Welcome to Louisville Seminary Counseling Center (LSCC), a professional counseling site serving the Kentuckiana area. Interns serving this site provide professional client care from initial interview to final session, under clinical supervision.

The policies and procedures in this manual are designed to clarify the operations of LSCC and to provide guidance for interns working with LSCC clientele. LSCC is committed to the highest quality of care for clients and to consistency in the way both interns and clients are treated. Questions regarding interpretation and implementation of these policies and procedures should be directed to Beth Seeger Troy, Clinical Director or Becky Timerding, Administrative Assistant.

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Operations
Confidentiality and Ethics

Counseling interns serve the Louisville community as clinical staff of Louisville Seminary Counseling Center and are held to the same limits of confidentiality as licensed therapists. All session information and clinical material is considered confidential and kept in the strictest manner of confidence. Any use of clinical material or case material in writing (hard copy or faxed) or phone communication should be approved by the client in writing prior to being shared with other persons. If particular information is shared, appropriate documentation and a time-limited release needs to be included in the client’s file. There are three (3) exceptions to the confidentiality of case material.

Interns have a duty to report:

1. Cases of serious danger of homicide or suicide. If a client's threat of homicide or suicide is deemed serious, the intern has the responsibility to break confidentiality to work within the statutes of the Commonwealth of Kentucky concerning these issues. Under Kentucky law, counselors are bound to warn an intended victim of the threat of violence and to contact local law authorities. Clients are informed of this exception to confidentiality at the initial interview.

2. Cases of suspected abuse or neglect, including but not limited to, physical and/or sexual abuse of a child, of the elderly, or of a disabled adult.

3. If there are legal court proceedings, the possibility exists that clinical records may be subpoenaed or court ordered for disclosure.

Professional Codes and Conduct

The staff of Louisville Seminary Counseling Center (Clinical Director, Clinical Supervisors, and Intern Therapists) is expected to adhere to the 2015 Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT). This includes all parameters of therapeutic relationships.

Those serving at LSCC are expected to follow the AAMFT Code of Ethics in a responsible and professional manner. Any violation of this code or the policies and procedures described in this manual, including inappropriate dress, counseling without coverage, and inappropriate administration of client records (i.e., removing client records from LSCC, failure to document therapeutic sessions or use of appropriate forms in a timely manner, failure to close files in a
timely manner) is considered a breach of the agreement between the Intern Therapist and Louisville Seminary Counseling Center. Violations will be documented in the Intern’s personnel file and could result in probationary action or dismissal from the MFT Program.
Supervisors and Types of Supervision

**Supervisors**

All interns serving at Louisville Seminary Counseling Center are under the care and guidance of faculty and adjunct clinical supervisors in the Marriage and Family Therapy program as defined by the Marriage and Family Therapy Program Manual. Supervisors are either an Approved Supervisor in the American Association of Marriage and Family Therapy or a Supervisor Candidate under ongoing supervision of supervision.

**Types of Supervision: Individual and Group**

**Individual Supervision**

Interns are assigned to a clinical supervisor for individual supervision in their second semester of training. *Individual supervision* is defined as a weekly 1 to 1.5 hour meeting in which one supervisor meets face-to-face with one student or one dyad (two students) to reflect upon each student’s client cases and clinical concerns in the practice of marriage and family therapy. Supervision will focus upon raw data from the intern’s clinical work made available to the supervisor by means of direct observation and video recording.

**Group Supervision**

Group supervision is defined as face-to-face meetings between 1-2 supervisors and no more than 8 students. Students rotate with peers in presenting cases for group reflection. Supervision groups meet weekly in 2 hour sessions.

(See Section II, MFT Program Manual for additional information regarding Group Supervision.)

**Supervision of Clients in Co-therapy**

After consultation with the Clinical Director, interns may have the opportunity to do co-therapy with another intern. (These opportunities are generally with couples or families.) In these circumstances, the intern originally assigned the client is the lead therapist and has primary responsibility for the client’s care. They take the lead in treatment direction while cooperating with their co-therapist. On a regular basis (monthly if client contact is weekly) the two interns meet with the lead therapist’s supervisor. This is to coordinate treatment direction and procedures.
**LSCC Operating Hours**

Louisville Seminary Counseling Center is open for client sessions Monday through Thursday during the following hours:

- **Monday**: Noon to 8:00 p.m.
- **Tuesday**: 8:00 a.m. to 8:00 p.m.
- **Wednesday**: 8:00 a.m. to 8:00 p.m.
- **Thursday**: 8:00 a.m. to 8:00 p.m.
- **Friday**: Closed

Supervision sessions may be scheduled at any time during the work week, avoiding peak counseling hours.

**LSCC Dress Code**

During business hours, Louisville Seminary Counseling Center expects interns’ attire to be business casual; modest and professional in appearance. Casual clothing such as jeans, flip-flops, beach wear, scrubs, shorts, T-shirts, halter tops, bare midriffs or baggy pants are inappropriate for the office.

**LSCC Staff Meetings**

Those serving clients at LSCC are expected to attend any scheduled staff meetings. Meeting times will be announced two weeks prior. Interns are encouraged to contact the Clinical Director with areas of concern to be discussed.

**Vacations and Holidays**

LSCC adheres to Louisville Presbyterian Theological Seminary’s holiday schedule. Student interns serving at off-campus sites are expected to check with their site’s Administrative Supervisor regarding the site’s holiday schedule. The intern should initiate conversation with their Administrative Supervisor regarding any time away outside of their site’s holiday schedule.
Standard holidays for LSCC include the following:

- New Year’s Day
- Martin Luther King Day
- Easter Holiday (Thursday & Friday)
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving (Thursday & Friday)
- Christmas Holidays

LSCC is open during other academic breaks in Seminary community life including Research & Study Weeks, final days and additional days at Christmas.

When an intern expects to be unavailable at other times due to holiday travel or limited vacation time, their plans should include arranging for continued client care during their absence. The intern should make arrangements for the following before leaving town at any time:

1. Advise clients of upcoming absence and inform them of the Hope Now 24-hr crisis number (502-589-4313) for emergencies.

2. Determine how you will provide coverage for client concerns while you are away:
   a. Plan to call into the office mornings and afternoons each day while you are gone and care for clients OR
   b. Contact a counseling peer to screen phone messages at LSCC for any urgent care situation*. Peers may contact the client to assess their situation and offer contact information for a local hospital or the Hope Now hotline number (502-589-4313). **Be clear that your peer can supply coverage for the entire time you are away. Peers may not see clients for sessions.**

   Advise supervisor of absence and choice of coverage (responding to client messages yourself or the name of peer supplying client urgent care).

3. Complete an “Out of Office Notification form” with dates of absence, choice of coverage and your contact information, and submit it to the MFT Administrative Assistant.

   * **Urgent care situations exist when the client indicates they are in crisis and need to be seen immediately. Voice mail messages regarding changes of session dates or other client matters should be retained and addressed by the traveling intern when they return to duty.**

In the event the intern is unable to obtain a counseling peer to supply client care during their absence, he/she should discuss the situation with their supervisor. After a resolution is made, the intern should complete an “Out of Office Notification form” and submit it to the MFT Administrative Assistant.

**NOTE:** Messages should be checked a minimum of twice daily – morning and afternoon, Monday through Friday even when the intern is out of town unless peer coverage is obtained.
Inclement Weather Policy

In events of inclement weather, Louisville Seminary Counseling Center will adhere to the following policy:

- In the event of snow or other inclement weather conditions, Louisville Presbyterian Theological Seminary will notify employees and students of the status of the Seminary, Open or Closed or On Delay, through announcements placed on local television stations, the voice message on the Seminary switchboard, and an announcement on the Seminary's web site. Any announcement by JCPS will be taken into consideration but will not determine the status of the Seminary.

- Louisville Seminary Counseling Center will follow decisions made by Louisville Seminary regarding closures and delays. If Louisville Seminary is closed, the center will also be closed. If Louisville Seminary is on a delayed schedule, the center will also be on a delayed schedule.

- When weather related concerns develop during the business day, clients will be contacted by their therapist if a session will be cancelled. We would appreciate receiving notification from our clients when they are unable to attend due to inclement weather.
LSCC Phone System Guide

Office Number: 502 / 894-2293
Office Fax: 502 / 895-0319

When answering the phone at LSCC, interns should respond “Louisville Seminary Counseling Center. This is ______________.” If the caller asks to leave a message for an intern, the message should be taken. At the close of the call, the message can be left on the LSCC voice mail by this method:

Call the office number – 9-894-2293
Press - # to skip voice message
Leave the message for the therapist, stating the name of the therapist first.

Other actions regarding the LSCC phone systems include:

To call out from LSCC: Dial 9 + number
To call long distance: Dial 9 + 1 + area code and number (to be used for LSCC business only)

To retrieve LSCC voice messages from an outside line:
Dial – 502 / 894-2293
Enter – Password when the voice message begins.
Enter the mailbox number – 293

To retrieve messages from the Chart Room:
Press – “Mailbox” on the phone face
Press – the  at the bottom of the phone face
Enter the password
Enter the mailbox number – 293

To skip a message: Press 3
To go back: Press 1
To delete a message: Press 0 , 0

NOTE REGARDING MESSAGES: The LSCC voice mail systems retains “new” messages and “old” messages. Every new message must be heard before the system will permit access to old messages. To access old messages, listen to at least 7 seconds of any new message, then press 3. When the recorded message begins (“Thank you for calling LSCC . . .”), press 1. The system will play all existing messages.
Supportive Resources and Referral Contact Information

Resources to assist interns with counseling session topics (parenting skills, couple work, treatment planning, DSM 5, etc.) are located in the LSCC resource room (CR 8). Materials for expressive therapy work with youth and adults can be found in the play therapy room, sand tray therapy room (CR 6), expressive arts room (CR 7), and in selected counseling center rooms.

A list of community references is maintained on the LSCC computer at the receptionist desk. The references are listed by area of concern.

New resource materials and new entries to the referral list are invited and encouraged. The desire is to maintain a large collection of resources and a growing list of references to better serve LSCC clients. Those wishing to add new materials to the LSCC group room or entries to the referral list should contact the MFT Administrative Assistant with their resource.

Borrowing Materials:

Reference materials and play therapy equipment are available for personal development and/or use at off-campus sites and may be checked out through the Administrative Assistant. Borrowing LSCC materials and equipment is on an honor system basis. The Administrative Assistant should be notified when supplies have been returned.

Confidentiality and Client Records

Client records may not be removed from LSCC offices at any time.
At the end of each counseling day, the intern leaving last is responsible for closing the LSCC. This includes:

- checking that lights and Noldus computers in all counseling and supervision spaces are off,
- securing all windows and locking all doors,
- seeing that the session signs show “LSCC,”
- confirming the white noise machines in the hallways and waiting room are off,
- confirming the client file cabinet is locked,
- confirming that computers in the chart room and waiting room are off (all other computers remain on),
- confirming that security monitor is on.
Safety and Security Measures

LSCC cares for the safety of the therapist interns and clients being served. Steps have been taken to provide a safe environment at LSCC. Support from LSCC therapists is needed to maintain and enhance safety and security. Therapists should give attention to these processes:

1. **Door Bell** - A door bell has been installed by the entry door to the LSCC waiting room for use when interns provide coverage during counseling sessions or at other times when no one is available to greet clients, especially in the evenings. Therapists should inform their clients that the waiting room door may be closed and locked after 5 p.m. They should ring the doorbell to gain entrance. When no one is covering the reception desk after 5 p.m., therapists should be diligent to end counseling sessions on time so responses to the doorbell can be given.

2. **Video Monitoring** - Video cameras monitor the waiting room and the hallway leading to the chart room door so therapists in the chart room can observe clients’ arrival and departures and who is gaining entrance to the chart room. Therapists should leave the monitor on at all times and in the dual screen view.

3. **Emergency Alarms** – The round emergency alarm buttons can be found above the light switch in each counseling room at Louisville Seminary Counseling Center.

   A. **Sending an emergency alarm**

      To activate the alarm, depress the button for two seconds. No audible alarm will sound. The security company will notify police of the alarm and from which room the signal is generating.

      **NOTE:** *If the alarm is activated and no evidence of trouble is found by Louisville Metro Police, it is considered a “false alarm.” If the LSCC system generates excessive false alarms during a twelve month floating calendar, we will be assessed a civil penalty fee of up to $250.00. Interns are asked use caution when handling the security buttons.*

   B. **Resetting the Alarm**

      After an emergency button has been pressed, the system will need to be reset. The control system is located on the left wall of the closet between CR 2 and the Play Therapy Room. Instructions on resetting the system are posted next to the alarm system.
C. Emergencies Defined

Emergencies include threats of immediate present harm to self or others, as well as urgent medical emergency concerns. These events require immediate action.

Non-emergency events, such as client reports of past threats of harm or previous medical concerns do not require immediate police notification. In these events, the therapist should contact their clinical supervisor for assistance, if needed. Police reports to be filed by the client should be managed by the client outside the counseling setting.

Our goal is to keep therapists and their clients safe. If a situation escalates in a counseling session, it is appropriate to discontinue the session and reschedule at a later time. The therapist should seek consultation with their clinical supervisor regarding the event and advise the Clinical Director of the concern.

Emergency Notification Operating Procedures

If a dangerous situation or an emergency requiring a lockdown occurs, the therapist or staff member should notify the Vice President for Finance (x 288) or the Director of Facilities (x 387). If neither is available, contact the emergency facilities number (376-1572). In all cases, notify the Clinical Director as soon as possible.

Incidents / Accidents

When someone is hurt or there is an incident on campus, a report must be filed with the Facilities Department. (See “Incident/Accident Form” in the Appendix.) Include as much detailed information on the form as possible. Place the completed form in the Administrative Assistant’s box in the chart room.
Service At Off-Campus Sites

Counseling interns will have opportunities to serve off-campus Practicum sites under the guidance of the Clinical Director. Each site has its own procedures and documents including preferred start and end times for placement, clients served, hours of operation, and orientation and training procedures. Forms used to record therapy sessions may vary significantly from those used at LSCC. While some Administrative Site Supervisors have licensure as MFTs, other Administrative Supervisors may have little or no clinical training. Interns are expected to make good use of their on-campus Clinical Supervisor to discuss and process experiences at off-campus sites. Specific concerns related to off-campus sites, including any change in site administrators, should be immediately communicated to the Clinical Director. Hours obtained at off-campus sites can only be documented and approved if the intern has been officially placed at the off-campus site by the Clinical Director. Interns are required to learn and adhere to the specific guidelines of their off-campus site.

Because of circumstances and the number of interns and Practicum sites, there is no guarantee that an intern may be at a site requested. The final decision remains with the Clinical Director.

Assignment to an Off-Campus Site

The Clinical Director meets with interns to review opportunities of placement and receive feedback regarding placement preferences. Students are expected to engage in a variety of clinical experiences at LSCC and at off-campus sites. Off-campus sites are contracted to provide placements for MFT interns. Interns may not establish a Practicum site placement independently. If a student has a specific interest in establishment of a new site for placement, this information should be discussed with the Clinical Director. Please note that new sites are established as needed only when contracted sites are unable to meet the need for placement of interns.

Termination of Service at Off-Campus Site

At times, concerns can arise for an intern while serving an off-campus Practicum site. Issues may include conflict at the Practicum site with staff and/or administrative supervisor or a low number of available client hours. When this occurs, an intern should share their concerns with their clinical supervisor. If the concerns cannot be rectified through supervision, the intern should then consult with the Clinical Director regarding the placement. Possible solutions will be explored and a course of action determined. This may include possible closure of the intern’s work at the site and reassignment to another Practicum site.

NOTE: Interns can only begin or end placement at an off-campus site following consultation the LSCC Clinical Director.
Client Care
Client Intake and Assignment Process

When an intake telephone call or other contact is received from a prospective client, a Non-Client Note/Intake will be completed in Titanium Schedule including name, age, telephone numbers, and brief summary of the presenting problem. The prospective client will be informed of the expected timing of an initial appointment and any current waiting list.

An intern is notified that an intake has been assigned to him/her by two methods – the intake is forwarded to the therapist in Titanium and an e-mail notification. Upon accepting an intake, the receiving intern will contact the client within 24 hours to schedule an initial appointment.

Each semester, interns need to verify their contact information with the Administrative Assistant to assure they can be reached for intakes. Interns must be readily available to receive intakes by cell phone and by e-mail.

A record of attempts to schedule with the intake should be kept on the office portion of the Titanium intake note screen. If an appointment with the client cannot be arranged, or the client fails to attend 2 scheduled initial appointments, the intern should return the intake with contact notes to the Administrative Assistant. The intake information will be deleted from the Titanium system.

During the first phone conversation with the client, the therapist will explain the need for assessments to help guide the therapeutic conversation. Clients will be encouraged to complete the appropriate assessments prior to the first session. Assessments can be obtained in three ways: 1. The client can download forms from the LSCC website; 2. Paper copies can be mailed to the client; 3. Copies can be given to the client when they arrive at the Center for their first session. If the client requests that assessments be mailed, the therapist will gather the assessments and give them to the Administrative Assistant for mailing. If the client would like to complete the forms at the Center, the therapist will ask the client to arrive 30-45 minutes early to complete the introductory forms in Titanium and required assessments.

Assignment of Clients

Clients are assigned by the Clinical Director, on a rotating basis taking into account the client's needs and the interns' readiness for working with the presenting problem and therapeutic dynamic. It is the responsibility of the intern to stay in communication with the Clinical Director regarding caseload and availability for intakes. If a client has been referred to a particular intern, attempts will be made to honor their referral request.
Seeing Children Under the Age of 18

When receiving an intake for a child, the parental/custodial status will be determined and information will be included on the Intake form. It is necessary to know if the presenting parent has appropriate legal rights to obtain counseling for the child, with or without the other parent’s permission. Counseling cannot begin without a copy of the custody papers for children whose parents are divorced or have separated. A copy of the child custody agreement will be maintained in the client file.

Custodial documents will be reviewed by the therapist prior to the initial session. If joint custody is required by custodial agreement, the non-attending parent will be asked to complete a “Acknowledgement of Counseling Services” form. The form can be given to the parent present at the first session or mailed to the non-attending parent if an address is available.

Seeing CourtOrdered Clients

Prior to seeing a client ordered by the courts to obtain counseling, the intern will request and obtain copies of court documents in order to insure required counseling will be completed and appropriate verification can be prepared. This requirement extends to clients recommended by attorneys for counseling. Court ordered clients will be advised to bring a copy of the court document with them to the first session. If a copy is not available from the client, the intern will request that the client sign a “Consent of Release of Information” form in order to obtain a copy of the order from the court.

Clients will be informed that interns do not make court appearances, and any letters or documentation for court will be prepared within 2 weeks of the request.
Scheduling & Coverage

Scheduling Appointment Times and Office Space

Appointments are to be scheduled on the hour only and can be scheduled by interns any time during operating hours, as long as coverage is available (see below). Client appointments are not permitted on Friday, Saturday, or Sunday. Appointments are noted in 3 locations:

- Office space should be recorded in the Outlook calendar program available on the LSCC chart room and waiting room computers. (See OUTLOOK CALENDAR PROCEDURE later in this section.)
- Session recordings are scheduled through the Viso program on computers with Noldus capabilities. (See directions later in this section)
- Appointments are scheduled in Titanium so client records are maintained properly. (Refer to the Titanium section of this manual.)

For the safety of the client and therapist, interns should NEVER hold a client session while alone in the LSCC Offices. Violation of this policy will constitute a breach of standard of care. The student’s clinical supervisor and Clinical Director shall be notified of this issue.

Clients should be asked to arrive 15-20 minutes prior to their first session to complete required introductory forms in Titanium or 30-45 minutes early if completing assessments at the center. It is the intern’s responsibility to arrive before the client and be sure a tablet or computer is ready for the client to complete the introductory forms.

Therapy is to be conducted within a “fifty-minute session” model. The intern and client should be out of the office by 10 minutes until the hour. If a circumstance exists and additional time is needed, the intern in the session should step out and communicate/ negotiate with the next intern about room usage. The second intern knocking on the door at 5 minutes to the hour could also initiate this communication. This is a necessary aspect of working in community. Any session that goes over 50 minutes is one that the intern should discuss with her/his supervisor for feedback regarding additional fee or other boundary issues.

If an intern believes additional time will be needed for a session, the intern should request permission from the Clinical Director for extended session time. Sessions may be scheduled weekly. If an additional session is needed due to client distress or other extenuating circumstances, the intern must obtain approval from the Clinical Director.

Coverage During Client Sessions

When scheduling a client session, care should be given to assure that another intern, a staff member or a supervisor will be present at LSCC to provide “coverage.” The individual covering for a counseling intern provides protection for both the intern and the client by being on hand.
for unforeseen circumstances/events. The Office Assistant at LSCC may post times of scheduled coverage at the beginning of each semester. Interns scheduling client sessions outside of these posted times are responsible for obtaining coverage.

For the safety of the client and themselves, interns should NEVER hold a client session while alone in the LSCC Offices.
**Therapist Contact Information**

Interns should ask clients to use the LSCC voice mail (502 / 894-2293) as their contact number for messages. For ease in identifying messages, clients should state, “This message is for (therapist’s name),” then leave their message. Clients should be directed to contact the “Hope Now” hotline or nearest hospital for crisis or emergency care.

Interns serving at LSCC are expected to retrieve messages during business hours, on the day calls are received, a minimum of **twice daily – morning and afternoon** – and return client calls. Client messages should be erased after they have been retrieved **UNLESS** the message is needed for supervision purposes.

LSCC is not a crisis center. Clients should be notified that messages are not received over weekends or during official holidays. Clients should be made aware of appropriate action to take if they are in crisis.

**Inclement Weather Policy**

In events of inclement weather, Louisville Seminary Counseling Center will adhere to the following policy:

When weather related concerns develop during the business day, clients will be contacted by *their therapist if a session will be cancelled*.

If weather concerns develop overnight, Louisville Seminary Counseling Center will follow decisions made by Louisville Seminary regarding closures and delays. If Louisville Seminary is closed, the center will also be closed. If Louisville Seminary is on a delayed schedule, the center will also be on a delayed schedule.

When a counseling session is cancelled due to inclement weather, it is the therapist’s responsibility to contact their client to inform them of the closure and reschedule the missed appointment.

Please check the LPTS.edu web page for weather related announcements.
OUTLOOK CALENDAR PROCEDURE

(User Name: on-campus - Counselor2; off-campus – Counselor@lpts.edu
Password: Check with Administrative Assistant for passwords)

Appointment times and office space are recorded using the Outlook Calendar on the LSCC computer.

DIRECTIONS: To add a new appointment time or reserve office space:

1. Access the appropriate calendar and week in Outlook.

2. To select a client day and time, click on the appropriate space. The dialogue box for that time will open.

3. In the subject box, type
   - “Appointment” if you are working alone.
   - “Appointments” if you are working with a co-therapist. The plural indicates more than one therapist is working, therefore, you are covered.

4. Skip the “Location” entry section.

5. The “Start Time” should show the day and hour you wish to have the space. If it doesn’t, change it to the appropriate day and time.

   Note: If the appointment is for supervision, the appointment must start on the hour and end on the hour. (Example: For a supervisory session that begins at 9:00 a.m. and ends at 10:30 a.m., make two separate appointment times; the first from 9:00-10:00 a.m. and the second 10:00-11:00 a.m.)

6. Click on the end time and select one hour. All appointments will be in one-hour increments beginning and ending on the hour.

7. In the text box at the bottom, type the room number you are using. Then press tab and type your last name. If you are working with a co-therapist, type a slash (/) and then the co-therapist’s name. After the therapist’s last name, type a colon and type the client’s initials or the reason for use of the room.

   Client Examples: CR2Berry/Timerding: JC or CR1 Smith: TM (intake)

   Note 1: You must use the room you have reserved. If you decide to change rooms for a session, be sure to make the appropriate change on the computer.

   Note 2: Counselors needing a room for a session take first priority and can ask an intern using an office for other reasons to move to a new room.
8. Click “Save and Close” at the top of the screen.

If saved correctly, the date and time you have selected will appear in white on the calendar with “Appointment(s)” showing.

**DIRECTIONS: To check the availability of a room and/or add an appointment to a date and time already highlighted**

If the date and time you wish to use appear in white, an appointment has been added to the calendar. Double click on the area. The Appointment Box will open allowing you to check if the room you would like to reserve is available. If the room number does not appear in the text box at the bottom, you may add it.

1. Change **Appointment** on the “Subject” line to read “Appointments” indicating more than one therapist is working at that time.

2. Click in the text box and add the room you would like to reserve in numerical order. Take care not to delete the appointments already scheduled. If this should happen, use the “X” at the top right of the pop-up screen to exit the appointment time and indicate “No” when asked if you want to save changes. You can now safely begin again to schedule your appointment.

3. Continue your entry as described above adding therapist(s) and client names.

4. When completed, click “Save and Close”.

**DIRECTIONS: To check the calendar from off-campus**

1. Go to the bottom of the Louisville Seminary website (www.lpts.edu) and click “Campus email.”

2. Enter the User Name: counselor@lpts.edu and the password: Ptamge60 (be sure the “P” is capitalized.)

3. Select “calendar” on the blue ribbon near the top of the screen.

You should now be at the proper site to view the calendar.

To sign-out, Select “Counselor, MFT” just to the right of the blue ribbon and click on “Sign out.”
Noldus “Viso” Recording

Each counseling space at Louisville Seminary Counseling Center is equipped with 2 wall mounted cameras for recording client sessions. ALL counseling sessions held at LSCC must be recorded, as required by the Marriage and Family Therapy Program. Session videos are used in supervision for educational purposes only. Non-clients are notified of this policy verbally during the telephone intake process and in writing as they complete the introductory forms in Titanium. Once a session has been seen in supervision, it may be deleted. The only exception to this is if the recording will be used in a group supervision presentation or for the Senior Integration Experience (SIE). Interns will delete all of their client recordings from the Viso system prior to graduation.

There are four viewing stations in the LSCC suite. They are located in CR 1, CR 3, CR 8, and the group room. The User Name for each viewing station is: MFTVIEW. The password is Noldu$123. On the computer home screen, double click on “Viso.” A sign-in screen appears. Enter the User Name created for you by the Administrative Assistant and the password you created.

The Viso home screen is called the Dashboard and displays a calendar of your scheduled recordings. At the top of the screen there are five options:

Dashboard – the home screen of the Viso program
Locations – shows the locations of cameras and which ones are on-line and ready for use
Sessions – displays information for recorded sessions
Schedule – contains the calendar where recordings are scheduled.
Codes – for use in marking areas of recordings where specific actions occur

DIRECTIONS: To schedule a session recording:
1. Select “Schedule” at the top of the screen.
2. Click on the space, day and time of the client session you wish to record. You can view the calendar by Day, Week, Work Week and Month. (NOTE: In “Day” mode, the screen displays several counseling spaces on one DAY. In “Week” and “Work Week” mode, the screen displays the weekly schedule for one ROOM. To view other rooms, use the slide bar at the bottom of the screen.)
3. Enter information for the client (Client code + session number).
4. Select your supervisor’s name from the drop down list in “Participants.” (This gives your supervisor access to view the recording.)
5. Confirm the start and end times are correct. (The system defaults to ½ hour and session times are 50 minutes.)
6. Click “OK” to schedule the recording.
**DIRECTIONS: To delete a scheduled recording:**
1. Select “Schedule” at the top of the screen.
2. Hover over the recording you wish to delete and the information box appears.
3. Click on the “X” that appears in the upper right hand corner of the information box.
4. Confirm your desire to delete the scheduled recording.

**DIRECTIONS: To view a recorded session:**
1. Select “Sessions” at the top of the screen.
2. Click on the information for the session recording you wish to view.

**Video Recording at Off-Campus Sites**

Recording sessions at off-campus sites is encouraged, provided approval has been given by the Practicum site and the client to be recorded. Clients should sign a video release that will be kept in a secure locked location at the Practicum site. Two portable digital cameras are available in the MFT Office and may be checked out for this purpose. Instructions on the use of these cameras appears in the Appendix.
LSCC Financial Policy

(Forms Required: Financial Agreement, Attendance Slip, Payment Receipt, Activation Card)

Clients demonstrate their investment in the therapeutic process by paying for therapy services. Payment for services is a therapeutic issue and non-payment can often represent something that needs to be addressed in therapy sessions.

**Sliding Scale Fee and Financial Assistance**

LSCC has an initial session fee of $20.00 for all clients. Interns negotiate future session fees with the client at the beginning of the initial session. The current sliding fee scale is $1.00 per $1,000 of annual income, not to exceed $65.00 with a $10.00 minimum fee. Fees can be renegotiated whenever needed. A Financial Agreement form should be completed at the first session and the initial session fee collected.

LSCC policy is that clients will not be turned away due to inability to pay. For clients unable to meet the initial session fee or minimum $10.00 session fee, financial assistance is available. Interns should request that these clients complete the Application for Financial Assistance on page 2 of the Financial Agreement. Interns will then indicate if the application has been approved or denied, the amount of assistance approved, and the number of sessions assistance will be given. Financial assistance for session fees is time limited to 10 sessions. After this time, the fee must be renegotiated with the client.

**Collection of Fees**

Interns are expected to collect fees from clients at the time of service. Client fees should be collected and future sessions scheduled in the counseling room. It is an ethical and confidentiality issue when this happens outside the counseling room. When money (cash or check) is collected, always fill out a LSCC receipt. The white copy is for the client and verifies that payment was given to the intern. Clip the yellow copy to the payment, and place the payment in the safe. The intern’s yellow receipt will serve as verification that payment was placed in the safe. **At no time should payments be kept in the files.** If a client does not wish to retain a copy of the receipt, place both copies in the safe.

For each session held, including those where payment is not received, complete an Attendance slip. In the event of a returned check, any fees charged to LPTS must be reimbursed by the client prior to continuing in therapy.

Clients may not accumulate an account in excess of the equivalent of the client’s fee for three (3) sessions. Clients with an outstanding account balance are expected to pay in full as soon as possible. All clients are expected to liquidate their accounts within 60 days after termination of services.
NOTE: Fees collected for counseling services are submitted to the LPTS Business Office to defray the cost of maintaining the counseling center. No fees collected are provided to interns or directly to the Louisville Seminary Counseling Center.

Activating Client Accounts
Client accounts are activated by informing the Administrative Assistant that a new client is being seen. This is accomplished by preparing an index card with the following information:

- Client’s last name, first name
- Phone
- Address
- Ethnicity
- Family members being seen with ages
- First appointment date
- Referral Source
- Intern / Supervisor

After completing the information, the intern will place the card in the safe to be retrieved by the Administrative Assistant who will begin a new account for the client.

Cancellations
Ordinarily, at least a 24-hour advance notice of a cancellation is required in order not to be charged a cancellation fee. There are, however, several reasons that might warrant not charging for a missed session (illness, death in family, car accident, etc.).

Financial Policy Exceptions
School Clients – School families/clients seen at LSCC after school hours or in the summer will not be charged nor will the school site be charged. Qualifying school families are those whose child is being seen by a counseling intern at the school during the school year.

Others – Additional exceptions to the Louisville Seminary Counseling Center Financial Policy must be pre-authorized by the Clinical Director.

Outcome and Session Rating Scales (MyOutcomes)

Clients seen at LSCC are asked to complete a web-based Outcome Rating Scale, available through MyOutcomes, prior to beginning each session, including the initial session. This scale/measure provides data on how the client perceives how they have managed the time prior to beginning sessions or following their last session. This information can identify at-risk cases in real time. At the end of each session, clients are asked to complete a Session Rating Scale which provides effectiveness data for the therapist. The ORS and SRS give the client a platform/voice for direct feedback regarding the counseling experience and provide empirically-based data that can assist therapists in adjusting interventions and methods to meet the needs of their client.
Treatment Procedures

The first two sessions in the therapeutic process include several tasks: defining the concern, collecting relevant history, assessment, and treatment planning. These tasks may be repeated at various points in the process when new information is revealed, new problems are discovered or new goals for therapy are established.

Professional Courtesy
Interns must demonstrate a high level of professionalism to LSCC clients at all times.

✓ It is important for interns to be present and ready to begin counseling at or before the session’s appointed time.
✓ Conversation in the hallway should be limited. The waiting room area is our first impression to new clients. Confidentiality of client information is an ethical issue. Client fees should not be collected in the waiting room nor should appointments be scheduled outside of the counseling room.
✓ Interns should refrain from smoking outside the LSCC entry.

Initial Interview

Prior to the Initial Session

Clients will be encouraged to complete the appropriate assessments prior to the first session. Assessments can be obtained in three ways: 1. The client can download forms from the LSCC website; 2. Paper copies can be mailed to the client; 3. Copies can be given to the client when they arrive at the Center for their first session. If the client requests that assessments be mailed, the therapist will gather the assessments and give them to the Administrative Assistant for mailing. If the client would like to complete the forms at the Center, the therapist will ask the client to arrive 30-45 minutes early to complete the introductory forms in Titanium and required assessments.

These forms will be used during the initial session with your client(s):
1. “Welcome” to Louisville Seminary Counseling Center and Client’s Bill of Rights (paper)
2. In Titanium Schedule, Informed Consent and Confidential Client Information (Adult/Adolescent over 13 yrs) or Confidential Client Information (Child/Adolescent under 12)
3. In MyOutcomes, the Outcome Rating Scale (ORS) (usually completed on computer at beginning of the session)
4. “No Secrets” Policy (paper)
5. Financial Agreement (paper)
6. Required assessments (if not completed prior to session)
7. Initial Session Information (laminated paper)
8. In MyOutcomes, Session Rating Scale (SRS) (usually completed on computer at the close of the session)
Before the initial session, the intern will prepare a client record in MyOutcomes, enter a placeholder on the Titanium Schedule calendar, reserve a room through the Outlook calendar, and schedule the session recording in Viso. The intern will ensure that a notebook/computer is available for the client to complete introductory paperwork in Titanium.

The client will read, complete and sign all Titanium introductory forms prior to or at the beginning of the first session. **The intern should ask the client to arrive at 15 minutes prior to the appointment time to complete the forms.** If a client arrives late, the introductory paperwork must be completed before the session begins. It is the intern’s responsibility to arrive before the client and prepare for the client session. The intern should be knowledgeable of paper and computer forms and able to answer any questions or concerns the client may have.

**During the Initial Session**

Several items should be covered with the client during the initial session.

1. The intern should be available to answer any questions the client might have about LSCC, the intern, or the process of psychotherapy. Answer any questions about completing the ORS.

2. The intern will review the suicidal risk assessment on the Initial Session form in Titanium to determine any course of action needed.

3. The intern will collect any legal documentation (court orders, custody papers, Acknowledgement of Counseling Services, etc.). A copy of a court order or child custody agreement should be scanned into the client’s file. The consent of both parents is desired for a child to be seen in therapy and, if possible, both parents should attend the first session at a minimum.

4. The intern will collect assessments the client(s) has/have prepared prior to the session.

5. “No Secrets” Policy – Interns will provide copies of the policy for clients and review the policy in session.

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**Everyone, regardless of age, must have completed introductory forms in Titanium before attending a therapy session. A child attending a session at LSCC should have their parent or guardian complete these forms.**
6. Informed Consent – Interns will provide full disclosure of the following seven articles of Informed Consent to all clients.

a. The specific procedures to be used in therapy and their purposes.
b. The role of the therapist in treatment.
c. Specific discomforts or risks to be expected.
d. Benefits reasonably to be expected.
e. Alternative methods of treatment for the same problem that may produce similar results.
f. The client’s right to ask questions about the nature and process of therapy at any time.
g. The client’s right to end therapy at any time.

5. The intern should negotiate the fee for sessions based on the sliding-fee scale, in consultation with her/his supervisor. (See The Louisville Seminary Counseling Center Financial Policy). The fee will be recorded on the Financial Agreement form. By signing the form the client agrees to pay the fee settled upon for services rendered. The client should be informed that payment is expected at time of service.

6. The intern should discuss with the client the expectations and likely timeframe of therapy, the 24-hour cancellation policy, the inclement weather policy, ringing the door bell outside the entry door when no one is present at the reception desk, and the structure of the initial sessions of therapy.

7. The intern should gather information to complete the Initial Session form to help assess the problem that brought the client to counseling.

8. The intern should ascertain whether the client has previously sought medical assistance, been hospitalized for psychotherapeutic reasons, sought psychotherapy or been prescribed psychotropic medication. If appropriate, the intern should ask the client to sign a Consent for Release of Confidential Information form to be sent to prior providers requesting pertinent information or for consultation with others. This may wait until the intern has conferred with their supervisor.

9. Whenever a client presents at risk or any homicidal or suicidal intent is present, the intern will utilize the CAMS protocol until the client demonstrates or reports they are no longer at risk. If intent is indicated, immediate consultation with the intern's supervisor or the Clinical Director is required to determine if hospitalization, referral, or a contract with the intern is necessary.

10. The time and date for the next appointment needs to be set and recorded on the computer calendar program. When possible, it is helpful to the client, the intern, and the Center to have a regular time for the client’s sessions.
11. The intern should explain the Session Rating Scale (SRS) and ask the client to complete
the electronic form prior to leaving.

Following the Initial Session

After the initial session, the intern will

1. Place the Financial Agreement in the MFT Administrative Assistant’s box.

2. Complete an activation card and an attendance slip (found on safe). Place the activation
card, attendance slip, receipt for payment and client payment in the safe. **NOTE:** For
accounting purposes, a receipt is required even if the client does not want one. Place
both white and yellow copies in the safe.

3. “Approve Incoming Data” for each client.
   a. For Individuals, after approving the data, open the client’s record and add the
      file number = “I” + 6 digit initial session date
   b. For Couples, after approving the data, open each client’s record and add the file
      number “C” + 6 digit initial session date.
   c. For families, after approving the data for each member, open each record and
      add the file number “F” + 6 digit initial session date.”

4. Change the placeholder in the Titanium schedule to an individual, couple or family
   appointment.

5. Complete Titanium “paperwork.”
   a. For adult individuals:
      i. Write the Progress Note #1 - Initial Progress Note.
      ii. Complete the Initial Session form.
      iii. Scan completed “No Secrets” form and assessments into Titanium (Adult
           packet)
      iv. Sign the note and forward to the clinical supervisor.
   b. If the session was with a couple:
      i. Write the Progress Note #1 – Initial Progress Note.
      ii. Scan completed “No Secrets” form and assessments into Titanium
           (Couple packet)
      iii. Distribute the note to the couple members
      iv. Complete an Initial Session form for each client in their individual file.
      v. Sign each note and forward it to the clinical supervisor.
   c. If the session was with a family:
      i. Write the Progress Note #1 - Initial Progress Note.
ii. Scan completed “No Secrets” form and assessments into Titanium (Adult & if applicable, Adolescents & Parents Packets)

iii. Distribute the note to the family clients.

iv. Complete an Initial Session form for each client in their individual files.

v. Sign each note and send it to the clinical supervisor.

6. Enter the next session in the Titanium calendar.

7. Reserve a room on the Outlook calendar.

In the next supervisory session, the supervisor and the intern will review the information and other pertinent data to determine whether the client is suitable to be treated within the context of LSCC. In some cases, client suitability could take up to 3 sessions to determine.

**Client records and recordings may not be removed from LSCC offices at any time.**

**Future Sessions**

For intern training purposes, a specific order of required documentation has been created in Titanium Schedule for client sessions 1 and 2. Progress notes in Titanium have been numbered to correlate with sessions 1, 2 and 5.

<table>
<thead>
<tr>
<th>Session/Progress Note</th>
<th>Document(s) Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd*</td>
<td>Remaining assessments from distributed packets; Treatment Plan (Parts 1 &amp; 2) (For families: Genogram or FACES)</td>
</tr>
<tr>
<td>5th</td>
<td>Review and revise Treatment Plan (every 5th session moving forward)</td>
</tr>
</tbody>
</table>

**By the 2nd session**, therapists will include these completed assessments in their client files:

**Adult Packet:**
ACES, MDI, GAD-7, R-URICA, NQS

**Family Packet:**

*Families with Children*
ACES (1 per client)
MDI, GAD-7, R-URICA, NQS, CQ, R-IPA (1 each per adult)
**Families with Adolescents & Parents Packet:**
- ACES (1 per client)
- SCORE-15 (1 per client)
- NQS (1 per adolescent)
- Ohio Youth Problem, Functioning and Satisfaction Scales (Youth and Parent rating scales)
- CQ (1 per adult), R-IPA (1 per adult), R-URICA, NQS (1 per adult)

**Couples Packet:**
- ACES, Couples Satisfaction Index, BARE, ECR-S, CPQ-S, Intimate Justice Scale (1 per client)
- NQS (1 per client)
- (If therapist chooses to utilize Gottman materials, assessments are scanned into client files.)

**Prepare & Enrich:**
- Assessment summary from Prepare & Enrich inventory

**Level 2 Assessments (as needed):**
- MDQ
- PCL-C
- DAST-20 (adolescent or adult)
- Michigan Alcoholism Screening Test (MAST)

**NOTE:** If at any time a client demonstrates active suicide risk, the prescribed progress notes are halted and the CAMS series of sessions begins. When the client has completed the necessary CAMS sessions, the prescribed progress notes continue.
Consent for the Release of Information Form

HIPAA guidelines and Kentucky law indicate clients, and those they designate, are permitted access to client records with appropriate written authorization. Additional medical information can be of benefit to the therapist when caring for a client. LSCC is often contacted by attorneys, court personnel, etc. regarding information to be used during court hearings. In all cases, confidential client information must be protected within the boundaries established by LSCC. A “Consent for Release of Information” form must be completed and signed by the client prior to the release of any information.

Medical Documentation – Consent to Receive Information

When a client has previously had psychotherapy or has some medical condition that may have psychological or psychiatric ramifications, the intern, after consultation with their supervisor, is to request permission to obtain records pertaining to the condition that can be examined for purposes of evaluating the implications of the client's condition for treatment.

1. In completing the form, the intern will need to obtain the complete mailing address for the professional to whom the Release form is to be sent.

2. The usual purpose for which a request for information is sought is that of "evaluation and assessment for psychotherapy" or "continuity of care."

3. When the form has been completed, the original form should be given to the Administrative Assistant for mailing with a standard cover letter to the professional indicated. If the form will be sent by fax, a fax cover sheet should be requested from the Administrative Assistant. A copy of the signed form is always placed in the client's Titanium file, along with a general use note about the information shared.

It is very important for the intern to communicate to the client that the Center does not provide psychological, psychiatric and/or physical testing or specific assessments for legal purposes.

Note: Consent for Release of Information expires 90 days from original signature date. A new Consent must be signed for information to be released after the original signature date has expired.
4. Clients may not have access to any information/reports from other professionals or agencies which have been released to the intern. Only the agency who prepared the report may provide the information to the client. Interns are not permitted to discuss or attempt to explain information obtained from other sources.

Absolutely NO information regarding a client can be released from LSCC without the Clinical Director’s knowledge and consent. Letters to those in the legal field or other inquirers regarding a LSCC client must be prepared by the Administrative Assistant and will be provided only after the client has signed a release of information for that specific purpose.

Legal Documentation – Consent to Provide Information

For intern protection, contacts from/to those within the legal system must be managed carefully. Information regarding a client cannot be released without a Consent for Release of Information signed by the client. In the event of a subpoena or court order, the Clinical Director should be notified to determine whether information should be provided.

Phone Contacts
If an intern receives a phone message from an attorney’s office, the call should not be immediately returned. Without a signed “Consent for Release of Information” from the client for information to be released to the attorney’s office, even acknowledging that the client is seen at LSCC is a breach of confidentiality. Consult with the Clinical Director regarding proper action.

Should the client indicate to the intern that their attorney’s office will be contacting the intern for information, the intern should notify the client that only requests for information made in writing with appropriate release consent signed by the client will be honored. The intern should ask the client to complete a LSCC Consent for Release of Information form for their Titanium file.

Legal Written Requests for Information
Requests for information made in writing by legal officials, with appropriate consents, will be honored. Typically, these requests are general in nature. When received, the intern should manage them in this way.

1. Inform the Clinical Director or MFT Administrative Assistant that a legal request for client information has been received. Be ready to provide the name of the client, the requesting attorney or organization, and the information being requested.
2. Unless otherwise guided by the Clinical Director, submit the following information to the MFT Office:
   a. Original request for release of information
   b. Full name of the client
   c. Date sessions began
   d. Number of sessions held to date
   e. Date of next session

3. After the response letter has been prepared by the Administrative Assistant and signed by the intern and Clinical Director, a copy for the client’s file will be made and the letter forwarded to the requester.

4. Should additional information be requested, the intern and Clinical Director will work with the attorney or legal organization to comply within the boundaries of confidentiality for the client.

   **It is very important for the intern to communicate to the client that the Center does not provide psychological, psychiatric, and/or physical testing or specific assessments for legal purposes.**

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**Requests for File Copy by Client**

Clients are entitled to a copy of their clinical file. In the event a client requests a file copy, the intern should explore with the client if a summary of their records would be sufficient for their needs. The summary would include number of sessions, dates of services and compliance with the therapeutic process.

If the client indicates a file copy would be preferred, the therapist should be clear that clinical individual records may be released with a Consent for Release of Information from the client. Copies of records for couple or family units may be released only with a Consent for Release of Information from all attending individuals. For a copy of an individual’s record, the intern should obtain a Consent for Release of Information form and notify the Administrative Assistant. The Clinical Director will review and approval all copies prior to dissemination to the client. When the approved copy is available, the client will be asked to return to the office to receive the material. A minimum of 7 business days should be given to fulfill the client’s request.

**NOTE:** Copies of client files should not be sent through the mail. These copies should be retrieved in person by the client. A client is entitled to receive one copy of the client’s file without a copy fee. Any additional copies will be provided at the cost of 25¢ per page.
Some Important Areas of Discussion for Supervision

Substance Abuse

Clients who are currently abusing a substance (e.g., alcohol, cocaine, etc.) are not candidates for psychotherapy unless the substance abuse has been discontinued or the client is established in substance abuse treatment, such as Alcoholics Anonymous or another appropriate support group. The intern will consult with their supervisor or the Clinical Director about referring such clients to clinically appropriate treatment outside of the LSCC.

Medical Consultation

When clients present with issues of a medical concern, referral to a physician is advised, if the client has not already seen a physician for this issue. Examples of medical concerns would include chronic migraines, pain, digestive issues, or sexual dysfunction. Following a physician assessment, the intern should request a Consent for Release of Information form be signed by the client to allow consultation with the client’s physician and release of documented findings.

Medical Examination

A client who has not had a basic physical examination within six (6) months before the initial visit may be encouraged to have a basic physical examination within the first six (6) months of counseling. When the basic physical examination has indicated a physiological cause for the signs and symptoms that caused the client to seek psychotherapy, the intern may consult quarterly with the consulting physician regarding the client’s treatment plan and progress and request any pertinent medical input from the physician regarding the client.

Psychiatric Consultation and Medication

When a client needs to be evaluated for medication, there are several options:

1. Referral to their primary care physician
2. Referral to a consulting psychiatrist
3. Referral to low-cost health care providers locally

Cost for medication evaluations and medication needs are to be covered by the client. Referral for medication should be noted in the client’s record and the outcome recorded as well. (A consulting psychiatrist should write a note concerning his/her evaluation.) Students may find it helpful for clients to sign a Consent for Release of Information in order to talk with the medical professional to whom the client has been referred.
**Psychological Testing**

Occasionally, testing may be a useful assessment tool. Testing may be arranged by referring the client to appropriate professionals after consultation with the intern's supervisor.

**Hospitalization**

When a client is assessed to pose a threat of harm to him/herself or to others, hospitalization may be necessary to ensure safety.

Hospitalization may be:

1. Voluntary - a patient chooses to admit him/herself;
2. Involuntary - the intern notifies significant persons in the client's life and utilizes emergency resources as needed, i.e., police and ambulance.

If a client’s family is unavailable or unwilling to hospitalize a person, the intern may seek a mental inquest warrant (MIW) after consulting the Clinical Director or their clinical supervisor.

**Violence or Abuse**

When in the course of treatment if elder abuse or child abuse is suspected, the intern should consult with their supervisor or the Clinical Director immediately regarding how best to respond to these issues.

When domestic violence is present, the intern should consult with their supervisor and the Clinical Director immediately. In some cases, continue care is appropriate. In other cases, care will need to be discontinued.

**Care of Individuals with a History of Chronic Mental Illness**

It is the mission of LSCC to care for all individuals within our interns’ expertise and training. Care to individuals with a history of chronic mental illness must be sensitive to this population’s needs and clearly represent the limitations of our students.

1. The intern will assess the client’s mental health needs for 3-4 sessions and, with guidance from their clinical supervisor, determine if the client’s concerns are within the scope of the intern’s training and can be managed appropriately at LSCC.
   a. If the client can be seen at LSCC, continue with step 3.
   b. If the client cannot be seen at LSCC, provide appropriate referrals and follow the termination process to close the client’s record.
2. Obtain a **Consent for Release of Information** from the client to speak with
   
a. The client’s psychiatrist or other mental health professional providing the client’s medication.
   b. Any agency or institution which provides/has provided in-patient/out-patient mental health care.

3. Establish and maintain close contact with any medical professional who referred or is seeing the client.
   
a. Confirm that the client is receiving appropriate medical care.
   b. Collaborate to address clinical concerns.
   c. Identify what care the intern will provide the client and any issue that needs to be addressed by another professional.

4. Establish and maintain regular family/guardian or close relationship involvement in session, when possible.
Responding to a Client’s Death, Suicide Attempt or Other Clinical Emergency

(Corresponding checklist appears in the Appendix)

Although Louisville Seminary Counseling Center is not an emergency facility, at times clinical emergencies do happen. The following procedure should be followed when client emergency events take place:

1. The intern will immediately notify their clinical supervisor and the Clinical Director after receiving information of a client death/suicide attempt or other emergency event.

2. The Clinical Director will notify the MFT Program Director, the student’s academic advisor, and the MFT Administrative Assistant to inform them that a clinical emergency has occurred.

3. The Clinical Director will contact the intern and the intern’s clinical supervisor within 24 hrs. of receiving emergency information to schedule a meeting to occur within 7 days.

4. During the meeting, the clinical supervisor will guide the team in the following:
   - To process what has happened and the intern’s experience.
   - To develop a continuance plan for the intern’s emotional and spiritual well-being and health.
   - To determine appropriate contact and process to be used in addressing concerns such as counseling the client, client spouse, partner, or other family members, and documentation of event.
   - To determine the appropriate process to use in sharing specific information with the MFT student body if deemed appropriate by those at the meeting.
   - To determine if a release of information to the wider seminary community is appropriate. Any plan of notification to the seminary community will be created in consultation with the MFT Program Director, Seminary Dean and/or Dean of Students.

5. The Program Administrative Assistant will help coordinate the flow of information, file documentation, and closure of the client file, if needed.

6. An assessment of need will be made collaboratively by the intern and the clinical supervisor to establish a wellness plan for the intern and others immediately impacted by the event.

7. The intern’s clinical supervisor will continue to assess and consult with the intern regarding their emotional, spiritual, and physical well-being and explore other appropriate resources, i.e., referral to counselor or spiritual director for intern, material resources available, continued assessment of intern’s self-care. The supervisor will submit a report to the Clinical Director regarding the intern’s well-being and whether the intern is able to continue in clinical practice at this time.

6. Documentation of the completion of this process shall be maintained in the student file by the MFT Program Administrative Assistant.

Adopted March 2011; revised 8/2017
Record Keeping and Client File Audits

(Please refer to Titanium Manual at end of this section for processes and helps.)

Clinical records are kept on all clients who are seen at the LSCC. **Interns are responsible for maintaining these records in a timely fashion.** Any personal or process notes kept should be held in a separate unmarked folder and shredded when no longer needed or when the client has terminated their contact with LSCC.

**Forms Contained in Each Clinical File on Titanium Schedule**

<table>
<thead>
<tr>
<th>Telephone Intake</th>
<th>Initial Session Case Write-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed Consent with Limits</td>
<td>Initial Session Information</td>
</tr>
<tr>
<td>Of Confidentiality and Video Release</td>
<td>Client Family Genogram</td>
</tr>
<tr>
<td>Confidential Client Information</td>
<td>Progress Notes for each session</td>
</tr>
<tr>
<td>Treatment Plan: Initial Phase (2nd session)</td>
<td></td>
</tr>
<tr>
<td>WHODAS Assessment/other assessments (3rd session)</td>
<td></td>
</tr>
<tr>
<td>Treatment Plan: Working Phase with Diagnosis (5th session)</td>
<td></td>
</tr>
<tr>
<td>Consent for Release of Confidential Information (when Appropriate)</td>
<td></td>
</tr>
<tr>
<td>Case Activity Notes</td>
<td></td>
</tr>
<tr>
<td>Revised Treatment Plan: Working Phase (every 5th session)</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Personal notes and group supervision case write-ups should never be stored in client files. Personal notes should be kept in a separate file. Group supervision sessions where a session happens in real time should be documented on a progress note and signed by the student’s clinical supervisor.

**Progress Notes**

Progress notes begin with the first session. Progress notes should be written as soon as possible (24-48 hrs.) after the session takes place.

In addition to the information requested on the Progress Note form, include documentation of medication or “over the counter”/herbal remedies the client is taking for psychiatric reasons, symptoms and the name of the physician who is monitoring the medication. Interventions recommended by a clinical or group supervisor should be noted on the client’s progress note, signed by the supervisor and placed in the client’s file.
In addition to the information requested on the Progress Note form, client files should contain General use notes regarding actions outside the therapy session. This may include:

- Phone contact with the client;
- Interactions with other professionals or other contact made;
- Documentation of reports to Adult Protective Services or Child Protective Services;
- Documentation of any supervision or consultation received specific to particular client concerns.

Other documentation such as release forms or information about “duty to warn” may also be kept in the client file.

**Client File Audits**

Students should audit their client files regularly. Three types of client file audits are performed by the MFT Administrative Assistant:

- **Monthly Audit**
  - Once a month for all clients.

- **Transfer of Client Audit**
  - Performed prior to the transfer of a client from one intern to another

- **Client Discharge Audit**
  - Performed when a client has terminated contact at LSCC

These audits include inspection of all Titanium client records for inclusion of appropriate forms, Progress Notes, MyOutcomes entries, and account entries. Although interns are expected to consistently maintain their client files, these checks ensure that all necessary documentation is available and accurate.

In addition to these standard file audits, file reviews may occur at any time by the student’s clinical supervisor, the Clinical Director, the MFT Program Director, or MFT faculty member.
Transfer of Client and Discharge Processes

The ending of client sessions can be due to many reasons, among them the client’s completion of goals, their wish to terminate with LSCC, their needs, expectations, or new developments beyond the intern’s scope of practice, or the intern’s graduation or ending of Practicum. In any case, professional management of the client’s Titanium file and MyOutcomes record is required.

Transfer of Client Process

When an intern can no longer see a client but the client wishes to continue sessions, transfer is made to another intern or a referral source outside of LSCC. In order to provide appropriate and continuing client care, interns transferring clients and interns receiving transferred clients should follow the guidelines below.

Intern Transferring Client

1. Discuss with the client transferring to a different intern or another referral. If the client’s account is behind, discuss final resolution of payment due.

2. When preparing to transfer a client to another therapist,
   a. Discuss possible transfer recipients with your clinical supervisor and the Clinical Director.
   b. Contact the suggested intern to receive the transfer and discuss their availability to receive the client. Schedule one transfer session date.
   c. Confirm the transfer with the Clinical Director.
   d. Notify the Administrative Assistant of the intern who will be receiving the client.
   e. Hold one transfer session with the receiving therapist.

   1. During the transfer session, the original therapist and the therapist receiving the client meet for the first or final 10-15 minutes with the client depending on the client’s needs.

   Exceptions to only one transfer session can be made in consultation with the therapist, the therapist’s supervisor, and the Clinical Director.

2. Following the session, the original therapist is responsible for preparing the progress note for this session and a Discharge Summary. The client file should be turned over to the Administrative Assistant for auditing and any discovered documentation needed prepared by the original therapist. This is time sensitive since the chart must be completed BEFORE the new therapist can see the client. The MyOutcomes record will be transferred to the receiving therapist. Security clearance for the Titanium client record is withdrawn from original therapist and is given to the new therapist.
Transferring outside of LSCC is done only after consultation with the Clinical Director. If a client wishes to pursue this option, the intern should request a consultation with the Clinical Director and consider possible referral options.

**Intern Receiving Transfer**

When a therapist is contacted regarding receiving a transferring client, the therapist should indicate acceptance or decline of transfer. If agreeable to accepting the transfer, the following procedure is followed to assist in the transition.

1. Discuss receiving new client with the original therapist and schedule one transfer session with them.

2. During the transfer session, the receiving therapist will attend 10-15 at the beginning or the end of session, and will receiving information from the original therapist and the client. If the receiving therapist attends the end of the session, no clinical hours are counted.

3. Following the transfer session, the original therapist is responsible for the progress note, ORS and SRS data for this session. The MyOutcomes record will then be transferred to the receiving therapist.

4. Prior to the first session with the receiving therapist, the receiving therapist should confirm with the original therapist that the client file has been audited and Titanium security clearance has been transferred. The receiving therapist should **NEVER** begin to see a client if the Titanium chart has not been audited.

**Exceptions to only one transfer session can be made in consultation with the therapist, the therapist’s supervisor, and the Clinical Director.**

**Discharge Process**

The process of discharging a client is as important as the initial assessment process. Consequently, much care must be exercised by the intern during this critical phase, both with the client, as well as in the procedures used in closing the client’s file.

Please follow these procedures to accomplish the discharge of the client and the closing of the client’s account:

1. Termination of therapy is discussed between the client and therapist. Therapy may be discontinued when the client and therapist agree that therapeutic goals have been met.
In the alternative, the client may indicate to the intern that they wish to terminate therapy or the client is referred for treatment elsewhere.

2. The intern seeks input from their clinical supervisor, as needed.

3. The intern and client process the relationship and deal with discharge issues. In the discharge process, the intern seeks to have the client settle any balance remaining on their account. The intern provides the client with any necessary referrals. The intern documents the discharge in progress notes with detailed information.

4. The intern will complete a progress note for final session and process the client chart in Titanium for discharge (including a Discharge Summary). The intern prepares a Client Discharge Letter form and submits it to the Office Assistant or Administrative Assistant.

5. The client’s chart will be audited to insure all required forms are present and the chart is complete. Any missing documentation will be reported to the intern. When all documentation is present and the chart is complete, the Client Discharge Letter form will be typed and placed in the therapist’s LSCC box to be signed. After signing, the letter should be placed back in the Office Assistant’s “In Box” for copying and mailing with the Client Evaluation of Treatment form. (See Client Evaluation of Treatment form in Appendix)

6. When the client returns a completed Client Evaluation of Treatment form, it will be reviewed by the Clinical Director. Evaluations of significant value will be forwarded to the intern’s supervisor by the Administrative Assistant for review by the supervisor and student therapist. These will not be placed in the client chart. General information regarding client evaluations of treatment is maintained by the Administrative Assistant to the MFT Program.
Appendix
Under Kentucky law ANY person is obligated to report child abuse, child sexual abuse, and child neglect or dependency. This means that any therapist who becomes aware of abuse or neglect from any source – whether from a child, parent, another therapist, or any other person – no matter if the information is oral or in written form, is obligated to report the suspected abuse or neglect.

Non-Emergency: Child Abuse Report: (502) 595-4550
or https://prd.chfs.ky.gov/ReportAbuse
Crimes Against Children Unit (CACU): (502) 574-2465
Adult Protective Services (APS): (502) 595-4803

Emergency requiring immediate response:
CPS/APS 24 hr Hotline: (877) 597-2331

Therapist Name: ______________________
Date and Time of Call: ________________
Agency Contacted: ____________________
Phone: ______________________________
Person Receiving Call: __________________
Report/Case #: _______________________
(if given)

Report Information:

Informant Name: ____________________________________________________________
Status of informant to person of concern: _____ teacher _____ parent _____ child _____ other - __________

Person of Concern (child or adult): ____________________________________________
Date of Birth or Approximate Age: ________________________________
Gender: ___ M ___ F
School and Grade (if applicable): _____________________________________________
Resides With (include name and relationship): ________________________________
Home Address: ___________________________________________________________
Phone: _________________________________

Type of Abuse/Neglect Suspected: _____ physical _____ mental/emotional _____ sexual _____ neglect

Name of Person Suspected of causing abuse/neglect: ________________________________
Description of Concern (what, when, where): ______________________________________

Witnesses to Event/Concern: ________________________________________________
List any disabilities of victim: ________________________________________________
Information provided by agency representative: _____________________________________

Therapist Signature: ___________________________ Date: _______________________
Supervisor Signature: __________________________ Date: _______________________

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DEFINITIONS OF CHILD ABUSE, NEGLECT AND DEPENDENCY

600.020 Definitions for KRS Chapters 600 to 645.

(1) "Abused or neglected child" means a child whose health or welfare is harmed or threatened with harm when: (a) His or her parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person exercising custodial control or supervision of the child:

1. Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
2. Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
3. Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005;
4. Continuously or repeatedly fails or refuses to provide essential medical services for a child;
5. Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
6. Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
7. Abandons or exploits the child;
8. Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child;
9. Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) of the most recent twenty-two (22) months; or
(b) A person twenty-one (21) years of age or older commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon a child less than sixteen (16) years of age.

KRS 600.020(19) states: "Dependent child" means any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child;

There are numerous factors involved in defining child abuse and neglect. Cultural and ethnic backgrounds, attitudes concerning parenting and professional training all contribute to an individual's definition. In seeking commonly acceptable definitions, it is helpful to distinguish between abuse and neglect. In simplistic terms, ABUSE IS AN ACT OF COMMISSION. NEGLECT IS AN ACT OF OMISSION.

Kentucky law contains a definition of an abused or neglected child, which must be utilized in determining whether a situation is appropriate for investigation and services by the child protection program. It is important to note for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child.

WHEN TO REPORT

When you have reason to believe a child is being abused, neglected or is dependent, call the child protection hotline or your county Department for Community Based Services. If in doubt, contact your clinical supervisor to talk over what has come to your attention. Your supervisor will help you sort things out, such as whether a specific incident must be reported and to whom.

If you feel the child is in imminent danger or is in need of immediate protection, call 911 or your local police department. For example, a very young child or handicapped child who is left alone with no adult supervision needs immediate help. Police officers can remove a minor from a threatening environment in order to protect the child if the child is in danger of imminent death or serious physical injury or is being sexually abused and the custodian is unable / unwilling to protect the child. (KRS 620.040(5)(c))

WHEN NOT TO REPORT

Concerned citizens need to know they have a duty to report suspected child abuse. The Department for Community Based Services has the authority and the obligation to assure that reports meet the statutory definition of abuse, neglect, or dependency before a formal child protection investigation is set in motion. In those cases where the referral is not clearly an abuse, neglect, or dependency, but indicates services needs, the Department attempts to be responsive and find appropriate services. Criteria for refusing reports include a specific act of abuse, neglect or dependency is not alleged, such as a generalized concern for welfare of the child that does not state specific allegations reflecting child abuse or neglect. Examples are

a. A child who is improperly dressed, but the clothing deficiency does not result in harm to the child;
b. A child who is provided nutritious food irregularly or insufficiently, but the health of the child is not impaired;
c. Hygiene, that although not optimal, does not adversely affect the well-being of the child;
d. Life-style issues, such as single parent who has several boy/girl friends with no allegations of abuse or neglect to the child;
e. A small child who is ambulatory and who has minor marks in routine areas such as the knees and the reporter has no reason to believe the injuries were caused by abuse or neglect;
f. Corporal punishment appropriate to the age of the child, without injuries, marks, bruises, or substantial risk of harm; or
g. Reports that have insufficient information to locate the child.

The online KY Child/Adult Protective Services Reporting System is available to report non-emergency situations that do not require an immediate response from COS staff. The website is monitored from 8 a.m. to 4:30 p.m. Eastern time Monday through Friday.

Dear Client,

Thank you for allowing us to be of service to you at Louisville Seminary Counseling Center. Our goal is to provide quality counseling services for the Greater Louisville Area for a reasonable and affordable fee. Please take a few minutes to consider this brief questionnaire that will assist us in providing these services to the community.

Sincerely,
Beth Seeger Troy, M.Div., MA, LMFT
Clinical Director, Louisville Seminary Counseling Center

Therapist's Name:  Jordan Williams         Date of last session:  8/12/19

1. Overall satisfaction with services:

   1 ------------------------------- 2 ---------------------------------- 3 ------------------------------- 4
   very dissatisfied                dissatisfied                    satisfied                     very satisfied

2. Please rate the following, "Poor" to "Very Good"

   a) First contact with agency

   b) Available service times

   c) Location

   d) Directions given

   e) Facility Accessibility

   f) Comfort in Setting

   g) Fee Range

   h) Service Provider (Therapist)

3. How well did you get along with your therapist?

   1 ------------------------------- 2 ---------------------------------- 3 ------------------------------- 4
   not well at all                  not so well                   fairly well                    very well

   Comments: ________________________________________________________________

   ___________________________________________________________________
4. Professionalism of therapist (kept appointments, collected fee for sessions, dressed appropriately, etc.)

1 ___________________________ 2 ___________________________ 3 ___________________________ 4
 inadequate/dissatisfied           marginal           adequate           above average

Comments: _______________________________________________________

5. Is the presenting concern which brought you to therapy:

1 ___________________________ 2 ___________________________ 3 ___________________________ 4
 worse               about the same          better, but not resolved        completely resolved

6. I would use this service again:

1 ___________________________ 2 ___________________________ 3 ___________________________ 4
 never               probably not          probably so           without a doubt

7. I would refer friends and family to Louisville Seminary Counseling Center

1 ___________________________ 2 ___________________________ 3 ___________________________ 4
 never               probably not          probably so           without a doubt

Comments: _______________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Please return this form in the envelope enclosed.
Thank you for your assistance.

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Louisville Presbyterian Seminary
Incident/Accident Form

THIS FORM MUST BE FILLED OUT COMPLETELY AND IN DETAIL.

Date:________________________________________ Time of incident:__________________________ a.m. p.m.

Person Filling Out This Form (please print):__________________________________________________

PERSON

Name of person involved:_______________________________________________________________________

Home address:___________________________________________ Telephone:________________________

Was an injury involved:  □YES □NO If yes, fill out this section completely.

Where did the accident/incident occur?  ___________________________________________________________

Explain in detail what happened:  ________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

DESCRIPTION

Was medical help called?  □YES □NO

If yes, who provided care at the scene? (EMS, other) ______________________________________________

Was the person taken to the hospital?  □YES □NO

Was there any property damage?  □YES □NO If yes, please explain in detail.

_________________________________________________________________________________________

_________________________________________________________________________________________

WITNESS

Please list anyone who witnessed the accident/incident:

(name) (address) (telephone)

(name) (address) (telephone)

(name) (address) (telephone)

Name of person filling out this form: ____________________________________________ Date: __________________

(signature)

Please retain a copy of this form for your records.
Send the original form in its entirety immediately to Tim Williams, Director of Campus Facilities.
Although Louisville Seminary Counseling Center is not an emergency facility, at times clinical emergencies occur. The following procedure should be followed when client emergency events take place:

<table>
<thead>
<tr>
<th>Actions to be Taken</th>
<th>Completion Date</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The intern will immediately notify their clinical supervisor and the Clinical Director.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The Clinical Director will notify the MFT Program Director, the Administrative Assistant and student’s academic advisor to inform them that a clinical emergency has occurred.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The Clinical Director will contact the intern, the intern’s clinical supervisor within 24 hrs. of receiving emergency information to schedule a meeting to occur within 7 days.</td>
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<td></td>
</tr>
<tr>
<td>Meeting Date: _________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* See LSCC Manual Responding to a Clinical Emergency regarding content of meeting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The Program Administrative Assistant will help coordinate the flow of information, file documentation and closing of the client’s file, if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. An assessment of need will be made collaboratively by the intern and the clinical supervisor to establish a wellness plan for the intern and others immediately impacted by the event.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan: ________________________________________________</td>
<td></td>
<td></td>
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<tr>
<td>_____________________________________________________</td>
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<td></td>
</tr>
<tr>
<td>6. The intern’s clinical supervisor will continue to assess and consult with the intern regarding their emotional, spiritual, and physical well-being and explore other appropriate resources, i.e., referral to counselor or spiritual director, material resources available, continued assessment of intern’s self-care. The Clinical Supervisor will consult with the Director of Clinical Training regarding the intern’s well-being and whether the intern is able to continue in clinical practice at this time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. This document will be added to the student file by the MFT Program Administrative Assistant.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Policy Accepted: March 14, 2011; revised 8/2016
Louisville Seminary Counseling Center
Instructions for Portable Digital Cameras

To turn on: Open the LCD screen

To record: (Make sure the green light above the battery pack is on video and not picture. To turn the video light on, click the mode button on top of camera.)

Push the RECORD button (red button) located on the right side of the camera.

To stop: Push the RECORD button again.

To play back: Tap the LCD screen; PLAY icon will appear on the lower left side of screen

Tap the PLAY icon; a menu screen will appear, session will be in the main box.

Tap on the session to play.

To delete: Touch MENU; menu screen will appear.

Touch DELETE; confirmation screen will appear with 2 DELETE options.

Touch DELETE on the left side; confirmation screen will appear.

Touch YES; confirmation screen will appear.

Touch YES.

To get back to main record screen:
Touch the camera icon on lower left screen.

To turn off: Close LCD screen.