

BYU

Marriage & Family Therapy

SCHOOL OF FAMILY LIFE

Clinical Handbook

2024-2025

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. It is expected that student therapists will act professionally at all times in the Clinic and be mindful of client confidentiality and dignity.

Mission and Goals of the Clinic

As a goal for those working in the BYU Comprehensive Clinic, we help change lives by providing clinical, administrative, technological, and physical support with competence and compassion. The BYU Comprehensive Clinic supports research, training, and clinical services for the Marriage and Family Therapy Program, the Clinical Psychology Program, and the School of Social Work. The Clinic also provides some limited support services to the Communication Disorders Program and coordinates the use of the building with the Provo office of LDS Family Services that is currently housed in the John Taylor Building.

The Clinic provides the following services for MFT program personnel: (a) public relations to secure referrals for potential Clinic clients and research participants; (b) receptionist services to manage contact with the community and clients; (c) intake workers who screen potential clients and recruit research participants; (d) consultation with faculty and students on ethics, risk management, referral sources, and case management; (e) auditing of case records to ensure compliance with program standards; (f) training of students on the Clinic's client management programs; (g) digital recording of client sessions; (h) management of the Clinic materials room; (i) collection of client fees; (j) scheduling of common rooms; (k) managing requests for client data for faculty IRB approved research projects; (l) improvement in the Clinic's physical ambiance and functioning; (m) and maintaining office machines, ordering common supplies, and coordinating major physical improvements to the building and the allocation of space among programs.

The clinical mental health programs depend upon the Clinic to support clinical services and training for their student practicum classes, and the Clinic assists the mental health programs fulfill accreditation standards. The Clinic Director, David Fawcett PhD is a Licensed Marriage and Family Therapist. The Clinic Assistant Director, Joe Fair PhD is a Clinical Neuropsychologist.

The Comprehensive Clinic was conceptualized by individuals in LDS Social Services (now LDS Family Services) and members of the BYU Values Institute around 1976. The current John Taylor Building opened in January of 1980. On September 14, 1982, in the dedicatory prayer of the John Taylor Building (TLRB), Elder Gordon B. Hinckley stated:

"...In the authority of the holy priesthood which we hold...we dedicate the John Taylor Building... that it may stand...as a place of learning as well as of teaching, as a place of service, as a place of helpfulness, and that all who are housed here may have in their hearts a great sense of service to those who come seeking assistance. We pray that thou wilt bless them with a

love for humanity, for this building is presently used to house those departments of the university and of the Church which are designed to look after the needs of those who need help of many kinds.

Dear Father, bless those who are there to serve that they may do so with kindness and with love and in the Spirit of thy Son whose life was the very essence of love and service to others."

Elder Hinckley stated at the dedication of the TLRB: *"The Brethren in whose behalf [I am speaking] ...have great expectations concerning you... Yours is the opportunity to ...study under a faculty of men and women of learning and of faith."* As such, the Clinic Administration wishes to nurture interactions in which our spiritual heritage is utilized and honored. Hopefully this will result in increased spiritual serendipity in the Clinic community where we invite Divine assistance in accomplishing things that will have the most impact in our research, training, and services.

Please coordinate closely with the Clinic Administration and staff on learning how to use the Clinic Client Management System, digital recording system, and materials room services. When there are any difficulties with Clinic staff (receptionists, secretaries, intake workers, auditor, materials room and AV clerks) or with the digital or physical infrastructure, please alert Clinic Administration immediately. Please feel free to consult as needed on ethical concerns, Clinic procedures, crisis management, and community referrals. Feel free to offer feedback for the improvement of Clinic procedures.

Important Places in the Clinic

Materials Room (Room 154): Client files (if in physical form) are stored here and can be checked out by student therapists. The Materials room houses headphones, class readings, expert therapist videos, assessment instruments, SPSS manuals, and assorted toys and supplies for child and family therapy.

Audio/Visual (A/V): Therapy sessions are recorded and stored on IVS. Questions about recordings should be directed to the student workers in the Materials Center.

Student Computer Lab (Room 169): Computers are available on a first come/first serve basis for writing case notes, emailing and using the Internet, word processing, library database searches, etc. Printing is done through the BYU ID card system. This room has ID card access, so you will need to talk to clinic secretaries to obtain access.

Break Room (Room 253): This room has a TV, sink, refrigerator, vending machine, and microwave. This room is available to all students, faculty, and staff in the Taylor Building. Please clean up after yourself. This room is in a main hallway and conversations in this room are overheard by clients. It is imperative that conversations about cases (even when identifying details are not shared) are never held in this room. Case details are confidential and others should never overhear you discussing a case.

MFT Secretary Office (Room 234): This room houses boxes for mail and messages – for faculty and students. This is also where you turn in all semester forms and ask many of your program-related

questions. The MFT office will make photocopies for students when they pertain to clients or faculty projects. All other photocopying expenses related to student papers, class projects and presentations, theses, and so forth are to be paid for by students with their own copy code (see clinic part-time secretaries for code).

Clinic Part-Time Secretary's Office (Room 241): These secretaries provide assistance with the copier and fax machine found in room 243. Also, they are ones to contact to obtain a code for the copy machine and to get signed up for CMS (Client Management System). These secretaries can help you gain access to rooms that use the ID card system. They also schedule therapy rooms for you.

Copy Machine: The copy machine is located in 243 TLRB. To make personal copies you need to use your personal copy code. You can get this code from the Clinic Secretary in room 241. This code is yours and should not be shared.

Intake Officer and Quality Assurance Officer Carrels (Room 243): It will probably not be necessary to speak to the intake officer unless there are questions about his/her intake notes. The quality assurance officer is available for questions regarding adding clients to a case, reactivating cases, etc.

MFT Student/Intern/Work Room (Room 233): This area is for personal belongings. Student therapists can wait here for the receptionist to call about their clients. Students are offered an unsecured cubby to store personal items, school books etc. This room has ID card access, so you will need to talk to the clinic secretaries to obtain access.

Comprehensive Clinic Information

- 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/ub5f6vxcfptgpb8qpb93czqdmr2t8u0>
- 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
- AR
 - Therapist Reports—what your supervisor sees in regards to how you are handling cases
 - Clients last visit
 - Therapy hours
 - 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

Client Management System

Client Management System (CMS) is an easy-to-use, custom-made web-based application that manages all of the clinic’s information. With this system you will be able to schedule therapy rooms, document client contact, and complete session notes, treatment plans, and treatment summaries.

Prior to seeing your first client, clinic staff and faculty will train you how to use CMS. This generally occurs in your first practicum course. Once you obtain a login from the clinic secretaries, you can access the CMS website.

Client information is kept confidential and is generally not released. Unless all members sign a form to release the file, the file is not required to be released. Files are only released under Court order. An attorney subpoena is not sufficient to require the release of files. All individuals over the age of 18 who are part of the case must sign a release prior to the release of the notes. For active cases, the primary therapist and supervisors handle release of information requests. For terminated cases, contact the Assistant Clinic Director (Joe Fair: 801- 422-7749 or joe.fair@byu.edu).

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):

- 5 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 in 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 500 face-to-face clinical hours (251 relational) by the time of graduation.

PhD Students are expected to graduate with a total of 500 clinical hours (251 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

Extended Leave of Clients

Occasionally, clients will know they are leaving for an extended period of time (e.g. summer break). If clients will be gone for more than 4-6 weeks, please discuss individual case circumstances with your supervisor. Lack of client contact for 4 weeks will automatically lead to an audit alert.

It is suggested that you complete a treatment summary for the case and request termination within CMS for cases who are planning extended leaves beyond 4 weeks. This ensures the liability of is not on you or your supervisor during their extended absence. It is also likely and possible that the clients may not return after their extended leave and it is best to complete the treatment summary as soon as possible.

If and when the case does return after their extended leave, they can call and we can have their case re-opened as long as it is within 6 months and resume treatment.

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

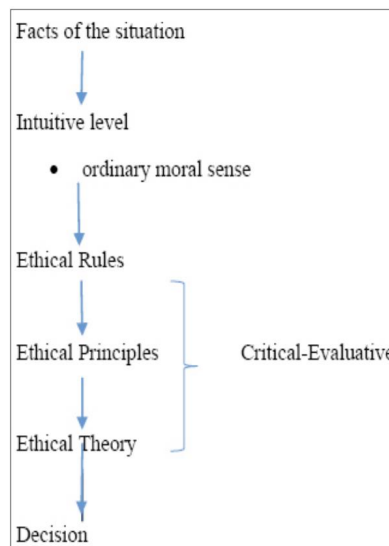
PhD 3rd Year Students: Caseload negotiated with advisor based on doctor's clinical handbook

Ethics

Students are expected to abide by the [AAMFT Code of Ethics](#) during their time in the program. The code of ethics is updated regularly.

Ethical Decision Making

Kitchener (1984) developed a simple, but helpful heuristic for evaluating clinical and ethical decision making. Kitchener's model is based on the assumption that ethical decisions are dependent upon context. Simply stated, "A decision that is considered ethical in under one set of circumstances may not be considered ethical under a different set of circumstances (p. 2)." The model involves two-levels of ethical reasoning: 1) intuitive and 2) critical-evaluative. Using the machinery of Kitchener's model, the purpose of this commentary is to offer an ethical decision-making approach for use in managing ethical dilemmas in clinical practice and supervision.



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 500 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 & Associate.

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 12 years 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

You'll receive a text they are ready to be seen

1. Greet them by the upstairs receptionist

Send payment form to client

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/>

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 online here](#).

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 for 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. Clients have two different options for making payments:

- **In-Person Payment:** Receptionists at the front desk are able to take any payments in person via cash, card, or check. However, if you tend to meet with a client at the very end of the day, a receptionist may not be available after your session if it runs a little long.
- **Online Payment:** Taped to the counter at the Reception Desk is a QR code that clients can scan in order to pay online. This takes them directly to the "Make A Payment" tab on the BYU Comprehensive Website (<https://comprehensiveclinic.byu.edu>). To pay online, the client must know their Therapist's name as well as which department the therapist is under. If for some reason the QR code is not working for a client, they can always go to the clinic website, or you can ask a receptionist or secretary to email them this link through CCMATI: <https://commerce.cashnet.com/cashnetg/static/storefront/webcms/catalog>
 - Online payments can be very convenient; however, a client is not able to see what their balance is when paying online. In order to prevent overpayment, it is important that the therapist communicates the client's balance, or the client can always call one of our Receptionists (801-422-7759) to ask what their current balance is.

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 psycho-education, 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% 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.

Clinic Cancellations Policy & Procedure

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. Then clicking on the Cancel and Bill button for the session.

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.

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 Assistantship (RA) work and continue consistently working for their major professor doing RA work as needed.

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

To be compliant with Federal Laws related to client Protected Health Information (PHI) and requirements from University General Counsel and Risk Management, the BYU Comprehensive Clinic has policies and procedures that help protect client PHI, student therapists, the Clinic, and the University. To summarize the primary concerns, we are obliged to minimize the risk of disclosing PHI, protect the privacy of clients, and protect the University. Part of the liability is to avoid giving the impression that we are always available to clients. The Clinic is not equipped to respond to emergencies or client crises and so we cannot appear to be available to be contacted outside of

business hours. In practice this means that no personal contact information can be shared with clients and no contact of any kind may occur outside of business hours.

The Clinic, University General Counsel, and University Risk Management have agreed upon the following policies, procedures, and tools for student therapists to contact clients for the BYU Comprehensive Clinic. Any use of procedures or tools aside from those listed in this document is a violation of Clinic policy and may result in disciplinary action by the student's program or the University.

RingCentral

RingCentral is a telecommunications app used by the University. The University-owned numbers have had the work hours set to match the Clinic's hours of operation, been set to play a custom after-hours announcement, and have had texting disabled. With these safeguards in place, therapists and clients can contact each other directly without disclosing the student's personal number and clients cannot reach student therapists after hours, but are referred to call back during business hours or call the main Clinic reception number and leave a message.

Each student therapist is assigned a number in RingCentral. The RingCentral phone number belongs to the University and should only be used for Clinic related business and is one of the approved methods for contacting clients. Each student will be responsible for checking their voicemail and returning calls to their RingCentral number.

RingCentral can be installed on a PC, Mac, or mobile device for free through your device's app store. Using it on a mobile device is recommended. Please see Appendix J of the Appendices & Forms document for installation instructions. After installing, log in to RingCentral using your BYU netID. The RingCentral app does not currently have the option to require a PIN to login. As such, if you will be using RingCentral to contact clients, your phone must be secured with a PIN, Password, or screen lock as a safeguard to prevent ePHI being disclosed without authorization if the mobile device is lost or stolen. When calling a client, please verify that you are using RingCentral and not your phone's native calling app.

The custom settings for work hours/schedule, after-hours announcement, or emails related to new voicemails should not be changed. You may record a voicemail greeting for clients who call during business hours. Here is a recommended script for voicemail greeting:

"You have reached [Name] at the BYU Comprehensive Clinic. I am currently not available to take your call. Please leave me a brief message with your name and phone number and I will return your call within one business day. If this is an emergency, please hang up and dial 9 1 1. If you need to speak to a receptionist at the Clinic, please hang up and dial 801 422 7759. Thank you."

When RingCentral is down, please contact BYU FHSS Computing Services for assistance at (801) 422-7415. If you absolutely cannot get Ring Central to work, please try one of the following to get ahead of clients:

- Dial *67 from your cell phone and then do the number. Or use your regular phone and turn off Caller ID when in a pickle like this.

- Android turn off caller ID: Open Settings, tap Applications, and then tap Phone. Locate and tap More Settings. Tap Caller ID. And select Hide Number.
- iPhone turn off caller ID: open Settings. Locate and tap Phone. Tap Show My Caller ID. Swipe to turn caller ID off.

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.

Clinic Phone Number Masking App

The Clinic developed an App that allows one to call clients using their personal cell phones which masks their personal phone number with the Clinic reception desk phone number. Student therapists are allowed to use this method to contact clients. One of the challenges with this procedure is that all return calls must go through the reception desk. Receptionists will strive to reach you when a client calls and ask to transfer the call to you if you are available. If you are not available, the receptionist will take a message and send it to you in CMS.

To use this app, dial 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 and their caller id will show (801) 422-7759 – the Clinic reception desk. The client's phone number will not be saved on your device.

Email

The Clinic has an app to send one-way emails from a Clinic-owned email address that is set as 'Do not Reply'. Any emails to clients must be sent through this email application and never through a student therapist's personal or University email address. This app can be accessed at ccmati.byu.edu, sign in, then click on Messenger.

Texting

Currently, two-way texting with clients is not allowed. We are exploring options that may make this possible in the future but for the time being, student therapists may not engage in text conversations with clients using any device, app, or alternate number (e.g., Google voice). There is a clinic app to send a one-way text message to let a client know you will be calling in the next 30 minutes and they can reply yes or no if they will be available to receive the call. To use this, send a text to 801-317-8835 – the body of the text should be the client’s phone number. The client can reply Yes or No.

Personal cell phone number, Google voice, or other apps

Personal cell phone numbers or other apps, even if they are considered secure for PHI, must not be used to communicate with clients of the BYU Comprehensive Clinic. This is to protect the student therapist and the University from excessive liability. The tools listed above are the only that can be used on a personal mobile device.

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.

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

Students seeing clients at the BYU Comprehensive Clinic do not provide letters for emotional support animals on behalf of clients.

Sending Clients Handouts/Attachments

The Clinic Auditor can currently assist in the exchange of documents by using a secure Box folder and ccmati. Please contact the Clinic Auditor through CMS to facilitate this process. Students could send materials to Clients through Box using the following procedure. Confidential documents could be sent password protected.

Sending Handouts to Clients through Box

To send a handout, such as a therapy worksheet or psychoeducational material, to a client, first save the handout to a folder in Box. You can access your Box account at box.byu.edu, using single sign on to login. Once the file is saved in Box, select the file and click on Share.

In the window that pops up, enter the email address for the person with whom you want to share the file. Click on the blue arrow under the email address and select Viewer. This will allow the person to download, preview, and share the file but not to edit it.

Once the email address is entered, you will have the option to enter a brief message about the file and send the file. The file will go to the email address entered. It will be sent from a noreply@box.com email address and will not contain your personal email address.

To Send an Attachment through Client Messenger

Access Client Messenger through ccmati.byu.edu as described above. At the bottom of the page select Browse. Navigate to and select the desired document, select open. Then select Send Email.

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. The Comprehensive Clinic has set up RingCentral phone numbers for each student within the program. If your RingCentral phone number is down, please contact FHSS Computing Services asap or call from a blocked phone number.

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 strongly 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.

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.

- Please refer to the PRN and other assessments that are given and administer as frequently as symptoms and supervisor suggest.
- **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.*
- In consultation with your supervisor, plan to follow up with client via phone daily or as needed and discuss other resources such as 988 and local resources. In some situations, it may be best to refer cases with active suicidal ideation and recent attempts to clinics with more advanced therapists whose clinics are open more frequently and can offer the support these clients may need. However, you must balance these decisions with continuing care and not abandoning clients. Each situation is unique.

Documentation of Serious Concerns and Conversations

Typical protocol dictates any and all client contact should be documented within the Contact Log at the BYU Comprehensive Clinic. Please create a note in the Contact Log with a brief summary of the communication which occurred. If an issue is more severe, you may create an additional Case Note document and in the Contact Log refer to the Case Note. For example:

- Contact Log: Spoke to client via phone and conducted suicide screening following in-person appointment on x/x/x. Client denies any current plans or means to cause harm to self. Please see case note 0 dated x/x/x for more information
- Case Note 0 dated x/x/x: Client had reported in session on x/x/x that they had thoughts of taking multiple Tylenol to try and end their life, but did not take the medication. In session, therapist and client made a plan for client to remove the medication from their home. Client stated they had removed all Tylenol along with all other potentially abused medication or other lethal means from their home. Client reported feeling more calm and stable and that they had 0 desire to end their life. Client committed to talking to their friends for social support and has a follow up therapy appointment on x/x/x.
 - If a suicide, self-harm, hospitalization or other serious event occurs:
 - Create a Treatment Summary.
- Within the treatment summary, mention the date and time of last contact with client, overview of the conversation, and other necessary and relevant details.
- Reference recent objective assessments and their scores in addition to observed data and patterns from recent sessions.
- Provide overview of plans for follow up and continuation of care for the client- include location of client.

Minors and Sexting

The university's position is that this is a reportable behavior. 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.

[Clinical Supervision Teletherapy Policies HERE](#)

All students must fill out Telehealth Therapy form Checklist and complete requirements during MFT 625: Beginning Practicum and before seeing clients.

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 of the Appendices & Forms document but the form is now digital and can be found at [this link](#). 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-riffs 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 be 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.

