Treatment Planning and Case Management, (4) Therapeutic Interventions, (5) Legal Issues, Ethics, and Standards, and (6) Research and Program Evaluation.

In addition, the BYU MFT Faculty have added an additional domain: (7) Supervision and Self of the Therapist. Please remember that the Core Competencies are skills that you will demonstrate competency in approximately five years after beginning your training in MFT (around the time you receive your therapy license as an MFT). During this practicum we will focus on specific aspects of the core competencies, particularly those found in domains 2-5 and 7.

**Student Learning
Outcome**

Specific Course Objective

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Be competent in knowledge of MFT and systemic theories | <ol style="list-style-type: none"> 1. Apply theoretical concepts from MFT models to clinical cases 2. Develop treatment plans that are systemic |
| <ol style="list-style-type: none"> 2. Be competent in applied clinical skills | <ol style="list-style-type: none"> 3. Appropriately admit clients to treatment 4. Assess and diagnose presenting problems in marriage and family therapy. 5. Develop and implement treatment plans and utilize case notes to track client progress. 6. Identify and deliver interventions for problems individuals, couples, and families bring to therapy. 7. Identify and make application of ethical and practice standards. 8. Identify current literature related to basic individual, couple, and family therapy interventions 9. Initiate supervision and understand and manage personal issues that have potential to impact delivery of therapy. |
| <ol style="list-style-type: none"> 4. Understand and respect cultural diversity | <ol style="list-style-type: none"> 10. Identify how contextual factors (e.g. culture, ethnicity, race, gender, sexual orientation, age, disabilities, religion, etc.) are related to specific clinical cases |

Required Texts:

There are no required texts for this course; however, readings and listening to audio files may be assigned as needed throughout the semester.

Course Requirements:

Students are expected and required to be familiar with the clinical procedures and policies outlined in the **current** [Clinical Handbook](#) and their respective [MS or PhD Program Handbook](#).

Answers to FAQ policies such as emergency contact information, procedures and resources, and policies related to case transfers and other important issues are found within the clinical handbook. You are responsible for reviewing and knowing the information.

1. *Clinical Activity* (10pts/week or 140 points total)

Your clinical activity in this practicum will include tracking your own sessions (50 minutes=1 clinical hour). Participation in the group process is also a part of being clinically active, but for the purposes of this requirement, we are focusing on your own clinical work.

This means that you need to:

- a. Be clinically active at the level necessary to reach your graduation goals (typically about 6-8 sessions per week). Please be aware of the clinical hour requirements for MS students (400 face-to-face clinical hours with 250 of those being relational). Note, you have

roughly 70 weeks to complete your clinical hours during this program, but personal circumstances, sickness, travel and other things may impact client availability as well as your own.

- a. Be proactive about requesting cases when needed by filling out the [case request form](#) or directly contacting the clinical director.
- b. Participate in live, video and case consultation supervision with your peers during supervision.
- c. *Note: If I have concerns about your clinical skill at your developmental level, I will communicate those directly with you and will set clear expectations for improvement (not perfection) over the course of the semester/term. If I do not observe improvement, I will communicate with you about the potential impact on your grade which could include receiving a C (which will result in the need to retake practicum and losing all clinical hours gained during that semester). I will also coordinate with the larger faculty to support you in your learning.*

2. **Attendance and Participation** (10pts/week or 140 points total):

You are required to attend group practicum and individual supervision. Attendance and participation during these meetings are essential for your growth as a therapist. These meetings will include case consultation, live supervision, and video supervision. Participation includes accepting feedback from me and your colleagues on your cases as well as providing feedback about your colleagues' cases.

Missing group or individual supervision will lead to a deduction of 10pts for each supervision appointment that is missed, unless an emergency occurs. Arriving late for supervision (more than 5 minutes) will result in a 5-point deduction in this grade for each occurrence, regardless of the reason. If you are responsible for group supervision and do not have a video or live case, it will be counted as missing supervision.

Individual or Dyadic Supervision (5 points per meeting time)

You will meet with me **individually or in pairs** several times over the semester in my office. We **will** review case files, discuss clients, and review or discuss video of *recently* conducted sessions (from the current semester). Note, being consistently late or unprepared will result in a reduction of points. The following are expectations I have about individual supervision:

1. You will or have **selected a theoretical model for each case and work to adhere as completely to it as possible – theory is what supervises your work when there is no one else behind the mirror.**
2. You will have **two deliberate practice goals**: a self-of-the-therapist goal and a technique goal. Each week you will show video or discuss your development towards your goal.
3. You **come prepared with questions** about your cases and what you want from supervision (which may also include self-of-the-therapist questions/needs).

4. You bring **reviewed and marked video** of your sessions to individual supervision every time. You need to record all your sessions- even those we're watching live.
 - a. You will have watched the session you are showing at least once before bringing it to supervision and you will come prepared with your video and have noted places in your sessions you would like to review. At times, I may suggest that we just randomly selected parts of your session to watch.
5. You are actively utilizing MFT-PRN to inform your treatment and tracking changes.

Group Supervision (5 points per meeting time)

1. We will use our time together for discussing your personal theory of change, case questions, and observation of cases. You are responsible for scheduling a live case *at least twice* during the semester. Live cases are scheduled the same way as other sessions in CMS eClinic Scheduler, but please make sure you are in a room with an observation booth and IVS recording is working.

Group supervision will be structured as follows:

4:00 – 4:30	Case review questions
4:30 – 5:00	Prep for Observation: Genogram, systemic patterns, goal of session, & feedback sought
5:00 – 7:00	Observation of session and feedback (live or previously recorded)

Additional Supervision

In addition to the group and individual formal supervision you receive, there will be two informal opportunities for supervision as well.

1. We will set up a text group on GroupMe for practicum. This will be the place where you can text everyone in the class to ask questions and get support, advice, and encouragement from me and your classmates. Make sure to not share any identifying information on GroupMe. Time spent texting on GroupMe, reading texts, and responding on GroupMe will be counted as group case report supervision.

It is your responsibility to keep track of your time and report it on the appropriate form at the end of the semester.

2. You can text questions to me or visit my virtual office via Zoom. Try to make sure that these are questions that you feel are not appropriate to be asked on GroupMe. Examples of such question are, but not limited to, questions that are more personal in nature. Time spent texting your supervisor, reading texts from your supervisor, or talking on the phone with your supervisor about your cases will be counted as individual case report supervision. It is your responsibility to keep track of your time and report it on the appropriate form at the end of the semester.

Consistently not following supervision procedures will be counted the same as an unexcused absence.

3. ***Clinical Paperwork:*** (5 points per week)

Learning to complete paperwork in an effective and timely manner is a crucial aspect of becoming an excellent marriage and family therapist and a component of ethical service delivery. Therefore, each student is expected (unless there is a faculty approved exception) to follow all case notes, treatment plan, and other management procedures/requirements as measured by regular audit reports. **Each late note alert in the CMS system will result in a 2-point deduction.**

I will also assume that you will be honest with me regarding your paperwork in our weekly individual supervision. This means if you know you were late on clinical paperwork during the week (even if an alert did not come up), you will offer this information.

The following are the required paperwork I need to be notified of if late:

- Intake Paperwork and necessary Release of Information signed and filed in each client's case file **before clients are seen/treatment takes place.**
- Case notes need to be completed **within 24 hours** of each session.
- Treatment plans need to be completed within 1 week of the **third session.**
- Treatment summaries need to be completed within **24 hours of the final session and closure of the case.**
- Termination should be requested **as soon as** the treatment summary is signed.

I will check the CMS reports and sign necessary notes and reports each week on Mondays this semester.

At the end of the semester, your overall final grade will be reduced in the following areas of professionalism that are measured by CMS and our Clinical director.

We will go over this report together during your final individual supervision meeting with me so I can consider any extenuating circumstances:

- *Average days to sign case notes.* 1-1.5: No deduction.
 - 1.5-2 days= 5% deduction
 - Each .5% deviation from an average above 2 days will result in a 10% final grade deduction
- *Number without treatment plans (following 3 sessions of treatment):*
 - Any beyond 0 will result in a 5% deduction from your final grade.
- *Average days from 3rd case note to treatment plan signed:* Should be 1.
 - Any beyond 1 will result in a 5% deduction from your final grade.
- *Number not contacted*

- Any beyond 0 will result in a 10% final grade deduction
- *Average days to first contact:* Should be 1. 1.1-1.5: No deduction
 - 1.5-2: 5% deduction.
 - Each .5% deviation from an average above 2 days will result in a 10% final grade deduction
- *Total Balance Due:* Ideally this should be \$0.
 - 5% deduction in your final grade for each \$100 overdue outstanding client balance unless extenuating circumstances apply
- *CMS and MFT-PRN Consistency:* Each case without syncing number of sessions or without administered assessments within PRN will result in a 5% deduction from your final grade.

Research-Informed Clinical Practice & Documenting Client Change

You are required to track and report progress of treatment on all cases. Have clients complete case-relevant assessments in the [MFT-PRN](#) prior to each session. It is the therapist's responsibility to make sure your clients are being regularly assessed.

The PRN provides graphs of your cases on a session-by-session basis or across time at major assessment points (intake, 4th, 8th, 12th, 16th and multiples of 8 thereafter). We will refer to the MFT-PRN throughout supervision. During our final individual supervision session, you will use the MFT-PRN to document your clients' progress. During our meeting, you will present the graphs for each client, and in a briefly describe what change has occurred, what needs to happen for your clients to make additional progress, what you learned about this case from using assessments, and describe why clients did not change as much as you expected or did not show change in the areas you expected.

4. *Deliberate Practice and Journal* (5pts/wk= 70points)

The literature on expertise indicates that you need to spend a significant amount of time (a common but flawed estimate is 10,000 hours) in deliberate practice to become an expert in an area. It is important to note that this is practice not performance. Doing therapy isn't enough, you need to practice doing therapy.

Deliberate practice can happen in two ways. First, you can deliberately practice specific skills and work on self-of-therapist goals during your actual sessions. You will do this throughout the semester, and this will be a focus of our individual supervision together. The second way to engage in deliberate practice is focused, repetitive skills practice.

To encourage you in this area, you must spend at least 30 minutes each week engaging in deliberate practice. It will look something like this:

1. Identify clinical skills and self-of-the-therapist goals you would like to improve on during the course of the semester.
2. Choose a session to review.

3. Each time there is an opportunity to use the skill, stop the tape and practice the intervention. Rewind the tape and try the skill again. Do this over and over again, trying different ways of intervening. Change your tone of voice. Change the speed of your voice. When you find a way that you like, repeat it 5-10 times.
4. Document the time you spent practicing in your practice log. The practice log should have the following columns: Date, skill practiced, time, & reflection on the practice session
5. The practice log is due on the final day of class, but I would also like you to bring it to individual supervision to discuss. Each week is worth 10 pts (you should have 15 weeks of practice). You are allowed two “freebies”. Just write “Freebie” in your practice log and count it as one session of deliberate practice.
6. The practice must occur throughout the semester (i.e. you can’t practice for 15 hours one week and then be done for the semester). Only one hour of deliberate practice will be counted each week.
7. If there is another activity that you think would be more beneficial for improving your practice one week, talk to me and I will approve the activity in lieu of deliberate practice for the week.

5. Observation/Review of Self (5pts/wk= 70pts)

Each student is expected to review recordings of their own sessions and mark every session. IVS records every session that takes place in the clinic. Throughout the program, it is especially important that you watch and review the relational sessions as you are striving to become more systemic in conceptualizing and intervening.

You are expected to spend 2-3 hours each week reviewing sessions and actively marking each session. It would be beneficial to mark 1) what you would do differently, 2) what you did well, 3) what you see that is systemic, and 4) moments when you intervened.

All students must create a tracking system for their time spent engaged in deliberate practice reviewing their own cases (include Case Number, date, length). This log will be turned in during the final week with the expectation that you have participated in at least 20 hours of observation of self throughout the semester.

CLASS POLICIES:

Professionalism

Because this is a course in a professional training program, you are expected to consistently demonstrate professional behavior. Students who experience difficulties (i.e., fail to correct

issues following feedback) in one or more of the following areas (or other areas identified by me) will have their final grade lowered at instructor's discretion, and in severe cases, may not receive credit for practicum and lose their clinical hours from that semester or term, and/or may receive a marginal or unsatisfactory semester review by the MFT program faculty.

- Being on time to class and with assignments
- Having respectful interactions with students and faculty
- Demonstrating proactive engagement in learning process and assignments
- Being organized and well prepared
- Managing paperwork and technology effectively
- Managing personal crises effectively
- Managing personal information (your own and others') appropriately
- Following Comprehensive Clinic policies
- Checking daily for new case assignments and communications from clients
- Contacting clients and potential clients within 24 hours
- Dressing appropriately when interacting with clients and/or other professionals.
- Following both the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics and the Brigham Young University Honor Code.

Client Communication

Documenting All Communications to Clients (see note below)

All communication with clients, their family members, and other professionals, including e-mail correspondence, telephone contact, and attempts at telephone contact, should be recorded in the Comprehensive Clinic's Client Management System (CMS) contact log. If appropriate, also add a case note to document the content.

Finally, **you are responsible to immediately inform your practicum supervisor of all clinical emergencies.** A clinical emergency is any situation where someone may experience harm. Examples of emergencies include: suicide ideation, child abuse, elder abuse, homicidal threats, and domestic violence. In any of these situations you must contact me immediately. If I am not available, you must follow the protocol outlined on the emergency contact sheet. Contacting the student supervisor does not fulfill this requirement.

Sources of Supervision

The appropriate source of supervision and help on cases include your supervisor and class instruction. Seeking or taking advice from your peers and other students (outside of group practicum and GroupMe) is not appropriate for your learning, professional development, and is not in the best interests of your clients. The one exception to this is when there is an emergency and I cannot be reached, in which circumstances you are to follow the clinic emergency protocol.

This is necessary for two main reasons. 1) As your supervisor, I am legally responsible for all your clinical work and you are practicing under my license. Since it is my legal liability I have the final say in how you work with your clients. 2) It is important to get quality information that can only be provided by years of practice and learning how to be a supervisor. It is not appropriate to seek and take advice from a student who is not your supervisor and does not share in the legal liability.

If our practicum has a supervisor-in-training, they will be providing supervision during practicum and individual supervision under my direction.

Use of Technology in class

I expect you to be engaged in group and individual supervision. **I prefer phones and laptops to be left in your bags during supervision.** If you need to use a laptop to take notes, that is fine, but I expect you to stay focused in class. If I notice that you are distracted, I will talk with you about it. **Recording of group or individual supervision including audio or video recording is not permitted.**

Offsite Placements Requirements

It is expected that you have followed all procedures outlined in the Clinical and Program Handbook and turned in all your paperwork necessary to participate in an off-campus externship and you are enrolled in MFT 770R. Please see the clinical director or the part-time secretaries if you are unsure of what paperwork is needed.

Artificial Intelligence in this Class

Technology in the AI world is expanding rapidly. Learning to use AI with intention in our work is critical to higher education. There are some ways in which I will permit the use of AI in this class, and others which I will prohibit. If you're unsure, please ask.

Allowed uses of AI include spell checking, grammar checking and if you have a sentence you've already written that needs reworking. Prohibited uses include asking AI to produce text for this class.

Encouraged uses of AI (especially for students who choose to journal or focus on model application) include asking AI applications to generate themes from **your** writing to help inform areas for you to focus on the self-of-the-therapist or to help you generate a plan to apply a model from **your** writing about a model of your choice.

Grading Disputes and Problems in the Supervisory Relationship

I make every effort to grade impartially and fairly. If you feel like I have incorrectly or unfairly graded any assignment in this class, please contact me in writing (email is ok) within 2 weeks of receiving the grade, providing a description of why you feel the grade is in error. I will either a)

agree with your assessment and adjust your grade or b) disagree with your assessment and notify you that your grade has not been adjusted along with my rationale. If, at that point, you continue to disagree with our assessment I will schedule a meeting to discuss the matter further.

While I am committed to having a collaborative and positive supervisory relationship, please recognize that I am ultimately responsible for your clients' well-being and I expect you to follow my directives for the case. It is also my responsibility to help you improve and will identify areas that you need to improve to become a better therapist. If you are uncomfortable with any aspect of our supervision, I expect you to discuss your concerns directly with me. Please note that complaining to other students, family members or friends, will help you feel better, but will not change anything. If, after talking with me, we are still unable to resolve the problem, you should follow the grievance process outlined in the MFT Handbook.

Grade Breakdown:

94-100%: A 89.5-93.9%: A- 84.5-89.4%: B+ 82.5-84.4%: B
79.5-82.4%: B-

Assignment Grade Breakdown Summary

Assignment	Total
Clinical Activity	140
Attendance & Participation in Supervision	140
Clinical Paperwork	70
Deliberate Practice & Journal	70
Observation of Self	70
	<u>TOTAL= 490</u>
	*note this may vary depending on growth assignments
<i>Mid-semester student evaluation (extra credit)</i>	2.5
<i>Final-semester student ratings (extra credit)</i>	2.5

Note: Failure to maintain an actively clinical load, be responsive to feedback, lack of attendance, lack of paperwork may all result in a failing grade if there are no extenuating circumstances. A grade of C or lower in practicum will result in you needing to retake the course in addition to losing all of the clinical hours from that semester or term.

Course Schedule

This schedule is subject to change

TABLE OF CLASS BY WEEK

Case Note Example for this Section

DAP Case Note

Data: This section provides a summary of the general content and process of the session as it relates to treatment goals.

- What treatment goal/objective was addressed in this session?
- Subjective data (client thoughts, observations, quotes that relate to treatment-related goals and tasks of the session)
- Objective data (what you observed about the client related to treatment-related goals and tasks of the session: affect, appearance, behavior. Also the interventions that you used in the session)
- If homework was assigned, review of homework completion and client thoughts about homework

Assessment:

- Progress toward treatment goals
- Results of testing, screening, assessments (not including any suicide/homicide/violence assessment that you conducted in the session) PRN

Plan

- Continue current treatment plan or are revisions to treatment plan needed based on session data and assessment?
- One sentence plan for next session.
- Homework that was assigned in session
- Next session date and time.

Treatment Plan Example for this Section

Treatment Plan

Treatment plans are an important part of therapy both in the Comprehensive Clinic and in almost all mental health settings. In the Comprehensive Clinic, treatment plans must be submitted after the third session. Treatment plans can be modified any time during treatment with supervisor collaboration; some instances in which treatment plans should be modified include the discovery of new symptoms or patterns and modified/changed goals or modality for therapy. Please include all of the following categories in a treatment plan:

Presenting Problem:

- Indicate what the client system describes as the reason for coming to therapy –may not be diagnosis

Therapy Modality:

- Include the intended therapy approach/model
- Include an estimated number of sessions to meet the therapy goals

Diagnosis:

- Identify a DSM diagnosis for at least one person, or possibly more people if the case is a couple or family

Individual Symptoms:

- List symptoms of the identified patient and perhaps others if a couple or family
- The symptoms should be consistent with the diagnosis but may go beyond DSM symptoms

System Patterns:

- If the client is a couple or family, include brief descriptions of the patterns (interpersonal dynamics) identified during the first three sessions.
- If the client is an individual, include information about patterns of relationships in family, extended family, or even social support system

Therapy Goals for Individuals:

- List what the client and the therapist hope to accomplish in therapy
- Goals should guide treatment
- Goals will help both the client and therapist recognize progress and determine when therapy should be concluded

Therapy Goals for the System:

- List goals for changes in the couple or family system

Please Refer to the MFT Clinical Handbook for questions and policies and procedures

University Policies

Honor Code

In keeping with the principles of the BYU Honor Code, students are expected to be honest in all of their academic work. Academic honesty means, most fundamentally, that any work you present as your own must in fact be your own work and not that of another- including any form of artificial intelligence. Violations of this principle may result in a failing grade in the course and additional disciplinary action by the university. Students are also expected to adhere to the Dress and Grooming Standards. Adherence demonstrates respect for yourself and others and ensures an effective learning and working environment. It is the university's expectation, and every instructor's expectation in class, that each student will abide by all Honor Code standards. Please call the Honor Code Office at 422-2847 if you have questions about those standards.

Preventing & Responding to Sexual Misconduct

The health and well-being of students is of paramount importance at Brigham Young University. If you or someone you know has experienced sexual harassment (including sexual violence), there are many resources available for assistance.

In accordance with Title IX of the Education Amendments of 1972, BYU prohibits unlawful sex discrimination, including sexual harassment, against any participant in its education programs or activities. The university also prohibits sexual harassment by its personnel and students. Sexual harassment occurs when

- a person is subjected to unwelcome sexual speech or conduct so severe, pervasive, and offensive that it effectively denies their ability to access any BYU education program or activity;
- any aid, benefit, or service of BYU is conditioned on a person's participation in unwelcome sexual conduct; or
- a person suffers sexual assault, dating violence, domestic violence, or stalking on the basis of sex.

University policy requires all faculty members to promptly report incidents of sexual harassment that come to their attention in any way, including through face-to-face conversations, a written class assignment or paper, class discussion, email, text, or social media post. Incidents of sexual harassment should be reported to the Title IX Coordinator at t9coordinator@byu.edu or (801) 422-8692 or 1085 WSC. Reports may also be submitted online at <https://titleix.byu.edu/report> or 1-888-238-1062 (24-hours a day).

BYU offers confidential resources for those affected by sexual harassment, including the university's Sexual Assault Survivor Advocate, as well as a number of non-confidential resources and services that may be helpful. Additional information about Title IX, the university's Sexual Harassment Policy, reporting requirements, and resources can be found at <http://titleix.byu.edu> or by contacting the university's Title IX Coordinator.

Student Disability

Brigham Young University is committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. A disability is a physical or mental impairment that substantially limits one or more major life activities. Whether an impairment is substantially limiting depends on its nature and severity, its duration or expected duration, and its permanent or expected permanent or long-term impact. Examples include vision or hearing impairments, physical disabilities, chronic illnesses, emotional disorders (e.g., depression, anxiety), learning disorders, and attention disorders (e.g., ADHD). If you have a disability which impairs your ability to complete this course successfully, please contact the University Accessibility Center (UAC), 2170 WSC or 801-422-2767 to request a reasonable accommodation. The UAC can also assess students for learning, attention, and emotional concerns. If you feel you have been unlawfully discriminated against on the basis of disability,

please contact the Equal Opportunity Office at 801-422-5895, eo_manager@byu.edu, or visit <https://hrs.byu.edu/equal-opportunity> for help.

Academic Honesty

The first injunction of the Honor Code is the call to "be honest." Students come to the university not only to improve their minds, gain knowledge, and develop skills that will assist them in their life's work, but also to build character. "President David O. McKay taught that character is the highest aim of education" (The Aims of a BYU Education, p.6). It is the purpose of the BYU Academic Honesty Policy to assist in fulfilling that aim. BYU students should seek to be totally honest in their dealings with others. They should complete their own work and be evaluated based upon that work. They should avoid academic dishonesty and misconduct in all its forms, including but not limited to plagiarism, fabrication or falsification, cheating, and other academic misconduct.

Deliberation Guidelines

To facilitate productive and open discussions about sensitive topics about which there are differing opinions, members of the BYU community should: (1) Remember that we are each responsible for enabling a productive, respectful dialogue. (2) To enable time for everyone to speak, strive to be concise with your thoughts. (3) Respect all speakers by listening actively. (4) Treat others with the respect that you would like them to treat you with, regardless of your differences. (5) Do not interrupt others. (6) Always try to understand what is being said before you respond. (7) Ask for clarification instead of making assumptions. (8) When countering an idea, or making one initially, demonstrate that you are listening to what is being said by others. Try to validate other positions as you assert your own, which aids in dialogue, versus attack. (9) Under no circumstances should an argument continue out of the classroom when someone does not want it to. Extending these conversations beyond class can be productive, but we must agree to do so respectfully, ethically, and with attention to individuals' requests for confidentiality and discretion. (10) Remember that exposing yourself to different perspectives helps you to evaluate your own beliefs more clearly and learn new information. (11) Remember that just because you do not agree with a person's statements, it does not mean that you cannot get along with that person. (12) Speak with your professor privately if you feel that the classroom environment has become hostile, biased, or intimidating. Adapted from the Deliberation Guidelines published by The Center for Democratic Deliberation.

(<http://cdd.la.psu.edu/education/The%20CDD%20Deliberation%20Guidelines.pdf/view?searchterm=deliberation%20guidelines>)

Inappropriate Use of Course Materials

All course materials (e.g., outlines, handouts, syllabi, exams, quizzes, PowerPoint presentations, lectures, audio and video recordings, etc.) are proprietary. Students are prohibited from posting

or selling any such course materials without the express written permission of the professor teaching this course. To do so is a violation of the Brigham Young University Honor Code. It is also unethical to post your own work (study sheets, papers) from the course on file sharing websites as you are encouraging others to engage in plagiarism. These policies continue indefinitely (not limited to the duration of the semester or term you take this course).

Devotional Attendance

Brigham Young University's devotional and forum assemblies are an important part of your BYU experience. President Cecil O. Samuelson said, "We have special and enlightening series of devotional and forum assemblies...that will complement, supplement, and enrich what will also be a very productive period in your classrooms, laboratories, and libraries. We look forward to being with you each Tuesday...and hope that you will regularly attend and bring your friends and associates with you...A large part of what constitutes the unique 'BYU experience' is found in these gatherings where the Spirit has been invited and where we have the opportunity to discuss and consider things of ultimate worth and importance that are not afforded to the academic community on almost any other campus" (from the address "The Legacy of Learning", 30 August, 2005). Your attendance at each forum and devotional is strongly encouraged.

Plagiarism

Intentional plagiarism is a form of intellectual theft that violates widely recognized principles of academic integrity as well as the Honor Code. Such plagiarism may subject the student to appropriate disciplinary action administered through the university Honor Code Office, in addition to academic sanctions that may be applied by an instructor. Inadvertent plagiarism, which may not be a violation of the Honor Code, is nevertheless a form of intellectual carelessness that is unacceptable in the academic community. Plagiarism of any kind is completely contrary to the established practices of higher education where all members of the university are expected to acknowledge the original intellectual work of others that is included in their own work. In some cases, plagiarism may also involve violations of copyright law.

Intentional Plagiarism-Intentional plagiarism is the deliberate act of representing the words, ideas, or data of another as one's own without providing proper attribution to the author through quotation, reference, or footnote.

Inadvertent Plagiarism-Inadvertent plagiarism involves the inappropriate, but non-deliberate, use of another's words, ideas, or data without proper attribution. Inadvertent plagiarism usually results from an ignorant failure to follow established rules for documenting sources or from simply not being sufficiently careful in research and writing. Although not a violation of the Honor Code, inadvertent plagiarism is a form of academic misconduct for which an instructor can impose appropriate academic sanctions. Students who are in doubt as to whether they are providing proper attribution have the responsibility to consult with their instructor and obtain guidance. Examples of plagiarism include:

Direct Plagiarism-The verbatim copying of an original source without acknowledging

the source. Paraphrased Plagiarism-The paraphrasing, without acknowledgement, of ideas from another that the reader might mistake for the author's own. Plagiarism Mosaic-The borrowing of words, ideas, or data from an original source and blending this original material with one's own without acknowledging the source. Insufficient Acknowledgement-The partial or incomplete attribution of words, ideas, or data from an original source. Plagiarism may occur with respect to unpublished as well as published material. Copying another student's work and submitting it as one's own individual work without proper attribution is a serious form of plagiarism.

Mental Health

Mental health concerns and stressful life events can affect students' academic performance and quality of life. BYU Counseling and Psychological Services (CAPS, 1500 WSC, 801-422-3035, caps.byu.edu) provides individual, couples, and group counseling, as well as stress management services. These services are confidential and are provided by the university at no cost for full-time students. For general information please visit <https://caps.byu.edu>; for more immediate concerns please visit <http://help.byu.edu>.

Respectful Environment

"Sadly, from time to time, we do hear reports of those who are at best insensitive and at worst insulting in their comments to and about others... We hear derogatory and sometimes even defamatory comments about those with different political, athletic, or ethnic views or experiences. Such behavior is completely out of place at BYU, and I enlist the aid of all to monitor carefully and, if necessary, correct any such that might occur here, however inadvertent or unintentional. "I worry particularly about demeaning comments made about the career or major choices of women or men either directly or about members of the BYU community generally. We must remember that personal agency is a fundamental principle and that none of us has the right or option to criticize the lawful choices of another." President Cecil O. Samuelson, Annual University Conference, August 24, 2010 "Occasionally, we ... hear reports that our female faculty feel disrespected, especially by students, for choosing to work at BYU, even though each one has been approved by the BYU Board of Trustees. Brothers and sisters, these things ought not to be. Not here. Not at a university that shares a constitution with the School of the Prophets." Vice President John S. Tanner, Annual University Conference, August 24, 2010

