

**Nova Southeastern University  
Family Therapy Clinic  
Brief Therapy Institute**

**Policies and Procedures  
2019-2020**

**Mission Statement:** The Brief Therapy Institute (BTI), in the Family Therapy Department of NSU's graduate College of Arts, Humanities, and Social Sciences (CAHSS), provides family therapy students with on-the-job professional development in best practices of brief, relational therapy. This training fulfills BTI's educational mandate to help students refine therapeutic skills by delivering high quality mental health services to individuals, couples, and families in the university's local community, particularly to under-served populations.

**The Brief Therapy Staff:**

**Director:** Arlene Brett Gordon, Ph.D., LMFT  
Responsible for the management and operations of the Brief Therapy Institute  
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Office: Maltz Room 1044

**Office Manager:** Francesca Angiuli  
Responsible for the daily operations at BTI  
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**Graduate Assistants:**  
Support the daily functions of the clinic such as intakes, filing, student and client contact.  
Phone: 954-262-3030  
Front Office: Maltz Room 1017

**Dean:** Honggang Yang, Ph.D.  
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**Open Door Policy:** We, like you, value a friendly, respectful work environment. Please come to us with your questions or concerns. You can offer feedback in person or by telephone or e-mail. If you prefer to remain anonymous, put a note under the office door.

**Important Numbers:**

**Nova Alert:** 954-262-8999  
**Abuse Hotline:** 1-800-96-ABUSE

# Family Therapy Clinic at the Brief Therapy Institute Policies and Procedures

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## Preparation for Practicum and Initial Sessions

1. All therapists at BTI must be currently registered CAHSS students to be covered by NSU's professional liability insurance policy
  - a. **HIPAA:** All BTI therapists and staff must complete NSU's HIPAA training using Canvas or the alternative method on the Student Resource site. When you have passed the course, print off **a copy** of your certificate of completion.
  - b. Provide your practicum supervisor with a copy.
2. **Course work.** Students must have successfully completed the following classes.
  - a. SFTM 5310 – *Introduction to System Theory*
  - b. SFTM 5320 – *Introduction to Marital and Family Therapy* (or the equivalent)
  - c. SFTM 6340 – *Legal, Ethical, and Professional Issues* or the equivalent.
3. **Background Checks:** In order to work with clients such as minor children and the elderly, all students are required to have a background check.
  - a. This information must be on file with the Family Therapy Department Program office.
  - b. Please contact our Internship Coordinator regarding any questions about the background check process.
4. **Voice Mail:** You must have a working voice mail system that you check *daily*.
5. **NSU ID:** When in BTI or when participating with any BTI related services, faculty and students must always wear your NSU Identification for safety purposes. This is a **mandatory, university-wide policy** and if you are not wearing the appropriate identification you may be asked to vacate the premises.
6. **BTI Policies & Procedures:** 2019-2020 Revised is available online on the Department of Family Therapy homepage under Student Resources, Clinical Information
  - a. **Print** a copy of this manual and bring it to each practicum class.
  - b. During the second week of practicum, students will be given a copy of Policies & Procedures Quiz to take individually or as a group.
    - Please complete and return it to their practicum supervisor.
7. **Practicum Evaluations:** All therapists registered in internal practicum 2, 3, or 4; or external practicum are to provide their new supervisor with copies of their practicum evaluations from all previous semesters in the program.
8. **Independent Doctoral Clinicians**

Prior to your seeing your first client of the trimester:

  - a. Please download current copy of Policies & Procedures 2019-2020 (see above #6).
  - b. Afterward, students must sign a copy of the **Policies & Procedures Agreement** which states that you have read and are familiar with Polices & Procedures. This document can be found in the BTI office.
  - c. Updated NSU ID badges will be verified at the beginning of each term.
  - d. Each student is to complete the appropriate **Policies & Procedures Quiz** available the second week of the term.
  - e. Turn the signed Policies and Procedures Agreement and Quiz into the BTI office.
  - f. **Supervision is required** for every 15 hours of face-to-face therapy provided. Please contact Dr. Gordon to schedule supervision sessions at (954) 262-3032.
  - g. If a client cancels or postpones an appointment, **immediately** contact the BTI office. This information may release a room for another student to use.
    - Record on blue Contact Log in client's file.

## Professionalism in BTI

9. Each term, during your initial practicum meeting, you will be asked to sign BTI's **Disclosure of Guiding Principle**. This document is consistent with the inclusionary principles that guide the Department of Family Therapy, as well as Nova Southeastern University.
10. **No laptops are allowed during practicum and clinical sessions (except with permission from the director). This is a potential HIPAA violation.**
  - a. **Use of phones is prohibited during practicum sessions.** They are recording devices!
  - b. Students will be given time to access their phones.
  - c. Students using their phones during sessions will be asked to put them away immediately.
  - d. Students can provide family members with the BTI Office number (954-262-3030) in case of emergency.
11. **Attire.** The way you present yourself should reflect your professional role as a therapist. If your clients pay more attention to the way you look than to what you are saying, then you'll undermine your credibility and potentially offend, distract, or arouse your clients.
  - a. If you are dressed inappropriately you may not be able to see your client for that session.
  - b. Please follow these guidelines *whenever you are at BTI, regardless of whether you have a client scheduled*:
  - c. If you are a woman, you should make sure that your dresses and blouses are professionally appropriate and do not expose your cleavage or midriff. When sitting, your dresses or skirts should not expose your thighs. Active wear is not professional attire.
  - d. If you are a man, you should wear shirts with a collar. Ties are optional. Short pants are not acceptable.

### NSU identification badge must be worn in the clinic

12. **Conduct.** Be sure your conduct at BTI matches your appropriate attire. Whenever you are in the building, you should speak and act in accordance with your professional role.
  - a. Please do not have personal phone conversations in the hallways, in the BTI office, or near work areas.
  - b. Arrive **at least 15 minutes** before your scheduled practicum or client. If the practicum observation room is in use, please wait in the student lounge or in the lobby until the room is available.
  - c. Students are not to use phones or personal items located in the clinic's cubicle areas. They are the workstations for the Psychology Department. Please use the phones in the therapy suites or in the Therapists' Workroom (1030E).
13. **Punctuality.**
  - a. Parking on campus can be very challenging at times. Please give yourself enough time to find space.
  - b. If you are in an afternoon practicum, you must be at BTI by **2:45 p.m. or by 8:45 a.m.** for a day practicum. If you are seeing clients independent of the practicum team, you must **arrive at BTI at least 15 minutes prior to your scheduled appointments.**
  - c. **Independent doctoral students** who are late or are a no-show will be required to meet with the clinic director to discuss continuation of their independent case load.

- d. If you leave a confirmation-of-appointment message for your clients and they do not call back, do not assume that they are not coming. Unless you know for sure that they are canceling, assume, as you make other scheduling decisions, that they will be attending their session, and arrive at BTI in time for a supervisory pre-session, unless other arrangements with the supervisor have been made.
14. **Food.** We understand that practicums run through the lunch or dinner hour. It is most important not to use the observation rooms as a dining room.
- a. Please bring only non-messy meals such as sandwiches and salads.
  - b. Take-out deliveries to BTI practicums are not allowed.
  - c. If your practicum wants to share a meal, schedule time between sessions and eat in the student lounge.
  - d. Food and food by-products must be disposed of in the student lounge area garbage pails.
  - e. Evening practicum: place garbage outside of the observation room at the end of the evening.

### **Communication with BTI Office**

- 15. The BTI office has an open door policy and welcomes questions and concerns about your clinical experience. Please be respectful and patient with staff on the phone. They are working with clients on intakes and answering questions. BTI staff members will give you their attention as soon as possible.
- 16. Please do not use cell phones when in the BTI office.
- 17. We encourage you to contact the BTI staff (954-262-3030) with any questions and concerns you might have in reference to your clients and/or the clinic. If no one answers because we are busy with other calls, please leave a message and someone will return your call.
- 18. All BTI documents are available in the BTI office.
- 19. **Notes from the BTI Office.** Sometimes you will find a memo on or a case file audit in your client's file requesting you to complete something correctly. Please work closely with your practicum supervisor to address these requests. Contact the office manager at BTI (954-262-3031) if you have any additional questions.
- 20. **BTI staff will be auditing files on a regular basis to ensure that the file documentation is in the correct order.** If you find an audit form in your client's file, please make the requested corrections. Both the therapist's and supervisor's signature are requested. Please place the form back into the file for the BTI office staff to review.

### **First Practicum Session**

- 21. Review **Policies & Procedures** located on CAHSS homepage under Student Resources.
- 22. It is imperative that faculty and students have read the most current edition and are familiar enough with its contents that they will use it as a reference for clinical work at BTI.
- 23. **For Supervisors:**
  - a. The **Faculty Practicum Checklist** is found in each practicum binder and is used by faculty supervisors to record information collected from each practicum student:
    - a. **Student Name**
    - b. **NSU Badge-** must be worn in clinic area.
    - c. **HIPAA Certificate** to be collected at the first session and placed in the practicum's binder.
    - d. **Contact Information** form is to be completed and returned in the practicum binder to provide the BTI Office with your contact information.
    - e. **Disclosure of Guiding Principles** is to be signed and returned in the practicum binder at the first session of each term.

- f. **Previous Evaluations** (if second, third and fourth practicum)
24. Also collected during the practicum term
- a. **Policies & Procedures forms**- affidavit stating students have read and understand the most current edition of P&P. This document is to be signed, collected and placed in the practicum binder by the second practicum meeting.
  - b. **Policies & Procedures Quiz**- is collected and reviewed in practicum.
25. **Relational Suicide Assessment (RSA)- This item is not to be checked off until after the practicum has reviewed and discussed**
- a. The Relational Suicide Assessment Workshop by Dr. Douglas Flemons is available online under Student Resources, Clinical Information at:  
[https://sharkmedia.nova.edu/media/Dept.+Family+Therapy+Training/1\\_Inp3x86h](https://sharkmedia.nova.edu/media/Dept.+Family+Therapy+Training/1_Inp3x86h)
  - b. It is recommended that students either view the video on their own or as a group during practicum between client sessions.
  - c. RSA should be part of practicum discussions, especially when a client presents at risk of self-harm or harm to others.
  - d. All self-harm assessments must be documented on the RSA document form found in BTI.
  - e. If you are having difficulty locating the workshop, please contact Francesca at (954) 262-3031.
  - f. Attendance at the RSA workshop when made available fulfills this responsibility.

### **Client Contact**

26. **Intake process.** We provide our callers with a full explanation of our services so that clients have full disclosure. (Occasionally we do have walk-ins and we take their information at that time).
- a. Clients contact the BTI office requesting services.
  - b. Staff completes the BTI Phone Intake form to gather basic demographic information and a brief explanation as to why they will be coming to therapy.
  - c. Clients are informed that as part of a graduate school program, they will be working with student-therapists training to earn their graduate degree.
  - d. Clients are offered the option of working with a practicum team or independent doctoral clinicians.
  - e. Clients make the determination about teams and video recordings during the intake process.
  - f. Clients are informed that if children under the age of 18 are going to be present during therapy, BTI requires the signature of both biological parents.
  - g. Fees are determined based on income using a sliding scale. Our first sessions are free.
  - h. If there is third party involvement, additional paperwork (i.e. court documents, Treatment Consent Affidavit, restraining order) is usually obtained by the BTI staff prior to the first session.
  - i. \*Please advise BTI staff if information about third party involvement is mentioned during the therapy session, but the appropriate documentation is not in the file.
  - j. Initial appointments are scheduled and therapists are contacted.

## Phone Contact with Clients

27. **Initial Contact.** BTI staff will call you when they have assigned you new clients. If you are not available when they phone, call back to get the clients' names and phone numbers.
  - a. Make sure you contact the clients *before the first appointment*, and let them know you will be their therapist. Double check that they have good directions to BTI.
  - b. If the practicum supervisor wants to wait to assign the case until the practicum meets, he or she must then list their own name and phone number on the appointment form and take responsibility for confirming the session 24 hours in advance.
28. **Calls to Clients.** To help maintain professional boundaries, you **must not** give your clients your home or cell phone numbers or your e-mail address.
  - a. When calling clients from a personal phone, punch \*67 before dialing their number—this will prevent your number from coming up on their caller-ID. If they do not accept blocked (\*67) calls, phone them on another non-personal line.
  - b. You may use phones in BTI therapy suites or room 1030E (Therapists' Workroom).
  - c. Alternatively, you may call BTI at (954) 262-3030 from your phone and have the office staff make a conference call to the clients; this will allow you to talk to your clients, while the BTI number appears on their caller-ID.
  - d. Phone calls should be limited to 5-10 minutes.
  - e. **All** phone contact must be recorded on the blue **Contact Log** form and kept in the clients' file.
29. **Voice Mail.** When you receive a call from BTI, *you must return it the same day or first thing the next business day.* If you are called and your voicemail is not working, we will contact your supervisor directly.
30. **Appointment Confirmation.** *Every week, you must confirm your appointments with your clients 24 hours in advance.* This is good practice and likely increases retention.
  - a. Record confirmation phone calls on the blue **Contact Log**. Initial each entry.
  - b. If you have appointments scheduled on a Monday, call your clients the previous Friday.
  - c. For quality assurance, a BTI staff member may make follow-up calls with clients who no-show or make last-minute cancellations.
  - d. **If the appointment is cancelled or rescheduled, please notify BTI staff (954-262-3030).**
31. **Confidential Phone Identification.** When you make a confirmation call, use the number preceeded with the asterisk (\*) on the intake form. *Identify yourself as calling from Nova Southeastern University, **not** the Family Therapy Clinic or BTI.* To help ensure confidentiality, avoid leaving a message unless you have documentation on the intake form (or information from the clients themselves) that this is okay. If you do leave a message, either on voicemail or with a person, only give your name and the BTI phone number.
32. **Email Contact. Email is not a confidential means of communication.** It is the policy of NSU in compliance with HIPAA policy that individuals may **not** exchange clinically relevant information with clients via email, regardless of any authorization provided by clients.
  - a. If you receive an email from a client, you are responsible to notify the client that the clinic does not communicate clinical information by email and that the client should call BTI to contact you directly or to schedule an appointment. The purpose of this practice is to protect our clients because confidentiality over the internet can not be guaranteed.

- b. When communicating with your supervisor and/or fellow therapists using email do not use identifying client information, as this is a HIPAA violation.
- c. The BTI office may need to email you with pertinent information, please provide the office with your **Nova** email address.

### Scheduling Clients

33. **Scheduling Appointment.** Communication with the BTI office is extremely important. Please advise us of any changes in appointment time and/or cancellation as soon as possible.
- a. **In Practicum.** Use the appropriate **Practicum Appointment Form** (day or evening) appointment tracking form to schedule subsequent appointments with existing clients, as well as to request new clients. This is done with your practicum supervisor.
  - b. **Independent Doctoral Clinicians.** If you are scheduling clients outside of a practicum, do not use the practicum form; instead, indicate openings on the **BTI Individual Student Appointment Schedule** form.
    - 1) Return this form to the intake mailbox in the front office *one week in advance (must be turned in by Thursday of the previous week)*. This is to prevent double booking of therapy rooms.
    - 2) For each opening you are requesting, include: the therapist's first and last name, phone number, client's first and last name, and type of client (family, couple or individual).
    - 3) Schedule appointments by the hour (not the half hour). This keeps all our rooms on an hourly schedule.
    - 4) The more openings you provide, the more cases you are likely to be assigned.
34. **Appointment Change.** Please let the BTI office know immediately if your clients cancel an appointment, if you have cancelled an appointment, if you are unable to make an appointment, or if you are running late. The BTI office will inform your supervisor.
35. Whether biological parents are unmarried, married, separated, or divorced, **both** must consent to their children being seen in therapy at BTI, regardless of who has custody. The **Treatment Consent Affidavit** is used to replace the **Therapy Agreement** under the following conditions:
- a. If the child or children do not have any contact with the other parent (for example, parent is deceased, incarcerated, unknown)
  - b. Even if one parent has full custodial rights, but the other parent is in the children's lives, both parents must sign the agreement.
  - c. If one of the parents is able to produce a court order stipulating that the children are to be seen in therapy, or
  - d. If during the process of therapy with a parent, it is determined that the child should attend a session, a notarized **Treatment Consent Affidavit** must be completed prior to that session. Please redirect to the BTI staff so that they may follow-up. Otherwise, treatment at BTI cannot commence without both parents having signed the form.
36. **Court Ordered Cases.** When clients are court ordered to attend therapy, we do not schedule their first session until they have sent us—via mail, fax, or hand delivery—a copy of the court order. Once the office manager has reviewed the documentation, a staff member schedules a first session for the adults.
- a. *We do not allow children to attend the first session of court-ordered cases.*

- b. If you are assigned a court-ordered case, **make sure you read the documentation prior to meeting with the clients, and alert your supervisor.** The two of you should conduct a pre-session prior to the first appointment.
  - c. Review all the documents to insure that you have authorization to contact third parties attached to the court-order: BTI's **Authorization for Use or Disclosure of Information** form or comparable authorization.
37. **Guests.** No one may bring a guest behind the mirror to observe a session (or a videotape of a session) *without first getting approval* from the BTI Director.
- a. Requests to bring a guest must be submitted, in writing, to the front office at least one week in advance of the potential visit.
  - b. *Approval will not be given for guests who are not mental health professionals.* If approval is given, the person hosting the guest must then obtain prior clearance from the supervisor and team.
  - c. Guests who are approved by the director and the team will be required to sign a confidentiality contract. (See office manager)
38. **Term and Holiday Breaks. BTI is a year-round community service provider.** BTI and the Family Therapy Department expect you to schedule clients not only *during* the term, but also **between terms** (during term and holiday breaks).
- a. When you take on new clients, you, like any other professional family therapist, will be responsible for providing therapy until their problem is resolved and/or the case is closed, or, with supervisor and director approval, until the case is transferred to another therapist.
  - b. Supervision during breaks will be arranged by the Department and the BTI office.
  - c. If either you or your client cancel a session, you must immediately inform the BTI office, so that we can advise the scheduled supervisor.

## Client Sessions

39. **Case Assignment Documents.** Therapists will receive the **BTI Phone Intake** prior to initial session.
40. **Client Files:**
- a. If you are in a **practicum**, your supervisor will pick up materials necessary for that class including client files and DVDs in the front office prior to the commencement of the practicum.
  - b. If you need a file or DVD for a client who is not being seen at the moment, you may check them out from the front office.
    - 1) Please check out materials such as files and/or DVDs with BTI staff.
    - 2) After use and prior to leaving the building, return materials to BTI staff to be checked-in.
    - 3) Make certain to fill out the “sign-out and sign-in” sheets located in BTI.
  - c. No client-related information may leave the building. If by accident this should occur, contact the BTI office *immediately*.
  - d. **Removal of client information in any form of notes and DVDs is a violation of HIPAA policy and a Privacy Incident Form will be sent to the Compliance Office as per university policy.**
41. **Client File Documents.** Follow the **Case File Format** guide in the appendix. The following documents must be in each file for your initial session:
- a. **Therapy Agreements:** There are a set of three agreement documents. Documents listed here as 1 and 2 must be signed for clients to be seen at BTI. Document 3 is not mandatory, but preferred:

**1) Therapy Agreement (or Therapy Consent Affidavit): Mandatory**  
**Must** be signed by all clients over 18 prior to the initiation of therapy. This document explains HIPAA and the Family Therapy Clinic's policies.

**2) Authorization for Audio/Visual Recording and Observation for Supervisory Purposes: Mandatory**  
**Must** be signed by all clients over 18 prior to the initiation of therapy. This document authorizes supervision, either live or video, for the case.

**3) Authorization for Use or Disclosure of Information for Educational and Related Purposes:** Clients sign this document to authorize that the video materials of their session may be used for educational purposes such as conferences, journal articles, or books. This is not mandatory, but preferred.

- b. **BTI Client Information:** filled out by clients in the lobby prior to the first session.
  - c. **Session Notes- Initial Session:** a vanilla colored document for the first session.  
Completed by therapist and signed by supervisor.
  - d. **Contact Log:** on-going blue document to record any phone contact with clients and/or permitted third parties. **Cancellations and no shows are also documented on this form.**
  - e. Case specific documents such as court documents, etc.
42. Client notes should be completed during practicum. For students seeing clients independent of practicum, please complete notes in the observation room or in the Therapist's Workroom, room 1030E.
43. **Greeting Clients.** The front office will call your team's observation room when your clients arrive for their appointment. When you come to the waiting room to meet your clients, please introduce yourself and inform them that they will be walking through the clinic to the assigned room.
- a. If your clients come early or if the team is running late, come out to the waiting room to greet the clients, help them feel welcome, and let them know when their session will start.
  - b. **No** children under the age of 12 can be left unattended in the waiting area.
44. **Therapy Agreement Documents.** Once you have escorted your clients into the therapy room for the first appointment, be sure that you review the **Therapy Agreement** and **Authorization for Supervision** with them *before* beginning the session.
- a. Before therapy or videotaping can begin, all participants over 18, whether or not they are family members, **must** sign the:
    - 1) Family Therapy Agreement
    - 2) Authorization for Supervision
  - b. The video recording cannot be started until there is confirmation that all adults have signed and no one has any concerns.
  - c. **New Participants:** If new participants join subsequent sessions, be sure to go over the **Therapy Agreement** and the **Authorization for Supervision** with them and obtain their signatures prior to beginning.
    - 1) Prior to a new participant attending the session, the therapist should explicitly ask the current clients, what, if any, information from previous sessions can be shared with the new participant.
    - 2) The therapist must concur with the supervisor about the new participant.

#### 45. Videotaping

- a. **In practicum:** If there is any part of the **Authorization for Supervision** agreement that your clients do not want to authorize (e.g., videotaping; use of a team), respond to their concerns non-defensively and draw a line through the relevant sentences in the agreement.
- b. The clients will then need to initial the deletion(s). Any alterations must be approved by the supervisor prior to proceeding with the session.
- c. With the approval of your supervisor, you may choose not to videotape, but if the clients object to the team, let them know that their case will have to go back to the BTI office for reassignment.
- d. Staff will assign them a therapist who works without live supervision.
- e. **Independent Doctoral Clinicians *must*** videotape their sessions. If the clients object to the videotaping, let them know that their case will have to go back to the BTI office for reassignment to a practicum team.

#### 46. Clients Viewing Sessions.

If your clients ask to view a session, they may do so with the following conditions:

- a. The viewing must take place on BTI premises.
- b. You must be with them during the viewing.
- c. DVD's must be signed out of the clinic office.
- d. BTI will charge the clients their usual fee for every hour spent watching the DVD.

#### 47. Confidentiality.

Ensure that not only your clients, but also that *you* understand Florida law regarding confidentiality and its limits. If you have questions, ask your supervisor and/or any BTI staff person.

- a. If parents wish to sit behind the mirror and observe while the therapist works with their children, they may do so, providing that the supervisor is comfortable with this arrangement. The children are told in advance that this may happen and are informed each time their parents are behind the mirror.
- b. Sometimes, parents wish to be kept informed of what their children say to the therapist when the parents are not in the session. When you see children alone for part or all of a therapy session, let the parents know in advance that you will only break confidentiality when the law requires it (i.e., when you hear reports of abuse of a minor or elder, or reports of the client or someone else being in imminent life-threatening danger) and/or when the safety of the children is at stake.

#### 48. Organize Sessions.

Your sessions at BTI must begin and end on time. Organize your sessions to last approximately 50 minutes. This will ensure that your therapy room is freed up for the next appointment and will give you time to collect the fee, finalize the DVD, process paperwork, schedule subsequent meetings, return phone calls, etc.

#### 49. Practicum Breaks.

When you (or you and your practicum team) leave your observation room (whether for a break or because practicum is ending earlier than scheduled), you must notify the front office before you leave *and* you must ensure that the staff have a way of reaching you during the time you were originally scheduled to be on site.

#### 50. Session Notes

- a. **Note Entries:** All progress-note entries must be *written legibly in blue ink*.
- b. **Contents of Session Notes:** Use the **BTI Session Note** form. If, for some reason, you've left blank spaces, neatly cross them out with a single straight line. You may request assistance from your supervisor and team to complete this document.
- c. **Three formats:**
  - **Session Notes- Initial Session:** a vanilla colored document for the first session.

- **Session Notes-Ongoing Sessions:** a white document for ongoing sessions.
  - **Session Notes- Closing Session:** a lilac document for the final session.
- d. **Supervisor Review.** Progress notes must be completed within 24 hours of your session. Supervisors are responsible for quality control. Make sure your supervisor closely reads, comments on, and signs your progress notes *after each session*.
  - e. When you make corrections in your notes, neatly ~~cross through~~ what you are deleting and initial the change.
  - f. **Cancellations and no-shows** must be recorded in the **Contact Log**.
51. **Telephone Contact.** Every telephone contact you have with your clients (including the weekly confirmation calls you make 24 hours in advance of appointments), or with other professionals regarding your clients, must be noted on the blue **Contact Log** (including date, time, and information). Please date and initial each entry.
52. **Client Surveys:** Please note that the BTI office will distribute a **Client Satisfaction Survey** to all clients at approximately 5-session intervals. Please encourage your clients to complete this brief survey and to return the completed survey to the BTI front staff or in the BTI survey box located next to the BTI window.
53. **Missed Appointments.** We recommend the following scheduling guidelines for supervisors and teams who are working with clients who miss one or more appointments.
- Review our cancellation policy with your clients:**
- a. Clients who miss their appointment should be rescheduled within the same practicum when:
    - 1) They gave at least 24 hours notice of their cancellation.
    - 2) The therapist failed to call to confirm the missed session 24 hours in advance.
    - 3) The therapist could not reach the clients to confirm the missed session.
    - 4) The missed session was the clients' first session.
  - b. Clients who miss their appointment should not be rescheduled within the same practicum (and their file should be given back to BTI) when:
    - 1) They no-show two times in a row.
    - 2) They cancel sessions two or more times in a row.
    - 3) They have no-showed or canceled a total of three sessions.
54. **Late Evening Sessions.** The Family Therapy Clinic closes at 9:00, Monday- Thursday. Please schedule clients so you can finish up your case notes and leave at 9:30 p.m. If circumstances with your clients warrant continuing your last session beyond 9:00 p.m., you should plan to be finished in time for you and your clients to leave the building by 9:30 p.m. If circumstances with your clients require your continuing your session beyond 9:30, you must alert the BTI office. If you are not able to finish your case notes by 9:30, you'll need to return the next day to complete them.
55. **Record Clinical and Supervision Hours.** Any questions about this documentation should be referred to Irina Bransburg at 954-262-3072 or iv45@nova.edu.
- a. Students are responsible for keeping a record of the client contact hours on the **Client Contact Hours Sheet**.
  - b. Students are responsible for keeping a record of the supervision they receive on the **Supervision Hours Sheet**.
  - c. At the end of **practicum**, students complete the forms and have the practicum supervisor initial for that session.
  - d. **Independent clinicians** are responsible for recording their hours and having their supervisor sign both the **Client Contact and Supervision Hours Sheets** after each scheduled supervision session.

- 1) **Completed forms** can be placed in Internship Coordinator's basket in BTI or in her office, room 329, on the third floor in Mailman Hollywood.

56. **Closing Evening Practicum.** BTI is very busy, so please make sure to leave the observation room the way you would like to find it if you were in the next day's practicum.
- a. Place trash outside the room.
  - b. Be sure that the room is free of crumbs.
  - c. Therapy rooms should be neat and ready for the next client.
  - d. Shut off sound machine and place in therapy room.
  - e. Shut off lamps, monitor, and lights in both the observation and therapy rooms.
  - f. If you move chairs from the outer area into the observation room during practicum, return the chairs to their original location.
  - g. Lock the doors to both the observation and therapy rooms.
  - h. Please return the practicum bag. This will notify BTI staff that your practicum is leaving for the evening.

### **Fees and Receipts**

57. **Collecting Fees.** Fees are expected at the time services are rendered. You need to be proactive during this final step of your meeting.
- a. At the end of your session, escort your clients to the Family Therapy Clinic window, check to confirm the fee, assist office staff in collecting the fee.
  - b. To ensure confidentiality, please do not open the front window if the staff person is on the phone. Wait for them to finish with the call.
  - c. Wait for office staff to record payment and provide two receipts. One receipt is for the client and one receipt is to be two-hole punched and placed on the left side of the client file.
  - d. If payment is made using a check, make sure that it is payable to NSU.
  - e. BTI Appointment Card: Fill in your clients' next scheduled session on back of the BTI appointment cards at the window sill.
58. **Fee Rate.** The rate is determined by a sliding scale. The BTI staff sets the fee for clients after reviewing financial information with them during the intake process. First sessions are free.
- a. Please note that services to veterans and their family members are free of cost.
59. **Fee Reduction:**
- a. To request a fee change for your clients, submit a **Fee Change Form**, signed by your supervisor, to the BTI office
  - b. Be sure to note the amount of the requested change.
  - c. Our minimum fee is \$15.00; however, in special circumstances, please review with the Office Manager.

### **Closing and Transferring Cases**

60. **Transferring clients (practicum):** Scheduling clients for transition to a new practicum team or another therapist is a collaborative effort between the clients, student, and supervisor. This conversation should occur at least two weeks before the end of the practicum. Clients continuing to receive therapeutic services in the following semester will either:
- a. Remain with their current therapist and be scheduled based on the student's new practicum time.
  - b. Remain with their scheduled time and the case will be transferred to another practicum team and therapist.

- c. Be transferred to a doctoral therapist working independently of practicum.
  - b. Supervision during breaks will be provided by either practicum faculty or Supervisor Candidates.
61. During the break, students will need to schedule their clients individually by using the **BTI Individual Student Appointment Schedule**.
- a. Return this form to the intake mailbox in the front office. For the opening you are requesting, include: the therapist's first and last name, phone number, client's first and last name, and type of client (family, couple or individual).
  - b. Please note if supervision is needed.
62. **Closing a Case.** The decision to close a case must be made in close consultation with your supervisor, who will then assist you in broaching and discussing the issue with your clients. Prior to returning the file to the front office, *review it with your supervisor, making sure it is up-to-date, organized properly, and complete.*
- a. Progress notes for the final session should be recorded on the lilac-colored **Progress Notes-Closing** document.
  - b. The file should include all necessary signatures, documentation for all cancellations or no shows, and notes for any telephone contact.
  - c. Place a sticky note (found in practicum bag) marked "Close Case" on the file and place in practicum notebook. At the end of the practicum session, the notebook and carrying case must be returned to the BTI office and given to a BTI staff member.
  - d. If clients do not attend their final session, use the lilac-colored Progress Notes-Closing document and fill out the appropriate information on the form.

### Contact with Larger Systems

63. **Disclosure of Information.** You will need to have your client complete the **Authorization for Use or Disclosure of Health Information** before contacting any third party. You must involve the BTI director and office manager in any disclosure of client information.
64. **Prior to Contact.** All contact with larger systems (e.g., agencies, ChildNet, the court system, lawyers, BSO) should only be initiated after consultation with your supervisor and with the knowledge of the BTI office staff.
65. **Phone Contact.**
- a. If another professional calls BTI, asking to speak with you about a client, you must return the call within 24 hours of his or her contacting BTI (if only to say that without a signed release from your clients, you cannot speak with him or her).
  - b. Before calling back, consult with your supervisor. If you cannot reach him or her in time to meet the 24-hour deadline, alert the office staff and they will put you in touch with the BTI director or the office manager.
  - c. If you do not have an authorization (**Disclosure of Health Information** form—see below) to speak with the professional about a client, you will, in consultation with your supervisor and/or the BTI director or office manager, call back to inform him or her that you lack the necessary authorization to confirm that you have a client by that name, but that you will be happy to speak with them once an authorization is provided to you.
66. **Authorization for Use or Disclosure of Health Information.** Before you can reveal *any* information about your clients (including the disclosure that they *are* clients) to anyone outside of BTI (except for a CAHSS clinical supervisor or a CAHSS family therapy class), your clients must complete and sign our release form, the **Authorization for Use or Disclosure of Health Information**.

- a. **Comparable Authorization:** If other professionals—doctors, mental health practitioners, government agency workers, lawyers—provide you with a comparable authorization that your clients have signed for them, you *may not* also need to get a BTI form signed. (Confirm with office manager or director). You will need separate authorization for each contact. However, the authorization form, whether ours or theirs, must be attached to the left side of the client file.
- b. Clients living locally, who are requesting their records or a summary must appear at BTI in person, sign our **Authorization for Use or Disclosure of Health Information** form, and present photo ID. A photocopy of the ID and the Authorization form are then to be placed in the file, along with a case note documenting that the information was released to the client. Clients living too far away to make their request in person may do so with the assistance of a notary. See the office manager for details.

### Request for Documents

**BTI generates two distinct written documents: Letters and Clinical Summaries.**

67. **Letters:** If you are required to write a letter for a judge, lawyer, client, etc., confirm that an **Authorization for Use or Disclosure of Information** is signed and in the client’s file. See sample letters on pages 26-28 for guidance in formatting only. Each letter is to be client specific.
  - a. Then, using the appropriate letter as a template and in consultation with the supervisor, compose your correspondence. Please note that the template is only a guide and should not be copied directly. Add information specific to your client’s individual case.
  - b. Complete it *at least a week* before you need it, and submit it, on a flash drive, to the office manager. Please make certain that you have not included any client specific identifying information. This information will be added in by the office manager. She will format the letter, get it approved by the director, and print it off on letterhead. *You cannot submit these letters to the office manager as e-mail attachments, as this does not adequately protect client confidentiality.*
  - c. Once the letter has been printed and approved, the office manager will erase the file from your flash drive.
  - d. Sign your name with your highest-earned degree and designate yourself as a “Family Therapy Graduate Student.” Below this, list your supervisor’s name, degree, and designation, and arrange for your supervisor to *closely read* and countersign the letter before it is sent out:

Sincerely,

[4 spaces]

Student’s Name, Degree.

Family Therapy Graduate Student

[4 spaces]

Supervisor’s Name, Degree

Supervisor

**Request for Records:** In keeping with Florida Statute 456.057(4), BTI responds to requests for records in the following ways:

**68. Clinical Summary.**

- a. Clients or clients' legal representatives who request psychotherapeutic records are given a **Clinical Summary** in lieu of copies of the records themselves.
- b. Upon a client's written request, BTI furnishes complete copies of psychotherapeutic records to *subsequent treating psychiatrists and/or psychotherapists*.
- c. Florida Statute 61.13 stipulates that non-custodial parents have rights of access to their children's medical records and information, unless a court order specifically restricts such rights. When a non-custodial parent requests records or information about his or her minor children, BTI requires that the request be presented in writing and in person, along with photo ID. A parent living too far away to make his or her request in person may do so with the assistance of a Notary. See the office manager for details. Before the information or records can be released, the office manager must get confirmation from *both parents* that there is no court order specifically revoking the parent's rights regarding access to records or information. As noted in the policy above, requests for specific records will be handled in keeping with Statute 456.057(4).
- d. All reasonable efforts are made to respond to such requests in a timely manner.
- e. Reports of examination and treatment should adhere to our summary format. Please follow the sample Clinical Summary in the Appendix of this document.

**69. Subpoena to request BTI records.** All subpoenas come to the BTI office.

- a. **BTI staff will assist you and your supervisor with the handling of all legal situations and records requests.**
- b. All subpoenas are submitted to NSU's legal advisors for review.
- c. If your client's file is subpoenaed, the BTI office will notify you and your supervisor. If the notes in question contain information about couple or family sessions, BTI cannot release the information until a court order requires us to do so, or until all participants over 18 have signed an authorization.
- d. In response to a subpoena issued by a judge or judge magistrate, the BTI director and the Records Custodian will appear in court in lieu of the student therapist and practicum supervisor.

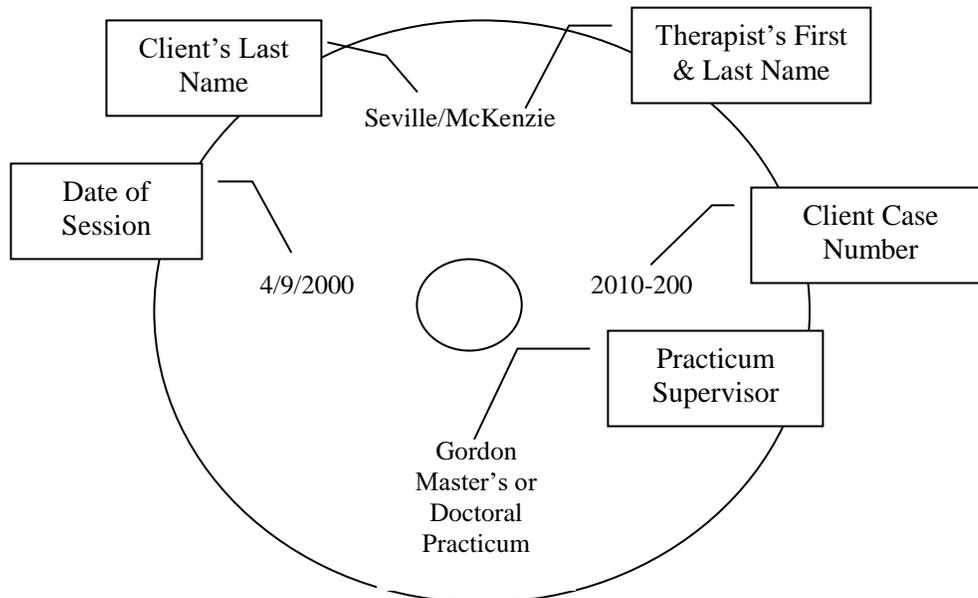
**DVDs and Digital Recordings**

**70. All DVDs, BTI flash drives and digital recordings are the property of the Brief Therapy Institute and must not be removed without signed authorization from the director. See the office staff for the necessary form.**

71. **Master's and doctoral** students working in practicum must label their DVD's (see below) after the disc has been finalized. Discs are to be placed in the black practicum bag at the end of each practicum session and returned to the BTI office. The DVDs will be placed in your practicum's file folder in the filing cabinet.

72. If you need a blank DVD, ask your supervisor or the front office staff.

73. **DVD Storage.** Once you have recorded a session, you must give the DVD to your supervisor or the front-office staff before you leave the premises. It will be stored in the front office. Label all DVDs (see insert). If the front office is locked, put the DVD through the mail slot in the BTI front-office door.



74. If you wish to use segments from a DVD for a clinical exam and/or professional presentation, your clients have had to completely fill out the **AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION FOR EDUCATIONAL AND RELATED PURPOSES** form, which can be found on the right-hand side of the client file.
- The form was distributed with the Family Therapy Agreement to the clients prior to their first session.
  - If clients originally declined permission, you may request they reconsider at a later date if you determine that you want to use the materials for presentations.
  - The appropriate form must be signed for presentation use.
75. **Disposal of Recorded Information.** DVDs for master's students are shredded after each term. DVDs for doctoral students are shredded after they have completed their necessary examinations.
76. **Removal of any recorded information without the appropriate authorization is considered a privacy breach: a violation of HIPAA Policy.** Based on NSU's policy, a Privacy Incident Form will be generated and forwarded to the university's Compliance Office. The director and chair of your program will be notified about this breach.

### Clinical Portfolio

77. Doctoral Students preparing for the Clinical Portfolio:
- For information about the Clinical Portfolio process, please refer to the Clinical Portfolio document at: <https://cahss.nova.edu/departments/ft/resources/clinical-portfolio-presentation-component.pdf>
  - As per HIPAA Policy, all clinical portfolio DVDs and flash drives with digital files copied from DVDs are the property of BTI. You may not make or keep copies of any BTI clinical DVDs or files or any presentations derived from these sources.*
  - Students preparing for the clinical portfolio who use materials from their BTI cases will need their clients to have signed the **Authorization for Use or Disclosure of Information for Educational and Related Purposes.**
  - Video samples must be signed in and signed out of the clinic office.

- e. Clinical portfolios generally take a minimum of one semester to prepare and complete.
- f. Students must book time at BTI to review their case file and recorded sessions. This will only be done by scheduled appointments using the appropriate appointment form for room reservation.

### Supervision and Seeing Clients Outside of Practicum

78. **Authorization for Doctoral Students to See Clients Outside of Practicum.** (For students who have completed **three doctoral practicums**). You are required to receive behind-the-mirror supervision unless you are a doctoral student who has been approved by your supervisor and the BTI director to see cases on your own. Be sure your supervisor signs and submits the form: **Authorization for Doctoral Students to See Clients Outside of Practicum** at least two weeks in advance of your scheduling any cases, as the BTI director will need to review and sign the form, too.
79. **Supervision.** All therapists seeing clients outside of practicum must attend supervision meetings with a BTI supervisor, a supervisor candidate, or the BTI director. Please consult with the office staff regarding scheduling.
80. **Supervision is required for every 15 hours of one-on-one therapy.**
81. If you fail to seek out and obtain regular supervision for your outside-of-practicum cases, your approval to see cases on your own will be revoked and your cases will be transferred to another therapist.
82. If you receive supervision from doctoral-student supervisor candidates, you will not be able to count this time toward your *supervision requirements* for graduation; however, given the amount of supervision you receive from the faculty during your program, you will not *need* this time to graduate. You *can*, of course, count any *client contact hours* you get while working with supervisor candidates.

### Research and Testing

83. **Written Approval.** No research involving current or former BTI clients, therapists, supervisors, or staff may be conducted without the BTI director's written approval. Such approval must be obtained twice:
- a. At the planning stage.
  - b. Before the proposal has been defended and/or before an IRB submission has been made.
- Researchers may not contact potential research participants without both approvals in hand.
84. No testing can be conducted and no assessment devices administered at BTI without the BTI director's written approval. Any testing involving BTI clients or their families must be carried out at BTI and supervised by a DFT faculty member.

### Reporting Abuse, Neglect, or Abandonment

85. **Florida Statutes.** Chapters 39 and 415 of the Florida Statutes mandate mental health professionals to report to the **Abuse Hotline (1-800-96-ABUSE)** any knowledge or suspicion of abuse, neglect, exploitation, abandonment of children or vulnerable adults as well as domestic violence that is witnessed by a child. Witnessing can be defined as auditory, visual, or inferred, including cases in which the child perceives the aftermath of violence.
- a. Please note that Chapters 39 and 415 of the Florida Statutes can be found in each team suite in the black binder labeled **Crisis Assessment & Emergency Protocol**.
  - b. A complete copy of the Florida Statutes is available for your review in the BTI office.

86. **Reporting.** Note that corporal punishment is legal in Florida—parents are allowed to hit their children. To meet criteria for “abuse,” the hitting needs to be deemed excessive by the hotline counselor. This determination is made by considering the circumstances and the details of the hitting—how many times and where the child was struck, the manner of the hitting and what the child was struck with, and whether he or she sustained any injuries. *It is the hotline counselor’s job, not yours, to determine whether an instance (or a pattern) of corporal punishment has been excessive.* Your job is to report hitting that you *suspect* is excessive.
- a. If a client discloses information that you believe *may* require reporting, contact your supervisor immediately to discuss the details of the situation. Talk to your supervisor *before* talking to the clients about next steps and *before* the clients leave the building.
87. **Reporting Process.** If your supervisor and/or the BTI director decides that the situation warrants a call being made to the Abuse Hotline, follow the procedures listed below and *document, in your case notes, the reporting process and content, as well as any follow-up activities.*
- a. In the observation room, in collaboration with your supervisor and team, write down the description of the alleged abuse that you heard from the clients. Be specific, using the language of the clients to detail what allegedly happened during the specific incident(s) they mentioned.
- 1) When everyone behind the mirror concurs with the description, bring it with you when you rejoin the clients in the therapy room.
  - 2) *Also bring a pen and some paper with you, as you will be writing down information during your telephone call to the Abuse Hotline.*
  - 3) If your supervisor and/or you believe that the supervisor should take the lead in the reporting process, then participate in whatever way the two of you deem appropriate.
- b. Tell your clients that we are legally obligated to report to the Abuse Hotline the details of what happened, and read to them the description that you and the team generated.
- Ask if the description accurately conveys what they told you.
  - Do not change the description except to add missing details or correct the facts.
- c. Explain that you will now be calling the Abuse Hotline from the therapy room and that after you have finished making the report, you will, if they wish, give them the opportunity to make any concluding comments to the hotline counselor.
- d. Dial the Abuse Hotline number (1-800-96ABUSE, or 1-800-962-2873) and make your way through the menu items. Be prepared to stay on hold for as long as it takes to get through. When the counselor comes on the line, tell him or her who you are and where you are calling from.
- e. Mental health professionals making a report are required by law to give their names to the Hotline counselor.
- f. *Ask the counselor for his/her name and ID number, and write this information down, as you must include it in your case-note documentation.*
- g. Read your written description of the alleged abuse, and when you are finished, write down what the counselor tells you, including the status of the report.
- h. Reconfirm the counselor’s name and ID, and ask if he or she requires any additional information from you. If not, and if your clients would like to speak with him or her, alert the counselor of this and hand the phone to them.
- i. Once the call is complete, talk with the clients, processing their experience and answering their questions. If the hotline counselor informs you that BSO will be

investigating, let your clients know that you, with the necessary release-of-information form signed, will be willing to speak to the investigator and/or the subsequent case-worker.

- j. If appropriate, have the clients sign the **Authorization for Use or Disclosure of Information** form and conclude the session.

## Safety and Emergencies

88. Alert the BTI staff in the front office.

- Call 911, and, in the event of a fire, pull the nearest fire alarm. When you call 911, NOVALERT sees it on their switchboard. They will contact you, while you on the phone with 911.
- There are emergency buttons in each observation room in case of an emergency arises during a therapy session.

89. **Child Safety:** *Children under 12 cannot be left alone in the waiting area.* If you are not going to include the family's children in your session, you must ensure that the parents make appropriate arrangements for babysitting. If circumstances require that children leave the therapy room during a session, two members of your team must stay with them until they are reunited with their parents. Call the front office to see if a therapy room is available; if not, the waiting area will suffice. There are children's games and materials available in the BTI office.

90. **Emergency Medical Situation:** If someone at BTI is in need of emergency medical attention, if there is a fire, or if you need a police officer, take the following steps:

- a. Alert an on-site supervisor.
- b. Alert the BTI staff in the front office and contact the BTI director.

Further information can be found in the *Campus Safety* brochures, located in the front office.

91. **In Case of Danger:** If you are having trouble with a client situation, contact the BTI office immediately. They will locate an on-site faculty supervisor. If the situation presents a danger to someone, if it involves reporting abuse or neglect, or if it involves the courts or legal system, then you and/or the supervisor should ask the BTI staff to contact the BTI director.

## Risk of Self-Harm

92. **The Crisis Assessment & Emergency Protocol binder is located in each of the four observation rooms.** If you have reason to suspect that your client may be suicidal, please use the binder as a guide to help you conduct a thorough and balanced assessment. In the binder, you will find:

- a. Crisis Evaluation information
  - b. Crisis Assessment Case Note
  - c. The Backpocket RSA
  - d. Baker Act Clinical Vignette
  - e. Safety and Emergencies: BTI Policies & Procedures, 2018-2019, pages 20-22.
  - f. NSU Suicide & Violence Prevention Resources
  - g. Certificate of Professional Initiating Involuntary Examination (blank form).
- b. Please make certain you have reviewed the demonstration of a session using the RSA prepared by Dr. Douglas Flemons at:  
[https://sharkmedia.nova.edu/media/Dept.+Family+Therapy+Training/1\\_inp3x86h](https://sharkmedia.nova.edu/media/Dept.+Family+Therapy+Training/1_inp3x86h) .

93. **Involuntary Hospitalization (Baker Act).** If you are concerned that your client may need to be involuntarily hospitalized, follow this protocol:
- Consult with your supervisor behind the mirror.
  - Refer to the Crisis Assessment & Emergency Protocol binder found in each observation room.
  - If you do not have a behind-the-mirror supervisor, do not leave your client alone —Call the front desk and say something like the following to the receptionist (calmly): *“I am with my client, and we’ve been talking about ways to ensure that s/he can stay safe. Could you have a supervisor join us and help us explore further safety possibilities?”* This will cue BTI staff that you need a supervisor immediately for a risk and resource assessment.
  - If, after the supervisor has conducted a suicide assessment, at least one of you believes the client needs to be involuntarily hospitalized, contact the BTI director and consult over the phone.
  - If, in consultation with the supervisor and the BTI director, it is decided that it *is not* necessary to hospitalize the client involuntarily, develop a safety plan with the supervisor and the client. Documentation in the case note should specify the details of the safety plan and clarify the several choices/steps worked out to ensure this safety. Clarify that hospitalization was offered as a possibility should the client’s circumstances, state of mind, or feelings of safety deteriorate at some point in the future.
  - The note detailing the crisis evaluation should include not only relevant information you have observed and obtained, as well as therapeutic steps you took; it should also clarify what is *not* the case (e.g., “The client stated that despite his sense of hopelessness, he does not consider suicide an option. He owns no weapons, he has no plan, and he has engaged in no self-injurious behavior. As part of a safety plan that we agreed on, voluntary hospitalization will be pursued in the event that ...”).
  - If, in consultation with the supervisor and the BTI director, it is decided that it *is* necessary to hospitalize the client involuntarily, then you should stay with the client while the office manager (or BTI staff member) calls 911 and the supervisor initiates the Baker Act paperwork  
**(Certificate of Professional Initiating Involuntary Examination—see below).**
  - The 911 operator may want a description of the client, in case he or she leaves the building before the police arrive. Thus, give the office manager the following information about your client’s appearance: age, height, weight, detailed description of clothing.
  - When the BTI staff member calls 911, she or she should say, *“My name is \_\_\_\_\_ and I’m calling from the Brief Therapy Institute in the Maltz Building on the NSU campus. We have a client who needs to be transported by the BSO Baker Act team to Memorial Regional Hospital, and we need a Davie police officer to stand by until the Baker Act team arrives.”*
  - Once the staff member hangs up, Public Safety will call immediately to find out why 911 was called. After the staff member explains the situation, Public Safety will send an officer to stand by and another officer to escort the police to the clinic.
  - The staff member calls the BSO Baker Act transportation unit at 954-321-4318 (BSO dispatch can also be called at 954-765-4321; they will then call the transportation unit), informing them that we need them to come and transport a suicidal client to Memorial Regional Hospital.
  - The supervisor fills out the **Certificate of Professional Initiating Involuntary Examination** as follows:
    - *Top of page 1:* Fill in client’s name, the time of your assessment, and that you examined them in Broward County.

- Do **not** fill in the blank on this line: “OR I am a physician who has determined . . .”
  - List your professional license number.
  - If you are an LMFT, check the box “Licensed Marriage and Family Therapist”.
  - **Section I: CRITERIA:** Use the DSM in the front office to correctly list the diagnosis and the associated DSM code.
    - ✓ Check either or both of the following boxes, depending on the client’s response:
      - A.** Person has refused voluntary examination after conscientious explanation of the purpose of examination
      - B.** Person is unable to determine for himself/herself whether examination is necessary
    - ✓ Check either or both A and B, depending on what you know about the client’s situation, and under B, check either or both “self” and “others.”
      - A.** Without care and treatment the person is likely to suffer from neglect or refuse to care for himself/herself. . . .
      - B.** There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both):
        - self             others
 in the near future, as evidenced by recent behaviors
  - **Section II: SUPPORTING EVIDENCE:** Describe the information you obtained from conducting your assessment—both the content of your concerns and the process of the interview. Be succinct and specific.
  - **Section III: OTHER INFORMATION:** If you also talked with a family member or friend, include information from them here. Also list relevant information you have from other mental health professionals, medical records, etc.
  - **Section IV: NON-COMPLIANCE WITH INVOLUNTARY OUTPATIENT PLACEMENT ORDER:** Leave this blank.
  - **Section V: INFORMATION FOR LAW ENFORCEMENT:** Fill this in.
  - **Section VI: SIGNATURE:** Check “yes” only if you have taken the day-long Baker Act training offered through the University of South Florida.
- Make two copies of the original, signed form. Place the original in a sealed envelop and write “Memorial Regional Hospital, Psychiatric Assessment Center” on the front. Place one copy of the form in the chart and give the other to whoever transports the client.
  - If appropriate, ask the client to sign our *Authorization for Use or Disclosure of Information*, for the receiving facility (Memorial Regional Hospital, Psychiatric Assessment Center), as well as for relevant family members and/or friends who are part of the client’s support system. If the client refuses to sign, advise the client that you will not be able to communicate with anyone including the hospital about their current situation.
  - The police officer and the Public Safety officer will stand by while you await the BSO team.
  - If the BSO team will be delayed or the client is agitated, the police may decide to transport the client to Memorial Regional themselves. If this happens, inform your client in advance that it is Davie Police policy to handcuff anyone they transport to the hospital. This does not mean that he or she has been arrested.
  - If the BSO team is able to transport the client, they will arrive in plain clothes and they will not handcuff the client unless he or she is agitated.
  - Once the client has left for the hospital, you and the supervisor, in consultation with the BTI director, determine whether anyone on the Release of Information form should be notified.

- If the client has signed the *Authorization for Use or Disclosure of Information*, the supervisor calls the Memorial Regional Hospital Psychiatric Assessment Center at 954-986-6310 (main number for the hospital is 954-987-2000) and tells them that a client of ours is en route to their center for an evaluation for involuntary admission. The supervisor provides some background information for them to use in their assessment.
- Complete your case note, detailing what happened and why you made the clinical choices you did.
- Follow up with your supervisor and the BTI director.

## **Family Therapy Clinic at the Brief Therapy Institute Documents**

### **1. Policies and Procedures**

- a. The description of the professional practices that best protect clients, therapists and the Family Therapy Clinic at the Brief Therapy Institute.
- b. Updated regularly to address any and all needs that fulfill the above goal.
- c. Questions can be addressed to BTI staff including the director.

### **2. Disclosure of Guiding Principle**

- a. A statement which reflects the core values and beliefs in our commitment to our students and our clients.
- b. Document must be signed by each therapist at the beginning of each term.

### **3. BTI Phone Intake Form**

- a. Set of questions used by BTI's GA during initial phone contact with prospective clients.
- b. Provides the therapists with information about the case prior to the first session.

### **4. BTI Client Information Form**

- a. Demographic information generated by client prior to initial session.
- b. Located in file when client file is generated.

### **5. Family Therapy Agreement: Mandatory**

- a. Client (over 18 years of age) contract initiating therapy. Includes:
  - 1) Florida Statutes with regards to reporting abuse, neglect, self harm, domestic violence and/or court ordered subpoenas.
  - 2) Confidentiality
  - 3) Educational environment
- b. All attending parties **must** sign this document prior to initiating the therapy session.

### **6. Authorization for Audio/Visual Recording and Observation for Supervisory Purposes: Mandatory.**

- a. **Must** be signed by all clients over 18 prior to initiating therapy.
- b. This document authorizes either live or video supervision.

### **7. Authorization for Use or Disclosure of Information for Educational and Related Purposes:**

- a. Clients sign this document to authorize that the video materials of their session may be used for educational purposes, such as conferences, journal articles, and books.
- b. This is not mandatory, but preferred.

### **8. Treatment Consent Affidavit**

- a. Generated from BTI office staff
- b. Document for parents with children under 18 in need of services
- c. Used if one parent is not able to sign Therapy Agreement (must be notarized).

### **9. Progress Notes**

- a. Completed after each session or meeting with client and/or permitted third parties
- b. Record no-shows and cancellations
- c. Three formats: initial, ongoing, closing sessions

### **10. Contact Log**

- a. An on-going blue document to record phone contact with clients and/or permitted third parties
- b. Document must be signed by therapist at the completion of each entry.
- c. Document must be signed by therapist and supervisor at completion of each page.

### **11. Authorization for Use or Disclosure of Information**

- a. Required permission to contact any third party (i.e. lawyers, case managers etc.)

**12. Practicum Appointment Form** (day or evening)

- a. Appointment scheduling form to be completed at the end of each practicum session by the practicum supervisor with assistance of the team.

**13. Fee Change Request**

- a. Document to reduce client's session fee with explanation.

**14. Session Evaluation**

- a. Document distributed by BTI office staff at the end of each therapy session.
- b. This document is to be deposited by client directly into the "Suggestion Box" placed outside the BTI window.

**15. Clinical Summary Template**

- a. Template for letter generated by the BTI office in lieu of request for records.
- b. Sample of Clinical Summary can be found on page 31 on this manual.

**16. Clinical Letters** (samples)

- a. Guidelines for letters written by therapist/supervisor as requested by client or third party.
- b. Samples are available on pages 29-30 and in each practicum's black binder.

**17. Client Transfer/Transition Form**

- a. Document to track transfer or transition of clinic cases
- b. Can be generated from practicums or independent clinicians
- c. Keeps BTI informed of status of case.

**18. Crisis Assessment Form and the Relational Suicide Assessment (RSA): The Backpocket RSA**

- a. Guide for use with client who might be suicidal
- b. Located in each observation room and in the BTI office.

**19. Certificate of Professional Initiating Involuntary Examination**

- a. Baker Act Form for involuntary hospitalization
- b. Initiated by supervisor after contacting the BTI director.

**For Doctoral Students**

**20. Authorization for Doctoral Students to See Clients Outside of Practicum:**

- a. Permits doctoral students who have completed three or more practicums to see clients independent of practicum.
- b. Supervision must be arranged with the clinical director.

**21. Authorization for Use or Disclosure of Information For Educational and Related Purposes**

- a. For doctoral students and faculty use of protected clinical information for educational purposes.

**22. Appointment Schedule Form** (outside of practicum format)

- a. Appointment scheduling form to be completed by the Thursday of each week for the upcoming week by students working independently of practicum.
- b. Completed form should be place in mail slot labeled "Intake".

**For Faculty**

**23. Faculty Practicum Checklist**

- a. Document used by faculty practicum supervisors to record information either gathered or covered during practicum

**24. Authorization for Use or Disclosure of Information For Educational and Related Purposes**

- a. For students and faculty to use protected clinical information for educational purposes.

**Recording Hours**

**25. Client Contact Hour Sheet**

- a. Record of contact hours provided
- b. Used for internal, external and doctoral internship

- c. Academic component (see Internship Coordinator)

**26. Supervision Hours Sheet** (academic component—see Internship Coordinator)

- a. Record of supervision hours received
- b. Used for internal, external, and doctoral internship
- c. Academic component (see Internship Coordinator)

**CASE FILE PAPERWORK FORMAT**

**LEFT SIDE OF FILE**

**RIGHT SIDE OF FILE**

**From top to bottom:**

**Receipts (when generated)**  
**BTI Client Information Form**  
**Fee Change Request Form**  
**Release(s) of Information**  
**Correspondence**  
**Therapy Agreement**  
**BTI Phone Intake**

**From top to bottom:**

**\*Active Case Notes Only\***  
**\*Phone/Contact Log\***  
**(Phone Log should be placed in  
chronological order among case  
notes)**

Sample Letter:  
Drug Court

(Month) (Day), 2012

Broward County Courthouse  
Broward Sheriff's Office  
Department of Community Control  
Day Reporting and Reentry Division  
Attn: (Probation Officer Name)  
(Street Number) (Street)  
(City) (State) (Zip Code)

Re: (Client's Full Name)  
Case #: (Case Number on referral form)

Dear (Probation Officer Name),

(Client's full name) is a drug court-mandated client at The Brief Therapy Institute, located at Nova Southeastern University. (Client's full name) has attended (# of sessions) sessions on (list the dates of each session the client attended) 2010.

In the course of therapy, (Client's full name) has been working towards their primary goal: (State client's goals even if it is just to complete the mandated sessions). To date, (Client's full name) has reported making progress on his goal by (state how the client has completed their goals). Additionally, (add any other relevant information regarding the client's progress at BTI).

During therapy, (Client's full name) completed his therapeutic tasks and cooperated with all discussions. (Client's full name) stated (add any final remarks the client may have noted relevant to their progress). If you have any further questions, please do not hesitate to contact us at 954-262-3030.

Sincerely,

(Therapist Name) (Credentials)  
Graduate Family Therapist

(Supervisor Name) (Credentials)  
Supervisor

Sample Letter:  
ChildNet

November 19, 2010

ChildNet  
Attn: TTTTTT  
313 North State Road 7  
Plantation, FL 33317

Dear TTTTT,

Mrs. XXXXX is currently a client at Nova Southeastern University’s Brief Therapy Institute. She came in for six sessions on the following dates: June 12, June 19, June 26, July 24, September 13, and October 10, 2008.

Appointments were also scheduled for four other additional sessions on July 3, August 9, August 20, and August 27, 2008, but these appointments were cancelled due to therapist unavailability or client’s inability to find transportation to our clinic.

During our sessions, we discussed ways in which XXXXX can prepare for the return of her daughter and what she can do to establish a stable and safe home for her child. XXXXX discussed being aware of the challenges but also what she needs to do to move in a positive direction. She also discussed completing the parenting classes required by ChildNet as part of her case plan. During our sessions we talked about what she had learned in the groups and how she would apply those once her daughter was in the home.

XXXXX has been an active participant during each session. XXXXX stated that she intends to continue therapy for herself. She will call the Brief Therapy Institute to schedule her next appointment.

Sincerely,

(Therapist name) (Credentials)  
Family Therapy Graduate Student

(Supervisor name) (Credentials)  
Supervisor

Sample Letter:  
School

March 2, 2010

Broward County Public Schools  
YYYYYY High School  
Attn: XXXXXXX  
5050 Wiles Road  
Coconut Creek, FL 33073

Dear XXXXXX,

Per the request of CCCCC, this letter is to confirm that PPPPP and his mother, OOOOO, are clients at The Brief Therapy Institute at Nova Southeastern University. The family has attended three sessions on the following dates 2/13/2010, 2/20/2010, 2/27/2010. They have presented themselves to be attentive, cooperative, and responsive clients.

Since meeting with the family, we have discussed his personal, educational, and family goals. OOOOO has expressed his desires to continue his education so that he can enroll in college upon graduating. They have been working towards their goals on a weekly basis and we have noticed considerable improvements.

Sincerely,

(Therapist name) (Credentials)  
Family Therapy Graduate Student

(Supervisor name) (Credentials)  
Supervisor

**Nova Southeastern University**

**Brief Therapy Institute**  
3100 College Avenue  
Ft. Lauderdale, FL 33314  
(954)262-3030  
(954)262-3978 Fax

**Clinical Summary**

**Client Name:**

**Address:**

**DOB:**

**Phone:**

**Date of Initial Contact:**

**Presenting Problem:** [Take this information off the Phone Screening Form]

**Dates of Service:** [List each date of service]

**Therapist:** [Name], [Degree], Family Therapy Graduate Student

**Supervisor:** [Name], [Degree]

**Case Number:** [Obtain from file]

**Notes:** During the [# of sessions] appointments that [Name of client(s)] attended at the Brief Therapy Institute, [he/she/they] worked on the following issues: [(a) X; (b) Y; and (c) Z]. [Name of Therapist] offered several suggestions for how change in these issues could be addressed and implemented: [(a) U; (b) V; and (c) W]. By the last session, [Name of Client(s)] had reported that [description of change or no change]. [Name of Therapist] noticed [description of any relevant changes or absence of changes in the issues, the client(s), and/or the circumstances], and thus [s/he] closed the case on [date of closure]. [Name of Client(s)] [was/were] provided with contact information for [Drs. B and/or C and/or D] and encouraged to call [him/her/them] within [time frame given to client] to arrange for [continued/follow-up treatment]. [Name of Client(s)] [was/were] also invited to call BTI again in the future, should [he/she/they] wish to be seen again for therapy.

**Status:** Case Closed