

**LIPSCOMB UNIVERSITY
MARRIAGE AND FAMILY THERAPY PROGRAM
&
LIPSCOMB FAMILY THERAPY CENTER
POLICIES & PROCEDURES MANUAL
2016-2017**

Lipscomb University
Marriage and Family Therapy Program
&
Lipscomb Family Therapy Center
Policies & Procedures Manual

Intern Receipt & Acknowledgement

The Lipscomb University (LU) Marriage and Family Therapy (MFT) Program & Lipscomb Family Therapy Center (LFTC) Clinical Policy & Procedures Manual contains policies and procedures that apply to me as a marriage and family therapy student at LU. By signing this form, I acknowledge that I have been provided with a copy of the LU MFT Program & LFTC Clinical Policy and Procedures Manual and that I agree to read and adhere to the policies and procedures described therein during my time of enrollment in the LU MFT Program. I further understand that the manual may undergo future revisions and that I will be required adhere to revised versions of the LU MFT Program & LFTC Clinical Policy and Procedures Manual.

I understand and agree that the minimum internship requirements for graduation from the Marriage and Family Therapy program at Lipscomb University include:

- 500 face to face client contact hours
 - A minimum 200 of the 500 face-to-face client contact hours must be relational hours (i.e., couple or family therapy).
 - Up to 100 of the 500 hours may be alternative hours including reflecting team, community engagement, or support groups.
- 100 hours of AAMFT approved supervision
 - 50 supervision hours must be devoted to the supervision of raw data (i.e., live, video or audio).
 - One hour of supervision every week I see clients (on average)
 - A ratio of 1 supervision hour for every 5 client contact hours

I understand that client contact and supervision should be accomplished within a 5 semester period during which I must complete one practicum and four supervised clinical practice courses.

Furthermore, I acknowledge that have received and read the latest version of the AAMFT Code of Ethics.

Student Signature

Date

Printed Name

Print two copies of this form. Submit one to the Clinic Director and keep the other for your records.

EMERGENCY CONTACTS & OTHER RESOURCES

All Emergencies	911
Lipscomb University Campus Security	615-966-7600
Lipscomb University Health Center	615-966-6304
Nashville Fire Department	615-862-5421
Davidson County Sherriff's Office	615-862-8123
Metropolitan Nashville Police Department—North Precinct	615-862-4410
Metropolitan Nashville Police Department—South Precinct	615-862-7744
Metropolitan Nashville Police Department—East Precinct	615-862-7600
Metropolitan Nashville Police Department—West Precinct	615-862-7747
Metro Nashville Police Department—Sex Crimes Unit	615-862-7540
Metro Nashville Police Department—Domestic Violence Unit	615-880-3000
Metro Nashville Police Department—Theft Unit	615-862-7111
Tennessee Department of Children's Services	877-237-0004
Tennessee Adult Protective Services	888-277-8366
Tennessee Office of Crisis Services and Suicide Prevention	855-274-7471
Davidson County Mental Health Cooperative	615-726-0125

MFT PROGRAM CONTACT LIST

Chris J. Gonzalez, Ph.D., LMFT, Program Director	615-966-6651
J. Gregory Briggs, Ph.D., LMFT, Clinical Director	615-966-5301
Dave Morgan, Ed.D., LMFT, Core Faculty	615-966-6303
Urszula Collier, MFT Program Administrative Assistant	615-966-5213
Sheryl Palmer, LFTC Office Manager	615-966-5300

Acknowledgments

We would like to thank and acknowledge our colleagues at Purdue University's COAMFTE accredited marriage and family therapy doctoral program (now closed) and Abilene Christian University's COAMFTE accredited master of marriage and family therapy program for allowing us to use their program and clinic manuals as guides as we wrote ours.

Table of Contents

I. The Lipscomb Marriage and Family Therapy Program Policies and Procedures	1
Program History	1
Diversity Statement.....	2
Hiring Practices.....	3
Recruitment.....	3
Retention.....	4
Admissions Procedures	4
Financial Aid, Grants, and Loans	5
Graduate Assistantships	5
AAMFT Fellowships	5
Federal Student Loans.....	5
National Health Service Corps.....	5
External Grants and Scholarships	5
Cohort Model	5
Technology Requirements	5
Program Goals & Student Learning Outcomes	6
Program Goal 1	6
Student learning outcome 1.1.	6
Student learning outcome 1.2.	6
Student learning outcome 1.3.	6
Student learning outcome 1.4.	6
Student learning outcome 1.5.	6
Student learning outcome 1.6.	6
Student learning outcome 1.7.	6
Program Goal 2	7
Student learning outcome 2.1.	7
Student Learning Outcome 2.2.	7
Program Goal 3	7
Student learning outcome 3.1.	7
Student learning outcome 3.2.	7
Student learning outcome 3.3.	7

Program Goal 4	7
Student learning outcome 4.1.	7
Student learning outcome 4.2.	7
Program Goal 5	8
Student learning outcome 5.1.	8
MFT Program Faculty and Staff	9
Full time faculty.....	9
MFT staff.	9
MFT Program Courses.....	10
Academic Advising.....	10
Lipscomb Disability Services	11
Lipscomb Academic Integrity Policy	11
Lipscomb Non-discrimination Policy	11
Spark	12
Online Courses.....	12
Hybrid Courses	12
Lipscomb Email Address.....	12
Google Drive.....	12
Practicum	12
Supervised Clinical Practice	12
Academic Policies, Academic Standing, and Managing Performance Deficiencies	13
Clinical Activity: Practicum and Internship	13
Candidacy.	13
Finding an internship site/s.	14
Internship interview tips.	14
Practicum/Internship agreement.	14
Site supervisor/s.....	15
Client Contact Hours, Clinical Pace, and Supervision	15
Client contact hours.	15
Clinical pace example.....	16
Supervision.	16
Logging Client Contact and Supervision Hours	17
Client contact and supervision hours spreadsheet.	17

Client contact and supervision hours spreadsheet instructions	18
Client contact hours tab.	19
Supervision hours tab.....	19
Stats tab.....	19
Periodic Evaluations of Clinical Work	20
Improving Supervised Clinical Practice Performance Deficiencies	20
Dual Relationships	21
Outside Employment	21
Personal and Vacation Time	22
Portability of Degree.....	23
Continuing Education	24
Seeking Employment.....	24
Contacting Former Clients After Graduation	24
Starting a Private Practice.....	24
Keeping in Touch with the Lipscomb MFT Program.....	24
II. The Lipscomb Family Therapy Center Policies and Procedures.....	25
LFTC Operations	25
Becoming an LFTC Intern.....	25
Supervision and LFTC Services	25
Hours of Operation	25
Opening Procedures.....	26
Closing Procedures.	26
LFTC Intern Front Desk Responsibilities.....	26
Parking	27
Phone.....	27
Available lines.	27
Long distance call policy.	27
Long distance call procedures.....	27
Voicemail.....	27
Policy.	27
Procedures.....	28
Standard message (used Monday through Saturday).....	28
Weekend message (used Saturday afternoon through Monday morning).....	28

Emergency closure message (used as needed).....	28
Handling voicemail messages.....	29
Building Security	29
Key Pick-up and return policy.....	29
Safeguarding building security.....	29
Mailboxes and Other Messages	30
LFTC Intern Contact Information.....	30
Heating and Cooling	30
Windows	30
Waiting Area.....	30
Front Desk.....	31
Therapist Intern Room	31
Computers and phones.....	31
Client case file cabinets.....	31
Bulletin and white boards.....	31
Therapy Rooms.....	31
Kitchen.....	32
Building Maintenance and Service Requests.....	32
Toys.....	32
Furniture.....	32
Eating	32
Forms on Google Drive	33
Tobacco, Alcohol, and Substance Use Policy	33
III. Client-related Policy and Procedures.....	33
Professionalism.....	33
Therapist Intern Availability and LFTC Appointment Calendar.....	33
Clinical availability.....	33
Determining when to begin seeing clients.....	33
Supervision	33
Liability Insurance	34
LFTC session scheduling.....	34
Common scheduling mistakes.....	36
Punctuality.....	37

Cancellations.....	38
LFTC Clinical Operations.....	38
Intake process.....	38
Session scheduling.....	39
Fees.....	39
LFTC Data Collection & Storage.....	39
LFTC Client Data.xlsx.....	39
LFTC Therapist Data.xlsx.....	40
LFTC GW Session Data.xlsx.....	40
LFTC Front Desk Coverage.....	41
LFTC Front Desk Coverage Procedures.....	41
LFTC Case File Paperwork.....	42
Left side of folder.....	44
Audit sheet.....	44
Informed consent.....	44
Notice of privacy practices.....	44
Account of shared information.....	44
Schedule of fees.....	45
Proof of income verification.....	45
Sliding fee scale adjustment affidavit.....	45
Release of information.....	45
Medication log.....	45
Assessment measures & contracts.....	45
Call log.....	45
Session log.....	45
Right side of folder.....	46
Phone intake form.....	46
Client intake.....	46
Initial assessment.....	46
Supervision note.....	46
Case closing form.....	46
Case transfer form.....	46
Case update form.....	46

Progress note & treatment plan	46
Clinical Dress Code	47
Social Media	47
Electronic Communication With/Regarding Clients	48
Phone Communication With/Regarding Clients.....	48
Maintaining Client Confidentiality	49
Professional and legal duty	49
Confidentiality considerations with progress notes.	49
Confidentiality considerations with client case files.	49
Therapy session recording policy.	50
Observation of therapy sessions.....	50
Referral and other professional interactions.	51
Limits of confidentiality.	51
Co-therapy.....	52
Emergency Situations	52
Weather Related Emergencies	53
IV. Code of Professional Conduct and General Grievance Procedures	54
Preamble	54
Code of Professional Conduct	54
Program values.....	54
Specific Goals and Recommended Procedures for Professional Conduct.....	55
MFT Program Grievance Procedure	57
V. MFT Program & University Resources and Other Policies & Procedures.....	58
MFT Program Resources	58
Technology Help.....	58
Blackboard help.	58
Technical support.....	59
Microsoft Office tutorials.	59
Online library resources.....	59
University Policies & Other Student Resources	59
Students requiring accommodation.....	59
Academic integrity.....	60
Sexual harassment.....	60

Dropping a course	60
Class schedule disruption policy.....	60
Cancellation of specific class sessions.....	61
Student's responsibility for notification of extended absence.....	61
University intellectual property policy.	61
Academic success center.....	61
Beaman library.....	61
University counseling center.....	61
Career development center.	62
VI. Appendices	63
Appendix A.....	63
Safety plan.	63
Appendix B.....	64
Suicidal client checklist.	64
Appendix C.....	65
Lipscomb Family Therapy Center File Folder Organization (Left Side of Folder)	65
Lipscomb Family Therapy Center File Folder Organization (Right Side of Folder)	66
Appendix D.....	67
Clinical Practice Improvement Plan	67
Appendix E	68
Academic Journals Related to Marriage and Family Therapy.....	68
Appendix F.....	70
Courses that Meet Tennessee State MFT Licensure Requirements.....	70
Appendix G.....	71
Program Courses that meet COAMFTE Requirements.....	71
Appendix H.....	72
Internship Site Contact List.....	72

I. The Lipscomb Marriage and Family Therapy Program Policies and Procedures

Welcome to Lipscomb University, the Marriage and Family Therapy (MFT) program, and the Lipscomb Family Therapy Center (LFTC)! You are now part of a growing marriage and family therapy program. You were selected to join this program through a process of discernment and prayer, and we are glad you have chosen to join us.

LFTC is the clinical division of the MFT program. Those of you who will become interns at LFTC will be guided through your clinical internship by the policies and procedures contained in this manual. While many of you will earn the majority of your contact hours at LFTC, others will choose to acquire face-to-face client contact hours in an off-site internship during your second year.

This manual outlines much of the information required to complete your practicum/internship at LFTC and external therapy sites. It does not, however, supersede any official University documents or policies. It is your responsibility to be familiar with the academic requirements of the Department of Psychology, Counseling, and Family Science as well as all University policies and procedures.

An electronic copy of this manual is available to students on Google Drive. Changes may be made to the manual as the year progresses. When situations arise that are not addressed in this manual, consult with the Program Director (i.e., me), Clinical Director (Dr. Briggs), your faculty supervisor, or another professor.

I am excited to begin working with you to help the hurting people of our community.

Sincerely,

Chris Gonzalez, Ph.D.

Director, Marriage & Family Therapy Program

Program History

The Master of Marriage and Family Therapy (MMFT) is one of three masters programs in the Department of Psychology, Counseling, and Family Science in Lipscomb University's College of Liberal Arts and Sciences. The MFT masters program is a 60-63 hour, 24-month cohort style program admitting students each fall.

Department Chair, Dr. Jake Morris, and Dr. Chris Gonzalez launched the MFT program by admitting its first cohort in the fall of 2012. Dr. Morris initially served as program director until the role was assumed by Dr. Gonzalez. In that first year, Dr. Dave Morgan moved from his long time placement in the University Counseling Center to join the MFT faculty. Urszula Collier was added as the program's first administrative assistant later that year. Since its 2012 launch, the MFT masters program has graduated over 45 students, and currently, two cohorts totaling more than 40 students are enrolled.

In October 2014, Dr. Justin Briggs was added as the MFT program's Clinical Director and Director of the Lipscomb Family Therapy Center. Dr. Briggs' arrival completed the hiring process of all full-time MFT faculty. As founding director of the Lipscomb Family Therapy Center, Dr. Briggs wrote the clinic policies and procedures, created all case file paperwork, and oversaw the launch of mental health and relationship care services to the general public and the grand opening celebration on May 14, 2015.

Faculty, staff, and interns at LFTC seek to serve the mental health and relationship care needs of the Nashville community. The goal of the center is to serve the general public while removing barriers that keep vulnerable populations from accessing mental health and relationship care services. With its convenient location along three bus lines, affordable pricing, and strategic partnerships with non-profits, businesses, faith communities, and area schools, LFTC is uniquely positioned to accomplish its goals. As part of its soft opening, a four-month period during which LFTC exclusively served the university community, Courtney Jones, one of the original LFTC interns, saw the center's first client in October 2014. Since its grand opening in the spring 2015, LFTC has experienced considerable growth and is becoming a respected place of healing for those in need.

MFT Program Accreditation

Lipscomb University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, masters, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call 404-679-4500 for questions about the accreditation of Lipscomb University. Lipscomb University's SACSCOC accreditation means that all MFT program graduates in good standing will be eligible to pursue a MFT license in the state of Tennessee (Appendix F; it should be noted that each state has its own licensing requirements, but all or most of those requirements should be satisfied with the LU MFT masters degree; see the following website for information on state licensing requirements for any state https://www.aamft.org/imis15/AAMFT/Content/Directories/MFT_Licensing_Boards.aspx).

The MFT program faculty has designed its academic curriculum, clinical experiences, and elements of its program to meet the [standards](#) of the [Commission on Accreditation for Marriage and Family Therapy Education](#) (COAMFTE; Appendix G), the specialized accrediting body of the MFT profession. The MFT program initiated the accreditation process with COAMFTE in the spring of 2016 with the full intention of gaining recognition as an accredited program; thus, meeting the highest standards in the MFT field.

Diversity Statement

In the Lipscomb University Marriage and Family Therapy masters program we strive to engage graciously with human systems in ways that result in healing, growth, and increased resilience. We understand that individuals and human systems are unique and also an expression of the image of God. Therefore, it is our goal to treat everyone well, abiding by the Golden Rule. When people "Do unto others as you would have them to do to you," a shared cultural humility emerges allowing room for self-expression without fear of academic or social penalties. We are sensitive to the diverse nature of humanity and treat people and social systems with respect and appreciation in areas where differences and disagreements may be present.

Diversity spans the widest variety of individual and social system differences. These differences may be observed in:

- Age
- Ethnicity and Race
- Gender
- Physical Health and Ability
- Sexuality, Sexual Identity, and Sexual Orientation

- Cultural Assumptions
- Language and Communication Processes
- Political and Philosophical Ideology
- Religion, Spirituality, and Faith
- Privilege and Power
- Socioeconomic Status
- Nationality and Immigration Status
- Family and Social Structure

We seek to create a safe learning environment where honest expression and respect for differences may result in the desired outcome of academic communion. Since agreement is not a prerequisite for academic communion, diversity and disagreement are not only welcomed, but invited. In this MFT program, we believe the presence of healthy, respectful disagreement promotes a more productive academic environment for everyone.

Hiring Practices

The hiring practices of the Lipscomb University MFT program are designed to recruit and employ highly qualified and diverse faculty and staff. When conducting faculty and staff searches, we seek candidates from diverse demographic, training, and work experience backgrounds. The MFT program conducts national searches for core faculty positions using the university network, by advertising open positions on its website, by listing openings on Simply Hired and Inside Higher Ed, by advertising with AAMFT, and by talking with colleagues and other members of AAMFT. The MFT program hires adjunct instructors and supervisors from the available pool of qualified MFTs in the Nashville area with an emphasis on expertise and faculty diversity.

Recruitment

We have adopted several recruiting strategies to help us reach our goal of attracting a qualified and diverse study body. We utilize advertising materials that reflect the program's intention of recruiting a diverse group of students. We engage graduates from colleges and universities of different types and sizes; for example, we offer potential students information about our program at recruiting sessions at local historically black colleges and universities including Fisk and Tennessee State University and also at universities including Belmont, Trevecca, and Lipscomb. We also use social media (e.g., Facebook) to target students that span the demographic, socioeconomic, and ideological spectrums.

We take several steps to keep students informed during each stage of the application process. We seek to establish and maintain communication with potential students by scheduling phone calls, providing campus tours, and corresponding via email. We promote social and academic activities that encourage visits to campus, giving potential students the opportunity to meet current students and faculty. We also maintain open lines of communication between the Department of Psychology, Counseling, and Family Science; the Department of Graduate Studies; the Registrar's Office; Financial Aide; the Office of Multicultural Services; and the Office of Veterans Services to ensure students' ready access to graduate program information and materials.

Retention

The Lipscomb MFT Program facilitates the success and retention of all students in ways that are consistent with the university mission and anti-discrimination policy, through faculty training (e.g., Lipscomb's Insight Training series), academic advising, and student support services.

Admissions Procedures

The MFT program abides by the [admissions rules, policies, and guidelines](#) of the Department of Psychology, Counseling and Family Science, the College of Liberal Arts and Sciences, Office of Graduate Studies, and Lipscomb University. The MFT masters program only accepts students for the fall cohort. Applications must be completed by the May 1st deadline to be eligible for an interview in May of the application year. Applicants from various academic backgrounds (both in content and performance) are encouraged to apply. Applicants meeting the following criteria will have the best chances for admission:

- An undergraduate bachelors degree or higher from a regionally accredited college or university or equivalent from educational institutions from outside the United States.
- A cumulative GPA of 3.0 or higher on the traditional 4.0 scale
- GRE combined score of 300, 3 or higher analytic writing score (general exam only)

Applicants must complete an application to the Lipscomb MFT program that includes the following:

- Application fee \$50 (\$75 international applicants)
- All college and/or university level transcripts
- Personal statement
- GRE general test (no specialty exam is required)
- 3 letters of recommendation
- Online Application
- For applicants whose first language is not English, a TOEFEL test score

When application materials are completed and reviewed, applicants who appear to be an appropriate fit for the program will be invited to attend a face-to-face interview. Applicants will interview in groups with a brief role-play as well as a survey of the academic context. All applicants will be sent an e-mail that indicates whether or not they have been invited to the next fall cohort. The possible communications in the e-mail include, but are not limited to:

- An unrestricted invitation into the program
- A conditional invitation that requires an applicant to complete additional tasks or provide further information prior to being invited to join a cohort.
- A waitlist invitation that places an applicant on a short list. When applicants who received unrestricted or conditional invitations choose not to join a new MFT cohort, applicants on the wait list will be invited into the program.
- A communication that the applicant will not be invited to join the next cohort.

Applicants who were not invited into the next cohort may apply again for a subsequent cohort.

Students who are admitted into the program will be subject to a criminal background check which, based on the results, may lead to a revocation of program admission or limited clinical placement site opportunities and/or suitable employment opportunities upon graduation.

Financial Aid, Grants, and Loans

Graduate Assistantships

The MFT program may offer up to 2 graduate assistantships to incoming first year students. A graduate assistantship is an opportunity for a student to gain relevant and meaningful experience in the department.

From time to time, graduate assistantships become available in other departments in the university (e.g. writing studio). MFT students are free to seek and apply for those assistantships as well.

AAMFT Fellowships

The American Association of Marriage and Family Therapy offers generous fellowships to a select number of master's students. For more information, please see this website:

http://www.aamft.org/iMIS15/AAMFT/Content/MFP/MFP_Program_Information.aspx

Federal Student Loans

Most students are eligible for Federal Student Loans that can be applied toward the costs of education.

National Health Service Corps

The National Health Service Corps is a government program that provides loan forgiveness to qualified mental health practitioners (including MFTs) with qualifying loans. This benefit would come after graduation and may require a license. Students interested in these opportunities should search the following website for more information: <http://nhsc.hrsa.gov/>

External Grants and Scholarships

There are a wide variety of foundations and organizations that provide educational scholarships or grants. Some hard-nosed work seeking out grants and scholarships may pay off.

Cohort Model

The MFT program is structured in a cohort model. The purpose of a cohort model is to build a community of scholar-practitioners who serve as an ongoing support and resource for each other. Here are some characteristics of the cohort model:

- Students are admitted into the program once per year.
- Students in each cohort begin the program at the same time.
- Students in the same cohort take all of their classes together with the exception of a few specialization courses.
- Students in the same cohort who are also in good standing graduate together after two years having shared both academic and clinical experiences together.

Technology Requirements

To be successful in the MFT program, students will need to be proficient or will have to develop competency in using computers (Lipscomb uses both Apple and PC devices), tablets

(i.e., iPads), Microsoft Word, Microsoft Excel, presentation software (e.g., Microsoft Powerpoint, Prezi), email, academic search engines (e.g., Online Beaman Library, Google Scholar), printers, and other equipment normally found in offices and academic settings.

Mission of the Marriage and Family Therapy Program

The mission of our program is to prepare students with academic and clinical training in Marriage and Family Therapy that is founded in science in preparation for work with individuals, couples, families, and social systems from diverse ideological, spiritual, demographic, and socioeconomic backgrounds. This training is informed by Christian values such as love, empathy, forgiveness, grace, and tolerance, encouraging students to provide greater service in the home, congregation, community, nation, and world.

Program Goals & Student Learning Outcomes

Program Goal 1

To prepare students for MFT licensure and a sustainable career as marriage and family therapists.

Student learning outcome 1.1.

90% of students will become student members of AAMFT by the end of their first semester in the program as demonstrated by proof of AAMFT membership submitted to the program secretary.

Student learning outcome 1.2.

80% of students will score 132 or higher on a simulated licensure exam in their final semester of the program.

Student learning outcome 1.3.

80% of students will earn 500 face-to-face client contact hours including 200 relational hours by the end of their sixth term in the program.

Student learning outcome 1.4.

80% of admitted students will graduate from the program within 24 months.

Student learning outcome 1.5.

90% of graduated students who seek employment in the field will find it within one year of graduating.

Student learning outcome 1.6.

80% of graduated students who take the national exam will pass it.

Student learning outcome 1.7.

80% of graduated students who pass the national exam will obtain a license.

Program Goal 2

To cultivate a systemic orientation within students that strengthens their identity as marriage and family therapists.

Student learning outcome 2.1.

80% of students will score an average of 40 or higher on each of their five Theory of Change papers (Practicum-SCP IV).

Student Learning Outcome 2.2.

80% of students will demonstrate proficiency in one or more preferred models of therapy as measured by a score 4 or higher on each of Section E. “assumptions of change” and Section F. “interventions” portions of their Theory of Change papers.

Program Goal 3

To equip students for work with clientele from diverse cultural, ideological, and demographic backgrounds.

Student learning outcome 3.1.

80% of students will demonstrate an understanding of the issues associated with working with diverse clientele by earning 80% or more of points on any exams and written assignments in the Cultural Diversity in MFT course.

Student learning outcome 3.2.

80% of students will demonstrate appreciation, awareness, and competency regarding cultural diversity issues as demonstrated by scoring an average of 4 or higher on the 5 items within the human diversity section of the clinical evaluation in their final semester.

Student learning outcome 3.3.

80% of students will demonstrate awareness in how issues such as gender, culture, race, ethnicity, economic status, sexual orientation, religion, and spirituality inform their clinical work with clients by scoring an average 3 out of 4 on the content portion of Section G., “How does cultural diversity inform your theory of change?” on their five theory of change papers.

Program Goal 4

To produce ethical practitioners who are capable of treating mental and emotional disorders, health and behavioral problems, and relationship issues.

Student learning outcome 4.1.

80% of students will score 80% or higher on an ethics exam using vignettes highlighting ethical issues on a variety of clinical settings.

Student learning outcome 4.2.

80% of students will score an average of 4 or higher on the legal and ethical issues section of their clinical evaluation in their final semester.

Program Goal 5

To produce practitioners who are capable of scientific evaluation and evidence based practice and treatment of mental and emotional disorders, health and behavioral problems, and other relationship issues.

Student learning outcome 5.1.

80% of students will demonstrate their proficiency in using research to guide their practice with clients by earning 80% or more of points on the final assignment in the Research and Statistics course.

Student Learning Outcome	Semester/s	Term	Course	Benchmark
1.1	1	Fall 1	Counseling Skills	90% of students will submit proof of AAMFT membership to the program secretary.
1.2	6	Summer 2	SCP IV	A minimum score of 132 on the simulated national exam.
1.3	6	Summer 2	SCP IV	80% of students will earn 500 face-to-face client contact hours (with at least 200 relational hours).
1.4	Graduate Achievement	Post-Graduation	N/A	80% of admitted students will graduate from the program within 24 months.
1.5	Graduate Achievement	Post-Graduation	N/A	90% of graduated students who seek employment in the field will find it within one year of graduating.
1.6	Graduate Achievement	Post-Graduation	N/A	80% of graduated students who take the national exam will pass it.
1.7	Graduate Achievement	Post-Graduation	N/A	80% of graduated students who pass the national exam will obtain a license.
2.1	2-6	Spring 1 – Summer 2	Practicum, SCP I-IV	80% of students will have an average score of 40 or higher on their five Theory of Change papers.
2.2	2-6	Spring 1 – Summer 2	Practicum, SCP I-IV	80% of students will score 4 or higher on Section E. and Section F. of their Theory of Change papers.
3.1	5	Spring 2	Cultural Diversity	80% of students will earn at least 80% of points on written assignments in the Cultural Diversity in MFT course.
3.2	6	Summer 2	Practicum, SCP I-IV	80% of students will score an average of 3 out of 4 on Section G. of the five Theory of Change papers.
3.3	2-6	Spring 1 - Summer 2	Practicum, SCP I-IV	An average of 3 out of 4 on the content portion of Section G. of the Theory of Change papers
4.1	2	Spring 1	Ethics	80% of students will score 80% or higher the clinical vignettes portion of the ethics exam.
4.2	6	Summer 2	SCP IV	80% of students will score an average of 4 or higher on the legal and ethical issues section of their clinical evaluation in their final semester.
5.1	5	Spring 2	Research and Stats	80% of students will earn 80% or more of points on the final assignment in the research and statistics course.

Faculty and Student Expectations

In order to create an educational context that promotes the success of each student, there must be efforts by faculty and students to work together toward the construction of a meaningful learning experience. Toward that end, students can expect that faculty and staff will be properly trained for their position and will engage professionally in all interactions. Course material will reflect what is up to date according to the standards of the MFT field and will be presented well. MFT faculty and staff will respect the unique abilities and aspirations of students. At the same time, students are expected to fully engage in course material, come to class on time having read

assigned readings, be prepared to discuss course content, and collaborate with faculty and fellow students. Students should use their university e-mail to send and receive information concerning happenings in the program.

Students are further expected to:

- Become aware of areas in their skillset that need improvement and to address these areas both independently and with a supervisor.
- Engage in their own individual, couple, or family therapy over the course of their time in the program whenever it would be appropriate and meaningful. Faculty can assist in helping students find a therapist. Faculty cannot provide therapy to students as per the dual relationship clause in the AAMFT Code of Ethics.

Master of Marriage and Family Therapy Academic Program

Students should consult the Lipscomb University [Graduate Catalog](#) for the year they entered the program for guidance throughout their academic work. Program information is listed here for student convenience but the [Graduate Catalog](#) should be understood as the official source for the most accurate and up to date program information and requirements.

MFT Program Faculty and Staff

Full time faculty.

Chris J. Gonzalez Ph.D., LMFT, Program Director and Assistant Professor
Justin G. Briggs Ph.D., LMFT, Clinical Director and Assistant Professor
Dave Morgan, Ed.D, LMFT, Assistant Professor

Adjunct faculty.

Jackie Halstead, Ph.D., LMFT
Kyle Horst, Ph.D., LMFT
Julie Barnes, Ph.D., LMFT
Linda Hazel, Ph.D., LMFT
Joy Samuels, Ed.D., LPC
Jeremy Johnson, M.MFT, LMFT
Tina Waymire-Collier, M.MFT, LMFT
Julie Barnes, Ph.D., LMFT
Ashley Dumas, M.MFT, LMFT

MFT staff.

Urszula Collier, Program Administrative Assistant
Sheryl Palmer, LFTC Office Manager
Kathi Johnson, Department Recruiter

MFT Program Courses

The MFT program has [3 degree paths](#). The purpose of the separate paths is to provide specific training advantages to students once they hit the job market upon graduation. Half way through the first semester of their first year, students will select one of the three paths illustrated below. Course descriptions can be accessed via the [Graduate Catalog](#).

Term	Traditional MFT (60 hours)	Conflict Management (63 hours)	Play Therapy (60 hours)
Fall 1	Counseling Skills	Counseling Skills	Counseling Skills
	Systems and Family Theory	Systems and Family Theory	Systems and Family Theory
	Family Life Cycle	Family Life Cycle	Family Life Cycle
Spring 1		Negotiation	
	Family Therapy 1	Family Therapy 1	Family Therapy 1
	Ethics & Clinical Practice	Ethics & Clinical Practice	Ethics & Clinical Practice
	Practicum	Practicum	Practicum
Summer 1	Non-traditional Families (Maymester)		Play Therapy
	Couple Therapy	Couple Therapy	Couple Therapy
	Sex Therapy	Sex Therapy	Sex Therapy
	SCP I	SCP I	SCP I
Fall 2		Mediation	Expressive Therapy
	Family Therapy II	Family Therapy II	Family Therapy II
	Diagnosis & Assessment	Diagnosis & Assessment	Diagnosis & Assessment
	SCP II	SCP II	SCP II
Spring 2	Research & Stats	Research & Stats	Research & Stats
	Cultural Diversity	Cultural Diversity	Cultural Diversity
	SCP III	SCP III	SCP III
Summer 2	Spirituality in MFT	Family Mediation	
	Addiction & Families	Addiction & Families	Addiction & Families
	Family Therapy Across the Life Cycle	Family Therapy Across the Life Cycle	Family Therapy Across the Life Cycle
	SCP IV	SCP IV	SCP IV
<i>Note: SCP is the Supervised Clinical Practice course</i>			

Academic Advising

Since MFT students go through the program in a cohort model, academic advising is relatively simple. All students sign a degree plan in their first semester. Unless the student files a written request to change degree plans, the degree plan determines which courses will be taken each semester. Urszula Collier, the MFT program administrative assistant, is the contact person for most questions related to academic advising. If a unique situation arises for which there is no policy or clear answer, Urszula Collier will forward the concern to the program director.

Lipscomb Disability Services

Lipscomb University is committed to providing equal access to education, housing, facilities and all school sponsored events through a dedicated effort to comply with the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and state and local regulations regarding individuals with disabilities. Pursuant to these laws, no qualified individual shall unlawfully be denied access to or participation in any services, programs, or activities of Lipscomb University on the basis of their disability. Lipscomb University will provide reasonable accommodations for the needs of qualified students as they pursue post-secondary education.

An individual with a disability is a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; OR (2) has a record of such impairment; OR (3) is regarded as having such impairment.

Lipscomb University recognizes that disabilities come in all shapes and sizes, and can include physical, mental, social, and learning disabilities. Reasonable accommodations will be provided to qualified individuals, as outlined by the above regulations. Any accommodation request, however, that is unduly burdensome to the university or fundamentally alters the nature of the service, program, course, or activity cannot be fulfilled.

Please contact Kaitlin Shetler, Director of the ACCESS Ability Program, with any questions, requests, or concerns regarding services and accommodations provided for individuals with disabilities. She can be reached at 615.966.6301 or 1.800.333.4358, ext. 6301, by email at kaitlin.shetler@lipscomb.edu, or fax at 615.966.5079.

Lipscomb Academic Integrity Policy

Because Lipscomb's primary mission is to integrate Christian faith and practice with academic excellence, integrity is important in this course. To this end, MFT faculty will strive to deal with each student fairly and honestly. Students are expected to do their own work on all tests, labs, and assignments unless faculty indicate that collaboration is allowed on a specific assignment. Penalties for integrity violations will range from failure on the assignment involved to failure in the course. Faculty also reserves the right to report violations to university administration. For clarification, refer to the University's [Academic Integrity Policy](#).

Lipscomb Non-discrimination Policy

Lipscomb University is a private, Christian university open to any qualified student without regard to race, religion, sex, age, color, national or ethnic origin, or disability. Lipscomb University complies with all applicable federal and state nondiscrimination laws, and does not engage in prohibited discrimination on the basis of race, religion, sex, age, color, national or ethnic origin, or disability in the administration of its educational policies, programs, and activities. This policy includes admissions policies, scholarship and loan programs, employment practices, and athletic and other school administered programs. Lipscomb University is affiliated with the fellowship of the Church of Christ. The university is controlled by a board of directors all of whom are members of the Church of Christ, and is operated within the Christian-oriented aims and ideals and religious tenets of the Church of Christ as taught in Holy Scripture. As a religiously controlled institution of higher education, Lipscomb University is exempt from compliance with some provisions of certain civil rights laws, including some provisions of Title IX of the Education Amendments of 1972.

Coursework Contexts and Communication

Spark

The majority of classes take place Tuesday evenings at [Spark](#), a Lipscomb University site located in the Cool Springs area of Franklin, TN. The first class of the evening begins at 5:00 PM and ends at 7:30 PM with the second class beginning at 7:30 PM and ending at 10:00 PM.

Online Courses

There is one course in the curriculum that students will complete online. The course content will be delivered primarily through the LU Blackboard Learning Management System.

Hybrid Courses

Hybrid courses have both classroom and online components.

Lipscomb Email Address

Each student will be given a Lipscomb email address (example@mail.lipscomb.edu). MFT faculty and staff will use this email address to send students information critical to their success in the program. Consequently, students should check their Lipscomb email address daily and are expected to respond to MFT faculty and staff emails within one business day.

Google Drive

The Google Drive (i.e., the one connected to a student's Lipscomb e-mail address) will be used frequently for academic and clinical form sharing (Note: no identifiable LFTC client information can *ever* be stored or shared on Google Drive). Students and LFTC interns should become familiar with the features and functions of Google Drive, especially the "shared with me" feature and "Students" folder. Students need to be organized and should structure their Google Drive in such a way that shared documents are easily accessible.

Practicum

Practicum exposes students to their first supervision experience. Student supervisees will enroll in practicum in the spring term of their first year. The practicum instructors decide the time and location of each practicum setting (e.g., LFTC). Practicum is a course designed to provide students with the appropriate training and supervision as they have their initial exposure to clinical activities such as simulated therapy sessions, leading psychoeducation groups, live observation of therapy sessions, and co-therapy with a more experienced therapist. Practicum is distinguishable from other courses in the program (e.g., class size and location) and focuses on the development of competencies and professional growth of supervisees.

Each practicum student will be required to complete a Theory of Change paper. The purpose of this assignment is provide the foundation from which faculty will be able to track the development of the student's training, clinical skill, and conceptualization of client change. By the time students complete the program, they will have written five Theory of Change papers (Practicum-SCP IV). Each of the five papers should show progressively more complex and sophisticated clinical thinking.

Supervised Clinical Practice

There are four semesters of the Supervised Clinical Practice course (SCP I-IV). These courses take place at times and locations during the semester that are set by each faculty

supervisor. Supervision meetings often take place at LFTC, but may also take place elsewhere (e.g., at a faculty supervisor's private practice location). Students will register for SCP in their third, fourth, fifth and sixth semesters (i.e., Summer I-Summer II).

For each of the four Supervised Clinical Practice courses, students will have a Theory of Change paper assignment. These papers help faculty track the development of students' training, clinical skill, and conceptualization of client change. Each Theory of Change paper should show progressively more complex and sophisticated clinical thinking. The Theory of Change paper submitted in SCP IV (summer 2) should be the most advanced and intricate rendition of a student's theory of change, integrative model of therapy, application of that model, and video demonstration his/her ability to perform the integrative model of therapy.

Graduation Requirements

Students must complete all coursework, Practicum, and Supervised Clinical Practice with a GPA of at least a 3.0 to remain in good academic standing (Note: No grade below a "C" is acceptable. Such grades will not apply toward degree completion). Students are required to accrue at least 500 face-to-face client contact hours with no fewer than 200 of those hours being relational (i.e., couple, family). Students must have no fewer than 100 hours of AAMFT approved supervision with 50 of the 100 hours utilizing observable data (e.g., live observation, video/audio session recordings).

Academic Policies, Academic Standing, and Managing Performance Deficiencies

The Lipscomb MFT Program follows the academic policies of the Department of Psychology, Counseling, and Family Science described in the [Graduate Catalog](#).

In addition to departmental academic procedures, the Lipscomb MFT Program faculty make considerable efforts to support students who struggle to meet academic standards. When a student appears to be at risk of failing to meet the academic standards of the program (e.g., GPA < 3.0), MFT faculty often work with the student to create a Collaborative Academic Development Plan (CAD-Plan). The CAD-Plan gives faculty and students the opportunity to better understand academic performance deficiencies and it documents a plan of action to help a student improve his or her academic performance.

Should a student's academic performance lead to academic probation or suspension, the student may make an appeal in writing to the vice provost for academic development and graduate studies.

Clinical Activity: Practicum and Internship

Clinically active students (i.e., "interns") will earn their 500 face-to-face client contact hours during their practicum and internship experiences that begin in the spring of their first year. Students will register for the practicum course during the spring of their first year in the program. Practicum experiences will include clinical training, clinical observation, simulated therapy (i.e., role-play exercises), and co-therapy with a second year intern. Internship begins in May of a student's first year in the program (i.e., SCP I). Internship may occur at LFTC and/or external clinical sites (see Appendix H).

Candidacy.

When a student passes the Practicum course with a grade of B or better, he or she has entered into the marriage and family therapy candidacy stage in Lipscomb's MFT program. As a

candidate, students, previously known as practicum interns throughout the practicum course, become known as therapist interns. Candidacy brings with it new opportunities and greater responsibilities including:

1. Therapist interns are eligible to enroll in the Supervised Clinical Practice course
2. Therapist interns may begin clinical internships at external clinical sites (assuming a practicum/internship agreement has been signed by site personnel and approved by the clinical director of the marriage and family therapy program)
3. Therapist interns may conduct therapy without the support of a co-therapist while under the supervision of an AAMFT Approved Supervisor
4. Therapist interns are eligible to complete case file paperwork.

Reaching the point of candidacy is a considerable accomplishment and a milestone in the Lipscomb's M.MFT program.

Finding an internship site/s.

Students should begin looking for an internship site in the fall of their first year in the program. Obtaining an internship at at least one clinical site is a critical first step toward earning the required 500 face-to-face client contact hours for graduation. Clinical sites must be equipped for the provision of mental health services in accordance to state and federal laws. Students should keep the Clinical Director informed (via email, phone, or in-person) during all stages of their search for an internship site. All program students are required to contact *at least 5* potential internship sites by December 1 of their first semester in the program and are to email the Clinical Director a list of the sites they have contacted and include a brief, 3-5 sentence summary of their internship search experience. Appendix H gives a list of clinical sites where students have served in the past and is a good place to start a search for an internship site.

Internship interview tips.

Before offering internships, clinical site directors and/or staff usually interview students who have applied for an internship. To prepare for interviews, students should update their resume or curriculum vitae. Students should also be prepared to answer questions such as: Why are you pursuing a degree in marriage and family therapy? What would make you a good fit at this clinical site? Do you have any areas of special clinical interest? What are some of your attributes that you think will help you when working with clients? What are you looking forward to most during your internship experience? Students should speak confidently, honestly, and humbly to interviewers about their strengths (e.g., "I love working with people") and growth areas (e.g., "I lack clinical experience and still have a lot to learn about being a therapist"). When getting ready for an interview, it is also beneficial for students to research the bios of the staff and therapists at the potential internship site (these are often available online). Students will improve their chances of getting an internship offer if they can converse meaningfully about the clinical site's mission and personnel.

Practicum/Internship agreement.

Prior to beginning clinical work at any clinical site (i.e., including LFTC), all students must complete *two* original copies of the MFT Practicum-Internship Agreement that is available to them on Google Drive.

Site supervisor/s.

All students who obtain an external internship site (i.e., any site other than LFTC) must also have a qualified site supervisor. Ideally, a site supervisor would be an AAMFT approved supervisor; however, any on-site clinical supervisor who is not an AAMFT Approved Supervisor may be a mental health professional with any of the following licenses: Licensed Professional Counselor with Mental Health Service Provider Designation; Licensed Pastoral Therapist; Licensed Clinical Social Worker; Licensed Psychiatrist; or a Licensed Psychologist, Senior Psychological Examiner, and/or Psychological Examiner. The benefit of having an AAMFT approved site supervisor at an external internship site is that the supervision students receive with these approved supervisors will count toward the hours required for graduation. All site supervisors must also have at least two years of professional work experience in psychology, counseling, and/or marriage and family therapy.

Client Contact Hours, Clinical Pace, and Supervision**Client contact hours.**

From the time interns (i.e., students) begin practicum in January of their first year to graduation approximately 20 months later, they must see 5.75 clients each week on average in order to accrue the 500 face-to-face client contact hours required to graduate. As part of their practicum and internship requirements, interns should have *at least* 16 hours of clinical availability each week (this time can be split across multiple sites). Interns should expect no more than one-half of their clients to come to therapy on a weekly basis. It is for this reason that we ask students to be clinically available for 16 hours each week.

COAMFTE defines a client contact hour as the following:

Therapist and client therapeutic meetings in the same physical location. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family, but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. A 45-minute therapy session must be counted as 45 minutes (i.e., .75 hours), not one hour or as a contact hour.

According to COAMFTE: “The 500 hours may include a maximum of 100 **alternative hours** or clinical activity (e.g., couple or family groups, live cases where reflecting teams are directly involved in working with clients, etc.) that is directly related to the program’s mission, outcomes, and goals.” In our program, alternative hours are often accrued when students lead psychoeducation groups in local schools.

Students who do not accrue 280 client contact hours by February of their second year should not expect to graduate on time in August or walk with the other members of their cohort in May.

Notice in the clinical pace example below that it usually takes several months to build up a caseload and that the accrual of client contact hours dips in November, December, and January due to the holiday season and weather related cancellations. Because of this, the therapist in this

example extended his or her clinical availability in the last two terms in order to increase the number of clients seen each week.

Students should note that no two interns will have the same clinical pace. However, this clinical pace example, when combined with monthly hours reports, should provide students with enough information to track whether they are on pace to earn the 500 face-to-face client hours required to graduate on time.

Clinical pace example.

Year	Month	Weekly Availability	Hour/s Per Week	Total Hours
1	January	16	1	4
1	February	16	1	9
1	March	16	2	17
1	April	16	2	26
1	May	16	3	39
1	June	16	3	52
1	July	16	5	74
2	August	16	7	104
2	September	16	8	139
2	October	16	8	174
2	November	16	6	200
2	December	16	5	222
2	January	18	7	252
2	February	18	7	283
2	March	20	10	326
2	April	20	10	370
2	May	20	10	413
2	June	20	10	457
2	July	20	10	500

Supervision.

The MFT program, in accordance with COAMFTE accreditation standards, is committed to relational/systemic-oriented supervision. COAMFTE has provided the following definition of supervision:

Supervision is distinguishable from psychotherapy or teaching, and focuses on the development of competencies and professional growth of the supervisee...Individual supervision is defined as one supervisor with one or two supervisees. Group supervision consists of one supervisor and eight or fewer students. Regardless of the number of supervisors present, a group cannot exceed eight students to qualify for group supervision. For example, ten students and two supervisors are not appropriate because the number of students exceeds eight.

In order to graduate, students must receive *at least* 100 hours of supervision from an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate, including *at least* one hour of supervision from an AAMFT Approved Supervisor/Candidate each week they are

seeing clients (i.e., exceptions can be made for holidays and extenuating circumstances). A minimum of 50 hours of supervision must utilize observable data (e.g., live observation, session video). Supervision can be individual (i.e., one supervisor with 1-2 supervisees) or group (i.e., one supervisor and 8 or fewer supervisees). Over the course of their time in the program, students should maintain a 5:1 client contact to supervision hour ratio.

Logging Client Contact and Supervision Hours

Client contact and supervision hours spreadsheet.

Students are REQUIRED to keep CURRENT logs of client contact and supervision hours using the “Clinical & Supervision Hour Tracking” spreadsheet located on Google Drive. Students should download the spreadsheet designed for their specific graduation year.

Interns are REQUIRED to REPORT client contact and supervision hours to their supervisor and clinical director monthly (i.e., by 11:59 PM the last day of each month) by emailing them an updated copy of the Clinical & Supervision Hour Tracking spreadsheet.

Only supervision hours with an AAMFT approved supervisor are to be logged on the client contact and supervision hours report. Students will have the opportunity to earn all 100 AAMFT approved supervision hours required for graduation from faculty supervisors during their SCP course experiences. AAMFT approved supervisors include Dr. Briggs, Dr. Gonzalez, Dr. Morgan, and other SCP faculty supervisors. If your site supervisor is not AAMFT approved, we are not counting that supervision toward your required supervision hours for graduation in adherence to COAMFTE standards.

A student’s failure to accurately log and submit a client contact and supervision hours report by the last day of each month may result in a full letter drop in the student’s practicum or supervised clinical practice course grade.

Client contact hours are face-to-face meetings with clients. They are counted on a 50-52 minute per hour basis. If a therapist conducts a session that goes beyond 50-52 minutes, the session may count as more than one client contact hour under the following conditions:

- The client explicitly agrees to the extended session that goes beyond 50-52 minutes
- The client is billed and pays for the additional time.

For example, if therapist and client decide to extend the session to 80 minutes for acceptable clinical reasons and the client is billed and has paid for 1.5 sessions (e.g., the established hourly fee is \$20 and the client is billed and has paid \$30 for the 80 minute session), the therapist notes a 1.5 hour session on the receipt and receives credit for 1.5 client contact hours. Extended hours may be counted in .25 increments (round to the *nearest* quarter hour). If a session runs over without explicit agreement and appropriate billing and payment, the therapist receives only 1 hour of client contact.

An intern’s faculty supervisor may grant exceptions to this policy in the following cases:

- It is deemed clinically inappropriate to charge the client for the additional time (e.g., a reporting, duty to warn, and/or violence/safety issue comes up at the end of the session, for example: while wrapping up the session the client reports suicidal ideation and it takes 25 minutes to work on a safety plan; the

student does not charge additional fee, gets faculty supervisor approval and receives credit for 1.5 client contact hours);

- Students who work in a project that provides services free of charge to clients (example: a student conducts a 90 minute multi family group for a project) may count 1.5 client contact hours per group session.

The options below require the presence of a MFT faculty supervisor (peer supervision provided by MFT students currently involved in the program do not count toward hours required by the COAMFTE toward graduation):

- Weekly individual or group meetings (e.g., 60-120 minutes) with AAMFT Approved faculty supervisors counts as supervision. When recordings are watched during supervision the time is recorded as “Video;” when supervision includes behind the mirror observation, in-room co-therapy with a supervisor, or a reflecting team, the time is recorded as “Live” supervision; all other forms of individual and group supervision are recorded as “Case Report.” Thus, it is possible for a single two hour group supervision meeting to be recorded as three different types of supervision (e.g., .5 case report, .5 video, and 1 hour live)
- Pre-session and post-session meetings with the faculty supervisor count as supervision hours (individual for 1 or 2 students present; group for 3-8 students present). These types of meetings are recorded as “Case Report.”

Client contact and supervision hours spreadsheet instructions.

Keeping track of client contact and supervision hours is made easier with the use of the Clinical & Supervision Hour Tracking excel spreadsheet that is available on Google Drive. The numbers located in the “Stats” tab of the spreadsheet are automatically tabulated.

Students are required to input all cell values on the Clinical and Supervision Hour Tracking excel spreadsheet **EXACTLY** as they are formatted in the examples below. Failure to follow the formatting examples below could lead to a lower Practicum and/or SCP course grade. Please note that only the start time is recorded in the “Time” column. The ALT column is the place where alternative hours are recorded (i.e., clinical activities that are different than regularly scheduled sessions such as leading a psychoeducation meeting or support group). To log alternative hours, input the date, time, the modality (i.e., individual, couple, or family hours) and that the hours were alternative client contact. The example provided in this manual gives instruction on how to log an alternative hour. In this case, let's say that an intern led a group of unrelated couples in a psychoeducation meeting. The intern would log the hour in ***both*** the “Couple” and “ALT” columns. This ALT hour would count as one client contact hour and would be added automatically to the intern's client contact total in the Stats tab. In the supervision hours log example provided here, students should notice that date is formatted in the exact same manner as it is when a client contact hour is logged. The example shows how both individual and group supervision is recorded. In the group supervision example, notice that the meeting included one hour of case report supervision and one hour of live supervision. *Only* supervision hours with an AAMFT approved supervisor are to be logged on the client contact and supervision hours spreadsheet. AAMFT approved supervisors include Dr. Briggs, Dr. Gonzalez, Dr. Morgan, and other Practicum and SCP faculty supervisors. If interns' site supervisors are not

AAMFT approved, we are not counting that supervision toward the supervision hours required for graduation in adherence to COAMFTE standards.

Client contact hours tab.

Date	Time	Individual	Couple	Family	ALT
01/18/17	7:00 PM		1		1
01/19/17	8:00 PM	1			

Supervision hours tab.

Individual Supervision				Group Supervision			
Date	Case Report	Live	Video	Date	Case Report	Live	Video
01/16/17	1			01/17/17	1		1

Stats tab.

Lipscomb Client Contact & Supervision	Hours
Individual	1
Couple	1
Family	0
Relational	1
Face to Face Client Contact	2
Supervision	3
Alternative Hours	1
Individual Hours for Every Relational Hour	1.00
Relational Hour Percentage of Caseload	50%
Projected Total by July 31, 2017	Hours
Individual Hours	13
Relational Hours	13
Face to Face Client Contact	26
Weekly Client Contact Hours Needed to Graduate	9.40
Weekly Client Contact Hours Last Month	0.46
Supervision Summary	Hours
Individual Case Report	1
Individual Live	0
Individual Video	0
Individual Raw (Live + Video)	0
Group Case Report	1
Group Live	0
Group Video	1
Group Raw (Live + Video)	1
Total	Hours
Individual Supervision:	1
Group Supervision:	2
Raw (Live + Video) Supervision:	1
Individual + Group Supervision:	3
Client Contact Hour for Every Supervision Hour	0.67
Projected Total by July 31, 2017	Hours
Weekly Raw (Live + Video) Hours Needed to Graduate	0.92
Individual + Group Supervision:	40
Today's Date:	7/20/16
End of Summer Term Hours Accrual:	7/31/17

Periodic Evaluations of Clinical Work

At any point during the practicum and internship periods (i.e., Practicum – SCP IV), MFT faculty supervisors may tell students that their work qualifies them to 1) continue in clinical practice with the same responsibilities; 2) continue in clinical practice with reduced responsibilities; or 3) discontinue participation in clinical practice. Decisions concerning continuation in clinical practice include an end of term evaluation of the progress of interns. These evaluations give faculty supervisors the opportunity to assess interns' progress toward being able to function independently as clinicians without requiring extraordinary supervision efforts.

At the end of each term, each student will be evaluated by faculty supervisors and any site supervisor they work with at an external clinical site. It is each intern's responsibility to get his or her site supervisor a copy of the Site Supervisor Evaluation of MFT Student form available on Google Drive in time to complete by the last group supervision meeting of the term.

Therapist interns will also fill out an evaluation for each of their faculty and site supervisors. This is an opportunity for interns to give their supervisor/s feedback regarding the supervisor's knowledge, competence, and supervision skill. Interns will discuss their evaluation with their faculty supervisor and have the option of discussing their evaluation with their site supervisor.

If a intern exhibits any behavioral or performance characteristics that are determined by consensus of the MFT faculty to be inconsistent with the program's standards for behavior in clinical practice (i.e., as presented, for example, in the Policies and Procedures Manual or the AAMFT Code of Ethics), including any threat to the welfare of clients, the intern will be counseled by his or her faculty supervisor and the MFT program faculty. This counseling informs the student that his or her privileges of participating in Supervised Clinical Practice are suspended or are at risk of being suspended, and the reasons for this action are explained to the student. The student is given specific written recommendations for rectifying any problem behaviors, along with a deadline by which this must be accomplished. A copy of the written recommendation will also be kept in the student's clinical practice file.

Improving Supervised Clinical Practice Performance Deficiencies

Students whose clinical practice performance is below their expected level of competency will be given opportunities to strengthen clinical performance deficiencies within a reasonable time period decided by the faculty supervisor in consultation with the MFT faculty. The student will have the opportunity to give input on this time period.

If the student makes the recommended changes and improves clinical performance deficiencies by the designated deadline, then his or her clinical privileges will remain unchanged.

If a student exhibits any behavioral or performance characteristics that are determined by consensus of the MFT faculty to be inconsistent with the program's standards for behavior in clinical practice the student will be counseled by his or her faculty supervisor and the MFT program faculty. This counseling informs the student that his or her privileges of participating in clinical practice are suspended or are at risk of being suspended, and the reasons are explained to the student. The student is given specific written recommendations for rectifying any problem behaviors, along with a deadline by which this must be accomplished. Written recommendations

will be documented on the Lipscomb University MFT Program Clinical Practice Improvement Plan (see Appendices).

If the student is not able to show evidence of satisfactory progress toward making improvements to clinical performance deficiencies by the designated deadline (e.g., video evidence of improved clinical practice), then the faculty supervisor and the MFT faculty may terminate the student's clinical privileges. Since supervised clinical work is required for graduation, the MFT faculty will also initiate a recommendation to the Department of Psychology, Counseling, and Family Science that the student be dropped from the program.

The MFT faculty and faculty supervisors will give a reasonable amount of aid to any student whose clinical performance is unacceptable *before* that student's clinical privileges are terminated and/or he or she is dropped from the program (Note: "reasonable" refers to expectations based on experiences with other students and similar assignments). However, in some unusual circumstances, a faculty supervisor and the MFT program faculty may immediately terminate a student's clinical privileges any time they believe that client welfare is jeopardized. In these cases, upon the student's successful strengthening of clinical performance deficiencies by a designated deadline, the faculty supervisor and MFT faculty may reinstate the student's clinical privileges.

Dual Relationships

Throughout MFT Program and clinical practice experience, students will be involved in various dual relationships (e.g., student/teacher, supervisee/supervisor). Some dual relationships are unavoidable and are not considered unethical in and of themselves. However, the MFT faculty are concerned about apparent, potential, and perceived conflicts of interest and/or exploitation. The faculty are also concerned with the way dual relationships are handled. When knowledge of any possible dual relationship issue emerges, a student should consult his or her faculty supervisor immediately. Failure to do so may constitute a breach of ethics.

We consider, for example, the participation of interns and their clients in the same therapeutic endeavor (e.g., group therapy) or small group (e.g., Bible study) as inappropriate. Thus, Lipscomb MFT students are not allowed to engage in such activities with their clients. If interns learn that one or more of their clients plan to participate in the same social activity as them, interns must consult with their faculty supervisor to obtain permission prior to participating. Violations of dual relationships policy are considered a Supervised Clinical Practice performance deficiency and will be treated according to the previously stated standards.

Outside Employment

The MFT program is an intensive 24-month program with a high credit hour density per semester. The work is rigorous and ongoing. In short, working on this degree is full time work. The following is a normal breakdown of how students invest their time into the program, with many students exceeding the upper end of these time ranges:

- 7 hours in class weekly (i.e., Tuesday night class and weekly supervision)
- 15 - 20 hours per week in study, projects, and assignments
- 16 - 25 hours per week clinical availability

In light of the demands of the program (35 - 50 hours per week), outside work must be approved through the program director.

Half- to full-time employment (i.e., 20 hours or more weekly) is highly discouraged and will not be allowed without a written agreement that work will not interfere with the availability of the student (e.g., missed classes, reduced clinical availability, & cancelled sessions) or the quality of their work (e.g., missed, incomplete, or poorly written assignments).

Less than half-time employment is permissible and will be allowed as long as it will not interfere with the availability of the student (e.g., missed classes, reduced clinical availability, & cancelled sessions) or the quality of work (e.g., missed, incomplete, or poorly written assignments).

Personal and Vacation Time

The faculty and staff recognize student needs for time away from schoolwork and clinical responsibilities. However, a balance must be struck between personal needs, the needs of clients, and academic requirements. In terms of client care, students must be available to their clients and should not expect to spend significant time away from clinical responsibilities during their time in the program. Additionally, in order to receive adequate supervision, the interns must be available to receive an average of at least one hour of supervision from an AAMFT Approved Supervisor during each week they are seeing clients. Supervised Clinical Practice is an academic course and must be treated as such and we, the MFT faculty, discourage requests for time off during the semester.

The MFT program and LFTC administration will honor university Holidays. Although there are no classes meeting during Spring Break, students are expected to maintain client loads during Spring Break. LFTC will be closed on the following dates:

- Martin Luther King, Jr. Day
- Easter
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve through New Year's Day.

When LFTC is closed the week between Christmas and New Year's, each intern must make sure the needs of his or her clients are met. For example, interns need to assure and document that their clients are aware of emergency contact numbers and that clients have a plan of action should any clinical concerns arise while the therapist is away. Interns must discuss these issues with their faculty supervisor before the break.

Extended times away, for example, two weekends with a week in between, are afforded to both first year and second year interns during each year of the program. Those times must be managed in accordance with LFTC protocol in order to ensure that clients' needs are met. Each intern is allowed two such weeks per year in addition to holiday closures. Years are measured from the first day of fall classes in August to the last day of the summer reporting period in August of the following year. Additional days off (i.e., long weekends) must be negotiated with the faculty supervisor. Depending on each intern's status with regard to client contact hours, additional vacation requests may be denied. Students are responsible for attending all classes

during each term. There are specific times during the calendar year during which interns are not permitted to take long vacations, as described below.

Vacation time must be requested by completing the Request for Vacation Time form (available on Google Drive) at least *one month* prior to the requested start of the vacation. Prior to being granted permission for vacation time, interns must identify another intern to cover their cases (i.e., being the contact person for a client during an emergency) while they are gone and secure the signature of their supervisor. The form must then be turned in to the MFT program director who will verify that the intern has vacation time still available. Final approval for vacation time rests with the MFT program director.

Interns may not take more than two consecutive weeks of vacation at any one time (whether or not this includes university holidays). Exceptions to this policy (e.g., wedding, honeymoon, family reunion, mission trip) must be approved in advance by the MFT program director.

After Graduation

Since the profession of Marriage and Family Therapy is a profession requiring a license in the state of Tennessee and all other states, no one may practice MFT or call themselves a “Licensed Marriage and Family Therapist” without a license. Pursuing a license should be a new graduate’s top professional priority. Here is the process for obtaining a license in the state of Tennessee:

- Graduate from a regionally accredited MFT program.
- Apply for a temporary license in the state of Tennessee (optional).
- Once the Temporary license is acquired, sit for the National MFT exam (highly recommended).
- Begin practice under supervision with an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate
- Accrue 1000 face-to-face client contact hours in no fewer than 24 months
- Accrue 200 face-to-face hours of supervision, no less than 50% of which must be “individual” supervision (i.e., 1-2 MFT trainees) meeting with an AAMFT Approved Supervisor/Candidate. The remaining 100 hours could be group supervision (i.e., 3-6 MFT trainees) with an AAMFT Approved Supervisor/Candidate.
- Sit for the state exam (which mainly focuses on AAMFT code of ethics and Tennessee General Rules Governing Marital and Family Therapists).
- Pay all associated fees.

Having a Temporary MFT License indicates that the individual is serious about pursuing the license, but also indicates that the individual should be under the supervision of an AAMFT Approved Supervisor. The full license allows the individual to practice independently without supervision. It also allows the individual to be eligible for third party reimbursements from some insurance companies.

Portability of Degree

Lipscomb’s M.MFT program conforms to the COAMFTE standards 12 educational requirements and meets or exceeds all educational requirements for MFT licensure in Tennessee. However, although most other states set their licensure educational standards according to

COAMFTE guidelines, it is possible that moving to a state outside of Tennessee may require additional coursework in order to pursue a license.

Continuing Education

Licensed MFTs must get 10 clock hours of continuing education per year with no less than 3 of the 10 hours covering ethics or Tennessee law. Reports of Continuing education occur with license renewal every two years, equaling 20 total hours with no less than 6 of those hours in ethics or Tennessee law.

Seeking Employment

There are a wide variety of jobs that make use of the skills learned in an MFT program. Not all job postings that would hire an MFT will have the letters M-F-T in them. Sometimes employers will advertise their interest in someone with a background in “Professional Counseling, Clinical Social work or related field.” Generally, places would be warm to MFTs as well. Before accepting any job, it is important to know whether the work required will count toward the face-to-face client contact hours required for licensure.

Contacting Former Clients After Graduation

Due to confidentiality laws, we cannot allow students to take client information (including contact information) with them upon graduation. We do allow recently graduated LFTC interns to access their former clients' contact information for the purposes of letting them know where their new place of employment is and how to set up an appointment with them (if that is what the client wants to do). Recent grads have the freedom to access this information until August 31 of their graduation year. Any calls to these clients would have to be made on site at LFTC.

Starting a Private Practice

The purpose of our program is to train you in the practice of marriage and family therapy; opening a private practice requires a knowledge base and skill set most therapists gain while working at an agency or non-profit during the period in which they are earning their post graduate client contact hours required for state licensure. It is our opinion that most of our students are not yet ready to ethically and successfully open a private practice immediately after graduation. We have mixed feelings about our graduates opening a private practice before earning their license as a marital and family therapist in Tennessee as it requires an inexperienced recent graduate to take on a considerable amount of financial and professional risk.

Keeping in Touch with the Lipscomb MFT Program

After graduating, we would love to remain connected with graduates. We will be happy to answer any questions about life after graduation and will be eager to hear about and celebrate the successes graduates have in landing jobs, passing exams, getting licensed, going to a doctoral program etc.

Graduates should keep their contact information current with the program. We encourage graduates to stay active on the MFT Facebook page and to keep up with the LFTC twitter account.

After graduation, we will be contacting graduates periodically in order to learn about their professional progress. We will ask graduates to tell us where they work, if they have taken and/or passed the national MFT licensing exam, when they were licensed, and whether they are members of AAMFT. For accreditation purposes, it is critical for us to know how our graduates have progressed in the field.

II. The Lipscomb Family Therapy Center Policies and Procedures

The Lipscomb Family Therapy Center (LFTC) is a professional mental health center open to the public. Our belief is that professionalism is a form of hospitality as we seek to honor our clients, our community, and all of our stakeholders. Professionalism is to be practiced in all engagements at LFTC including the manner in which faculty, staff, and interns dress, eat, handle referrals, engage in social media, communication, and time management.

LFTC is handicapped-accessible and is designed to create a professional atmosphere. It contains offices for MFT program faculty and the office manager, the therapist intern room, a waiting area, and six therapy rooms, several of which are equipped with one-way mirrors.

The policies and procedures in this manual will apply to all cases being seen at LFTC. For interns placed at sites other than LFTC, the policies and procedures of those clinical sites will apply. They are not printed here but should be available for interns at their clinical site.

LFTC Operations

LFTC is operated by the interns, faculty, and staff of the MFT Program. The clinic director, Dr. Justin Briggs, is responsible for the day-to-day management of LFTC. The LFTC office manager, Sheryl Palmer, provides comprehensive clerical, secretarial, and administrative support for LFTC; manages LFTC interns; and audits client case files.

Becoming an LFTC Intern

LFTC interns are MFT program students who have applied to serve at LFTC for their internship. The application process normally begins when a student emails the clinic director in the fall of their first year to express interest in becoming an intern at LFTC. The clinic director normally interviews qualified applicants in the late winter or early spring. After all interviews have taken place, the clinic director, in consultation with the MFT faculty and LFTC office manager, selects the new class of LFTC interns, who will begin serving at LFTC in May of their first year in the program.

Supervision and LFTC Services

Services are provided to LFTC clients by interns under faculty supervision. Interning at LFTC serves as the primary clinical training experience for many students in the MFT program. As such, LFTC is a place for individuals, couples, and families experiencing mental health and relationship problems to receive psychotherapeutic services. Group experiences such as communication skill building, single parent issues, or relationship enhancement are also available for clients whenever the need arises.

Hours of Operation

LFTC is open from 10:00 AM to 9:00 PM Mondays, Wednesdays, and Thursdays; 9:30 AM to 4:30 PM Tuesdays; 10:00 AM to 6:00 PM on Fridays; and 10:00 AM to 2:00 PM Saturdays, excluding University holidays. These hours represent the time the first session of the

day *starts* and the last session of the day *ends*. A voice mail system receives messages when the office is closed. Daytime, evening, and weekend appointments are available and are arranged by mutual agreement between the front desk staff, therapist, and client.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00-9:00 PM	9:30-4:30 PM	10:00-9:00 PM	10:00-9:00 PM	10:00-6:00 PM	10:00-2:00 PM

Opening Procedures.

The office manager or other front desk staff should arrive to LFTC at least 30 minutes before the scheduled opening time. Prior to opening, the office manager or other front desk staff will make sure the therapy rooms, bathrooms, and the waiting area are clean and ordered; the thermostats are set to 72 degrees; the lights are turned on; all filing cabinets are unlocked; and that all essential equipment is turned on (e.g., copier). The office manager or front desk staff will also pick up LFTC mail from the campus post office each morning.

Closing Procedures.

It is the office manager and front desk staff's responsibility to make sure that all interns know when the final session of the day is scheduled to end. This informs staff and interns who is scheduled to be the last person in the building at closing. In preparation for closing, the last LFTC staff member or therapist in the building (i.e., office manager, front desk staff, or intern) will follow the following closing procedures.

- I. The office manager and/or front desk staff have informed interns when the last session of the day is scheduled to end *and* have identified who the last person to leave the building will be. If the last person in the building will be a intern, the office manager and/or front desk staff will make sure that the therapist has the case file cabinet key that will allow him or her to lock the case file cabinets.
- II. After the final session has ended, *all* staff and interns who remain at LFTC have made sure that:
 - a. All therapy rooms, bathrooms, and the waiting area are clean and ordered.
 - b. The thermostats have been set to *heat* the building to 65 degrees in cold weather and to *cool* the building to 72 degrees in warm weather.
 - c. The shredder and hole punch machines in the therapist intern room are emptied.
 - d. All students are logged off of therapist intern room computers
 - e. All filing cabinets are locked and the key is placed in an envelope and slid under the locked front desk room door.
 - f. All white noise machines and lights are turned off.
 - g. The therapist intern room and front desk room doors are locked
 - h. Campus Security has been called (x7600) and an officer *has arrived* to lock and deadbolt all external doors.

- III. After all tasks in Section II have been completed, interns may leave LFTC.

LFTC Intern Front Desk Responsibilities

In addition to their clinical responsibilities, LFTC interns are normally assigned to work the front desk at least three times each term. Intern front desk assignments usually take place on Monday, Wednesday, and Thursday evenings between 5:00 – 9:00 PM and Saturdays between

10:00 – 2:00 PM. Interns who are assigned to work the front desk during the evening should arrive at LFTC 15 minutes before their scheduled start time. LFTC interns assigned to work the front desk on Saturdays should arrive no later than 9:30 AM in order to give Campus Security personnel adequate time to open the building before clients are scheduled to see their therapists at 10:00 AM.

Parking

Clients are encouraged to use the available parking in the LFTC lot. Additional space is available across Granny White Pike in the University Lot at any time and at Lipscomb Academy after 4:00 PM.

Because of the limited space available for client parking, students are *not* allowed to park on LFTC grounds. Students should park in the Lipscomb Academy lot or they should find street parking.

Phone

Available lines.

The primary LFTC phone number, and the only one given to clients, is 615-966-5300. This line is located at the front desk and is answered after regular hours by voice mail. This line is not to be used for personal messages or student research projects.

Long distance call policy.

The LFTC phone line is part of the Lipscomb University telephone system. Long distance calls are permitted by therapists and staff for clinic business only. No personal long distance calls should be made using the LFTC long distance account (including those dealing with off-site internship business). In the event that unexplained long-distance charges appear, every effort will be made to determine who made the call, and that person will be billed for them. Unexplained long-distance charges will be turned over to the Lipscomb University authorities for investigation.

Long distance call procedures.

Long distance calls are made using an individual long distance code. Callers must dial “8-1-(area code)-phone number” and after a series of beeps, callers are then required to input their long distance code (a code will be made available to interns upon request by the LFTC office manager or clinic director) followed by the pound key (i.e., “#”).

Voicemail

Policy.

The purpose of the voice mail system is to allow our clients to have contact with LFTC when no one is available to answer the phone. The office manager, graduate assistants, and interns share responsibilities for monitoring the voice mail after-hours and on weekends. We do not consider ourselves a crisis referral for people who are not our clients. Community members who are in crisis and are not part of our clientele are referred elsewhere (see the list of emergency contact numbers in on page iii of this manual).

Procedures.

LFTC staff and interns are to inform clients at their first session that LFTC has a voice mail system where they can leave a message with clinic personnel. It's a good idea, however, to remind them throughout the course of treatment of the various ways they can contact LFTC staff and interns.

The message on the voice mail includes instructions for leaving the caller's name, message, and phone number; it also includes instructions for emergency situations.

Voice mail answers the phone whenever no one is available. Monday through Saturday, the voice mail is monitored frequently during business hours. On weekends, holidays, and days the clinic is closed due to extenuating circumstances, the voicemail may not be checked at all or only checked periodically (i.e., 1-2 times per day). The office manager or front desk staff checks the voice mail in the morning on each business day and takes care of intake calls, messages, etc.

Standard message (used Monday through Saturday).

"Thank you for calling the Lipscomb Family Therapy Center. Our regular office hours are Monday 10 AM – 9 PM, Tuesday 9:30 AM – 4:00 PM, Wed 10 AM – 9 PM, Thursday 10 AM – 9 PM, Friday 10 AM – 6 PM, and Saturday 10 AM – 2 PM. We are located next to Lipscomb University at 3839 Granny White Pike. If this is an emergency, please hang-up and dial 911 or contact the Tennessee Office of Crisis Services at 855-274-7471. If you would like to leave a message, please include your name, phone number, and reason for calling and we will return your call as soon as possible. Thank you."

Weekend message (used Saturday afternoon through Monday morning)

"Thank you for calling the Lipscomb Family Therapy Center. Our offices are currently closed. Our regular office hours are Monday 10 AM – 9 PM, Tuesday 9:30 AM – 4:00 PM, Wed 10 AM – 9 PM, Thursday 10 AM – 9 PM, Friday 10 AM – 6 PM, and Saturday 10 AM – 2 PM. We are located next to Lipscomb University at 3839 Granny White Pike. If this is an emergency, please hang-up and dial 911 or contact the Tennessee Office of Crisis Services at 855-274-7471. If you would like to leave a message, please include your name, phone number, and reason for calling and we will return your call during regular office hours. Thank you."

Emergency closure message (used as needed).

"Thank you for calling the Lipscomb Family Therapy Center. Due to an unanticipated event, our offices are currently closed and all scheduled sessions for today have been cancelled. For information on possible weather-related closures or modified hours of operation, please consult our website at www.lipscomb.edu/familytherapycenter or refer to local media outlets for more information.

Our regular office hours are Monday 10 AM – 9 PM, Tuesday 9:30 AM – 4:00 PM, Wed 10 AM – 9 PM, Thursday 10 AM – 9 PM, Friday 10 AM – 6 PM, and Saturday 10 AM – 2 PM. If this is an emergency, please hang-up and dial 911 or contact the Tennessee Office of Crisis Services at 855-274-7471. We apologize

for any inconvenience and will be contacting clients to reschedule cancelled sessions as soon as possible. Thank you for your patience and understanding.”

Handling voicemail messages.

Clinic personnel should use the following procedures for communication of phone messages:

- Cancellation messages should be given to therapists as soon as possible over the phone, in person, or via email.
- Requests for services are processed by front desk staff.
- Message procedures for emergency situations:
 - Messages regarding suicidality/homicidality with the intent to act or an actual suicide attempt or attempt to harm others
 - If there is an imminent threat to the health and safety of a client or anyone else (e.g., the client says, “I am going to hang up the phone and kill myself”), the person receiving the message must call 9-1-1 to initiate an emergency response.
 - If the threat is serious, but not imminent (e.g., the client says “I am so suicidal, I don’t want to live”):
 - The message recipient must attempt to notify the therapist.
 - If unsuccessful, he or she *must* notify a faculty supervisor.
 - If the therapist and faculty aren’t available to return the call, the message recipient *must* call the client and refer him/her to a hospital emergency room.
 - The therapist, office manager, and front desk staff *must* notify the faculty supervisor, MFT program director, or clinic director of the emergency as soon as possible.
 - Protective services reports and other crisis situations
 - The message recipient *must* attempt to contact the therapist.
 - The message recipient *must* contact a faculty supervisor if some action is needed and the therapist is not available.
- In situations that don't seem urgent, the message recipient may decide to contact the therapist via a home or mobile phone number or he or she may leave a message in the therapist’s box.

Building Security

Key Pick-up and return policy.

The clinic director will administer keys to appropriate LFTC personnel. Keys are *never* to be loaned out or borrowed by anyone without the consent of the clinic director or MFT program director.

Safeguarding building security.

For your own protection, the protection of others, and the security of thousands of dollars of furniture and equipment, please follow some simple guidelines.

- Whenever LFTC is closed to the public, all exterior doors should remain locked. All lights and equipment should be turned off in each room when not in use. It is a

good idea to get in the habit of turning equipment off each time you use it. This is especially important for the last therapist each evening. Never assume that someone else will lock up.

- When you are in the building during the evening, act as if you are the last one in the building. Turn out the lights and lock up office doors, clinic doors, and client file cabinets unless you are certain that there are others still working in the building.
- All exterior and interior doors to LFTC should be locked when no one is in the building. On Saturdays, Sundays and all holidays, all interior and exterior doors should be locked except when you are expecting clients.
- Make it your business to know who is in the building when you are there.

Mailboxes and Other Messages

All interns have mailboxes located in the kitchen. Interns should check their box whenever they are at LFTC for mail and important announcements.

Announcements of interest are posted on the bulletin/white board in the therapist intern room. Check these announcements regularly. Feel free to post information of interest to fellow students.

LFTC Intern Contact Information

The Clinic Director, Program Director, and Office Manager need to know where interns can be reached in case of crisis/emergency situations. MFT faculty and LFTC staff ask all interns to keep them informed of changes home, mobile, and other phone numbers.

Heating and Cooling

Uneven heating and cooling are normal in LFTC but there are steps we can take to make things more comfortable. If a room is much too hot or cold, please report this to the office manager or other front desk staff.

Windows

Interns need to shut windows that have been opened. Personal safety and equipment security depends upon this.

Waiting Area

Interns are asked to remember to safeguard client confidentiality by not discussing cases in the waiting area and hallways. Also, therapy and observation room doors should remain closed during pre-session, session, and post-session discussions.

When clients have children who may be unsupervised for part of a session (e.g., they are asked to wait in the waiting area), interns are responsible for seeing they do not disturb other therapy sessions. Children who are too young or those who cannot be trusted to behave appropriately should *never* be allowed to wait alone in the waiting area.

If the waiting area looks messy and in disarray, interns are asked to please straighten magazines, chairs, etc.

Front Desk

The front desk is place where the office manager and front desk staff will interact with clients to schedule sessions and address any other client concerns. The front desk filing cabinet is used to store MFT student clinical practice files and the front desk computer also stores valuable information. The hallway door to the front desk must remain closed at all times. Only the clinic director, office manager, and front desk staff are allowed in this office. Confidential client materials are NOT be stored in this office. At the end of each business day, both the hallway door and front desk service window need to be locked.

The front desk is the primary workspace of the office manager. Interns should not rearrange file cabinets, desk drawers, and/or the desktop with the permission of the office manager.

Therapist Intern Room

The therapist intern room is a space for interns to rest between sessions, work on LFTC paperwork (e.g., progress notes, psychotherapy notes, scoring assessments), conduct case management, call clients, and take part in various activities related to their clinical work. Only interns, LFTC staff, and faculty are allowed in the therapist intern room. Under NO circumstances are clients to be allowed in the therapist intern room.

The door to the therapist intern room *must* be closed whenever the room is empty and locked whenever LFTC is closed. When clients are in the building, the door must remain closed at all times and the white noise machine must remain on to mitigate noise and to help prevent clients from overhearing conversations that occur in the therapist intern room. Since the therapist intern room is adjacent to the waiting room, interns should be aware of the possibility of being overheard and should use wisdom when carrying on discussions.

Computers and phones.

Computers and phones in the therapist intern room are connected to Lipscomb network and are meant for clinical use. Computers may also be used for academic purposes provided there are no interns in need of a computer for clinical use.

Client case file cabinets.

Client case files are stored in the intern. Client case files *must* be stored in the locking filed cabinet at ALL TIMES unless they are actively being used for clinical purposes.

Bulletin and white boards.

The bulletin and white boards in the therapist intern room often contain important information for students. Interns may request that specific information, news clippings, posters, etc. be placed on LFTC bulletin and white boards by contacting the office manager.

Therapy Rooms

LFTC has six dedicated therapy rooms (i.e., 103, 104, 105, 106, 201, 202) and two faculty offices (i.e., 203, 204).

Rooms are available for therapy sessions on a first-come, first-serve basis. The office manager and front desk staff make room reservations as clients schedule their appointments. Rooms are reserved for only the amount of time actually needed to see the client (i.e., 1 hour).

During live supervision sessions, rooms with live observation capabilities are first assigned to interns receiving live supervision. If possible, never enter a therapy room without first checking through the observation room to see if the room is occupied. Faculty or students who wish to observe sessions should consult with the therapist first.

To avoid confusion in scheduling therapy rooms, therapists need to keep the office manager and front desk staff up to date on their clinical availability.

All therapy rooms should be organized and cleaned after use. Before and after each session, interns should check that the room has facial tissues and should replenish these as necessary. There are extra tissues in the kitchen as well as other necessary supplies. If interns need supplies they can't find, they should notify the office manager and front desk staff.

Kitchen

The LFTC kitchen is a multipurpose space where food is preserved and prepared, clinical supplies are stored, and where LFTC printing and copying occurs. Food may be stored in the refrigerator with the understanding that the office manager and front desk staff are trained to throw away food at their discretion each Friday at 3:00 PM. Thus, the LFTC refrigerator is not a long-term storage space for leftovers. Food may be prepared in the microwave provided it is wiped clean after use. The copy/printer/fax/scanner may be used for clinical purposes *only*. The LFTC printer, fax, and copier is not to be used for personal reasons by any intern. Additionally, please note that all academic printing must be done through Spark.

Building Maintenance and Service Requests

The clinic director, MFT program director, and office manager should be contacted when interns become aware of needed building improvements, repairs, or security concerns. The office manager is the first person to contact with any building maintenance and service requests. Such requests need to be submitted *via email*.

Toys

The Play Therapy room is a space designed for the treatment of clients who would benefit from play therapy techniques. The toys there are for therapeutic purposes, and MAY NOT BE USED FOR PERSONAL USE OR BY CHILDREN IN THE WAITING ROOM.

Furniture

Treatment setting characteristics such as furniture can be an important part of setting the therapeutic “stage” and interns are allowed to arrange rooms according to the treatment needs of the client; however, furniture in therapy rooms must be put back in its original place at the end of each session.

Eating

Food is only permitted in the LFTC kitchen and therapist intern room. There is no food (excluding beverages with a sealed lid) permitted in any therapy room, bathrooms, or waiting area. Interns may eat food in faculty offices on a case-by-case basis with the permission of the faculty member.

Forms on Google Drive

All forms and documents for LFTC are stored on Google Drive. These forms can be downloaded to LFTC computers; however, no identifiable LFTC client information should *ever* be stored or shared on Google Drive. If interns have trouble accessing LFTC forms on Google Drive, they should contact the clinic director.

Tobacco, Alcohol, and Substance Use Policy

Smoking, chewing tobacco, consuming alcohol, or ingesting illegal substances is not permitted anywhere on the LFTC grounds. The University prohibits smoking on campus. Clients who wish to smoke will need to cross over Granny White Pike in order to smoke off campus.

III. Client-related Policy and Procedures**Professionalism**

Interns will be held to a standard of practice that is consistent with their level of competence and the expectations of their internship site/s, LFTC, the MFT program, and Lipscomb University.

Therapist Intern Availability and LFTC Appointment Calendar**Clinical availability.**

All interns (i.e., both those at LFTC and external clinical sites) are required to have *at least* 16 hours of clinical availability each week from the time Practicum begins in the spring of their first year through the end of SCP IV in their final summer in the program (these hours can be split across multiple sites). To view an LFTC intern's availability for client scheduling, the office manager and LFTC front desk staff will consult interns' online Availability Calendar. Thus, it is very important that interns' availability be accurately portrayed on the Google Calendar associated with their LU email account. When LFTC interns have been granted time off, they need to document this on the Availability Calendar. Please note that vacation requests must be submitted to the office manager or clinic director at least *one month* prior to the requested time off.

Determining when to begin seeing clients.

Consistent with COAMFTE standards, all entering MFT students will register for Practicum and the Supervised Clinical Practice course during their first year in the MFT program. Registering for Practicum signifies the beginning of a student's clinical eligibility.

Supervision

All cases at LFTC and external clinical sites must be supervised. Interns' faculty supervisor should be kept apprised of all case activity, not just that which is being live supervised or that which interns think needs supervision. We do not distrust interns' clinical abilities. We just need to be informed of their clinical activity. Faculty supervisors are available for consultation and assistance with cases. The supervision philosophy of our program is founded in our desire to provide good therapy and excellent learning opportunities. The faculty supervisors are here to make sure that happens. Interns should never be concerned that their questions are too trivial or that faculty supervisors will think less of them for wanting to check something out. All concerns related to abuse, violence, ethical or legal concerns (e.g., cases that carry a reasonable chance of subpoena), or any other tense or potentially dangerous situations

should be discussed with a faculty supervisor, and have “raw” supervision (i.e., live, video) if possible. Even when interns are sure that they are handling a case appropriately, they should inform their faculty supervisor of case details. In this way, we can facilitate the best therapeutic and learning environment, maintain consistency in the way that we handle various situations across different intern caseloads, and be sure that we are operating legally and ethically. Remember that this is a training program and that clinical accountability rests with the faculty supervisors.

Liability Insurance

All student therapists, including interns who are with another agency, *must* be covered by a liability insurance policy. Students are to provide proof of insurance coverage to the LFTC office manager by November 1 of their first semester in the program. We recommend that interns become members of AAMFT, which provides liability insurance to its student members.

LFTC Session Scheduling

LFTC appointments are scheduled on the Google Calendar linked to the familytherapycenter@lipscomb.edu email address.

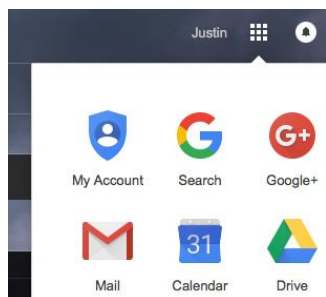
Interns can access the LFTC calendar after being invited by the office manager. Interns are required to accept the office manager’s invitation to view the calendar.

It is also important that interns grant the office manager permission to access the Google Calendar linked to their LU email account. The office manager needs to have full permission to edit and manage sharing of interns’ LU Google Calendar; therefore, the calendar linked to interns’ LU email should not be used to schedule personal appointments.

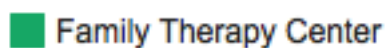
All new interns will be trained to use the LFTC Google Calendar by the office manager. It is critical that all interns schedule sessions in the *exact* manner described here to avoid errors and to efficiently manage client sessions.

To schedule a session:

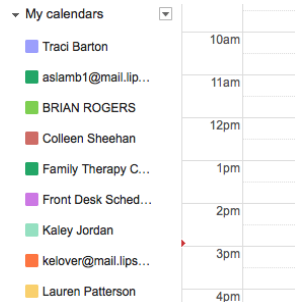
1. Interns should open the Google Calendar by clicking on the 9-square icon at the top right of their LU email account.



2. Notice that the Family Therapy Center calendar is available on the left hand side of the Google Calendar



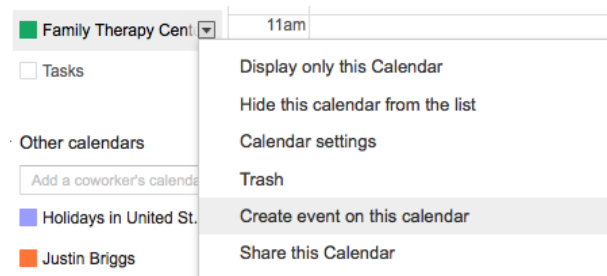
- Each intern's availability is located on the left hand side of the calendar. In order to schedule a session, front desk staff will need to identify when interns are available to see clients. Those scheduling an appointment should be sure to check that a therapist is not scheduled to work the front desk at the same time a client is hoping to schedule a session with that therapist.



- Before scheduling a session, an open room must be identified. LFTC has 6 dedicated therapy spaces (Rooms: 103, 104, 105, 106, 201, & 202). To find an open room, check the day/time the client is seeking to schedule a session on the Family Therapy Center Google Calendar. Since all sessions are named first by room number, an open room can be identified by seeing which room is not occupied. In this example, rooms 103, 104, 106, and 201 are available from 5-6:00 PM.



- Once an available intern and open room have been identified, a session can be documented on the calendar.
- Place the cursor over the Family Therapy Center calendar icon and select the drop down icon to create an event on the calendar.



7. Name the event with the session room number, the therapist's name, and the client ID number. Then, share the event with the therapist's LU email address (in the case of co-therapy, the event should be labeled with both intern's names and shared with both of their LU email addresses).

←

SAVE

Discard

Rm 106 Briggs GW160000X

1/28/2016

5:00pm

to

6:00pm

1/28/2016

Time zone

☐ All day

☐ Repeat...

Event details

Find a time

Where

Enter a location

Video call

Add video call

Calendar

Family Therapy Center

Created by

jgbriggs@lpscomb.edu

Description

Attachment

Add attachment

Event color

☒

☐

☐

☐

☐

☐

☐

☐

☐

☐

Notifications

No notifications set
Add a notification

Show me as

☐ Available

☒ Busy

Visibility

☒ Calendar default

☐ Public

☐ Private

By default, this event will follow the [sharing settings](#) of this calendar: event details will be visible to anyone who can see details of other events in this calendar. [Learn more](#)

Add: Guests | Rooms, etc.

jai

Add

"Justin Briggs" <jgregorybriggs@gmail.com>

"Justin Briggs" <jgbriggs@lpscomb.edu>

"Justin Briggs" <JUSTIN.BRIGGS@lpscomb.edu>

"Jana Owen" <jgowen@lpscomb.edu>

"Jana Owen" <JANA.OWEN@lpscomb.edu>

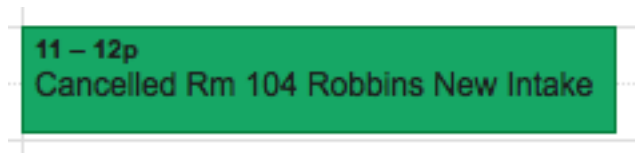
"Justin Bogunia" <jgbogunia@lpscomb.edu>

"Justin Bogunia" <JUSTIN.BOGUNIA@lpscomb.edu>

"Jerold Givens" <jgivens@lpscomb.edu>

"John Green" <jgreen@lpscomb.edu>

8. When a client calls and cancels or reschedules an appointment, rename the session so that it reflects the change (i.e., “Cancelled...” “Rescheduled...”). If the original event was shared properly with the therapist, the change should automatically appear on the intern’s LU Google Calendar.



Common scheduling mistakes.

1. **The Problem:** Front desk staff does not check intern's availability before scheduling a session. This can result in a session being scheduled during a time when a therapist is not at LFTC.

The Fix: Front desk staff needs to follow each step of the session scheduling procedure, being sure to check for therapist availability before scheduling a session.

2. **The Problem:** Front desk staff will schedule a session for the therapist at the same time s/he is scheduled to work the front desk.

The Fix: Front desk staff needs to check the calendar to make sure a therapist is not scheduled to work the front desk before scheduling a session.

3. **The Problem:** Front desk staff will mislabel a session or fail to put the room number first. Believe it or not, front desk staff has forgotten to delete words like “Cancelled” or “Rescheduled” before moving an appointment.

The Fix: Interns need to diligently check for any errors in session event names, locations, dates, and times.

4. **The Problem:** Front desk staff will forget to share a session scheduled on the Family Therapy Center calendar with the intern’s email address. This results in the client showing up for a session and the therapist not being there.

The Fix: Front desk staff needs to follow each step of the session scheduling procedure, being sure to share every session created with the therapist’s LU email.

Punctuality.

LFTC intake sessions are to be scheduled in the Appointment Calendar in a one-hour block (i.e., 50-52 minutes of face-to-face client contact); however, clients need to be told to arrive 30 minutes prior to the start of their initial session in order to complete LFTC intake paperwork. Interns should keep in mind that there is a significant amount of paperwork that needs to be completed after the initial session and they should adjust their schedules accordingly in order to finish it on time (i.e., by the first Friday after the initial session). All subsequent sessions are also scheduled in a one-hour block consisting of 50-52 minutes of face-to-face client contact, leaving 8-10 minutes to write a progress note and to rest briefly between sessions. Interns are responsible for keeping the session on track and ending on time. If a session has gone more than 52 minutes and there is a session set for the following hour, the next intern should knock on the door, the session should be concluded, and the room vacated immediately.

All interns, including those serving at sites other than LFTC, will be expected to arrive no earlier than *fifteen minutes* prior to any therapy session. Arriving *early* gives therapists time to prepare a session plan, organize their thoughts, and arrange the therapy room for the session. Arriving *late* to a therapy session or failing to start a session at the appointed time is completely unacceptable and will not be tolerated by faculty supervisors. Missing a session entirely, also known as “no showing,” is the ultimate example of a lack of professionalism. Being late to a session, failing to start a session on time, and no showing carry with them program consequences. *One* instance of no showing, failing to start a session on time, or arriving late for a session for any reason other than extenuating circumstances (e.g., family emergency, sudden illness, flat tire, car accident, etc.) will result in a professionalism consultation with a faculty supervisor. Interns who miss a session, fail to start a session on time, or arrive late to a session more than *once* are subject to failing the Supervised Clinical Practice course and having of their clinical privileges suspended. We recommend that interns inform their supervisor directly whenever they miss a session, fail to start a session on time, or arrive late to a session; however, the office manager and front desk staff are trained to notify the clinic director whenever such an even occurs. Interns who have experienced an extenuating circumstance resulting in a missed session, failure to start a session on time, or late arrival to a session are required to contact their faculty supervisor and the clinic director.

Ending sessions on time needs to be a priority. Consistently finishing sessions on time sends an important message to clients about a therapist’s reliability and sets a professional boundary in the therapeutic relationship. Ending sessions on time is especially important at

LFTC, where therapy rooms are in short supply and other interns are relying on their peers to vacate the space in order for the next session to begin. It would be embarrassing to have another intern knock on the door 53 minutes after the hour to end a session for the therapist. Interns who struggle with ending sessions on time are to talk about this issue with their faculty supervisor.

Cancellations.

Cancellations are a common occurrence in psychotherapy clinics. Excluding cancellations due to extenuating circumstances, LFTC clients are required to notify their therapist or the office manager/front desk staff 24 hours in advance of any cancellation in order to avoid being charged for the session. Likewise, interns who need to cancel a session are required to do so at least 24 hours prior to the scheduled appointment. Interns who make *one* cancellation less than 24 hours before the scheduled appointment for any reason other than an extenuating circumstance (e.g., family emergency, sudden illness, flat tire, car accident, etc.) are required to have a professionalism consultation with a faculty supervisor. Interns who cancel a session less than 24 hours before the scheduled appointment more than *once* are subject to failing the Supervised Clinical Practice course and having of their clinical privileges suspended. We recommend that interns inform their supervisor directly whenever they cancel a session less than 24 hours before the scheduled appointment; however, the office manager and front desk staff are trained to notify the clinic director whenever such an event occurs. Interns who have experienced an extenuating circumstance resulting in a session cancellation less than 24 hours before the scheduled appointment are required to contact their faculty supervisor and the clinic director.

Whenever interns initiate a cancellation, we recommend that they contact the client directly *first*. Once the client has been informed of the cancellation, LFTC interns are required to let the office manager and front desk staff know about the cancellation by talking with them *directly*, either face-to-face or over the phone. Emailing the front desk is necessary, though not sufficient, notification when cancelling a session. We ask LFTC interns to email *and* talk directly with front desk staff when initiating a cancellation because it assures both a written record of the cancellation notification and that at least one attempt was made to notify the client with at least 24 hours advanced notice. All changes to the Appointment Calendar are to be made by the office manager or front desk staff. In the event that the therapist is unable to contact the client directly, the office manager or front desk staff may contact the client in order to inform him or her of the cancellation.

LFTC Clinical Operations

Intake process.

When a new client calls for a first appointment, LFTC front desk staff will complete a Phone Intake Form, inform the client of their fee based on the Schedule of Fees Per One-Hour Session for Clinical Services form, and ask the client to bring proof of income (i.e., pay stub, W-2, Tax Form 1040) to their first session. If clients do not want to provide proof of income, they will be asked to pay the standard clinical hour rate of \$90.00 (\$50.00 for Lipscomb affiliates and partner referrals). After the client provides phone intake and income information, front desk staff will assign the new client to an intern and schedule the first session. Front desk staff will reserve a room for the first session in the Appointment Calendar online. The office manager or front desk staff will duplicate the appointment on the intern's Availability Calendar and will email or text the intern about the new appointment.

The office manager or front desk staff will assign intakes according to intern clinical availability. As graduation nears, an intern's need for individual or relational cases will be taken into account in the scheduling of intakes. In order to receive intakes, however, an intern must complete the monthly client contact hours report located on Google Drive. Interns are responsible for checking their e-mail, text messages or Availability Calendar to find out if an intake session has been scheduled for them.

The office manager or front desk staff will create a new client case file and will assign the client a confidential ID Number when the client arrives for the first session.

Session scheduling.

After every therapy session, interns will direct their clients to schedule their next session with the office manager or front desk staff. Thus, *all* sessions are scheduled through the office manager or front desk staff. Interns may discuss scheduling their clients but interns will *not* do the actual scheduling of therapy sessions.

Fees.

The office manager or front desk staff will collect the session fee from each client *before* the client's session. If a client is not prepared or able to pay for the therapy session, the office manager or front desk staff will ask the intern to gather information from the client regarding why the fee cannot be paid. At that point, the intern will decide whether a session can take place without payment. Clients who accrue three unpaid sessions will not be allowed to schedule additional sessions until the balance is paid. Clients who cannot afford to pay their balance can request that their fee be reduced by completing a Sliding Fee Scale Adjustment Affidavit. Interns *must* attempt to refer clients who can no longer pay for clinical services at LFTC to other treatment providers in the area; interns *must* document all referral attempts with a Case Closing or Case Update Form.

LFTC Data Collection & Storage

LFTC client, therapist, and session data are stored on three separate excel files on the front desk computer. The front desk computer is password protected and is the *only* place where information on these excel files is to be stored other than the computer of the clinic director, which serves as the backup storage for identifiable client information.

LFTC Client Data.xlsx.

The "LFTC Client Data" excel file is a spreadsheet with 23 columns, labeled A-W. The first row of this spreadsheet gives the variable names for the data contained in each column. In the order in which they appear on the spreadsheet (i.e., A-W), these variable names are "Site," "doi," "tally," "client_ID," "ther_id," "audit," "active," "doc," "dob," "sex," "fee," "c_last," "c_first," "guardian," "street," "city," "state," "zip," "phone1," "phone2," and "referral." Because LFTC currently has one location on Granny White Pike, each cell in the "Site" column will have the letters "GW" placed into it. The letters d-o-i in the "doi" column refer to the date of intake, which is the day that the client came to LFTC for a first session. Cells in the "tally" column are already populated with a running tally of numbers that coincide with the number of clients seen at LFTC. Client ID Numbers are placed in the "client_ID" column and are created via the following process:

Site	+	DOI Year	+	tally number	=	ID Number
Site		DOI		tally		client_ID
GW		09/29/15		00000X		GW1500000X

Assigning ID numbers in this way ensures that each client's ID number cannot be used to identify the client by anyone who does not have access to the LFTC Client Data excel file. The therapist's ID number (i.e., the ID assigned on the therapist data spreadsheet) is included in the "ther_id" column. The latest client case file audit date is placed in the corresponding cell in the "audit" column. In the "active" column, cases files that are open receive a "1" in the corresponding cell and case files that are closed receive a "0." The letters d-o-c in the "doc" column refer to the date the case file was closed. The letters d-o-b in the "dob" column refer to the client's date of birth. In the column labeled "sex", clients whose biological sex is male receive a "1" and clients whose biological sex is female receive a "0." The "c_last" and "c_first" columns are where a client's name is stored. For clients who are minors, we record the name of one of their parents or guardians in the "guardian" column. Client contact information is stored in the "street," "city," "zip," "phone1," and "phone2," columns. The "referral" column is the place where the client's referral source is recorded.

Note: The color in the client ID number example was added for clarity, it is not to be included in the excel file. Additionally, variable names in the LFTC Client Data excel file should *never* be changed without consent from the clinic director.

LFTC Therapist Data.xlsx.

The "LFTC Therapist Data" excel file is a spreadsheet with 15 columns, labeled A-N. The first row of this spreadsheet gives the variable names for the data contained in each column. In the order in which they appear on the spreadsheet (i.e., A-K), these variable names are "last," "first," "mi," "yom," "ther_ID," "t_active," "ther_sex," "street," "city," "zip," "phone1," "phone2," "email1," and "email2." The "last," "first," and "mi" columns are where a therapist's name is stored (i.e., last name, first name, middle initial). In the "t_active" column, therapists who have open case files are identified with a "1" and therapist with no open case files are identified with a "0." In the column labeled "ther_sex", therapists whose biological sex is male receive a "1" and therapists whose biological sex is female receive a "0." The letters y-o-m in the "yom" column refer to the therapist's year of matriculation into the MFT program (e.g., 2014). The therapist ID number or "ther_ID" is created by combining therapist initials and the last two digits of a therapist's year of matriculation (e.g., KMJ14). For therapists without a middle name, an underscore (i.e., "_") is used in place of a middle initial (e.g., K_D14). For therapists with multiple middle names, the initial of the last middle name before the therapist's surname is used. (e.g., David Jacob Mark Bryan becomes "DMB14"). Therapist contact information is stored in the "street," "city," "zip," "phone1," "phone2," "email1," and "email2" columns.

Note: variable names in the LFTC Therapist data excel file should *never* be changed without consent from the clinic director.

LFTC GW Session Data.xlsx.

The "LFTC GW Session Data" excel file is a spreadsheet with 12 columns, labeled A-L. The first row of this spreadsheet gives the variable names for the data contained in each column. In the order in which they appear on the spreadsheet (i.e., A-G), these variable names are "client_ID," "ther_ID," "dos," "fee," "paid," "miss," "ind," "cpl," "fam," "paid_by_third" and

“Notes.” The letters d-o-s in the “dos” column refer to the date of service, which is the date on which the session occurs. In the “fee” column, a client’s fee for service is recorded. The amount paid by the client for a session is logged in the “paid” column. The “miss” column is the place where sessions that were missed by clients without 24 hours notice are logged (i.e., a missed session is logged by placing a “1” in the cell). Front desk staff will record the duration (e.g., “1” for a one-hour session, “1.5” for a 90 minute session, etc.) and type of session (i.e., individual, couple, or family therapy) in the “ind,” “cpl,” and “fam” columns. The following is an example of how front desk staff would record session data for an individual client paying \$20 per session to see the clinic director:

client_id	ther_id	DOS	time	fee	Paid	miss	ind	cpl	fam
GW1500000X	JGB14	09/29/15	7:00 PM	20	20		1		

When clients arrive for their session, the office manager or front desk staff *must* record the appropriate values in each of the columns on the LFTC GW Session Data excel file.

For couple and family cases in which multiple members of the client system have ID numbers, only *one* client_ID is recorded. The LFTC GW Session Data excel file is a log of the number of sessions that take place at LFTC, not the number of clients served. Thus, each session, no matter the session length or number of clients with an ID number involved, is recorded on only *one* row of the spreadsheet.

Several department faculty members operate private practices at LFTC. As part of their contract with the university, faculty members make a contribution to LFTC at the end of each month. These contributions are to be logged in the GW Session Data spreadsheet in the manner below.

client_id	ther_id	DOS	time	fee	Paid	miss	ind	cpl	fam
999	JGB14	09/29/15	4:00 PM		100				

Notice that the fee, miss, ind, cpl, and fam columns are left blank when faculty private practice contributions are logged. The client_id for all faculty practice contributions is 999.

Note: variable names in the LFTC GW Session Data excel file should *never* be changed without consent from the clinic director.

LFTC Front Desk Coverage

The office manager works at the front desk for the majority of LFTC business hours; however, LFTC interns are required to receive front desk operations training and will work at the front desk 2-3 times per month throughout their internship. Below are the days and hours when LFTC interns will normally cover the front desk. Interns are scheduled to work the front desk according to a rotation system that spreads front desk coverage as equally as possible amongst all LFTC interns.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:30-9:00 PM	N/A	5:30-9:00 PM	5:30-9:00 PM	N/A	10:00-2:00 PM

LFTC Front Desk Coverage Procedures

Each time you work the front desk, we ask that you complete the following:

- 1) Audit the calendar

- a. Look at the clipboard on the desk (i.e., “Front Desk Activity Log”) and make sure all appointments were booked properly the night before. Are they all on the calendar according to the date listed on the Activity Log? Are all therapists included on the appointment?
 - b. Look at today’s date on the calendar. Do all the appointments make sense? Is anyone double booked? Are all appointments on each therapist’s calendar?
- 2) Audit the ‘Session Data’ & “Client Data’ spreadsheet in shared folders.
 - a. Fill in all appointments from the day before if necessary.
 - b. Fill in any missing client data from new intakes.
- 3) Pre-fill in all expected appointments on the “Front Desk Activity Log” (this makes it easier for other front desk personnel to see what is next and to remember to log the next appointment).
- 4) Check for phone messages. The pass code is 24601.
 - a. Return calls
 - b. Cancel the necessary appointments
 - c. Notify therapists of changes to their schedule
- 5) Prepare clipboards with the necessary intake paperwork for any scheduled new appointments
- 6) Replenish the coffee/drink stand
 - a. Fill the Keurig
 - b. Supplies are located in the cabinet by the water cooler or in the kitchen
- 7) Balance the money drawer
 - a. Count the money in the drawer and verify the amount on the “Nightly Balance Sheet.” The case total is what you have for the day.
 - b. Start a new balance sheet for the cash drawer for each day of the week and make sure to count the drawer when you leave and initial the sheet.
- 8) Empty the shredder and hole-punch in the therapist intern room if necessary.
- 9) If you are opening LFTC, put the case file key envelope back on the clipboard and place the case file key in the front desk drawer.

LFTC Case File Paperwork

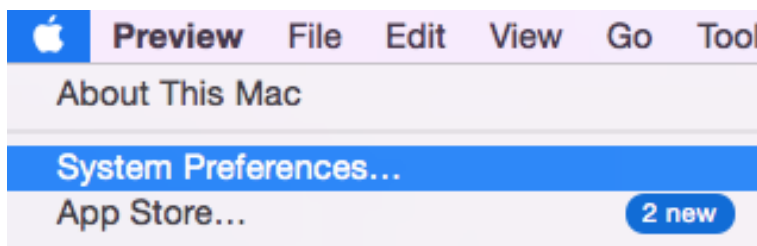
Each form that is a part of the LFTC case file paperwork is available for download on Google Drive. These forms have been formatted as rewritable .pdf and .doc files, allowing interns to type relevant information into various sections of each form.

To protect client confidentiality, at *no time* is any identifiable client information, including but not limited to, client names, contact information, geographic identifiers (e.g., zip codes), dates of service, and ID numbers to be saved on the rewriteable .pdf/.doc files or on any medium other than each client’s paper case file. Personally identifiable information (PII) is protected by law and this information is protected at LFTC and Lipscomb University in accordance to state, federal, and professional accreditation standards. This means that there can be no PII stored on any personal or LFTC computer other than those at the front desk and in the office of the clinic director and at no time may client PII be taken out of LFTC. All PII at LFTC *must* be maintained in each client’s paper case file and each case file needs to be stored in the locking file cabinets located in the therapist intern room. Therefore, interns must print each form immediately after entering relevant information onto the Microsoft Word or rewritable .pdf files

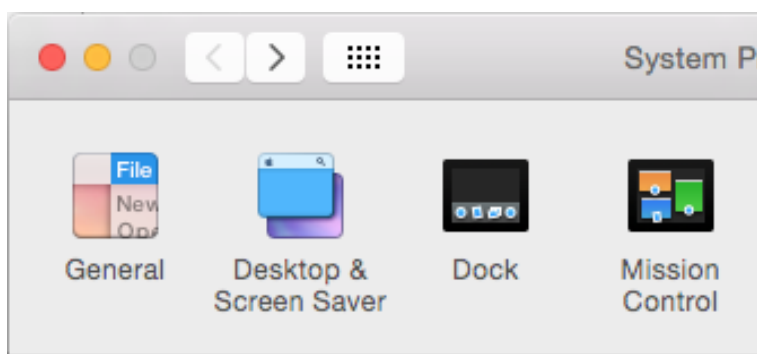
and *all* information must be deleted from the .pdf files after printing. Again, PII can *never* be saved in an electronic format on any computer other than those at front desk and in the office of the clinic director.

The Apple desktop computers in the therapist intern room have a feature called “Ask to keep changes when closing documents” that will help protect against accidentally storing PII on the .doc or .pdf case file paperwork files. Interns are required to use this feature. Instructions for enabling this feature are on the following page.

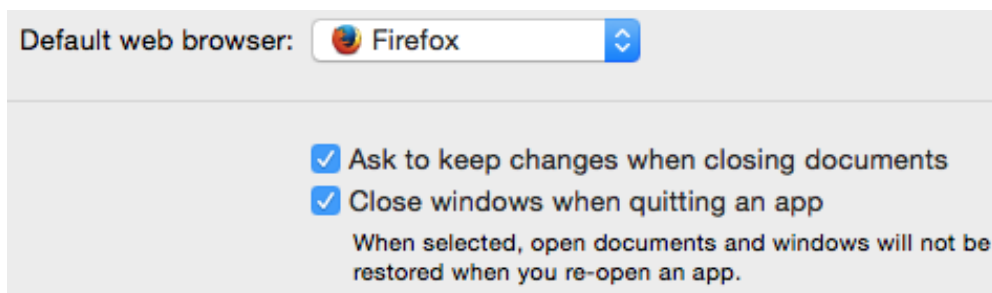
(1) To make sure the “Ask to keep changes when closing documents” feature is enabled, select “System Preferences” under the apple icon on the top left of the computer screen



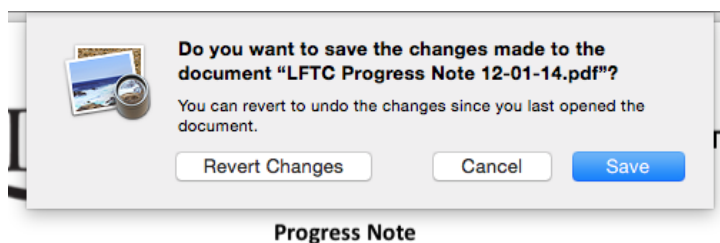
(2) Then select the “General” icon in the top left of the System Preferences window



(3) Make sure the “Ask to keep changes when closing documents” box is checked.



(4) When that box is checked, the computer will ask you if you want to save the changes made to the .pdf/.doc files. Be sure to *always* click the “Revert Changes” option. Do not save changes to .pdf/.doc files!



Any interns who do not follow LFTC procedures to protect PII will not be allowed to see clients at LFTC.

LFTC paperwork is stored in files in the locked filing cabinets in the therapist intern room. Each identified patient's name and ID Number are to be placed on the case file in following order: Last Name, First Name, ID Number, with a "/" separating the names and ID number (e.g., Doe, John / GW1400000X). For couple and family cases, the therapist may decide to keep separate folders for each client.

As a rule, fill out all sections of any form, writing "None" or "N/A" in sections where no information is needed rather than leaving those sections blank.

Client case file folders are to be ordered exactly as described below. Audits of case files occur regularly and interns are required to keep case files up to date.

Left side of folder.

Audit sheet.

Audit Sheets are placed sequentially (i.e., the newest sheet on top) behind the Canary Section Divider. The LFTC office manager and/or graduate assistants complete audit sheets. Every open file will likely be audited at least three times each year. Therapists should note that random case file audits can occur at any time; this requires that files be kept up to date on a weekly basis.

Informed consent.

The Informed Consent is a *required* form that needs to be signed and initialed by the client before the client is seen at LFTC. One Informed Consent form needs to be signed by each member of the client system.

Notice of privacy practices.

The Notice of Privacy Practices is a required form that needs to be signed by the client before the client is seen at LFTC. One of these forms needs to be signed by each member of the client system. All members of the client system must receive an unsigned copy of this form to take with them before they leave LFTC.

Account of shared information.

The Account of Shared Information is to be completed by LFTC staff and therapists whenever a client's confidential information is shared with any individual or organization outside of LFTC. As a rule, a signed Release of Information is required before information can

be shared with anyone outside of LFTC. See the Notice of Privacy Practices for a list of exceptions to this rule.

Schedule of fees.

The Schedule of Fees Per One-Hour Session for Clinical Services is a required form that needs to be signed by the client before the client is seen at LFTC.

Proof of income verification.

The Proof of Income Verification is a required form that needs to be signed by the client and the therapist if the client is billed according to the sliding scale schedule of fees.

Sliding fee scale adjustment affidavit.

The Sliding Fee Scale Adjustment Affidavit is a form that is only required when a client requests to pay a fee lower than what is outlined in the Schedule of Fees Per One-Hour Session for Clinical Services form.

Release of information.

The Release of Information form is required whenever any client information is shared with any individual or organization outside of LFTC. See the Notice of Privacy for a list of exceptions to this rule. Interns are required to check with their supervisor before sharing client information with any individual or organization outside of LFTC. As a rule, even with a signed Release of Information, only the *minimum* necessary information is to be released to individuals or organizations outside of LFTC; a signed Release of Information allows a intern to release client case file information on a “need to know” basis (e.g., A medical doctor may need to know a client’s current level of depression but does not necessarily need to know details about the client’s relationship issues).

Medication log.

The Medication Log is to be completed by therapist whenever a client reveals that he or she is taking prescription medication. This log allows therapists and supervisors to have easy access to valuable and up-to-date information about a client’s medication use.

Assessment measures & contracts.

Assessment measures are often an important part of the treatment process. Any assessment measures that client/s complete (e.g., SRS, ORS Suicide Risk Assessment, No-Harm Contract) are to be placed here.

Call log.

A Call Log is required after every phone contact with the client/client system. For the office manager and graduate assistants who speak with clients only for scheduling purposes, only the top portion of the Call Log needs to be completed and it does not need to be typed. For all other types of phone contact, the completion of the entire form is required.

Session log.

The Session Log is to be completed by therapists every time the client attends a session. This log is to serve as a hard copy of the client’s session attendance at LFTC.

Right side of folder.***Phone intake form.***

The Phone Intake documents the initial telephone contact with clients requesting services. This form begins each client's case file.

Client intake.

The LFTC Client Intake Form is to be given to the client to complete before the client's first session. The client's completion of this form is optional; however, every client needs to be given the opportunity to complete this form prior to the start of treatment.

Initial assessment.

Therapists are required to complete the LFTC Initial Assessment by the first Friday after the first session. This form covers a considerable amount of information; therefore, it is important that the therapist takes the time to gather information related to each section of this form during the first session.

Supervision note.

As a part of the supervision process, the therapist's supervisor may decide to complete a Supervision Note. These notes are to be included in the client's case file every time the supervisor writes one.

Case closing form.

Completion of the Case Closing form is required when the therapist and client mutually agree to terminate treatment or whenever 5 weeks have passed since the client's last session and the client has failed to respond to therapist's attempts to contact him or her. This form requires an auditor, therapist, and director signature.

Case transfer form.

Completion of the Case Transfer form is required whenever a therapist intern transfers a case to another therapist. This form requires auditor, therapist, new therapist, and director signatures.

Case update form.

Case Update forms are often essential form of case documentation that are required to be completed after clinically significant information is gathered outside of a session or telephone call. Incidents requiring a case update include, but are not limited to, clinically relevant conversations with a client's parents, contact with a client's medical doctor, or a consultation with a client's teacher.

Progress note & treatment plan.

Progress Notes are another essential form of case documentation that are required to be completed after every client session. All progress notes are to be written, signed and included in the case file by the end of the next business day (e.g., A progress note for a Tuesday session must be completed and in the case file by Wednesday, the following day). All progress notes must include a DSM 5 diagnosis (z codes are acceptable).

A treatment plan is located at the bottom of the every progress note. This section is to be completed every time a progress note is written. Treatment plans tend to be similar from one session to the next but do evolve over the course of treatment.

Clinical Dress Code

Although it is understood that clothing does not determine competency, it can create the assumption of competency and sends messages concerning who therapists are and where they work. Therefore, the manner in which interns dress is important.

While individual styles and preferences may vary, LFTC is a professional agency and therapists must dress accordingly. Business suits, ties, and other formal attire are not required; “business casual” attire is acceptable. Appropriate clothing items include, but are not limited to, collared shirts; solid colored t-shirts; dresses or skirts (i.e., mid-thigh or longer); blouses (i.e., may be long-sleeved, short-sleeved, or sleeveless); long pants or jeans, as long as they are not worn, tattered, or showing skin. Seeing clients in worn or torn jeans, shorts, tee shirts with flashy logos, midriff exposing clothing, spaghetti strap or strapless tops, skintight or revealing clothing and similar casual clothing is considered inappropriate and unprofessional at LFTC. Faculty supervisors or the office manager may prohibit interns from seeing clients if they believe their clothing does not display a professional image.

Social Media

Interns must use wise and professional discernment when engaging in social media such as Twitter, Facebook, Instagram, Tumblr and other social media platforms. Managing one’s public image in a manner that balances the desired level of personal transparency with the images of the individuals and organizations with whom one is affiliated (e.g., family, employer, university, MFT field in general etc.) is part of the process of becoming a professional therapist. It is understood that each individual balances these in different ways and with different thresholds of acceptability. Here are some guidelines for interns to consider when using social media.

- Consider who is capable of seeing what you post.
- Consider what the people who can see what you post are capable of doing with what you post (e.g., forwarding, sharing, etc.).
- Be an active agent for your desired level of privacy by engaging privacy settings on all social media platforms.
- Be sensitive to the fact that some people may feel freer on social media to engage in harsh and even mean interactions. It can be tempting to engage with an antagonistic commenter, but consider whether engaging in such conversations costs some of your social reputation, not to mention time.

Friending, following, being followed by, or in any other way engaging with clients on social media creates many risks and provides no legitimate clinical benefit for the client.

SOCIAL MEDIA RELATIONSHIPS BETWEEN INTERNS AND CLIENTS ARE PROHIBITED.

The Lipscomb MFT Program does have a presence on Facebook in the form of the Lipscomb MFT private Facebook group, visible only to group members. Its function is to keep Lipscomb MFTs connected across cohorts. Its use is functional more than it is conversational. It

is a forum for sharing information and not a forum for debate. The following are appropriate categories for posting:

- Job postings
- Referrals
- Announcements
- Salient articles

Cohort Facebook Group: Each Cohort has the freedom to create their own private Facebook group if they so desire. The purpose of these groups is to allow individuals in cohorts to connect freely about anything relevant to the MFT Program. There is more freedom here to voice issues and to debate topics as desired.

Other Social Media: The MFT program and LFTC will have active social media engagement with the public. The purpose of this engagement is to inform the public of events and service opportunities, share useful and timely information, and help the general public to know who we are and what we are doing. Feel free to “follow” and “friend” and “like” and “share” whatever is posted on MFT Program and LFTC social media.

Electronic Communication With/Regarding Clients

Interns are to avoid email contact with clients. Should a client contact an intern via email, s/he may reply. Messages should not, however, contain any case content, LFTC, or any other therapeutic information in order to protect client confidentiality.

Interns should *not* initiate email contact with clients to discuss case content due to the lack of confidentiality provided by email services. If clients contact an intern via email to discuss their case, the intern should respond by telephone and discuss with the client the confidentiality issues involved with email correspondence and the clinic policy that prohibits such communication.

LFTC policy prohibits online messaging and other electronic modes of communication between interns and clients in order to protect client confidentiality.

Phone Communication With/Regarding Clients

If you need to cancel or reschedule an appointment with a client, these conversations are allowed to occur over the phone.

Even though phone conversations with clients are appropriate, there is still the risk of conversations being overheard by others. If a therapist is talking with clients over the phone, the therapist should use discretion, being careful not to discuss case content within earshot of others and should discuss risks to confidentiality related to phone conversations with their clients during their next session.

Interns are encouraged to conduct *all* telephone communication with clients on LFTC phones in the therapist intern room. Drawing a boundary between personal and professional communication by refusing to give out personal mobile phone numbers to clients is something that many therapist never regret.

If a therapist must contact a client from a personal mobile phone, s/he should use a caller ID blocking method (e.g., dialing *67 before dialing the client phone number).

Maintaining Client Confidentiality

To protect client confidentiality, at *no time* is any identifiable client information, including but not limited to, client names, contact information, geographic identifiers (e.g., zip codes), dates of service, and ID numbers to be stored anywhere other than in a client's confidential case file. Case files and session recordings are examples of personally identifiable information (PII) that is protected by law and this information is protected at Lipscomb University in accordance to state, federal, and industry standards. This means that there can be no client PII stored on any personal computer and at no time may client PII be taken out of Lipscomb Family Therapy Center (LFTC) or any other clinical site. All PII *must* be maintained in each client's case file and session recordings are to be stored exclusively on Lipscomb-issued, encrypted iPads that have been set up with security controls including remote deletion capabilities.

Professional and legal duty.

Our duty to safeguard client confidentiality is held in high regard by the faculty, staff, and students of the MFT Program and LFTC. As professionals, we adhere to the Ethical Principles for Family Therapists set forth by the American Association for Marriage and Family Therapy.

AAMFT guidelines state that "Family therapists respect both the law and the rights of clients and safeguard client confidences as permitted by law." Thus, therapist behavior is organized by both professional requirements and legal obligations. Safeguarding clients' privacy is balanced against the need to inform others when there is a clear and immediate danger to an individual or society.

Privacy and confidentiality issues are complex and become even more so when the unit of treatment is a family, a couple, or a relationship. It is important that therapists at LFTC develop guidelines for practice that safeguard the privacy of clients to the extent allowed by law. The Practicum and Supervised Clinical Practice courses will provide opportunities for students to develop an understanding of these complex issues. Students should always contact their faculty supervisor when they have questions regarding confidentiality and professional ethics.

Confidentiality considerations with progress notes.

Progress notes, along with other intake, assessment, and release form material, constitute the official record of each case seen at the LFTC. It is official record material that is often targeted by subpoenas. Thus, notes must be written in a manner sensitive to the consequences of the release of such material to a court of law. Your supervisor is a source of information on the proper manner in which to accurately record your observations and information relevant to treatment. The intern should assess case files for judgmental content. Discussion of case file material with supervisors, LFTC staff, and fellow interns may occur, but this should be done with caution and attention paid to protecting the confidentiality of clients.

Confidentiality considerations with client case files.

Client case files are kept in the locked filing cabinets in the therapist intern room. Informed consents, releases of information, correspondence, and any other material with PII *must* be kept in the case file.

Client case file information that is sent out to or received by an outside party should be reviewed by your faculty supervisor. Interns *must* discuss case file information with their faculty supervisor *before* it is sent out to anyone. Any letters or mailings going out on LFTC stationary must have the specific approval of either the MFT program director, clinical director, or faculty supervisor.

Absolutely no client case files are to leave LFTC without the permission of the clinic and MFT program directors and the intern's faculty supervisor. The locking filing cabinets in the therapist intern room are to be used for storing client files (i.e., one for open case files and one for closed case files). All material that is to be discarded and that has identifiable client information must be destroyed (i.e., shredded).

For couple therapy cases, interns are required to keep separate case files for both partners unless the clients specifically request that only one file be kept. Clients requesting a single case file must be informed that only the client whose name and ID number are on the file has the legal right to access the information in the case file; members of a couple client system who want to access information in their partner's case file *must* obtain a Release of Information first. For couples with separate case files, progress notes should be printed and placed in *each* client's case file. Although much of the content will be identical in these progress notes, identifiable information must match the name and ID number on the client's case file.

Therapy session recording policy.

The iPads issued to interns are the property of Lipscomb University and are meant to be used for session recording and accessing clinical resources available online only after they have been encrypted and security measures have been installed by the Lipscomb IT department. Upon graduation, a student will assume ownership of the iPad after its memory has been cleared by Lipscomb IT staff.

While enrolled in Practicum & Supervised Clinical Practice, interns will use their secured Lipscomb-issued iPads to video or audio record their sessions. Because session recordings are examples of PII, iPads are to be used *exclusively* by interns and should *never* be loaned, borrowed, or used by anyone other than an intern's faculty supervisor during weekly supervision meetings. Furthermore, session recordings should be deleted immediately after they are viewed during supervision, unless a video is going to be presented as part of a theory of change presentation. When session recordings are used for theory of change presentations, they are to be deleted immediately after the presentation is given at the end of the term. Thus, iPads are not to be used for long-term storage of session recordings.

Any student who does not adhere to the recording policy of the Lipscomb MFT program will be subject to a suspension of clinical privileges and failure of the Practicum & Supervised Clinical Practice course.

Observation of therapy sessions.

Observation of therapy sessions is limited to LFTC supervisors and MFT program members. No one else should be allowed to observe sessions without the approval of the therapist, supervisor, and the faculty of the MFT Program. LFTC clients have a right to know when they are being observed. Always inform them when you have a supervisor, observers, clinical team members or professionals (approved by the MFT faculty) present during a session, unless the clients have specifically asked you *not* to inform them when they are being observed.

As a matter of courtesy, do not enter an observation booth to observe another therapist's session without approval from the therapist.

Referral and other professional interactions.

You may find it valuable to contact a referral source or other professionals for information or consultation. Or, you may find yourself being contacted by another professional seeking client information. Anytime you wish to communicate with anyone other than the client, you must obtain a Release of Information Form. Clients have the right to know and approve the release of any information related to their treatment, including the fact that they are in therapy. Thus, you cannot even acknowledge that LFTC provides services to a client without that client's written permission to do so.

Client release is waived when the therapy is court-mandated (in writing by a judge). STUDENTS SHOULD ALWAYS CONTACT THEIR FACULTY SUPERVISOR BEFORE RESPONDING TO A SUBPOENA. Most subpoenas are not court-ordered and need clarification to determine what information may be released. Client release may also be waived under conditions of mandatory reporting and duty to warn situations. Clients (except in rare circumstances with faculty approval) should be informed of duty to warn reports and subpoenas. You should help them understand the purpose and reason for the report or subpoena, the likely procedures, and offer to help the client system through the process. Students should consult their supervisor with any questions or concerns related to mandatory reporting or duty to warn issues.

Limits of confidentiality.

The state of Tennessee recognizes the privileged quality of communication between marriage and family therapists and their clients. This privilege does not extend to situations involving known or suspected child abuse. Additionally, marriage and family therapists have a duty to warn or take precautions in instances when:

...an actual threat of bodily harm against a clearly identified victim is communicated and the professional, using the reasonable skill, knowledge, and care ordinarily possessed and exercised by the professional's specialty under similar circumstances, has determined or reasonably should have determined that the service recipient has the apparent ability to commit such an act and is likely to carry out the threat unless prevented from doing so then the professional shall take reasonable care to predict, warn of, or take precautions to protect the identified victim from the service recipient's violent behavior.

Tenn. Code Ann. §33-3-206

For interns at LFTC, this means that faculty supervisors must *immediately* be informed of any topics discussed with clients having to do with imminent threats to anyone's health and safety. In emergency situations requiring immediate medical or protective service, interns are required to seek emergency assistance (i.e., call 9-1-1) *first* before contacting their faculty supervisor. Situations requiring the immediate contacting of emergency services include, but are not limited to: someone attacking or attempting to attack anyone on LFTC grounds; the serious injury of anyone on LFTC grounds; when anyone communicates an imminent threat of bodily harm against a clearly identified victim and that person has the ability to commit such an act and is likely to carry out the threat unless prevented from doing so.

Co-therapy

In their second semester, first year students could potentially begin their clinical work in co-therapy with a second year student. In these situations, the second year intern will take the lead on all treatment decisions.

Co-therapists should plan all co-therapy sessions together, deciding on important session characteristics such as whether there will be a lead therapist, what the goals of the session are, who will complete the progress note, etc. Two of most important components of successful co-therapy collaborations are a mutual understanding of clinical responsibilities and shared clinical goals between therapists and client. Any issues that occur in a co-therapy collaboration between interns should be discussed with faculty supervisors.

Emergency Situations

Interns should *never* act alone when they encounter a case-related emergency. Interns must notify their faculty supervisor, clinic director, and the MFT program director when emergency situations occur. In an emergency situation, the proper order of contact should be (until the intern reach somebody):

- The intern's faculty supervisor
- Another faculty supervisor
- Clinic Director (if you have consulted your supervisor, you should still inform the clinic director within 24 hours of the emergency situation)
- MFT Program Director (if you have consulted your supervisor, you should still inform the program director within 24 hours of the emergency situation)

Every emergency situation must be documented in the client's case file (i.e., with a Case Update Form or Progress Note). Interns must document all actions they took as well as those of their faculty supervisor in response to the emergency. Interns are required to explicitly document:

- The client's actual words.
- Any discussions with the client's family
- Specifics/details of the abuse/threat
- Time, date, and persons who the intern contacted
- Any plan of follow-up action
- Discussion between the intern and their faculty supervisor
- All follow-up actions

In instances of suspected or reported child abuse, interns must report such information to the Tennessee Department of Children's Services (877-237-0004).

When a client presents an active suicide threat or persists in active suicidal talk or behavior, interns should adhere to the following guidelines:

- Make a written Safety Plan (Appendices) with him/her during the session.
- Have the client contact the persons who will be initially and potentially contacted.
- Discuss with the client his or her need to seek medical or psychiatric care to work with this suicide threat. If the threat is immediate, interns should contact emergency services (i.e, call 9-1-1).

- Interns need to call their faculty supervisor as soon as possible. In the event that their faculty supervisor cannot be located, interns should contact the clinic director, MFT program director, or another faculty supervisor.
- Interns should document their dialogue with the client in a Progress Note/Case Update Form in a verbatim fashion and should include the Safety Plan in the client's case file (placed behind the progress note or case update form).
- Emergency situations must be discussed in an intern's next supervision meeting.
- Interns should continue to work with the client as directed by their faculty supervisor.
- Depending on the severity of the situation, interns may decide to contact someone in the client's immediate family or a close friend, minister, employer, etc. (after discussing this with their supervisor).
- Interns may decide to go with the client or take the client with the spouse/family permission to the emergency room of a local hospital (after discussing this with their supervisor).
- In extreme cases while the client is on campus, such as a gun in the room or other destructive or violent behaviors, interns must dial 9-1-1 and also inform LU Campus Security at extension 7600. For clients doing similarly destructive acts off-campus, interns need to dial 9-1-1 to inform local law enforcement.
- It is imperative for interns to work with their faculty supervisor at each stage of therapy with potentially self-destructive and/or dangerous clients.
- Interns should talk with their supervisor as soon as possible any time a client agrees to a Safety Plan.
- Interns should use a 10-point scale to gauge their client's potential risk for suicide (i.e., 0 = No risk to 10 = imminent risk including a plan of action). When a client has a documented history of suicidal ideation/dangerous behavior, scaling questions should be asked in each session and the client's response recorded in the Progress Note for that day.
- A Suicidal Client Checklist (Appendices) is provided to interns (Appendices) for use in these situations.

Weather Related Emergencies

For weather related emergencies and other emergency closures, LFTC has adapted Lipscomb University's policy on disruption of class room services:

Except in the rarest of instances, Lipscomb University does not cancel classes or close offices. However, should an event (weather-related or otherwise) occur that requires disruption of the entire Lipscomb University class schedule, students will be notified via multiple venues including the Lipscomb homepage (www.lipscomb.edu), a text message sent through Bison Alert (bisonalert.lipscomb.edu), and the Lipscomb Weather Information Line (615.966.1836). For information on possible snow-related closures or "late starts," students should consult local television stations (2-WKRN, 4-WSMV, 5-WTVF and 6-WZTV, and Channel 9 on campus). Students should look for information regarding "Lipscomb University," not "Lipscomb Academy."

Therefore, LFTC will not be open on any day that Lipscomb University has cancelled classes or closed offices due an even that requires disruption of the entire Lipscomb University class schedule.

The MFT program director or clinical director may also announce closures. Such announcements would be communicated via university email and may also come via text.

In the event of a severe weather incident such as a tornado, LFTC interns, faculty, staff, and clients should seek shelter in the basement; the basement door is located next to the copier in the kitchen.

IV. Code of Professional Conduct and General Grievance Procedures

Preamble

The key to maintaining a high level of trust and openness lies not so much in the establishment of formal grievance procedures or standards of professional conduct (though such procedures play an important function), but rather in a shared investment in more informal norms for relationships. Such norms get established by talking about how we (i.e., MFT faculty, staff, & students) want to be treating each other and, even more importantly, by how we behave with each other. In other words, the written procedures and code of conduct below will be meaningless unless people are committed to the values and assumptions upon which they are based, and are continually reinforcing each other when relating in healthy ways.

The Code of Professional Conduct and General Grievance Procedures that follow were compiled by the faculty and the full input of the students in the Marriage and Family Therapy Program is encouraged.

Code of Professional Conduct

Program values.

- The program's members (i.e, faculty, staff, & students) will promote cooperation (win-win situations) rather than competition (win-lose situations).
- Members will strive to encourage and empower others.
- Members will recognize and respect that all individuals have different needs, talents, and areas for growth. However, all are qualified to be in this program.
- Acceptance and positive regard will be fostered for all individuals in the program.
- Communication between members will be respectful, and whenever possible, direct.
- Members will respect individuals' rights for confidentiality, to the extent possible, in both professional and private affairs.
- Members will resolve to handle conflict in ways that lead to trust and cooperation, and will attempt to resolve conflict in a mutually acceptable manner. When this is impossible, it is acceptable for members to agree to disagree.
- Sexism and bigotry (i.e., intolerance), whether overt or subtle, will not be tolerated. Program members resolve to help each other by sensitively and caringly drawing attention to subtle inappropriate behavior and to challenge each other's attitudes in a spirit of growth
- Faculty will be aware of and sensitive to the unique stressors of the program for both married and single students.

- Students and faculty will generalize their therapeutic ethical practices to their personal and professional interactions.

Specific Goals and Recommended Procedures for Professional Conduct.

- Classroom Goals:
 - Individuals will be attentive and open to learning something new from all those in the classroom.
 - Individuals will be respectful of and professional toward other students and the instructor in the classroom.
 - Individuals will refrain from mocking others verbally or nonverbally while they are speaking or presenting (e.g., rolling eyes, whispering, snickering, making personal or sarcastic comments).
 - Individuals will engage only in constructive discussions of others' comments or presentations (both during and after class).
 - Grades and evaluations are confidential in nature.
 - Faculty should not discuss students' grades or evaluations with other students. If a faculty member does so, students should not feel inhibited about gently telling that faculty member that they would prefer faculty not to discuss such matters with other students.
 - Students should not discuss other individuals' grades or evaluations with other students.
 - Grading and evaluations should be conducted in such a way as to promote the personal growth of the individual.
 - The criteria by which grades or evaluations will be made should be clearly spelled out at the beginning of each class.
 - Feedback should be given promptly and on a regular basis so that an individual has an opportunity to make corrective changes.
 - Feedback should not simply be a global report, but should include specific examples to support the evaluation.
 - Feedback should include both areas of strength, and areas for improvement.
- Live Observation & Supervision Goals
 - Supervisors and other interns should be respectful towards the intern while observing therapy.
 - Behind-the-mirror comments are to be productive. These comments should also be consistent with the feedback during the post-briefing. Persons should refrain from making comments that they would not be willing to share with the therapist in person.
 - Individuals should refrain from loud talking or laughing behind the mirror.
 - Observers should have permission from the intern before viewing a session.

- Supervisors and other interns should be respectful toward the client/s while observing therapy. For example, they should refrain from making derogatory comments about client/s while behind the mirror.
- Observers should offer comments to the intern in a way that is respectful and will maximize personal growth.
 - Observers should respect the therapist's (and supervisor's) wishes for how and when observations should be shared.
 - Feedback should not simply be global, but should include specific examples to support the evaluation or observation of that particular case/session.
- Supervisors should offer evaluations (e.g., during post sessions, case consultations) to the intern in a way that will maximize personal growth for the therapist.
 - Feedback should not simply be global, but should include specific examples to support the evaluation.
 - Feedback should include both areas of strength and areas for improvement.
 - Feedback should be given promptly and on a regular basis so that an individual has an opportunity to make corrective changes.
 - Individuals will respect individual differences in doing therapy; for example, individuals will seek to gain something valuable from each intern, regardless of experience or theoretical orientation.
- Research Goals
 - Individuals will support students doing their research. Students are encouraged to participate in at least one student research project during their time in the program.
 - Researchers should solicit student participation in research projects in a professional manner.
 - When recruiting student participation, the researcher should clearly spell out what the expected benefits and commitments will be.
 - Students should not be coerced into participating. Moreover, a participating student who changes his or her mind about participating should be free to withdraw from the study.
 - Soliciting and maintaining participation in student research is the student's job (not the faculty's).
 - Establish clear rules, responsibilities, and privileges related to joint research projects.
 - Carefully negotiate the conditions for team research prior to the beginning of a project (e.g., time commitment, due dates).
 - Develop a written contract establishing guidelines for the project, including procedures for modifying the contract as necessary.
 - Establish clear rules, responsibilities, and privileges related to other joint projects, such as publications and presentations.
 - Carefully negotiate the conditions for team publications (e.g., authorship order) and presentations prior to the beginning of a project.

- Develop a written contract establishing guidelines for the project, including procedures for modifying the contract as necessary.
 - Therapists will be committed to the MFT Program and LFTC research by not falsifying information and following prescribed procedures for the use of forms.
- General Goals (i.e., all settings)
 - It will be considered unethical to circulate substantiated and/or unsubstantiated derogatory remarks regarding graduate students and faculty. Concerns regarding the professional practice of colleagues should first be broached with the colleague in question. It is the responsibility of students who hear derogatory remarks to notify the speaker that such statements are inappropriate and that rumor spreading and gossip simply will not be tolerated.
 - Students and faculty will recognize that all individuals have unique talents and gifts from which others can benefit.
 - Refrain from singling out or labeling individuals derogatorily—each is a unique individual with unique contributions to offer.
 - Avoid making inappropriate or "off-hand" judgments or comments regarding a person's qualifications for this program.
 - An individual's strengths or areas for growth do not need to be continual topics for observation or discussion, except in the appropriate context (e.g., live supervision, feedback evaluations, private discussion between those concerned).
 - Respect the confidentiality of colleagues by protecting both professional (e.g., grades) and personal information. Individuals will refrain from disclosing or discussing information about students or faculty without their knowledge or permission.
 - Although all systems are hierarchical to some extent, this does not imply that students have the right to wield coercive power over other students.
 - Faculty evaluation of students should include professional performance in coursework, clinical practice, and progress in research. Good feedback should be descriptive and ideally should be done in conjunction with student self-evaluation on the same performance criteria. Criteria not related to the student's performance should not be included in formal evaluations.
 - A student's workspace and a faculty office are considered private space. Be sure to ask permission prior to borrowing any materials from a student or faculty member.

MFT Program Grievance Procedure

If conflicts arise between students in the program, it is the responsibility of the aggrieved student(s) to initiate communication with the other student(s) and use conflict management and problem solving skills to resolve the conflict to the satisfaction of all involved. This means that aggrieved students are first expected to resolve problems with other students directly and not to solicit involvement of faculty.

If a resolution appears to have been reached as a result of this initial contact and subsequently the aggrieved student(s) perceives the trigger situation to continue, then the aggrieved student(s) should initiate a second contact with the other student(s) of their concern, and seek further resolution to the issue. Aggrieved students are expected to persist in resolving problems with other students directly, through a second effort, if at all possible.

Should this second effort fail to satisfy the aggrieved student(s) or if the other student(s) refuses to acknowledge the need to work toward resolution of the problem, then the aggrieved student(s) may request that a faculty member act in the capacity of mediator (or arbiter, if both students agree) of the dispute. It is the responsibility of the aggrieved student(s) to consult with the faculty mediator and the other student(s) in order to arrange for a mediation or arbitration session. (The faculty member may also assume an advisory role if it is clear that there has been a violation of MFT Program and/or LFTC policies or procedures, or breach of ethical standards.)

Conflicts between students and faculty should be dealt with as described above. If a neutral faculty member cannot successfully mediate the dispute, or chooses not to, the MFT program director or department head may be asked to be the arbiter.

There will be some situations in which the faculty may need to become involved quickly. Direct faculty intervention is required when the well being of clients is in jeopardy; when there is evidence that students and faculty members have engaged in unethical behavior; and when students flagrantly and consistently disregard important policies, procedures, and corrective feedback regarding professional performance. Such interventions will not be arbitrary but will ordinarily follow faculty discussion at an MFT faculty meeting.

Students should be aware that a more formal grievance procedure exists at higher university levels. Proper inquiry related to these procedures can be made through the appropriate channels described in the [Lipscomb University Graduate Student Handbook](#).

V. MFT Program & University Resources and Other Policies & Procedures

MFT Program Resources

- [American Association for Marriage and Family Therapy Code of Ethics](#)
- [Commission on Accreditation for Marriage and Family Therapy Education Standards 12](#)
- [American Association for Marriage and Family Therapy Core Competencies](#)
- [Association of Marital and Family Therapy Regulatory Board's Examination Information](#)
 - [Domains](#)
 - [Task Statements](#)
 - [Knowledge Statements](#)
- [State of Tennessee Rules for Marriage and Family Therapists](#)

Technology Help

Blackboard help.

Blackboard help is provided once you log into Blackboard by clicking on the Help link in the main course menu on the left.

Technical support.

Contact the [Information Technology Help Desk](#) if you experience issues with the myLipscomb portal or Blackboard; need help to reset your network password or get connected to Lipscomb's network; or need help with common network, email or other software issues. Students can reach the Help Desk by visiting Beaman 143 (accessible from the back side of the library), creating a Help Ticket online, or calling 615-966.1777. The Help Desk is available for walk in visits and calls during open lab hours. Students can create a Help Ticket online at <http://helpdesk.lipscomb.edu>. When providing information about the issue you are encountering, please provide as much information about the system you are on and if possible provide a screen shot of the browser window.

Microsoft Office tutorials.

Students can access online tutorials for Microsoft Office (Excel, Word, PowerPoint, and Access) at <http://www.lipscomb.edu/academicsuccess/Tech-Tutorials>. Throughout the semester, the [Academic Success Center](#) (ASC) provides hands on training sessions for Microsoft Office products. Students needing additional help are encouraged to contact the ASC for a calendar of training sessions offered. The ASC is located in Beaman 141 (accessible from the back side of the library).

Online library resources.

Students can access the online library resources at <http://library.lipscomb.edu/>.

University Policies & Other Student Resources**Students requiring accommodation.**

Lipscomb University is committed to assisting students with disabilities by making reasonable accommodations to assure that all students have equal access. If you know or suspect that you have a disability, please contact the [Office of Disability Services](#). It is the policy of Lipscomb University to comply with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and State and local regulations regarding students with disabilities. Pursuant to these laws, no qualified individual shall unlawfully be denied access to or participation in any services, programs, or activities of Lipscomb University on the basis of their disability. These laws require institutions of higher learning to provide reasonable accommodations for the needs of qualified students as they pursue post-secondary education.

In carrying out this policy, we recognize that "disabilities" may be physical, psychological, and/or learning, and we will attempt to provide accommodations to individuals with qualifying disabilities, to the extent it is reasonably achievable. However, we are unable to make accommodations that are unduly burdensome or that fundamentally alter the nature of the service, program, course, or activity.

It is the policy of Lipscomb University to accommodate students with disabilities, pursuant to federal and state law. Therefore, any student with a documented disability who needs to arrange reasonable accommodations must contact the [ACCESS Ability Program](#) at the beginning of each semester. The ACCESS office is located in the Academic Success Center (615.966.6301).

Academic integrity.

In keeping with our identity as a Christian University and our goal to help shape lifelong disciples of Christ, academic integrity will be taken very seriously in this class. Unless specific permission is given to collaborate on assignments with other students, each student's work shall be his/her own. Cheating on exams or assignments and plagiarizing on written assignments will, depending on the severity of the case, result in penalties ranging from a significantly reduced grade on the assignment to failing the course. Instances of cheating or plagiarism may also be reported to appropriate members of the administration, depending on the situation. Decisions in these matters rest with the instructor. Please refer to the University's [Code of Conduct](#) and [Academic Honor Code](#).

Sexual harassment.

Sexual harassment of any kind will not be tolerated. Lipscomb University has developed a more detailed policy and complaint procedure concerning sexual harassment, which may be viewed in the [General University Policies and Regulations](#).

Dropping a course.

During the official drop/add period (please consult the [academic calendar](#) for the associated dates), students will be able to drop or add classes on the web. After that time, a drop/add form must be completed and accepted in the Registrar's Office in order to be official. The official drop date will be the transaction date indicated from the Web or the date the drop/add form is accepted in the registrar's office.

No reduction in tuition is provided for courses added after the course begins.

The last day to add a class is the date of the first class meeting.

Any course dropped within the first week of the semester will not appear on the permanent record. Any course dropped after the first week and until the last day to drop classes will be given a grade of "W."

Any course dropped at any time without proper notification (completed drop/add form) to the registrar's office will be assigned the grade of "F."

Adding and dropping courses can affect a student's graduation date and financial aid. Check with the MFT program director and the financial aid office for details.

Class schedule disruption policy.

Except in the rarest of instances, Lipscomb University does not cancel classes or close offices. However, should an event (weather-related or otherwise) occur that requires disruption of the entire Lipscomb University class schedule, students will be notified via multiple venues including the Lipscomb homepage (www.lipscomb.edu), a text message sent through LU ALERT (lualert.lipscomb.edu), and the Lipscomb Weather Information Line (615.966.1836). For information on possible snow-related closures or "late starts," students should consult local television stations (2-WKRN, 4-WSMV, 5-WTVF and 6-WZTV, and Channel 9 on campus). Students should look for information regarding "Lipscomb University," not "Lipscomb Academy."

Cancellation of specific class sessions.

Because the academic calendar does not allow for missed classes, instructors are expected to meet for all scheduled classes throughout the term. If a situation arises where I need to cancel a specific class session, students will be notified via their Lipscomb email account and in Blackboard at the earliest possible time. Missed classes may be rescheduled and/or may result in alternative assignments to achieve the learning goals of the class.

Student's responsibility for notification of extended absence.

In the case of individual student absences, students should contact me directly. However, students who find themselves in circumstances which would cause them to miss classes for an extended period of time (e.g., missing a week or more of classes due to illness) should contact me and Steve Prewitt, associate provost for student academic support, at steve.prewitt@lipscomb.edu or 615.966.6121. The associate provost for student academic support will communicate the student's situation to the appropriate faculty members. Students are expected to provide timely notification to the associate provost for student academic support regarding any extended absence and may be required to provide supporting documentation for their absences.

University intellectual property policy.

The university has a policy regarding intellectual property. This policy exists to encourage research and innovation, clarify ownership of intellectual property rights, create opportunities for public use of the university innovations and provide for the equitable distribution of monetary and other benefits derived from intellectual property. Copies of the full policy are available online [here](#) and in the Office of the Provost.

Academic success center.

The [Academic Success Center](#) (ASC) and [The Writing Studio at Lipscomb University](#) provide students with a place to go to for academic questions and services. The ASC staff help students with academic advising questions, tutoring needs, test-taking strategies, academic enrichment activities, and financial aid questions and provides space for student collaboration activities. The ASC is a great starting point for students with any academic-related question. Even if an issue is ultimately passed on to another operational area on campus to address, the ASC staff will stay in contact with the student to make sure his/her situation is resolved. The ASC is located in Beaman 141 (accessible from the back side of the library).

Beaman library.

The Beaman Library offers a trove of resources for students including books, journals, research databases, study rooms, and much more. Information about Beaman Library services is available [here](#).

University counseling center.

All students at Lipscomb University may seek counseling services at the University Counseling Center at no cost to them. For more information, go to lipscomb.edu/counselingcenter

Career development center.

[The Career Development Center](#) works with students and alumni to help them develop a plan for after graduation.

VI. Appendices

Appendix A

Safety plan.

Literature in our field has shown the No-Harm Agreement typically used with clients expressing suicidal ideation to be ineffective at preventing suicide (Drew, 2001; Farrow & O'Brien, 2003; Miller, 1999). In fact, the use of the No-Harm Agreement could potentially put some LFTC clients at risk by adding under pressure and stress to a difficult situation. However, in many cases, the concept of safety plan can be helpful as both an assessment tool and an intervention.

This Safety Plan contains similar information found in a no-harm agreement but is developed using a narrative format, from a strengths-based approach. This should be one part of a comprehensive assessment of a client's suicidal ideation (Lewis, 2007). The following guidelines should be used when constructing a Safety Plan (adapted from Steve Rowlands):

- The document should be composed by the client, using his or her words.
- The therapist may collaborate or direct the narrative, but should always remain flexible so the process is not overwhelming.
- The Safety Plan should contain:
 - The heading – “Safety Plan”
 - A brief narrative, beginning with the phrase, “I ____, choose life, health, and safety.”
 - Reasons for living
 - Support network and phone numbers
 - Commitment to choosing things that will be helpful
 - List of things the client can do that are helpful
 - List of things the client might do that are not helpful.

Sample Safety Plan

I, Monica, choose life, health, and safety. I want to live and I want to see my kids grow up to be adults. Even though I don't feel like it at times, I know that I want to live, to be healthy, and to be safe. I commit to continue to attend therapy and to working with my therapist. I know this is important. I know that I have people around me who love me and who I can call when I need help. I know I can call my therapist if things seem hopeless. I also know that I feel better when I go to the park, walk, go to church, or remind myself that I have self-worth. Additionally, I will avoid those things that bring me down like alcohol, drugs, and harmful triggers such as my ex-husband and focus instead on the things that encourage me including my faith, my family, and my job.

In case of any threat to my health and safety, I will call 9-1-1, my therapist, and my best friend, Shelly. I also know I can call the Suicide Prevention Hotline at 855-274-7471.

When I need support, I will call my friends, Shelly and Stacy; I will contact my therapist; and I will call my pastor.

Appendix B

Suicidal client checklist.

When working with a suicidal or self-harming client, there are several things to keep in mind when assessing the client's risk to his or her health and safety and when documenting the conversation. In a Progress Note or Case Update Form, be sure to include the following information.

When assessing a suicidal client, be sure to address and document the following:

- ✓ Ask the client to write a Safety Plan during the session
- ✓ Have the client to identify and contact the people who will provide him or her with support during moments of suicidal ideation or self-harm.
- ✓ Discuss the client's need to seek medical or psychiatric care to work with the suicide threat
- ✓ Notify your supervisor immediately after the session or client contact
- ✓ Enter the Safety Plan into the client's case file and document the dialogue between you and the client in a verbatim fashion.
- ✓ Discuss the case at the next supervision meeting.
- ✓ Consult with your supervisor and follow supervisory directives at each stage of therapy
- ✓ For clients who have a history of suicide attempts and instability, use a 10-point scale (i.e., 0 = No risk to 10 = imminent risk including a plan of action) to gauge the client's health and safety risk. Do this as often as necessary and note the client's response in a Progress Note or Case Update Form.

WHEN A CLIENT POSES AN IMMINENT HEALTH AND SAFETY RISK...

- ✓ Contact a faculty supervisor or clinic director to monitor the session
- ✓ Consider contacting someone in the client's immediate family or a close friend, minister, or employer (after consulting your supervisor)
- ✓ If a client exhibits violent behavior or has a weapon in session, dial 9-1-1 and contact campus security at Ext. 7600.

Health and Safety Assessment Questions

Do you have a plan to hurt yourself or others?

What is the plan? What would you do to hurt yourself or someone else?

How prepared are you to carry out the plan? (Are the tools available?)

How soon do you want to carry out the plan?

What would prevent you from carrying out the plan?

Resources for Intervention

Emergency Services
Tennessee Office of Crisis Services and Suicide Prevention
Lipscomb University Campus Security

911
855-274-7471
Ext. 7600

Appendix C

Lipscomb Family Therapy Center File Folder Organization (Left Side of Folder)				
	Document	Instructions	Signed	Typed
1	Audit Sheet/s	Audit Sheets are placed sequentially (i.e., the newest sheet on top) behind the Canary Section Divider. The LFTC office manager and/or graduate assistants complete audit sheets. Every open file will likely be audited at least three times each year. Therapists should note that random case file audits can occur at any time; this requires that files be kept up to date on a weekly basis.	<input checked="" type="checkbox"/> Auditor	Optional
Canary Section Divider				
2	Informed Consent	The Informed Consent is a required form that needs to be signed and initialed by the client before the client is seen at LFTC. One Informed Consent form needs to be signed by each member of the client system.	<input checked="" type="checkbox"/> Client <input checked="" type="checkbox"/> Therapist	N/A
3	Notice of Privacy Practices	The Notice of Privacy Practices is a required form that needs to be signed by the client before the client is seen at LFTC. One of these forms needs to be signed by each member of the client system. All members of the client system must receive an unsigned copy of this form to take with them before they leave LFTC.	<input checked="" type="checkbox"/> Client	N/A
4	Account of Shared Information	The Account of Shared Information is to be completed by LFTC staff and therapists whenever a client's confidential information is shared with any individual or organization outside of LFTC. As a rule, a signed Release of Information is required before information can be shared with anyone outside of LFTC. See the Notice of Privacy Practices for a list of exceptions to this rule.	No	No
Salmon Section Divider				
5	Schedule of Fees	The Schedule of Fees Per One-Hour Session for Clinical Services is a required form that needs to be signed by the client before the client is seen at LFTC.	<input checked="" type="checkbox"/> Client	N/A
6	Proof of Income Verification	The Proof of Income Verification is a required form that needs to be signed by the client and the therapist if the client is billed according to the sliding scale schedule of fees.	<input checked="" type="checkbox"/> Client <input checked="" type="checkbox"/> Therapist	No
7	Sliding Fee Scale Adjustment	The Sliding Fee Scale Adjustment Affidavit is a form that is only required when a client requests to pay a fee lower than what is outlined in the Schedule of Fees Per One-Hour Session for Clinical Services form.	<input checked="" type="checkbox"/> Client <input checked="" type="checkbox"/> Therapist <input checked="" type="checkbox"/> Director	No
Green Section Divider				
8	Release/s of Information	The Release of Information form is required whenever any client information is shared with any individual or organization outside of LFTC. See the Notice of Privacy Practices for a list of exceptions to this rule. Therapists are required to check with their supervisor before sharing client information with any individual or organization outside of LFTC.	<input checked="" type="checkbox"/> Client <input checked="" type="checkbox"/> Therapist	No
9	Medication Log/s	The Medication Log is to be completed by therapist whenever a client reveals that he or she is taking prescription medication. This log allows therapists and supervisors to have easy access to valuable and up-to-date information about a client's medication use.	No	No
10	Assessment Measures & Contracts	Assessment measures are often an important part of the treatment process. Any assessment measures that client/s complete (e.g., SRS, ORS Suicide Risk Assessment, No-Harm Contract) are to be placed here.	Conditional	No
11	Call Log/s	A Call Log is required after every phone contact with the client/client system. For the office manager and graduate assistants who speak with clients only for scheduling purposes, only the top portion of the Call Log needs to be completed and it does not need to be typed. For all other types of phone contact, the completion of the entire form is required.	<input checked="" type="checkbox"/> Client <input checked="" type="checkbox"/> Therapist <input checked="" type="checkbox"/> Director	Yes
Tan Section Divider				
12	Session Log/s	The Session Log is to be completed by therapists every time the client attends a session. This log is to serve as a hard copy of the client's session attendance at LFTC.	No	No

Lipscomb Family Therapy Center File Folder Organization (Right Side of Folder)				
	Document	Instructions	Signed	Typed
1	Phone Intake Form	The Phone Intake documents the initial telephone contact with clients requesting services. This form begins each client's case file.	<input checked="" type="checkbox"/> LFTC Staff	Optional
2	Client Intake	The LFTC Client Intake Form is to be given to the client to complete before the client's first session. The client's completion of this form is optional; however, every client needs to be given the opportunity to complete this form prior to the start of treatment.	No	No
3	Initial Assessment	Therapists are required to complete the LFTC Initial Assessment by the first Friday after the first session. This form covers a considerable amount of information; therefore, it is important that the therapist takes the time to gather information related to each section of this form during the first session.	<input checked="" type="checkbox"/> Therapist	Yes
Blue Section Divider				
4	Supervision Note/s	As a part of the supervision process, the therapist's supervisor may decide to complete a Supervision Note. These notes are to be included in the client's case file every time the supervisor writes one.	<input checked="" type="checkbox"/> Therapist <input checked="" type="checkbox"/> Supervisor	Optional
Lilac Section Divider				
5	Case Closing Form/s	Completion of the Case Closing form is required when the therapist and client mutually agree to terminate treatment or whenever 5 weeks have passed since the client's last session and the client has failed to respond to therapist's attempts to contact him or her. This form requires an auditor, therapist, and director signature.	<input checked="" type="checkbox"/> Auditor <input checked="" type="checkbox"/> Therapist <input checked="" type="checkbox"/> Director	Yes
6	Case Transfer Form/s	Completion of the Case Transfer form is required whenever a therapist intern transfers a case to another therapist. This form requires auditor, therapist, new therapist, and director signatures.	<input checked="" type="checkbox"/> Auditor <input checked="" type="checkbox"/> Therapists <input checked="" type="checkbox"/> Director	Yes
Goldenrod Section Divider				
7	Case Update Form/s	Case Update forms are often essential form of case documentation that are required to be completed after clinically significant information is gathered outside of a session or telephone call. Incidents requiring a case update include, but are not limited to, clinically relevant conversations with a client's parents, contact with a client's medical doctor, or a consultation with a client's teacher.	<input checked="" type="checkbox"/> Therapist	Yes
8	Progress Note/Treatment Plan	Progress Notes are another essential form of case documentation that are required to be completed after every client session. All progress notes are to be written, signed and included in the case file by the end of the next business day (e.g., A progress note for a Tuesday session must be completed and in the case file by Wednesday, the following day). All progress notes must include a DSM-5 diagnosis (z codes are acceptable). A treatment plan is located at the bottom of the every progress note. This section is to be completed every time a progress note is written. Treatment plans tend to be similar from one session to the next but do evolve over the course of treatment.	<input checked="" type="checkbox"/> Therapist	Yes
OPEN Case File Folders				
In an open case file, the Session Log and Progress Note/Case Update form are the first pages in the folder				
CLOSED Case File Folders				
In a closed case file, the Session Log and the latest Case Closing Form are the first pages in the folder.				

Appendix D

Lipscomb University MFT Program Clinical Practice Improvement Plan	
STUDENT INFORMATION	
Name:	Date:
Site(s):	Faculty Supervisor:
POLICIES	
<p>The MFT Program and LFTC Manual addresses the evaluation of a student's clinical work, as well as the process for improving deficiencies. Students are encouraged to read those sections and the manual itself in its entirety. The following excerpt, in particular, is relevant to this document:</p> <p>"If a student exhibits any behavioral or performance characteristics that are determined by consensus of the MFT faculty to be inconsistent with the program's standards for behavior in clinical practice the student will be counseled by his or her faculty supervisor and the MFT program faculty. This counseling informs the student that his or her privileges of participating in clinical practice are suspended or are at risk of being suspended, and the reasons are explained to the student. The student is given specific written recommendations for rectifying any problem behaviors, along with a deadline by which this must be accomplished. Written recommendations will be documented on the Lipscomb University MFT Program Clinical Practice Improvement Plan."</p>	
EXPECTATIONS	
<p>AGREEMENT</p> <p>By signing below, you confirm that you have read and understand these expectations for professional improvement.</p> <p>Supervisor Signature: _____ Student Signature: _____</p> <p>Date: _____ Date: _____</p>	

Appendix E

Academic Journals Related to Marriage and Family Therapy

This list of academic journals is not exhaustive and should only be used as a starting point for research.

Family Therapy

1. Journal of Marital and Family Therapy
2. American Journal of Family Therapy
3. Couple and Family Psychology: Research and Practice
4. Family Process
5. Family Therapy
6. Journal of Family Psychotherapy
7. Journal of Child and Behavior Therapy
8. Journal of Feminist Family Therapy
9. Journal of Couple and Relationship Therapy
10. Journal of Family Social Work
11. Journal of Clinical Child and Adolescent Psychology
12. Journal of Sex and Marital Therapy
13. Sex and Relationship Therapy

Family Science

1. Journal of Marriage and Family
2. Family Relations
3. Journal of Family Theory and Review
4. Journal of Family Psychology
5. Families in Society: The Journal of Contemporary Social Services
6. Journal of Comparative Family Studies
7. Journal of Family Issues
8. Adoptive Families in Diverse Societies
9. Journal of Family Studies
10. Journal of Family Violence
11. Michigan Family Review
12. Open Family Studies Journal
13. Journal of Family History
14. Journal of Divorce and Remarriage
15. Marriage and Family Review
16. Family Science

Psychology

1. Annual Review of Psychology
2. Journal of Consulting and Clinical Psychology
3. Psychological Review
4. Psychotherapy and Psychosomatics
5. Journal of Abnormal Psychology

Family Health

1. Families, Systems, and Health
2. Journal of Family Healthcare
3. Journal of Family and Reproductive Health
4. Advances in Community and Family Healthcare
5. Family and Community Health
6. Family Health Research
7. Journal of Family and Community Medicine
8. Mental Health in Family Medicine
9. Eating Disorders
10. Archives of Suicide Research

Family Law

1. ABA Family Law Quarterly
2. ABA Family Advocate
3. American Journal of Family Law
4. Family Law Quarterly
5. Journal of Family Law
6. Journal of Law and Family Studies
7. Journal of the Center for Families, Children and the Court

Family Economics

1. Journal of Family and Economic Issues
2. Family and Consumer Science Research Journal
3. Family Economics and Nutrition Review

Family Spirituality

1. Journal of Family Ministry
2. Faith and Community ministries
3. Journal of Youth Ministry
4. Journal of Spirituality in Mental Health

Appendix F

Courses that Meet Tennessee State MFT Licensure Requirements	
Human Development and Personality (3 courses)	Term
1. Family Life Cycle	Fall 1
2. Intimacy, Sexuality, and Sex Therapy	Summer 1
3. Family Therapy Across the Life Cycle	Summer 2
Marriage and Family Studies (3 courses)	
1. Introduction to Family and Systems Theory	Fall 1
2. Cultural Diversity in MFT	Spring 2
3. Treating Addictions in Families	Summer 2
Marriage and Family Therapy (3 courses)	
1. Introduction to Counseling Skills	Fall 1
2. Couple Therapy	Summer 1
3. Family Therapy 1	Spring 1
4. Family Therapy 2	Fall 2
Research (1 course)	
1. Research and Stats	Spring 2
Professional Ethics (1 course)	
1. Ethics and Clinical Practice	Spring 1
Assessment & Diagnosis (1 course)	
1. Diagnosis & Assessment	Fall 2
Supervised Practicum/Internship (i.e., ≥ 300 Client Contact Hours)	
1. Practicum	Spring 1
2. Supervised Clinical Practice I-IV	Summer 1 – Summer 2

Appendix G

Program Courses that meet COAMFTE Requirements		
FCA 1: Foundations of Relational/Systemic Practice (6 semester Credits)	Credits	Term
1. Family and Systems Theories	3	Fall 1
2. Family Therapy I	3	Spring 1
3. Family Therapy II	3	Fall 2
FCA 2: Clinical Treatment with Individuals, Couples, & Families (6 Credits)		
1. Counseling Skills	3	Fall 1
2. Intimacy, Sexuality, and Sex Therapy	3	Summer 1
FCA 3: Diverse, Multicultural and/or Underserved Communities (3 Credits)		
1. Cultural Diversity	3	Spring 2
FCA 4: Research & Evaluation (3 Credits)		
1. Research and Stats	3	Spring 2
FCA 5: Professional Identity, Law, Ethics & Social Responsibility (3 Credits)		
1. Ethics and Clinical Practice	3	Spring 1
FCA 6: Biopsychosocial Health & Development Across the Life Span (3 Credits)		
1. Family Life Cycle	3	Fall 1
FCA 7: Systemic/Relational Assessment & Mental health Diagnosis & Treatment (3 Credits)		
1. Diagnosis & Assessment	3	Fall 2
FCA 8: Contemporary Issues (No Minimum Credit Requirement)		
1. Family Therapy II	3	Fall 2
2. Practicum	3	Spring 1
3. Non-traditional Families (Traditional MFT track only)	3	Maymester 1
FCA 9: Community Intersections & Collaboration (No Minimum Credit Requirement)		
1. Family Therapy II	3	Fall 2
Foundational Practice Component (≥ 500 Client Contact Hours, ≥ 100 Supervision Hours)		
1. Practicum	3	Spring 1
2. Supervised Clinical Practice I	3	Summer 1
3. Supervised Clinical Practice II	3	Fall 2
4. Supervised Clinical Practice III	3	Spring 2
5. Supervised Clinical Practice IV	3	Summer 2

Appendix H

Internship Site Contact List

We encourage students to begin their search for an internship site by contacting the places listed below. All of these sites are places where current and former students in our program have served.

1. Agape 4555 Trousdale Drive, Nashville, Tennessee 37204 615-781-3000 http://www.agapenashville.org
2. Babb Center 105 Music Village Blvd, Hendersonville, TN 37075 615-824-3772 http://www.babbcenter.org/
3. Branches Counseling Center 1102 Dow St., Murfreesboro, TN 37130 http://www.branchescounselingcenter.com
4. Camelot Care Center Inc. 545 Mainstream Dr., Suite 110, Nashville, TN 37228 615-242-7410 http://www.thecamelotdifference.com
5. Cumberland Heights: Addiction Treatment Center P.O. Box 90727, Nashville, TN 37209 615-352-1757 http://www.cumberlandheights.org/
6. Daystar Counseling 2801 Azalea Place, Nashville, TN 37204 615-298-5353 http://daystarcounseling.com
7. Hope Clinic For Women 1810 Hayes Street, Nashville, TN 37203 615-321-0005 http://www.hopeclinicforwomen.org
8. Insight Counseling Centers 100 Vine Court, Nashville, TN 37205 615-383-2115 http://www.insightcounselingcenters.org
9. Mercy Community Healthcare Counseling Center 1113 Murfreesboro Road Suite 202, Franklin, TN 37064 615-790-0567 http://mercycommunityhealthcare.org/

10. Oasis Center 1704 Charlotte Avenue, Suite 200, Nashville, TN 37203 615-327-4455 http://www.oasiscenter.org
11. Psyche 1200 Division Street, Suite 405, Nashville, TN 37203 615-274-8400 http://www.psychepllc.com/
12. Sage Hill Counseling 400 Overbeck Lane, Suite 202, Nashville, TN 37204 615-499-5453 http://sagehillcounseling.com
13. Tennessee Prison Outreach Ministry 136 Rains Avenue, Nashville, TN 37203 615-870-1126 http://www.tnprisonministry.org
14. The Refuge Center 103 Forrest Crossing Blvd, Suite 102, Franklin, TN 37064 615-591-5262 http://www.therefugecenter.org
15. TN Voices for Children 701 Bradford Avenue, Nashville, TN 37204 615-269-7751 http://www.tnvoices.org
16. Youth Villages 3310 Perimeter Hill Dr., Nashville, TN 37211 615-250-7200 http://www.youthvillages.org