

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

**Policies and Procedures
2022-2023**

Mission Statement: The Brief Therapy Institute (BTI), in the Couple and Family Therapy Department of NSU's Dr. Kiran C. Patel College of Osteopathic Medicine, provides family therapy students with on-the-job professional development in best practices of brief, relational therapy. This training provides students with experiential learning opportunities to refine their therapeutic skills by delivering high-quality mental health services to individuals, couples, and families in the university's local community, particularly to underserved populations.

Brief Therapy Institute Staff Directory

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Important Numbers:

- NSU Public Safety: 954-262-8999
- Abuse Hotline: 1-800-96-ABUSE

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Family Therapy Clinic at the Brief Therapy Institute Policies and Procedures

I. Professionalism in BTI

- a. 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.
- b. **Student Voice Mail**
 - i. Please make sure your voicemail is active and able to receive messages. When you get 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.
- c. **Laptops/Phones/Tablets/Smartwatches**
 - i. Please refrain from using these devices during active clinical sessions and supervision. All are considered recording devices and could cause a potential HIPAA violation.
- d. **Attire**
 - i. 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.
 - ii. If you are dressed inappropriately, you may not be able to see your client for that session.
 - iii. Please follow the guidelines for Business Casual attire whenever you are at BTI, regardless of whether you have a client scheduled:
 1. Dresses and blouses should not expose cleavage or the midriff. When sitting, dresses or skirts should not expose the thighs.
 2. Polo shirts and button-down shirts with collars are acceptable.
 3. Long pants (not jeans) are acceptable.
 4. Ties are optional.
 5. Activewear, shorts, flip-flops, and worn-out sneakers are not acceptable attire.
 6. **NSU identification badge must be worn in the clinic.**
- e. **Conduct**
 - i. 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.
 1. Please do not have personal phone conversations in the hallways, in the BTI office, or near work areas.
 2. Arrive **at least 15 minutes** before your scheduled practicum. If the practicum observation room is in use, please wait in the lobby until the room is available.

- f. **Punctuality**
 - i. Parking on campus can be very challenging at times. Please give yourself enough time to find space.
 - ii. If you are in a morning practicum, you must be at BTI **by 8:45 a.m.**
 - iii. If you are in an afternoon practicum, you must be at BTI **by 2:45 p.m.**
- g. **Food**
 - i. 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.
 - 1. Please bring only non-messy meals such as sandwiches and salads.
 - 2. If your practicum wants to share a meal, schedule time between sessions and eat in the student lounge.
 - ii. Food and food by-products must be disposed of in the student lounge area garbage pails.
 - iii. Evening practicum: place garbage outside of the observation room at the end of the evening.
- h. **Record of Clinical and Supervision Hours**
 - i. Students are responsible for keeping a record of their client contact and supervision hours.
 - ii. Please see the Internship Coordinator or your Program Director for Assistance with **Time2Track**, the official clinical hours tracking system of the Department of Couple and Family Therapy.
- i. **Term and Holiday Breaks**
 - i. **BTI is a year-round community service provider.** We follow NSU's holiday closure schedule. BTI and the Couple and Family Therapy Department expect you to schedule clients not only during the term but also between terms (during term and holiday breaks).
 - 1. When you take on new clients, you will be responsible for providing services until their reason for seeking therapy is resolved and/or the case is closed, or, with supervisor and director approval, until the case is transferred to another therapist.
 - 2. Supervision during breaks will be arranged by the Department and the BTI office.
 - 3. If you or your client cancels a session, you must immediately inform the BTI office, so that we can advise the scheduled supervisor.
- j. **Communication with BTI Office**
 - i. The BTI office has an **open-door policy** and **welcomes questions and concerns** about your clinical experience. We encourage you to contact BTI at 954-262-3030.
 - 1. If no one answers when you call, please leave a message and someone will return your call.
 - ii. Please be respectful and patient with staff on the phone.

1. BTI staff members will give you their attention as soon as possible.
- iii. Please do not use cell phones when in the BTI office.
- iv. All BTI documents are available in the BTI front office.
- v. BTI staff will be auditing files on a regular basis to ensure that the file documentation is in the correct order.
 1. If you find an audit form in your client's file, please make the requested corrections. Please work closely with your practicum supervisor to address these requests.
 2. Contact the office manager at BTI (954-262-3031) if you have any additional questions.

II. Preparation for Practicum

- a. All therapists at BTI must be currently registered KPCOM students to be covered by NSU's professional liability insurance policy.
- b. **HIPAA**
 - i. All BTI therapists and staff must complete NSU's HIPAA training using Canvas.
 - ii. When you have passed the course, print off a copy of your certificate of completion and provide your practicum supervisor with a copy.
- c. **Course work**
 - i. Students must have successfully completed the following classes.
 1. SFTM 5310 – Introduction to System Theory
 2. SFTM 5320 – Introduction to Marital and Family Therapy (or the equivalent)
 3. SFTM 6340 – Legal, Ethical, and Professional Issues or the equivalent.
- d. **Background Checks**
 - i. To work with clients such as minor children, the elderly, and the Veterans Affairs Clinic, all students are required to have a level II background check and a drug screening.
 - ii. This information must be on file with the Department of Couple and Family Therapy Program office.
 - iii. Please contact our Internship Coordinator regarding any questions about the background check and drug screening process.
- e. **NSU ID**
 - i. When in BTI or when participating in any BTI-related services, faculty and students must always wear their NSU Identification for safety purposes.
 1. This is a mandatory, university-wide policy and if you are not wearing the appropriate identification you may be asked to vacate the premises.
 - ii. Your ID is also your key card.

f. **BTI Policies & Procedures**

- i. The 2022-2023 revision is available online on the Department of Couple and Family Therapy homepage under Student Resources, Clinical Information.
<https://osteopathic.nova.edu/ft/resources/index.html>
- ii. 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.
 1. Print a copy of this manual and bring it to each practicum class.
- iii. During the second week of practicum, the Policies & Procedures Quiz will be distributed to all practicums.

III. **Starting the Practicum Course**

a. **The Faculty Practicum Checklist**

- i. This form is found in each practicum binder and is **used by faculty supervisors** to record information collected from each practicum student.
 1. Contact Information form
 - a. Collected at the first session and placed in the practicum's binder.
 2. HIPAA Certificate
 - a. Collected at the first session and placed in the practicum's binder.
 3. Disclosure of Guiding Principles form
 - a. Collected at the first session and placed in the practicum's binder.
 4. Previous Practicum Evaluations
 - a. 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.
- ii. Collected during the second practicum class
 1. Policies & Procedures Attestation
 - a. This is a form stating students have read and understand the most current edition of Policies and Procedures.
 - b. This document is to be signed, collected, and placed in the practicum binder by the second practicum meeting.
 2. Policies & Procedures Quiz
 - a. Students will complete the quiz and submit the results to BTI's front office through their practicum supervisors.
- iii. Relational Suicide Assessment (RSA)
 1. This item is not to be checked off until after the practicum has been reviewed and discussed.
 - a. *The Relational Suicide Assessment Workshop* presented by Douglas Flemons, Ph.D., is available online under Student Resources, Clinical Information at:

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. The 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.

IV. Case Management

a. Weekly Procedures

- i. A client will be assigned to a practicum based on availability and will receive the **BTI Phone Intake** form in the practicum binder, prior to the initial session.
 - 1. Please review section **IV.b. Client Files** for detailed procedures.
- ii. The practicum supervisor and student therapist will be notified by the BTI Staff of the newly scheduled appointment.
- iii. If you are the assigned clinician, please contact your client 24 hours prior to the session to confirm attendance.
 - 1. Please review section **V. Phone Contact with Clients** for detailed procedures.
- iv. On the day of the session, BTI Staff will call into the practicum room to inform the practicum team of the client's arrival.
 - 1. When the client arrives for their first session, they will complete the required intake documentation which will immediately be turned into a client file.
 - a. Once the file is completed, you can retrieve the client file from the front office as you escort the client to the therapy room.
 - b. Once you have the file, please make sure the BTI Phone Intake form, becomes part of the client file.
- v. At the completion of the session, you will escort the client to BTI's front office to assist with the scheduling of a follow-up appointment and initiate the collection of the session fee.
 - 1. Please review section **VI. Scheduling Clients**
 - 2. Please review section **VII. Fees and Receipts**
- vi. After the completion of the session, you will complete the appropriate session note before leaving the clinic.
 - 1. Please review section **IV.c.4 Case Management.**

- vii. At the end of your Practicum class, please make sure to leave the observation room the way you would like to find it if you were in the next practicum.
 1. Place trash outside the room.
 2. Be sure that the room is free of crumbs.
 3. Therapy rooms should be ready for the next client.
 4. If you move chairs from the outer area into the observation room during practicum, return the chairs to their original location.
 5. Please return the practicum bag. This will notify BTI staff that your practicum is leaving for the evening.
- b. **Client Files**
 - i. Your supervisor will pick up materials necessary for the practicum including client files in the front office before the commencement of the class.
 1. If you need a file for a client who is not being seen at the moment, you may request access in BTI's front office.
 - ii. **No client-related information may leave the building.** If by accident this should occur, contact the BTI office immediately.
 1. Removal of client information in any form is a violation of HIPAA policy and a Privacy Incident Form will be sent to the Compliance Office as per university policy.
- c. **Client File Documents**
 - i. Follow the Case File Format guide in the appendix.
 - ii. The following documents must be in each file for your initial session:
 1. Therapy Agreement Documents
 - a. 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.
 - b. Before therapy, all participants over 18, whether or not they are family members, must sign the:
 - i. Family Therapy Agreement
 - ii. Authorization for Supervision
 1. Please see section **X. Working with Minors** for detailed information regarding working with people under the age of 18.
 - c. New Participants
 - i. 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.
 - ii. 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. NSU's Patient Registration form
 - a. Completed by clients in the lobby before the first session
3. NSU's Patient Registration Addendum form
 - a. Completed by clients in the lobby before the first session
4. Session Notes
 - a. Completed by therapist and signed by the supervisor.
 - b. Progress notes must be completed within 24 hours of your session.
 - c. Supervisors are responsible for quality control.
 - d. Make sure your supervisor closely reads, comments on, and signs your progress notes after each session.
 - e. Client notes should be completed during practicum and placed in the client file.
 - i. Please see Appendix B to properly organize the client file.
 - f. All progress-note entries must be written legibly in blue ink.
5. Contents of Session Notes
 - a. You may request assistance from your supervisor and team to complete this document.
 - b. Please utilize the correct BTI Session Note form which comes in three formats:
 - i. Initial Session: a vanilla-colored document for the first session.
 - ii. Ongoing Sessions: a white document for ongoing sessions.
 - iii. Closing Session: a lilac document for the final session.
 - c. When you make corrections in your notes, neatly ~~cross through~~ what you are deleting and initial the change.
 - d. If, for some reason, you've left blank spaces, neatly cross them out with a single straight line and initial the line.

V. Phone Contact with Clients

a. Initial Contact

- i. BTI staff will call you when they have assigned you a new client.
- ii. If you are not available when they phone, call back to get the clients' name and phone number.
- iii. Make sure you contact the client 24 hours before the first appointment and let them know you will be their therapist.
- iv. Double-check that they have good directions to BTI.
 1. If your client requires assistance, please review the link below:
<https://psychology.nova.edu/about/directions.html>

b. Follow-up Calls to Clients

- i. To help maintain professional boundaries, you **must not** give your clients your home, cell phone numbers, or your e-mail address.
 1. Communications via text and email are **prohibited** as this form of communication is not compliant with HIPAA or NSU’s guidelines.
- ii. Call BTI at (954) 262-3030 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.
 1. Please note, that this is BTI’s preferred way for you to contact your clients.
- iii. 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.
- iv. Phone calls should be limited to 5-10 minutes.
- v. For quality assurance, a BTI staff member may make follow-up calls with clients who no-show or make last-minute cancellations.

c. Appointment Confirmation Calls

- i. Every week, you must confirm your appointments with your clients 24 hours in advance. This is good practice and likely increases retention.
- ii. When you make a confirmation call use the number preceded with the asterisk (*) on the intake form. Identify yourself as calling from Nova Southeastern University, not the Family Therapy Clinic or BTI.
- iii. Record confirmation phone calls on the blue **Phone Log**.
 1. Initial each entry.
- iv. If you have appointments scheduled on a Monday, call your clients the previous Friday.
- v. If the appointment is canceled or rescheduled, please notify BTI staff (954-262-3030).

d. Leaving a Voicemail

- i. If you reach a client’s voicemail, make sure you have been permitted to leave a message.
- ii. When leaving a message, please refer to the following script.

Hello, this is STATE YOUR NAME from Nova Southeastern University. I am calling to confirm your appointment on DAY and TIME. If you have any questions regarding this appointment, please call 954-262-3030.
- iii. All phone contact must be recorded on the blue Contact Log form and kept in the client’s file.

- e. When communicating with your supervisor and/or fellow therapists using email or text do not use identifying client information, as this is a HIPAA violation.**

VI. Scheduling Clients

a. Scheduling Practicum Appointments

- i. Communication with the BTI office is extremely important. Please advise us of any changes in appointment time and/or cancellation as soon as possible.
- ii. Use the appropriate **Practicum Appointment** form (day or evening) to schedule subsequent appointments with existing clients, as well as to request new clients.
- iii. This form is completed in collaboration with the practicum supervisor at the end of the practicum.

b. Scheduling Guidelines

- i. We recommend the following scheduling guidelines for supervisors and teams who are working with clients. Closing cases requires consultation with your supervisor regardless of the guidelines below.
 - 1. Review our cancellation policy with your clients.
 - a. Clients who miss their appointment should not be rescheduled (and their file should be returned to BTI) when:
 - i. They no-show three times in a row.
 - ii. They cancel sessions three times in a row.
 - 2. Please understand **these are guidelines, not mandatory procedures**. Clients may have extenuating circumstances that should be considered before closing their case.

VII. Fees and Receipts

a. Collecting fees and obtaining the receipt

- i. Fees are collected at the time services are rendered. You need to be proactive during this final step of your meeting.
 - 1. At the end of your session, please escort your clients to the Family Therapy Clinic window, for fee collection and to confirm the scheduling of the follow-up appointment.
 - 2. BTI Appointment Cards are available at the front window if your client requests one.
- ii. Receipts for completed sessions will be available in the front office for you to retrieve and place in the client's file.

VIII. Closing and Transferring Cases

a. Closing a Case

- i. 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 topic with your clients.
- ii. Before returning the file to the front office, review it with your supervisor, making sure it is up to date, organized properly, and complete.
- iii. Progress notes for the final session should be recorded on the lilac-colored Progress Notes-Closing document.
- iv. The file should include all necessary signatures, documentation for all cancellations or no-shows, and notes for any telephone contact.

- v. Please indicate to BTI's front office that the case is closed.
- vi. If clients do not attend their final session, use the same Progress Notes-Closing document, and fill out the appropriate information on the form.
 - 1. For example:
 - a. Case closed due to inactivity
 - b. For all sections that do not apply, please state Not Applicable (N/A).

b. Transferring clients

- i. Scheduling clients for transition to a new practicum team or another therapist is a collaborative effort between the clients, the student, and the supervisor.
- ii. This conversation should occur at least two weeks before the end of the practicum.
- iii. Clients seeking to continue receiving therapeutic services the following semester need to be informed of the following options.
 - 1. They may be able to remain with their current therapist and be scheduled based on the student's new practicum time.
 - 2. They may be able to remain with the practicum supervisor and work with a new student therapist.
 - 3. They may choose to continue on a different day and time based on availability.
- iv. Please keep in mind, that BTI is a training institution that follows the Department of Couple and Family Therapy's academic schedule which may affect appointment availability.

IX. Understanding Confidentiality

- a. Ensure that not only your clients but also that you understand Florida law regarding confidentiality and its limits.
- b. Confidentiality and our limits as mandated reporters should be discussed at the very beginning of the initial session when you are reviewing the clients' intake documents.
- c. As per the BTI Therapy agreement, the below excerpt is what the client is agreeing to.
 - i. I hereby grant my permission for any therapy that may be deemed pertinent by the therapists and staff of the Brief Therapy Institute (BTI). I understand that my therapy sessions are strictly confidential. However, the following is a list of the limits of confidentiality that we must report to the appropriate authorities and/or individuals as mandated by Florida statute:
 - 1. suspected child, elder, and other vulnerable adult abuse, or neglect (415.1034)
 - 2. when there is a clear and immediate probability of physical harm to the client, to other individuals, or to society (415.1034)
 - 3. when a client reports 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 (415.1034)

4. and court-ordered subpoenas (456.057).

X. Working with Minors

- a. For best practices and transparency, the BTI office **requires both biological parents to sign the Therapy agreement form regardless of custody arrangements.**
- b. The **Treatment Consent Affidavit** is used to replace the Therapy Agreement form under the following conditions:
 - i. If the child or children do not have any contact with the other parent (for example, the parent is deceased, incarcerated, or unknown).
- c. **Court Ordered Cases involving Minors**
 - i. When clients are court-ordered to attend therapy, we do not schedule their first session until they have sent us a copy of the court order via mail, fax, or hand delivery.
 1. Once the Assistant Supervisor of Front Desk Operations has reviewed the documentation, a staff member schedules a first session for the adults.
 2. Once the court-ordered case is assigned to a practicum, the supervisor will review court documentation with the student therapists.
 - ii. We do not allow children to attend the first session of court-ordered cases.
 - iii. In the first session, please identify the various systems involved and request the Authorization for Use or Disclosure of Information form to be completed appropriately.
- d. **Confidentiality with minors**
 - i. 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.
 - ii. 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:
 1. When you hear reports of abuse of a minor or elder
 2. Reports of the client or someone else being in imminent life-threatening danger)
 3. When the safety of the children is at stake
- e. **Child Safety**
 - i. **Children under 12 cannot be left alone in the waiting area.**

- ii. 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.
- iii. 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.
 - 1. Call the front office to see if a therapy room is available, if not, the waiting area will suffice.
 - 2. There are children’s games and materials available in the BTI office.

XI. Reporting Abuse, Neglect, or Abandonment

a. **Florida Statutes**

- i. 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.
 - 1. Please note a complete copy of the Florida Statutes Chapters 39 and 415 can be made available to you by request.
- ii. Witnessing can be defined as auditory, visual, or inferred, including cases in which the child perceives the aftermath of violence.

b. **Reporting**

- i. Note that corporal punishment is legal in Florida—parents are allowed to hit their children. To meet the criteria for “abuse,” the hitting needs to be deemed excessive by the hotline counselor.
- ii. 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.
 - 1. **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.
 - 2. If a client discloses information that you believe may require reporting, consult with your supervisor immediately to discuss the details of the situation. Talk to your supervisor before talking to the clients about the next steps and before the clients leave the building.

c. **Reporting Process**

- i. Prior to reporting, the practicum supervisor should consult with BTI’s Clinical Director.
- ii. If your supervisor and/or the BTI Clinical 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.**

1. 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.
2. When everyone behind the mirror concurs with the description, **bring it with you when you rejoin the clients** in the therapy room.
3. Also bring a pen and some paper with you, as you will be writing down information during your telephone call to the Abuse Hotline.
4. 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.
5. **Remind 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.
6. Ask if the description accurately conveys what they told you.
7. Do not change the description except to add missing details or correct the facts.
8. 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.
9. 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 them who you are and where you are calling from.
 - a. Mental health professionals making a report are required by law to give their names to the Hotline counselor.
10. Ask the counselor for their name and ID number, and write this information down, as you must include it in your case-note documentation.
11. 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.
12. 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.

- iii. Once the call is complete, talk with the clients, processing their experience and answering their questions. Let the client know if the hotline counselor informs you that BSO will be investigating.
- iv. Inform the client that in order to speak with an investigator or case manager, you will need the **Authorization for Use or Disclosure of Information** form signed.

XII. Risk of Self-Harm

- a. **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:
 - i. Safety and Emergencies: BTI Policies & Procedures, 2022-2023, pg. 23
 - ii. The Backpacket RSA
 - iii. Crisis Assessment Case Note
 - iv. Certificate of Professional Initiating Involuntary Examination (blank form)
 - v. How To Guide: Baker Act Clinical Vignette
 - vi. NSU Suicide & Violence Prevention Resources
- b. **Involuntary Hospitalization (Baker Act)**
 - i. If you are concerned that your client may need to be involuntarily hospitalized, follow this protocol:
 - 1. Consult with your supervisor behind the mirror.
 - 2. Refer to the Crisis Assessment & Emergency Protocol binder found in each observation room.
 - ii. Supervisor responsibility
 - 1. Contact BTI's front office to make them aware.
 - iii. Student Therapist responsibility
 - iv. Do not leave your client alone.
 - v. 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.
 - vi. 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.
 - vii. 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.
 - viii. The note detailing the crisis evaluation should include:
 - 1. The relevant information you have observed and obtained
 - 2. Therapeutic steps you took
 - 3. Clarify what is not the case, for example:
 - a. *"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 the safety plan, we agreed,*

voluntary hospitalization will be pursued in the event that (provide clear details)...”.

- ix. If, after the supervisor has conducted a suicide assessment and **they believe the client needs to be Involuntarily Hospitalized**, contact BTI’s Front desk who will contact the BTI director for consultation.
- x. If in consultation with the supervisor and the BTI director, decided that **it is necessary to hospitalize** the client involuntarily, then you should stay with the client while the **BTI staff member calls 911 and the BSO Baker Act Team**.
- xi. The supervisor initiates the Baker Act paperwork
 1. Certificate of Professional Initiating Involuntary Examination
- xii. The 911 operator may want a description of the client, in the case that he or she leaves the building before the police arrive. **Thus, give BTI Staff the following information about your client’s appearance: age, height, weight, and detailed description of clothing.**
- xiii. *When the BTI staff member calls 911, they 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.”*
- xiv. Once 911 is called, **Public Safety will report to the building from where the call was made from**. After the staff member explains the situation, Public Safety will assist the officer to stand by.
- xv. **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), is contacted and informed that BTI needs them to come and transport the client to Memorial Regional Hospital.
 1. For transparency purposes, this extra step is taken in hopes of providing the client with the highest quality of mental health services.
 - a. Please inquire for details if interested in learning more about local resources.
- xvi. **Certificate of Professional Initiating Involuntary Examination as follows:**
 1. *Top of page 1:* Fill in the client’s name, the time of your assessment, and that you examined them in Broward County.
 2. Do **not** fill in the blank on this line: “or I am a physician who has determined . . .”
 3. List your professional license number.
 4. If you are an LMFT, check the box “Licensed Marriage and Family Therapist”.
 5. **Section I: Criteria:** Use the DSM in the front office to correctly list the diagnosis and the associated DSM code.

- a. Check either or both of the following boxes, depending on the client's response:
 - i. A. Person has refused voluntary examination after conscientious explanation of the purpose of examination
 - ii. B. Person is unable to determine for himself/herself whether the examination is necessary
 - b. 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."
 - i. A. Without care and treatment the person is likely to suffer from neglect or refuse to care for himself/herself. . .
 - ii. B. There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both):

Self	or	Others
------	----	--------

 in the near future, as evidenced by recent behaviors: (describe)
- xvii. **Section II: supporting evidence:**
 - 1. 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.
- xviii. **Section III: other information:**
 - 1. 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.
- xix. **Section IV: noncompliance with involuntary outpatient placement order:**
 - 1. Leave this blank.
- xx. **Section V: information for law enforcement:**
 - 1. Fill this in.
- xxi. **Section VI: signature:**
 - 1. Check "yes" only if you have taken the day-long Baker Act training offered through the University of South Florida.
- c. Make two copies of the original, signed form.
 - i. Place the original in a sealed envelope and write "Memorial Regional Hospital, Psychiatric Assessment Center" on the front.
 - 1. Provide this envelope to the transport team.
 - ii. Place one copy of the form in the chart
 - iii. 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.
- iv. 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.
 - v. If the BSO team is delayed or the client is agitated, the Davie police can decide to transport the client to Memorial Regional themselves.
 - vi. 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.
 - vii. If the **BSO team** is able to transport the client, they will arrive in plain clothes and they will not handcuff the client unless they are agitated.
 - viii. 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 (the main number for the hospital is 954-987-2000) and tells them that a client of ours is in route to their center for an evaluation for involuntary admission. The supervisor provides some background information for them to use in their assessment.
 - ix. Complete your case note, detailing what happened and why you made the clinical choices you did.
 - x. Follow up with your supervisor and the BTI director.

XIII. Contact with Larger Systems

- a. In the event your clients request for you to divulge information with a third party, you will need to have your client complete the **Authorization for Use or Disclosure of Health Information**.
 - i. You must involve the Assistant Supervisor of Front Desk Operations in any disclosure of client information.
 1. If needed, she will contact the BTI Director for further direction.
- b. **Prior to Contact**
 - i. 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 Assistant Supervisor of Front Desk Operations.
- c. **Phone Contact**
 - i. If another professional calls BTI, asking to speak with you about a client, best practices indicate you should return the call within 24 hours of them contacting BTI.
 - ii. Before calling back, consult with your supervisor. If you cannot reach them in time to meet the 24-hour deadline, alert the office staff and they will put you in touch with the Assistant Supervisor of Front Desk Operations or the BTI director.
 - iii. If you do not have the **Authorization for Use or Disclosure of Health Information** completed to speak with the professional about a client, call

back to inform the caller 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 if authorization is provided to you.

d. Third-Party Authorizations

- i. If other professionals—medical doctors, mental health practitioners, government agency workers, lawyers, or school-based professionals—provide you with a comparable authorization that your clients have signed for them, you still need to get the **Authorization for Use or Disclosure of Information** signed.
- ii. You will need separate authorization for each contact.
- iii. Both authorization forms must be attached to the left side of the client file.

XIV. Request for Documents: Letters and Clinical Summaries

a. Letters

- i. If you are requested 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.
- ii. Using the appropriate letter as a template and in consultation with the supervisor, and the Assistant Supervisor of Front Desk Operations, compose your correspondence.
- iii. Please note that the template is only a guide and should not be copied directly.
- iv. Complete the letter **at least 1 week** before you need it, and submit it, to the Assistant Supervisor of Front Desk Operations.
- v. Please make certain that you have not included any client-specific identifying information. This information will be added in by the office manager. The Assistant Supervisor of Front Desk Operations will format the letter, get it approved by the director, and print it off on letterhead.
- vi. Sign your name with your highest-earned degree and designate yourself as a “Couple and 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

- vii. See sample letters on pages 27-31 for guidance in formatting only.

b. Clinical Summary

- i. In keeping with Florida Statute 456.057(4), BTI responds to requests for records in the following ways:
 - 1. Clients or clients' legal representatives who request psychotherapeutic records are given a Clinical Summary in place of copies of the records themselves.
 - a. BTI requires that the request for Clinical Summaries be presented in writing and in person, along with a photo ID.
 - 2. Upon a client's written request, BTI furnishes complete **copies of psychotherapeutic records to subsequent treating psychiatrists and/or psychotherapists.**
 - 3. Florida Statute 61.13 stipulates that non-custodial parents have the right of access to their children's medical records and information unless a court order specifically restricts such rights.
 - 4. Before the information or records can be released, the Assistant Supervisor of Front Desk Operations must get confirmation from both parents that there is no court order specifically revoking the parent's rights regarding access to records or information.
 - ii. All reasonable efforts are made to respond to such requests in a timely manner.
 - iii. Reports of examination and treatment should adhere to our summary format. Please follow the sample Clinical Summary in Appendix F of this document.
- c. **Subpoena to request BTI records**
- i. All subpoenas are served to BTI's Clinical Director.
 - ii. When a subpoena is served BTI's Clinical Director becomes responsible for handling all legal situations.
 - iii. The Clinical Director and Assistant Supervisor of Front Desk Operations contact NSU's legal counsel for submission, review, and further action.
 - iv. If your client's file is subpoenaed, the BTI office will notify you and your supervisor.
 - 1. You and your supervisor will consult with BTI's Clinical Director and collaborate regarding case management.
 - 2. The BTI Clinical Director will you keep informed of the most up-to-date information.
 - 3. The role of the student therapist and practicum supervisor is to be available to assist and provide information to the Clinical Director on an as-needed basis.
 - v. In response to a subpoena issued by a judge or judge magistrate, the BTI Clinical Director, and the Records Custodian (Assistant Supervisor of Front Desk Operations) will appear in court in place of the student therapist and practicum supervisor.

XV. Clinical Portfolio

- a. Doctoral Students preparing for the Clinical Portfolio

- i. For information about the Clinical Portfolio process, please refer to the Clinical Portfolio document at:
<https://osteopathic.nova.edu/ft/resources/index.html>
- ii. Students preparing for the clinical portfolio who use BTI clients from their BTI cases will need their clients to have signed the **Authorization for Use or Disclosure of Information for Educational and Related Purposes**.
- iii. If you require access to your client file, please contact BTI's front office.

XVI. Research and Testing

- a. If interested in working through BTI for research and testing purposes, please consult with BTI's Clinical Director.

XVII. Safety and Emergencies

- a. Alert the BTI staff in the front office.
 - i. Call 911, and, in the event of a fire, pull the nearest fire alarm.
 - 1. When you call 911, NSU Public Safety is automatically alerted to the call. Public Safety immediately reports to the building from which the call was made.
- b. **Emergency Medical Situation**
 - i. If someone at BTI requires emergency medical attention if there is a fire, or if you need a police officer, take the following steps:
 - 1. Alert Public Safety
 - a. 954-262-8999
 - 2. Alert your practicum supervisor.
 - 3. Alert the BTI staff in the front office.
 - a. Further information can be found in the Campus Safety brochures, located in the front office.

Appendix A

List of BTI Documents

- I. 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 needs that fulfill the above goal.
 - c. Questions can be addressed to BTI staff and the BTI Clinical Director.
- II. Disclosure of Guiding Principles**
 - a. A statement that reflects the core values and beliefs in our commitment to our students and our clients.
 - b. The document must be signed by each therapist at the beginning of each term.
- III. BTI Phone Intake Form**
 - a. Set of questions used by BTI's Graduate Assistants during initial phone contact with prospective clients.
 - b. Provides the therapists with information about the case before the first session.
- IV. Patient Registration Packet- Intake**
 - a. NSUHealth Patient Registration Form**
 - i. Demographic information is generated by the client before the initial session.
 - ii. Will be located in the client file when generated.
 - b. Patient Registration Form Addendum**
 - i. Includes list of Therapy Participants, checklist of life stressors, questions regarding client history with mental health services, and strength-based explanation of reasons for seeking services.
 - ii. Information is generated by the client before the initial session.
 - c. Family Therapy Agreement: Mandatory**
 - i. Clients over the age of 18 years old must sign to initiate therapeutic services.
 - ii. Includes:
 - 1. Florida Statutes with regards to reporting abuse, neglect, self-harm, domestic violence, and/or court-ordered subpoenas.
 - a. Confidentiality
 - b. Educational environment
 - c. All attending parties must sign this document before initiating the therapy session.
 - d. Authorization for Use or Disclosure of Information for Educational and Related Purposes:**
 - i. Clients sign this document to grant permission for their sessions to be used for educational purposes such as classroom, conferences, journal articles, and books.
 - ii. This is not mandatory but preferred.

- V. 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 the Therapy Agreement (must be notarized).
- VI. Progress Notes**
 - a. Completed after each session or meeting with a client.
 - b. Three formats: Initial Session Note, Progress Note, and Closing Note
- VII. Phone Log**
 - a. An ongoing blue document to record phone contact with clients and/or permitted third parties
 - b. Record no-shows and cancellations here.
 - c. The document must be signed by the therapist after each entry.
 - i. The document must be signed by the therapist and supervisor at the completion of each page.
- VIII. Authorization for Use or Disclosure of Information**
 - a. Required permission to contact any third party (for example, lawyers, case managers, mental health professionals, health professionals, school-based professionals...)
- IX. 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 the assistance of the team.
- X. Clinical Letters (samples)**
 - a. Guidelines for letters written by therapist/supervisor as requested by client or third party.
 - b. Samples are available on pages 24-26 and in each practicum's black binder.
- XI. Clinical Summary Template**
 - a. Template for letter generated by the BTI office in lieu of request for records.
 - b. A sample of the Clinical Summary can be found on page 27 of this manual.
- XII. Crisis Assessment Form and the Relational Suicide Assessment (RSA): The Backpocket RSA**
 - a. Guide for use with clients to assess safety
 - b. Located in each observation room and the BTI office.
- XIII. Certificate of Professional Initiating Involuntary Examination**
 - a. Baker Act Form for involuntary hospitalization
 - b. Initiated by the supervisor after contacting the BTI Clinical Director.
- XIV. For Faculty**
 - a. Faculty Practicum Checklist
 - i. Document used by faculty practicum supervisors to record information either gathered or covered during practicum
- XV. Recording Hours**
 - a. Please see the Internship Coordinator for Assistance with Time2Track, the official clinical hours tracking system of the Department of Couple and Family Therapy.

These forms are provided as an additional resource and are no longer required by the Department of Couple and Family Therapy.

- i. Client Contact Hour Sheet
 - ii. Record of contact hours provided
- b. Supervision Hours Sheet
 - i. Record of supervision hours received

Appendix B

CASE FILE PAPERWORK FORMAT	
LEFT SIDE OF FILE	RIGHT SIDE OF FILE
<p>From top to bottom:</p> <p>Receipts (when generated) BTI Client Information Form Release(s) of Information Correspondence Therapy Agreement BTI Phone Intake</p>	<p>From top to bottom:</p> <p>*Active Case Notes Only* *Phone/Contact Log*</p> <p>(Phone Log should be placed in chronological order amongst case notes)</p>

Appendix C

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

Appendix D

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 canceled due to the therapist's unavailability or the 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,

HHHHH
Family Therapy Graduate Student

TTTTT
Supervisor

Appendix E

Sample Letter: School

March 2, 2010

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

Dear XXXXX,

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, and 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 desire 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,

RRRRR
Graduate Family Therapy Intern

ZZZZZ
Supervisor

Appendix F

Sample Clinical Summary

Nova Southeastern University
Brief Therapy Institute's Family Therapy Clinic
3151 College Avenue
Ft. Lauderdale, FL 33314
(954)262-3030

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

Sincerely,

HHHHH

Family Therapy Graduate Student

TTTTT

Supervisor