

COUNSELORS HANDBOOK



CHRISTIAN THEOLOGICAL SEMINARY COUNSELING CENTER 1050 W. 42nd Street, Indianapolis, IN 46208

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Foreword

The CTS Counseling Center handbook has been written to serve as the guide for those providing service here at our Counseling Center. This handbook contains general information and guidelines, but is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described. If you have questions concerning a particular policy or practice, you should address specific questions to your supervisor or the clinic director. The procedures, practices, and policies described here undergo regular revision to maintain relevance and accuracy. While every reasonable effort has been exerted to assure that the information contained in this handbook is up to date and accurate, changes to policies and procedures periodically occur. Such changes and/or modifications will be distributed via mailboxes, community meetings, and/or electronically. Those changes will become official policy effective on the date of distribution unless otherwise stated. Failure to take note or make changes will not relieve obligation to be in compliance with the revised policy.

Overview

The CTS Counseling Center provides counseling services conducted by counseling interns and residents for individuals, couples, families, and children. The Marriage and Family Therapy MA Program is accredited by COAMFTE, affiliated with AAMFT. The Clinical Mental Health Counseling MA Program is aligned with CACREP standards and the professional orientation of the American Counseling Association (ACA). The American Association of Pastoral Counselors (AAPC) accredits the Counseling Center as a training center which includes both counseling programs.

The center offers a wide variety of services, including:

- Ongoing Groups
- Individual Counseling
- Marital and Family Therapy
- Psychodynamic Psychotherapy
- Mental Health Therapy
- Relationship Counseling
- Grief and Loss
- Spiritually Integrated Counseling
- Psychiatric Assessment and Consultation
- Psychological Assessment
- Parenting Issues
- Child and Adolescent Issues
- Anxiety
- Depression
- Stress and Tension
- Self-Harming Thoughts
- Domestic Abuse
- Play Therapy

History

CTS Counseling Center

- Established in 1967
- Moved into 1050 building in 1997
- 18 Therapy rooms equipped with digital recording capability
- AAPC Approved Training Center for both the MACMHC and MAMFT programs
- Average of 30-36 Practicum/Internship Students, 12 Graduate Residents, and 14 Supervisors with years of valuable clinical experience as well as training experience
- Psychiatric Services available one day each week
- Medicaid/Medicare Eligible Services available
- Participate in National Depression Screening Day
- Provide Couple's Checkup in February
- Provide Depression Screenings at the Indiana Black Expo
- Our counseling students have provided service at The Martin Luther King Jr. Center, Adult and Child, Cummins, The Women's Prison, The Girl's School, Plainfield Rehabilitation and Education Facility, Fathers and Families, KIPP School, Jesus Metropolitan Community Church, National Alliance for Mentally Ill and we continue to grow in whom we service in our community.

Mission

The mission of the CTS Counseling Center is to provide a distinct advantage to practicum/internship students with an on-campus mental health clinic which also offers a unique opportunity for counselors/therapists seeking licensure to experience direct client care and on-going professional development within our post-graduate residency program. Through quality supervision and authentic engagement in a transformational community we strive to encourage, strengthen, challenge assumptions, and cultivate therapeutic excellence and spiritual integration in preparation for a variety of clinical careers.

*For profession specific codes of ethics, please refer to Appendix

COUNSELING CENTER CLOSINGS

The building is customarily closed on holidays; however, the counseling center may remain open to serve clients. The president reserves the right to adjust the holiday schedule as necessary, but generally, holidays include:

Independence Day
Labor Day
Thanksgiving Day & the Friday following
Christmas Eve through New Year's Day
Martin Luther King, Jr. Day
Maundy Thursday & Good Friday
Memorial Day

The clinic director will send announcements confirming all scheduled closings prior to dates of closing.

Counseling Center Handbook Acknowledgment and Receipt

I have received a copy of the CTS Counseling Center Handbook.

This handbook describes important information about the Christian Theological Seminary Counseling Center, and I understand that I should consult my supervisor or counseling center staff regarding any questions not answered in the handbook.

This handbook and the policies and procedures contained herein supersede any and all prior practices, oral or written representations. I understand that any and all policies and practices may be changed at any time by CTS Counseling Center. While every reasonable effort has been made to assure that the information contained in this handbook is up to date and accurate. It is the counselor's responsibility to keep current with modifications to counseling center policies and procedures that periodically occur. Such changes are so distributed via email, mailboxes and/or community meetings. These distributed changes become official on the published dated noted on the medium of distribution. Counselors are responsible for making note of change in their copy of the handbook. This does not relieve the counselor of obligation to be in compliance with the revised policy.

I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Signature

Printed Name and Title

Date

TO BE PLACED IN PERSONNEL or STUDENT FILE

Welcome to the Counseling Center!

Statement on Experiential Learning

The faculty and staff of CTS Counseling Center are dedicated to the personal growth and development of their students. We consider personal and professional development to be at least as important as the educational development of the counselor/therapist. The helping professions require that the use of self be fully integrated into therapeutic processes, and therefore, the personal characteristics of counselors/therapists are as critical as the knowledge and skills related to “being” effective counselors/therapists. There will be an emphasis in many of your courses on identifying and exploring personal issues, and concerns, especially those which may impede your effectiveness as a counselor/therapist. For example, you will have opportunities to identify your personality style/development or family of origin issues and explore how your experiences around these affect your current life and how any personality dynamics or unresolved family-of-origin issues can potentially affect your work with clients.

It is not uncommon for people in our profession to feel uncomfortable with a focus on personal development even though, as counselors/therapists, we ask others to do that all the time. We believe it is essential to engage in such personal growth. Personal self-disclosure therefore, is, part of your coursework but only you can decide what aspects of your personal life you are willing to share. Creating comfort may not be the desired goal in your courses, yet creating safety is. The faculty and staff are committed to creating a safe environment in which you can address personal concerns. We encourage you as a counselor/therapist-in-training to stretch and to risk more with us and your student colleagues than you might normally be prepared to do. In general, self-reflection is worth the discomfort in terms of the growth it can produce for you, and it adds to your ability to be helpful to others.

Clinical training requires a different skill set than academic courses; for some learning this new skill feels awkward and sometimes frustrating ~ it is also an exciting, inviting time in your training. So, be patient with yourself, and be open to “not knowing” and use that as an opportunity.

First Steps Checklist as you enter the Counseling Center Community

- Be sure to read through this handbook in its entirety to understand the counseling centers policies and procedures.
- Ensure you are properly set up with access to CTS technology (i.e. iRecord, InsideCTS, Voicemail, etc.).
- Ensure contact and emergency contact information is submitted to enter into user profile in PIMSY.
- Obtain voicemail extension and set up your CTS voicemail via instructions provided in handbook.
- Provide schedule availability, interest and preferences to clinical coordinator for client assignments.
- Get acclimated with the location of the building, the rooms and where your mailbox is located.
- Become familiar with our electronic medical records system, PIMSY.
- Learn how to contact your individual supervisor for those cases they need to be contacted and/or the supervisor on call for clinical emergencies.
- Connect with your “buddy” to help guide you through the first few weeks.
- Before your first session, be sure to understand the policy on reporting child abuse and on suicide assessment and response.
- Be sure to have completed all initial paper work requested from Clinic Director including liability insurance.
- Schedule time with Administrative Project Coordinator, Billing Coordinator and Clinical Coordinator to go over specific procedures that will assist your onboarding process.

Practicum/Internship Overview

The Counseling Center Practicum/Internship is a 5 semester (MACMHC) or 5-6 semester (MAMFT) clinical training experience that includes weekly individual and group supervision (at least 3 hours per week), 6 hours per semester of external clinical education didactics beginning in the 3rd semester and up. It is an expectation that students will maintain a case load averaging at least 5 counseling session/week with 400 face to face sessions for MACMHC students and 500 face to face sessions for MAMFT students required for graduation. Students are required to see clients at the CTS Counseling Center during the first two semesters in the MACMHC program or the first year in the MAMFT program but may supplement their clinical hours with sessions at pre-approved off-site placements in later semesters.

The CTS MAMFT program is accredited by COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education). The Clinical Mental Health Counseling MA Program is aligned with CACREP standards and NBCC course content areas, and the professional orientation of the American Counseling Association (ACA). The practicum, internship and advanced internship training for both programs is certified by the American Association of Pastoral Counselors (AAPC). For more information about these organizations go to their respective web sites: AAPC (www.aapc.org), AAMFT (<http://www.aamft.org/about/COAMFTE/AboutCOAMFTE.asp>), and ACA and its divisions (www.counseling.org). Local affiliates are [ICA](#) and [IAMFT](#). Students are encouraged to become members of their respective professional organizations.

In addition, CTS is a fully accredited member of the Association of Theological Schools and the North Central Association of Colleges and Schools.

Requirements for Admission to Practicum

Students can apply for admission to practicum after completing P531 Human Growth and Development, P637 Psychopathology and Assessment, and either P510 Theories of Counseling, Psychotherapy, and Personality and P511 Counseling Skills and Helping Relationships in the MACMHC program or P520 Introduction to Marriage and Family Therapy in the MAMFT program. Students choosing CPE as an elective must complete CPE before entering practicum. MFT students can receive up to 100 hours of alternative hour's credit for CPE not used as course electives upon prior approval of the MFT Program director. Further, dual degree MDiv/MACMHC and MDiv/MAMFT students must complete one year of SCOFE before applying for practicum.

Students are accepted for practicum based upon successful completion of role plays as a screening process. Concerns that arise during those role plays may be addressed through additional evaluation and remediation as determined by the counseling faculty and clinic director. If the student is unable to remediate the concerns, the student will not be admitted to practicum and may be advised to withdraw from the program. Entering cohort groups are normally limited to six students for fall and spring and four persons for summer. Priority is given to students who have the greater number of completed semester hours. Practicum admission is based on limitation of the cohort group due to available supervision in order to provide a conducive learning environment. All MA counseling students will normally be required to enter practicum no later than the 4th semester of coursework.

Ethical Standards and Confidentiality

Confidential Information

Disclosure of confidential information is detrimental to the reputation and professionalism of CTS and may be illegal. Unauthorized disclosure of confidential information is not only unprofessional, but also demonstrates a failure to respect the rights of others. Such disclosure may result in discipline, up to and including immediate dismissal.

Our clients and other parties with whom we do business entrust the company with important information relating to their business. It is our policy that all information considered confidential will not be disclosed to external parties or to members of our community without a “need to know.” If there is question as to whether certain information is confidential, he/she should first check with his/her immediate supervisor.

This policy is intended to alert those who handle sensitive information to the need for discretion at all times and is not intended to inhibit normal business communications. If asked about a client by someone who does not have a release, the response should be, **“I cannot confirm or deny.”**

All inquiries from the media must be referred to Clinic Director.

Practicum/Internship Confidentiality

- Counselor/therapist-interns should never discuss their cases or clients with anyone outside of the CTS Counseling Center. Discussions regarding clients are limited to only CTS Counseling Center staff, faculty, supervisors, and current practicum or internship students within the confines of the center.
- Never discuss clients at the front desk or in open space of counseling center where clients are present; even if not using confidential information.
- It is not best practice to use a client’s full name or discuss a client via email or through technology. Our center disallows this form of communication, unless circumstances arise and it is director approved. Client charts:
 - Under no circumstances are client charts to be removed from the CTS Counseling Center.
 - Client charts should never be left unattended; they should either be with the counselor/therapist, or in the file cabinet. Be careful to not leave confidential information in counseling rooms after sessions or supervision. Also, be sure to log off or lock your computer terminals when you are not present.
 - Client chart documents are not to be photocopied and taken home.
 - Progress notes may be written away from the CTS site in PIMSY as long as client confidentiality is kept. Handwritten progress notes may be written but editing the notes to include client name or identifying features of client must be done at the counseling center. If counselor/therapist is using a flash drive for writing notes, etc., be sure that it is **password protected and encrypted**. Counselor/therapist should also destroy any saved progress notes, clinical assessment, etc. on flash drive or computer after it has been printed and placed in client charts in PIMSY.

Practicum/Internship Attendance

Practicum and Internship (“internship” in this handbook refers also to the advanced internship in the MACMHC program) are training in clinical work, which requires counselor/therapists to be reliable and dependable. More

importantly, practicum/internship supervision depend largely on process. When interns miss sessions, the process is disrupted. Therefore, practicum/internship attendance policy is as follows:

Attendance is required for all practicum/internship sessions, including group supervision didactics and individual supervision. Missing practicum/internship sessions, whether a full session or a partial session, except in cases of emergency, is not recommended. Missing more than any three practicum/internship sessions per group, during the spring and fall semesters, and more than two during the summer semester, means that a student will not receive credit for practicum/internship that semester. Missing more than any three partial practicum/internship sessions per group during a semester may possibly lead to the intern not receiving credit for practicum/internship that semester.

Purpose of Practicum/Internship

Counseling practicum/internship is field experience designed to synthesize classroom theory and coursework with supervised clinical experience in marriage and family therapy and pastoral counseling/psychotherapy. The MACMHC requires a total of 15 credit hours of counseling practicum (3), internship (9), and advanced internship (3), and the MAMFT require 18 credit hours of counseling practicum.

As part of the practicum/internship, the student will be expected to:

- Practice skills learned in previous and current coursework;
- Receive feedback on his/her level of effectiveness in supervisory groups and individual supervision;
- Learn what problems others are encountering as counselor/therapists in training and what solutions could be considered;
- Work with a variety of clients and presenting problems;
- Relate theory to practice;
- Begin the formulation of an applied theory of therapy and how change occurs;
- Research areas of professional interest;
- Work in an ethical and professional manner;
- Develop and refine active listening skills as evidenced by established rapport and a positive working relationship with clients;
- Develop and implement skills of completing a psychological history consistent with student's theoretical orientation;
- Make accurate clinical diagnostic impressions using the most current version of the DSM—required on all PDI's;
- Ability to conceptualize human problems;
- Develop treatment plans that will aid clients and that are consistent with current research of effective strategies for the client's identified problem area(s);
- Maintain an effective therapeutic process and relationship with client until termination of the treatment;

- Document therapeutic work in a way that meets the standards of practicum/internship, insurance and state requirements;
- Understand one's own personality, biases, and one's impact upon others in professional and collegial interaction; and
- Work toward graduation, certification and licensure requirements. Specific requirements for licensure or membership, by a professional licensing board/body, should be explored by the student in conjunction with appropriate program/accreditation guidelines.

Practicum/Internship Requirements

- 400 individual hours for MACMHC
- 250 individual hours / 250 relational hours (couples, family) for MAMFT.
- 150 hours of supervision for MACMHC and MAMFT students.
- Attend Monday practicum/internship group sessions
- Participate in weekly individual supervision, which includes providing completed progress notes, monthly client hours/log, videotaped sessions and any pertinent documentation or activity required by supervisor.
- Maintain a log of all client hours, didactics, individual supervision and group supervision hours
- Abide by professional code of conduct.
- Abide by the standards and requirements of HIPPA.
- Maintain client confidentiality.
- Maintain client charts with timely, accurate and necessary documentation.
- Attend weekly personal therapy. Failure to do so may result in suspension from practicum/internship.
- 3rd semester and up: fulfill 6 hours of external didactics/networking hours each semester; didactics/networking hours must be approved by Program Directors prior to attendance and documented by the last day of practicum/internship each semester.

Clinical Training

Descriptions of Practicum/Internship Supervision (both programs)

Individual and Group Supervision are a central part of the training in both programs. Faculty supervisors oversee supervision. For a description of administrative and training roles and duties, see appendix.

1. **Group Supervision-** Each semester all practicum/internship students must enroll in group supervision related to their program requirements (MAMFT students in at least three hours throughout practicum; MACMHC students in at least three hours in the first four semesters of practicum/internship, and at least two hours in the fifth semester, advanced internship) unless an exemption has been authorized or requirements are altered by program director or clinic director. Please consult with program director as to group requirements or see the program specific group requirements **grid** located in the **appendix**. Groups meet every Monday of the semester, including reading week. Students are also required to attend beginning of term practicum/internship retreats.

During group supervision, students benefit from participating in peer and supervisory feedback. Students are expected to be prepared with written materials pertaining to a case(s) if required by supervisor(s), share challenging and rewarding experiences working with clients, explore theories and concerns as they pertain to group topics and objectives.

Practicum/internship offers the following supervision groups. The Practicum/Internship Group Supervision Requirements Grid provided to incoming practicum students specifies which groups are taken by students of which program and in which semester. Some groups are taken by all students (Intro to Clinical Practice; Cohort Groups; Capstone Seminar); some are required to be taken by students of only the CMHC program (CMHC Intake; CMHC Continuous Case; Interdisciplinary; CMHC Group Supervision of Group Therapy; CMHC Professional Development) or the MFT program (MFT Conceptualization & Assessment; Professional Development MFT; MFT Live); and some groups, while primarily for students of one program, are open to students of another program with required approval by program directors: MFT Live is primarily for MFT students; CMHC Group Supervision of Group Therapy; Interdisciplinary.

Introduction to Clinical Practice – A two-day intensive formatted group taken directly before beginning other practicum groups or seeing clients. This group is designed to address the functions of this particular counseling center as well as dynamics of the field such as confidentiality, HIPAA regulations, appropriate recordkeeping and other professional development issues. The group is led by one supervisor.

Professional Formation Cohort Group– 1-hour weekly, 3 semester-long cohort group to address how therapist’s own development, transference and countertransference issues, style of relating, family of origin, etc. interact with beginning clinical work as an intern. The following diversity issues will also be addressed on a rotating basis: (1) Cultural Competency – to address counselor awareness of own cultural values and biases, of client’s world view, and development of culturally appropriate therapeutic interventions. (2) Spirit and Therapy – students explore the relationship between the client’s operational theology, the client’s pathology, the counselor/therapist’s operational theology, and the therapeutic steps needed to modify the connection between said theologies and the presenting problem. (3) Gender and Sexuality—students will explore LBGQT related issues, matters of sexism and heterosexism, and other gender and sexuality related matters as they relate to client and self.

CMHC Intake Conference – 1-hour weekly group to be taken the student’s first semester in practicum in which students present clinical material from intakes they have conducted, with the focus being on their technique in joining clients, making assessments of the kind of therapy modality best suited to the presenting problem

(individual, couples, family), assessment of appropriate referrals (suicidality/homicidality, hospitalization, support groups or recovery programs for addictions; psychological testing such as MMPI etc.), incl. duty to report child abuse etc., need for consultation with other professionals (release of authorization to obtain information about prior treatment; guidance counselors; etc.), formulating an initial diagnostic impression, and developing a treatment plan or treatment goals and client commitment to such a plan or goals.

MFT Conceptualization & Assessment – 1-hour weekly conference to be taken the second semester in practicum designed to examine how students go from gathering of intake information with couples and families to the development of a systemic formulation, achievement of an appropriate contract, and the implementation thereof.

MFT Live Supervision – 2-hour experience weekly group, in which live therapy is provided by a student in a relational case or individual case (multiple live cases may be observed). MFT interns take MFT Live all 6 semesters of practicum. Typically, two or more supervisors and six to twelve students are involved in the MFT Live supervision group.

CMHC Continuous Case – 1-hour weekly experience in which students present the same case in sequences of two or three consecutive weeks, with attention being given to how the longitudinal process of the therapy is being managed.

CMHC Group Group Supervision – 2-hour weekly, 2 semester experience to provide intensive training for students preparing to lead therapeutic group experiences. In the first semester, the supervision group will function as an experiential training group in group dynamics. The task of the group during this time, therefore, is to study its own behavior as a group in the here-and-now of the group's life and to seek to strengthen relationships in the group. The group may pursue this task in any way it so wishes, though it may find it useful to explore the ways in which authority, dependency, and intimacy are taken up, emotional roles are distributed and enacted, norms develop and are variously enforced, conflict is channeled, feelings of belonging and alienation emerge, and gender, race, and sexual orientation are constructed and used by the group. During the second semester, students are expected to serve as counselor/therapist-interns in groups of their own organizing or groups in organizations CTS has partnered with. For this period, the group will provide group supervision of the group therapy provided by students. This group can fulfill the LMHC requirement for group therapy. Led by 1 or 2 supervisors.

Interdisciplinary Case Conference – 1-hour weekly experience in which 2 supervisors representing different disciplines are present. Attention is given to the quality of therapy relationship that exists, contextual and cultural issues involved in the treatment, and the extent to which it serves the treatment plan and the client's best interests. Required for CMHC students, open, with required program directors' approval, to MFT students.

MFT Professional Development--A supervision group focusing on professional issues unique to marriage and family therapists including career niches for MFTs, developing a business plan for clinical practice, job search and interviewing guidelines, licensure requirements, and preparing for the MFT licensure exam. Students take this group the semester number 4-5 of Practicum.

CMHC Intern Professional Development - A meeting of all CMHC interns focusing on professional orientation and formation; networking; career opportunities in agency, group and private practices; licensure requirements and exam preparation; professional memberships in ACA and its divisions, AMHCA, ICA, etc.

CMHC Self, Countertransference, and Spirit – CMHC Capstone Seminar: A one hour weekly practicum seminar integrating use of self, countertransference and spiritual/theological reflection culminating in a Capstone presentation and an integrative paper in preparation for the Capstone presentation.

MFT Self, Systems, and Spirit--Capstone seminar for MFTs focusing on integration of self of therapist concerns, systemic issues, and spirituality in preparation for the Capstone presentation.

2. **Individual Supervision**- All practicum/internship students are required to meet with their individual supervisors for fifty minutes once a week. Supervisors are ethically and legally responsible for counselors/therapists in training as students are working under the supervisor's license. As such, students need to be especially respectful of supervisors' time and degree of responsibility. Students are responsible for scheduling weekly supervision, reserving rooms for supervision and providing supervisor with timely client documentation, videotaped sessions for review and discussion, issues related to client-counselors/therapist dynamics, counselors/therapist interventions, and any questions and concerns within the scope of therapeutic practice.

Quality supervision is critical to personal and professional growth. Supervision works best when the counselor/therapist-intern and supervisor have an effective relationship, which promotes openness, trust, and exploration.

The program director apprises students of supervisory assignments at the beginning of the semester. Typically, counselor/therapist-intern and supervisor work together for two or three semesters. After completion of first two or three semesters, student will be assigned a new supervisor. The student may request a specific supervisor, but a request doesn't necessarily guarantee the assignment. Program directors and clinic director strongly discourages requests to change supervisor during the course of a semester.

Personal Therapy for Practicum/Internship

All CTS counseling practicum/internship interns are **required** to participate in weekly personal therapy. Personal therapy is mandatory and essential for two reasons: self-care and experiential learning. Psychotherapy with a gifted clinician assists student counselors/therapists in working through problem areas in their own lives that may adversely affect clients and their own participation in an emotionally challenging training program; it provides a unique training experience that helps students understand the process of exploring the depth and interrelationship of systemic and intra-psychic features of human life.

It is incumbent on the student to select a counseling center approved counselor/therapist; program directors, supervisors or clinic director may be able to provide referrals for local counselors/therapists. CMHC students are encouraged to select a psychodynamic therapist (the Indiana Society for Psychoanalytic Thought lists psychodynamic clinicians at ispt-news.org). MFT students are encouraged to select an MFT therapist. There is one licensed therapist available in the counseling center for CTS students and practicum interns who work on a sliding scale. Supervisors, program director and/or clinic director may inquire about a student's involvement (not content) in therapy and may seek to verify intern's participation via the intern or intern's therapist.

Background and Reference Checks

A. *Practicum Background Checks*

As part of applying to the counseling practicum at Christian Theological Seminary, all applicants are required to have a criminal back ground check administered. This is a one-time check and will be valid through the duration of the program. However, if a student is suspended or discontinues the program and then wishes to return or re-apply, a background check may be required.

A criminal history will not in itself disqualify an applicant for a counseling practicum experience. Incomplete answers on the questionnaire, however, may disqualify an applicant. Dishonest answers will disqualify an applicant for a counseling practicum experience. Applicants who complete this questionnaire may be required to participate in follow-up interviews with the director of the counseling center and/or counseling faculty.

Personnel Files

- A. Practicum/Intern student files are kept in a locked file cabinet in the counseling center. For access to your files, please contact the Clinic Director
- B. Resident personnel files are kept in the business office.

Grievances

All formal complaints/grievances must be written and filed with clinic director. The director will attempt to resolve all disputes in an unbiased and timely manner. Procedures and remedies utilized at the director's discretion include, but are not limited to the following:

- The director will maintain a formal, confidential file of the complaint.
- The director will meet with all affected parties in an attempt to understand the nature, scope, and potential resolution of the alleged complaint. It is the goal of the director to conduct a meeting within five days of the filed complaint; however, exceptions may occur. Notes from the meeting will be maintained in the file.
- The director may also conduct a thorough investigation, which may include interviews with students, faculty and staff, written statements by parties involved as well as others who may offer substantiating complaints, consultation with faculty/supervisors and staff members.
- Remedies available to the director include exclusion of the offending party from certain parts of the program, grade penalties, probation, suspension, or expulsion from the practicum/internship program.
- The director in consultation with other faculty in Field V. will make decision as to the necessity for action and level of action required by director.
- If either party is dissatisfied with the director's decision, they may file a complaint with the academic dean of the seminary who may also consult with the academic council.

1. Complaints between students.

- It is recommended that a student who feels s/he has been treated in a manner which violates the professional code of conduct (see appendix) by another student, first seek to remedy the infraction by a direct and civil conversation with the offending student. If the matter is unable to be resolved, the clinic director should be apprised of the offense by the complainant; additionally, the complainant should provide a written explanation detailing the nature, time(s) and places the offense(s) occurred. The complainant should also include what actions were taken to resolve the issue.
- **Quality of care:** If a student believes another student has engaged in unethical treatment of a client, the student should file a written complaint with the clinic director. The complaint should include that nature of the offense and the means by which the complainant became aware of the offense.
- The clinic director will exercise grievance procedures cited in the aforementioned.

2. Complaints against students issued by faculty/staff.

- If a supervisor or faculty member believes a student has violated the professional code of conduct (see appendix), s/he will first attempt to resolve the matter in conversation with the student. If this conversation does not occur, or fails to resolve the matter, the supervisor/faculty member shall file a written complaint with the clinic director. If the faculty member/supervisor believes that client care is in jeopardy, s/he may bypass this step and contact the clinic director immediately.
- The director will convene a meeting with supervisor/faculty member and student within five days of receipt of written complaint. The director will exercise grievance procedures cited in the aforementioned.

3. Complaints by students involving faculty, staff, or supervisors.

- If a student believes that a faculty member, staff member, or supervisor has violated the professional code of conduct (see appendix), s/he should first discuss the matter with the faculty member or supervisor. However, if the student's complaint involves sexual impropriety, emotional duress or physical harm, the student should immediately report the incident(s) to the clinic director.
- Director will exercise applicable grievance procedures cited in the aforementioned.

4. Complaints involving clinic director.

If a student or supervisor believes the director has violated the professional code of conduct (see appendix), s/he should consult with a regular member of the counseling faculty. If the complainant feels uncomfortable approaching a regular member of the counseling faculty, s/he may file a complaint with the academic dean of the seminary.

Probation, Withdrawal, Suspension or Expulsion from Practicum/Internship

1. A student may choose to withdraw from clinical training after consultation with the clinic director and program director
2. A student may be issued a written warning and given two weeks to remediate the concern, then put on probation for an additional two, after which they may be asked to withdraw from clinical experience based on the following reasons:
 - Unsatisfactory progress as a clinician;
 - Failure to work cooperatively with supervisor(s);
 - Failure to abide by the policies and procedures of the clinic and the practicum/internship program.
 - Failure to maintain up-to-date documentation of client chart;
 - Failure to comply with attendance policies;

- Failure to maintain adequate client caseload;
- Failure to uphold the ACA, AAPC or AAMFT Code of Ethics;
- Failure to uphold HIPAA standards and requirements;
- Failure to cope with personal struggles in a manner that does not negatively impact work with clients; and
- Conduct unbecoming of a student enrolled in a seminary program or that is otherwise inconsistent with the seminary's Christian values or mission.

3. The action taken by the program will be consistent with the nature of the violation.

The director, in consultation with program director and intern supervisor, may create a probationary plan with measurable goals and outcomes to be achieved by the student within a designated amount of time. Violation of probations will begin with a warning documented by e-mail. If no improvement is made, after the time frame of probation, then withdrawal of program will be enforced.

Conditions Under Which a Counselor/Therapist May be Removed from Practicum/Internship

1. Any sexual activity with a client. Examples of prohibited verbal or physical conduct include, but are not limited to:
 - a. Direct or implied threats of a sexual nature;
 - b. Direct or indirect propositions of a sexual nature;
 - c. Subtle pressure for sexual activity, an element of which may be conduct such as repeated and unwanted staring or leering;
 - d. Conduct that discomforts, humiliates, and/or titillates in one or more of the following ways:
 - i. Personal comments of a sexual nature, except where clearly indicated as a necessary part of the therapy, of which the counselor/therapist's supervisor has knowledge and to which the supervisor has consented; or
 - ii. Inappropriate sexually explicit statements, questions, jokes or anecdotes;
 - e. Conduct that would ordinarily discomfort or humiliate a person at whom the conduct is directed, including one or more of the following:
 - i. Unwanted or unnecessary touching, patting, hugging, or brushing against a person's body.
 - ii. Remarks of an implicit or explicit sexual nature about a person's clothing or body, except where clearly indicated as a necessary part of the therapy, of which the supervisor has consented; or
 - iii. Remarks about sexual activity or speculation about a person's sexual experience, except where clearly indicated as a necessary part of the therapy, of which the counselor/therapist's supervisor has knowledge and to which the supervisor has consented.

2. Refusal to seek and/or maintain personal therapy when it is required by the supervisory staff.
3. Behaviors that are deemed disruptive to the work of the counseling center and/or the work of practicum/internship.
4. Failure to follow requirements related to client services required by the counselor/therapist's supervisor.
5. Absences in excess of normal vacations, sick days, etc.
6. Failure to maintain an adequate caseload.
7. Failure to maintain client charts in an appropriate manner, including appropriate intake documentation, progress notes, timely termination summaries, etc.
8. Other inappropriate or improper behavior, including but not limited to:
 - a. improper behavior directed toward oneself or other students, toward faculty, administration, staff, clients or property of CTS or toward the public;
 - b. violation of the law or of CTS rules and regulations;
 - c. conduct that would impugn the reputation of CTS;
 - d. conduct unbecoming of a student enrolled in a seminary program or that is otherwise inconsistent with the seminary's Christian values or mission.

Using CTS Counseling Center Resources

Voicemail

Every CTS practicum/internship student will be issued a voice mail box upon entering practicum. It is your responsibility to initialize and setup an appropriate greeting. If you have any questions please reach out to your assigned "buddy", IT or ask a member of staff to assist with further instructions.

It is your responsibility to check daily for messages from your clients. Calls are expected to be returned to clients within 24-48 hours.

It is required that client use this voicemail to contact you. Therefore, it is important that during the intake procedure you instruct your client on how to access your voicemail. General business cards are available at the front desk.

Clients should also feel free to contact the front desk at 317-924-5205 if there is an emergency, a crisis or need to get through to your voicemail.

Billing and Accounting calls should be referred to our Billing and Administrative Coordinator at 317-931-2307.

Clients can contact you directly through this number 317-931-2379 and enter in your extension if they would like to bypass the front desk.

Setting Up Your Voice Mail

_____ Your Extension (Make Note of Your Extension Here)

Setting Up Voicemail

How to record your Name and a Personal Greeting the FIRST TIME you access

Voicemail Functions

- **First Time Enrollment:**
- Press the **Messages** button on any phone.
- Press the * (asterisk) button
- When prompted, enter your ID (extension)
- Enter your default PIN _____ and press #.
- Follow the prompts, you will:
- Record your name
- Record a personal greeting
- Change your PIN
- If prompted for directory status, press #.

Check Messages *from another phone on your company's network:*

- Press the **Messages** button
- Press the * (asterisk) button
- When prompted, enter your ID (extension)
- When prompted, enter your PIN

Check Messages *remotely:*

- Dial 317-931-2379
- If you hear a recording or are not prompted for your ID, press #.
- When prompted, enter your ID (extension)
- When prompted, enter your PIN

Refer to document CTS Unity VM Handout for additional 'Menu Options and Shortcuts.

Counseling Center Grounds and Operations

Building Security

If you have access to the building after hours be sure that you follow all procedures for securing the building and that the door is locked after you enter and/or when you leave. We also ask that you obey the request of any security guard or facilities manager who may be working on CTS property - either in the building or in a parking area. If you have a question or concern about the request of a security guard or facilities manager, bring it to the attention of your supervisor or clinic director.

If someone is directly threatened or observes such a threat, call the police immediately. At no time should anyone attempt to restrain anyone. You may defend yourself and should if attacked, but the most important thing is to protect yourself or others in harm's way.

If a theft occurs, the first step should be to notify the Clinic Director so that multiple thefts could be prevented. If the community member finds it necessary to report the theft to the police, he or she needs to notify the switchboard of the call (the police often call back to verify the report). CTS maintains a public record of all reported crimes on campus through the Dean of Student's office.

Other Security

Employees, Residents, and Practicum/Internship students are held responsible for the equipment, supplies, confidential materials, cash or checks and other items of value entrusted to them, and they should take proper precautions to prevent the loss of these items. At the close of the workday, it is expected to lock all confidential files and cabinets and otherwise properly secure all equipment and supplies in the designated area.

Those occupying offices with windows should also be sure to close windows and blinds before leaving the office for the day. CTS accepts no responsibility for personal items stolen or damaged while on Seminary property. All care should be taken to ensure the protection and security of your personal items.

Suspicious Activity

Suspicious behavior or activity on campus may necessitate a warning to the CTS community. Should you feel any persons has suspicious behavior please inform the Clinic Director or a member of staff appropriately; to ensure recognition of counseling center members, name tags should be worn at all times within the counseling center. Also, all clients should be instructed to use the front doors to the building.

Building Hours

The Counseling Center building is open during the following hours:

8:00 a.m. - 9:00 p.m. Mondays through Thursdays

8:00 a.m. - 1:00 p.m. Fridays

9:00 a.m. – 1:00 p.m. Saturdays

Closed Sundays

The facility includes:

- Twenty private counseling rooms
- Child and play therapy area
- Personal meditation area
- Viewing rooms for supervision
- Space for professional and academic conferences
- Full ADA compliance

There is a handicap accessible entrance located on the east side of the counseling center building. It is a secure entrance and front desk staff authorizes access. An elevator with access to handicap accessible restrooms, the basement, second, and third floors is also located near the handicap accessible entrance. A floor plan of the counseling center is located in the appendix.

Emergency

For police, fire department, or ambulance from the counseling center, dial 911.

Counseling Center address is: 1050 W. 42nd Street Indianapolis, IN 46208

Counseling Center telephone number: 317-924-5205

Security Numbers

Butler Police (Emergency) 940-9999

Butler Police (non-emergency) 940-9396

CTS Maintenance

- Dick (Facilities Supervisor) 317-931-2391 or (cell) 317-223-9132
- Facilities 317-931-2390
- Contact front desk 317-924-5205 with facilities concerns. For urgent matters, contact facilities directly.

In Case of Accident or Injury

Despite our strong efforts to avoid them, accidents can still occur. We are equipped to handle routine cuts and abrasions. First-aid kits are located in the equipment room.

Everyone is encouraged to utilize the "universal precautions" procedures when dealing with emergencies involving loss of blood. If you become injured at work, regardless of the severity of the injury, report the incident to the clinic director immediately. A neglected injury - minor as it may seem - can become a serious problem if not treated promptly and properly.

If your injury is of a serious nature, or if you should become unconscious at work, we will call for emergency medical treatment or arrange for you to be taken to the nearest hospital. Please inform someone to dial **9-1-1** for an emergency vehicle.

Any job related injuries must be reported to the Clinic Director as soon as practical. We ask your cooperation in filling out the necessary medical forms and accident reports. Complete and timely documentation is necessary to expedite claim processing and to enable us to help assure a safe work place.

Fire Extinguishers and Alarms

Fire extinguishers and fire alarm boxes are placed in locations throughout the building and are inspected regularly. Only employees who are trained to operate a fire extinguisher should do so to avoid possible injury from improper use.

Fire Alarms, Weather and Community Response

Individuals should be aware of the most direct emergency exit from his or her work area and identify the location of the nearest fire extinguisher. To set off the internal fire alarm system, simply pull the lever on a fire alarm box

all the way down and then let go. If there is no immediate personal danger, the employee is asked to remain at the box until the maintenance staff arrives.

To report a fire to the Fire Department, call 911 on an outside line. To report a minor fire or suspicion of one internally, call one of the following: the Physical Plant Office -ext. 390; the Engineer's Office- ext. 391 or the Business Office-ext. 320.

A test evacuation will occur at least once a year, typically in the fall.

When the Fire Alarm Sounds

- 1) Assume that there is an actual fire in the building.
- 2) Turn off fans and lights, close the windows and file drawers, close off interoffice doors, leave the room and close the door.
- 3) Leave the building by the nearest exit and go as far as the street or the parking lot.
- 4) Stay clear of fire department equipment.
- 5) Assist visitors and new students in vacating the building.
- 6) Do not create panic!
- 7) Return to the building only after it has been determined that the emergency is over.

Designated tornado shelters at the CTS Counseling Center is the Basement away from any windows.

In the event of a threat of severe weather:

- Alert the Facilities Maintenance Department at 931-2390
- The Facilities Maintenance Department will assign one person to monitor and track the storm.
- Review safety rules and severe weather shelter procedures in the event that conditions become conducive for a tornado.
- When a warning sounds or a person in charge (PIC) notifies you, all persons should move to the basement of the building they occupy or at least to an inner area on the first floor (in an area where there are no windows, e.g. hallways, etc.).
- Close and lock all areas containing money including safes.
- Shut down all computers and electrical equipment that might be damaged as time permits.
- When the warning is over, the Facilities Maintenance Department will notify persons in each building by phone, E-mail, or in person.

If you are inside, go to the shelter nearest your location that you have previously chosen. Once you are in your shelter, stay away from windows. Go to the center of the room; corners attract debris. Stay away from auditoriums, cafeterias, large hallways, and other places with wide-span roofs. Get under a piece of sturdy furniture—a desk, table, workbench—and hold on to it. Put your arms over your head and neck to protect yourself from glass and other flying objects.

If you are caught outdoors: Try to get inside. If that isn't possible, lie in a ditch or a low-lying area, or crouch near a large building. Protect your head and neck. Never try to out-drive a tornado. Get out of the car immediately. Take shelter in a nearby building. If you can't get to a building, get out of the car and lie in a ditch or low-lying area

Community Response

1. PCC staff will lock outer doors and direct patrons, staff and counselors/therapists to a safe location in the building.
2. Help Desk, Facilities and Communications staff will keep the community informed via e-mail and CTS Text Alerts concerning the nature and status of the situation.

All Clear

Once the situation is under control, Help Desk, Facilities or Communications staff will issue an "All Clear" message via Text Alert and e-mail message.

1. Text Message: "All Clear. Please resume normal activity. Additional information will be communicated through CTS E-mail.

Liability and Building Safety

- **Never leave children under the age of 16 unattended in waiting areas**, counseling rooms, play therapy rooms, or anywhere else in the building. Should there be a client or client family member who is disruptive and/or in need of supervision, a counseling center staff will communicate this concern to the counselor/therapist.
- Clients and guests of counselors/therapists should not be allowed in the basement area and this includes vending area. This is absolutely a restricted area due to counselors/therapists' conversations and exposure to client charts and confidential information.
- Counselors/therapists **must not** transport clients to a psychiatrist's office, inpatient facility, or requested location. Liability insurance does not cover such activity. It is suggested that a family member or friend transport clients. In consultation with your supervisor, you may, however, follow a client or meet them at the facility. If a client is a risk, please consider contacting police or emergency medical personnel (ambulance) for transportation.
- **COUNSELORS/THERAPISTS AND CLIENTS ARE TO BE OUT OF THE BUILDING BY 9:00 PM (M-TH), 1:00 PM FRIDAY AND 1:00 PM SATURDAY.** Be sure to schedule clients and manage time to comply with this policy.
- If at any time a client becomes unmanageable, abusive, or violent, call 911 immediately.

Parking

As a courtesy, reserve parking spaces closest to counseling center for clients by parking vehicles in spaces further away from center.

Solicitations, Distributions and Posting of Materials

Any distribution or postings should be approved by clinic director prior to dissemination.

Responsibilities and Requirements for Counselors at Christian Theological Seminary

Record Keeping

1. Client charts must be completely kept up to date and information accurately entered into electronic charts (Changes in address, phone number, insurance coverage etc.).
2. Terminations must be kept current and completed properly.
3. All appointments must be entered into electronic system upon scheduling.
4. Progress notes must be completed within 48 hours of session.

Communication

1. Adhere to practicum/internship/residency attendance policy (punctuality and absences of sessions and supervision). Notify Clinical Coordinator of planned vacations and note information regarding coverage on your voicemail.
2. Check voicemails/mailboxes regularly to follow up with internal and external communications.
3. Encourage your clients to use voicemail system to leave messages for you.
5. Make calls to cancel/reschedule clients when you need to be out or the center is closed.
6. Be professional and respectful of support staff, supervisors, faculty and directors.

Use of Center Space

1. Meeting Room Manager at mrm.cts.edu is used to reserve meeting space community rooms. PIMSY is used for client sessions in all rooms.
2. Keep in mind community workrooms are a part of our functioning space; be mindful of voice volume, and please keep common spaces tidy by cleaning up after yourselves.
3. Indicate that the room is in use by sliding the room “occupied” door signage in place. When session is finished, always turn off iRecord at the end of a session; change the door signage to “vacant.” **Be sure to finish session on time and** please return each room to its standard setup prior to exiting the room.

Decision Making Skills

1. Adhere to ethical, legal and HIPPA regulations.
2. Utilize self-reliance and center resources (handbook) in most situations. If you are still needing assistance you may always reach out to staff or directors after initially thinking through a problem.
3. Please consult with clinical staff or supervisors about clinical issues. Do not consult with front desk staff, if you cannot find anyone and need assistance ask them to assist in finding on-call supervisor.

Professionalism and Dress Code

1. It is important for each counselor to project a professional image to visitor, clients and others. Counselors are expected to use good taste and judgement in choosing appropriate clothing while in the Counseling Center recognizing a counselor/therapist’s appearance can impact the therapeutic relationship and reflects our organizational culture. The following represent basic dress code guidelines for the CTS Counseling Center. Counselors/therapists must be clean and well-groomed. Grooming styles dictated by religion and ethnicity aren’t restricted. All clothes must be vocationally appropriate. Therefore, clothes that are too revealing, typical in workouts, outdoor activities, or sleeping should not be worn while providing therapy. Clothes should be clean and in good shape without prominent rips, tears or holes. Counselors/therapists must avoid clothes with stamps that are offensive or inappropriate.
2. Speech in public areas; particularly that in which can be overheard by clients and general public (I.e. Hallways, lobby, etc.) should be appropriate. Under NO condition are clients to be discussed in such areas. Clients names should not be mentioned in areas that be heard by others. Cases and other supervisory situation should on be discuss clients with door closed.

Getting Started

Buddy System—All incoming practicum students will be assigned a buddy to help with the transition into the clinic experience. Please note that the buddy has volunteered his/her time to assist with the transition into the practicum experience. The buddy commits to an entire semester to support an incoming practicum student. S/he will acquaint the new student to the facility, protocol, paperwork, administrative tasks and functions of the clinic. Please utilize your buddy for assistance with the following:

- Voice mail set-up (see appendix)
- Mailboxes-located in basement work room (wooden cabinet). Staff will assign and label student mailboxes.
- Client (active and terminated) file cabinets-located off the main workroom in basement.
- Lockers- located on the west end of the basement. Practicum/Internship students may claim any unused locker. Securing the locker with a lock is student's responsibility.
- Facilities- see appendix for floor plan. Have buddy provide a tour of the building.
- Videotaping session/recording equipment (iRecord). See appendix for instructions.
- Meeting room manager- software used to reserve rooms. See appendix
- Electronic Medical Records System procedures and client chart requirements (when in doubt, check with most current Handbook to clarify accuracy of procedures)
- Billing and student hours tracking (client and supervisory) see appendix.

1. Observations- (Part 1) All incoming practicum students are required to observe three intake sessions conducted by an experienced practicum/internship student. Observations may be in person or viewed on video. At least one of the viewings must be live. It is recommended that new students complete their observation requirements prior to the start of the semester. The clinic director will not assign clients to new students until this task is completed. Steps for completing this task:

- Print copies of the observation form (download from InsideCTS or available hard copy in silver forms bin in equipment room).
- Contact the Administrative Project Coordinator and provide your contact information to connect you with other interns to enable you to view scheduled observations.
- Follow up with contacted counselor/therapist and determine if it is possible to observe his/her intake. Keep in mind, intakes have a 50% no show rate and the counselor/therapist must get permission from the client before session can be observed. Most clients are willing, but some are not—do not take it personally!
- Once a counselor/therapist has scheduled an intake and the client has agreed for his/her session to be observed, fill out the observation form and have the counselor/therapist-intern sign the form after session has ended.
- Students may also contact counselors/therapists to view recordings of past intakes with them. The same debriefing following the video viewing takes place.
- Once you have completed the Verification of Clinical Observation of Intake Form, turn in completed and signed observation forms to clinic director. S/he will put you on the docket to be assigned clients.

2. Observations-(Part 2) After the new student has completed his/her intake observations and has been assigned clients, s/he must have one of his/her intake sessions observed by an experienced practicum/internship student. It is recommended that as soon as an intake session is scheduled, the new student recruit an experienced student to observe his/her session. Be sure to identify what counseling room the session will take place and at what time. Following the session, discuss the experience with the observing student and solicit feedback.

3. Contact Clinic Director for Notification of Observation Completion (Final) -submit paperwork documentation to the clinic director for review. This will be an opportunity to for additional feedback or questions before you see your first client.

Client Management and Assignment

Client Management Procedures

Recommended Caseload- In order to complete the practicum/internship requirement of 400 client hours in the MACHMC program and the MAMFT program (200 individual and 200 relational for MFT students, and 100 hours met with reflecting team experience in introductory MFT courses) within five consecutive semesters in practicum/internship (*it is recommended that a student see no less than five clients a week. Students are encouraged to see up to ten clients a week if possible, but no more than fifteen clients a week. Certainly, a student needs to keep in mind the demands of his or her class work, home life and job when determining the number of clients s/he is capable of seeing.* Students should also consider administrative tasks, including clinical documentation required per each client when determining number of clients that s/he can realistically schedule. ***Rule of thumb is 30 minutes of administrative work per client each week.*** Keep in mind that time required for clinical assessments may exceed 30 minutes, especially when one is a beginning practicum student.

Client Preference- The Clinical coordinator will solicit counselor/therapist interest and schedule preferences that requires students to indicate times that they will have available to see clients. This should be updated every semester and student should notify the Clinical Coordinator, if availability changes at any time during the semester. In addition, the student should indicate areas of counseling interest in descending order. The clinical coordinator utilizes this information in concert with client requirements and requests when making assignments. Clinical coordinator also considers position of the student on client assignment rotation. *Please note, when a student declines an assignment, s/he goes to the bottom of the client assignment rotation.*

Client Assignment

The front desk will receive the initial call from the prospective client. The front desk staff will enter client's contact and demographic information, clinical concern, insurance information and forward chart to the clinical coordinator. The clinical coordinator will assess the case and assign the client to a counselor/therapist based on fit.

Notifications of new clients will be sent as an ALERT in the Electronic Records System and an email will be sent letting counselor/therapist know a client awaits them in PIMSY. Please refer to the manual for procedure on checking ALERTS.

Counselor/therapist must log in to PIMSY at least every other business day to view newly assigned clients and ensure they are called within 48 business hours of receipt. Prompt responses to inquiries are highly correlated with client retention.

Scheduling Client Appointments

The prospective clients must be contacted within 2 business days of being assigned to counselor/therapist. If the counselor/therapist is trying to schedule an appointment with a client from a home land line or personal cell phone, be sure to *67 the call. Counselor/therapist should protect his/her privacy and not provide clients with access to personal telephone numbers, and should not keep client phone numbers saved in personal devices since

they are not considered HIPPA compliant without the proper software added. Telephones are also located in the basement for counselor/therapist to use in scheduling appointments and communicating with clients. It is recommended that the counselor/therapist try to keep clients on a regular and consistent schedule. Changing days and times of appointments creates confusion and missed appointments. Consistency is therapeutic! Helpful Information to tell Incoming Clients

- **Please inform client to bring Insurance cards (if they have Medicaid) and a Photo ID**
- Client will check in at the front desk by signing in-please inform client to let staff know that they are new clients.
- If they have children to be aware that minors under 16 cannot be left unattended to be sure that proper childcare is set up to ensure they can keep their appointment.
- Come 15 minutes prior to complete paperwork

Be sure to schedule the appointment in the Electronic Records system. See the manual under scheduling.

Counseling Sessions

Intake Appointment

Counselors/therapists should always be on time for their appointments. The front desk is not responsible for calling you to let you know your client has arrived. Counselors/therapists should periodically check to see if client has arrived, meet client in the lobby, and escort client to the counseling room. Counselors/therapists should not ask front desk staff to send their client(s) to a counseling room. Counselors/therapists should also escort their clients to the lobby after their session. No unescorted clients are allowed beyond the lobby.

- Client will check in at the front desk by signing in
- Front desk gives client PDI (personal data inventory) paperwork. The Front desk sign in sheet also includes a column for your client to indicate if their insurance information has changed since the last visit, it is the counselor/therapist's responsibility to check the sheet for updates. Counselor/therapist will pick up new client packet located in the equipment room prior to the session time of scheduled intake.
- Counselor/therapist greets client in lobby, checks their client's name off the sign in with the HIPAA stamp, and escorts them to room.
- During intake session, intake documents **MUST** be signed by client and counselor/therapist.

Intake session - 90-minute, initial session with new clients. The purpose of the intake is to perform the following tasks:

- Complete necessary paperwork and ensure all intake paperwork is signed
- Take client psychosexual history/chart a genogram—usually takes more than 1 session to complete;
- Assess for suicidal ideation (see appendix);
- Assess for substance abuse (see appendix);
- Determine presenting problem;
- Determine goals and objectives of therapy;
- Setting boundaries/ therapeutic frame;
- Building therapeutic alliance; and
- Make diagnostic impression—a diagnosis is required to save a note in PIMSY

*If a client's needs exceed the level of services the CTS counseling center can provide (i.e. Client needs inpatient or wrap around services), consult with your supervisor and provide an appropriate level of care referral.

Research indicates that the typical intake session's time is distributed into the following chunks of time: 15% general conversation and presenting concern; 30% diagnostic inquiry including exploration of suicidal and violent thoughts and actions, other prominent symptoms; 15% medical history, social context, and family history; 25% personal and social history, functioning and impairment; 10% mental status examination; and 5% summarization of session, feedback to client, and planning for next meeting.

Intake Forms- The following forms are printed and packaged in the equipment room. However, if more forms are needed, these can be found individually in the equipment room in the silver bin or by accessing InsideCTS/Counseling Center Home. Students should review these forms prior to intake session. All members of a relational case should receive separate intake forms. Be sure to ask your buddy any questions about these forms. You may always ask staff for assistance after you have exhausted these resources.

- **Guidelines for New Clients-** This form is filled out by the counselor/therapist and it includes counselor/therapist's contact information (VM number and extension), agreed upon fee amount, and notification that appointments not cancelled within twenty-four hours of session will be billed at regular fee amount. **Counselor/therapist will give a copy of this sheet to the client.** Be sure to emphasize to client that the voicemail number should be used to make contact with the counselor/therapist, not the counseling center office number.
- **Authorization for Clinical Services-Consent for Counseling, Authorization of Recording and Use for Training and Research, Confidentiality Policies-** Counselor/therapist should review with client confidentiality policies and be sure that the client understands the counselor/therapist's ethical and legal responsibility to disclose to the proper authorities any reasonable suspicions of abuse, neglect, or injury of a child, elderly person, or a disabled person. Counselor/therapist should also be clear with client that as an intern s/he consults with a supervisor and that part of the consultation may require s/he to videotape sessions. **If client refuses to sign videotaping release, counselor/therapist will end the session. If client is stable then inform client that s/he will forward his/her case on to clinical coordinator for potential referral to a resident. (Residents are not required to videotape sessions.)**

If client is a minor, be sure to have his/her guardian or parent(s) sign the applicable sections on this form.

- **Fee Agreement-** Review this form with client and be sure to have client initial all areas indicated regarding fee agreement. If client is unable to pay the standard fee of \$99 for a 50-minute session, (Intake session fee is \$148.50) the counselor/therapist will need to determine the applicable fee by reviewing the income increments on the sliding scale and setting the fee. An 'increased subsidy' form may be completed, reviewed, and approved by individual supervisors in cases where client cannot afford the fee they qualify for on the sliding scale.
- **Consent for the Treatment of Minors-** If client is a minor, counselor/therapist should complete this form and have legal guardian or parent(s) sign.
- **Authorization for Release of Medical Record/Confidential Information-** If the client would like you to communicate with anyone for any reason about their treatment, they must complete this form. If the client has received previous counseling/therapy or had noted any significant medical treatment, the counselor/therapist should encourage the client to allow the counselor/therapist to have access to this information by having the

client complete and sign this release form. After completing this form, the counselor/therapist should fax or mail the request to the appropriate agency or persons as soon as possible.

Check out is required at the end of each session. Ensure you have scheduled your next session with the client, completed all intake paperwork, answered any questions, and make sure your client(s) has a copy of necessary documents. . Finally, take a payment for the session, deposit it into the green drop box, and check client out in EMR system. Please refer to electronic record procedures under session check out.

Credit Card Machine

The credit card machine is located in the equipment room. Each counselor/therapist is responsible for running their individual credit card payments. Instructions for Credit Card machine is located next to the terminal. Should the credit card machine become unavailable, please inform clients that you will need an alternate form of payment (e.g. personal check, cashier's check, or money order) or that you will need to defer that payment to the next visit and make a note on the receipt. **We DO NOT ACCEPT CASH.**

Post Appointment

- Review and enter missing demographic information into client details tab within client's chart.
- Submit your intake documents for scanning into clients charts
- Check to ensure documents have been uploaded within 48 hours of session
- Complete progress note and release to supervisor within 48 of session. (See Progress Notes section in electronic records procedure manual)
- Enter client's next appointment on electronic records systems calendar and reserve room.

Setting Fees, Session Length and Billing

Intake sessions, 90-minutes \$148.50

Regular sessions, 50-minutes \$99.00.

Fees should be pro-rated for shorter or longer sessions, e.g., 25 min = \$49.50, and 80 minutes = \$148.50)

Counseling Center cannot accept cash.

Types of paying clients: Self-pay, Medicaid, or Pro-bono.

Insurance claims for Medicaid clients is at full fee amount. Self-pay clients are charged based on a subsidized fee or sliding fee scale. Pro-bono clients are clients with Medicaid who are unable to be seen by counseling residents (due to availability) who are then seen by interns at no cost.

CTS uses a sliding fee scale, based on annual income to determine the self-pay fee amount. A fee scale sheet can be found in the equipment room in the silver file bin or online on Inside CTS, Counseling Center Home page. Have client sign fee agreement after fee is agreed upon. Issues around money and fees should also be part of the supervisory process. Be sure to discuss trepidations and resistance to charging clients with supervisor.

If a client's financial situation should change for the worse and s/he is struggling to pay the fee, client should complete the "Increased Subsidy Request" form. This form should be reviewed with your individual supervisor who will determine if fee reduction is warranted. Once signed and approved, this form must be scanned into the client chart. The newly agreed fee is then placed in the clients chart in the proper area. Comment should include subsidized rate amount and effective date of change. Please see fees section in the electronic record procedure manual.

- Effective date of change. Please see fees section in the electronic record procedure manual.

Clients should be informed that charges will be incurred for missed appointments and appointments not cancelled within 24 hours of appointment. The counselor/therapist is responsible for taking payments for sessions and missed appointments. **If a client fails to pay for two sessions, a counselor/therapist must discontinue services until the client has paid his bill in full.**

Other Clinic Processes and Procedures

Psychiatric Services

CTS Counseling Center makes psychiatric consultations available to clients of the counseling center. Our psychiatrist and nurse practitioner are available for consultation and medication management. Note: Only CTS clients regularly and consistently seeing their counselors/therapists (at least twice a month) are eligible to see the doctor or nurse practitioner. There are no exceptions even if a client is on medication. **Counselors/therapists are responsible to notify psychiatric assistant if client is non-compliant with regular therapy policy.**

Fees (no subsidy scale or private insurances accepted):

- Initial evaluation (1 hour)..... \$110.00
- ½ hour follow-up visit\$55.00

Guidelines for Psychiatric Services If a counselor/therapist determines that a psychiatric assessment is appropriate for his/her client and wishes to set an appointment with one of the psychiatric service providers, the following procedures must be undertaken by the counselor/therapist:

- a. Discuss case with counselor/therapist's supervisor. Clients must have attended a minimum of 3 therapy sessions before being eligible for our center's psychiatric services.
 - b. If supervisor concurs that a psychiatric assessment is appropriate, counselor/therapist should discuss with his/her client the possibility of consulting with one of the psychiatric providers as part of his/her treatment. If client agrees that a psych assessment/consultation may benefit his/her treatment, then counselor/therapist should discuss with his/her client the psychiatric fees, policies on missed appointments and required on-going therapy with the counselor/therapist. **Counselor/therapist should have the client sign the agreement for psychiatric services form and the client should understand that fees are not negotiable. Clients may make pre-payment arrangements for these fees. To do so, please see Psychiatric Assistant. This fee agreement is located client chart in the equipment room in the silver file bin.**
1. Counselor/therapist will review the Psychiatric Agreement with the client and have the client sign it; scan it to the confidential drive and then submit it to the Psychiatric Services Assistant.

Psychiatric Referral

- Counselor/therapist will submit a Psychiatric Referral Note (same as progress note, just select this on NOTE TYPE) in the electronic medical system. Please see Progress Note section for complete process.
- Once it is approved by supervisor, counselor/therapist will send a 'Psychiatric Service request' using the 'Request' function under the 'Utilities' tab to psychiatric services and specify that an appointment is needed in the remarks.
- If client is currently seeing psychiatric staff, you may also use the 'request' function to submit psychiatric service notes.

- Psychiatric Services Assistant will schedule the client. Counselor/therapist will receive an alert about appointment scheduled or a completed note will be filled out in the field of the request.
 - c. Within five to seven business days of receiving the request for an appointment will be processed and client will be scheduled to see one of the psychiatric providers, if all information is submitted properly. Counselor/therapist will be notified via PIMSY Alert or Request Note that an appointment has been made. However, this may not mean that the client has confirmed the appointment. It is incumbent on the counselor/therapist to confirm with his/her client that the scheduled appointment will work. Counselor/therapist should convey to client that appointments are hard to get and encourage the client to adjust their schedules if possible to accommodate the doctors or nurse practitioner's available times. Clients declining scheduled appointments could experience a delay in receiving psychiatric services. If, however, the client absolutely cannot make the scheduled appointment, they will need to inform the psychiatric services assistant
 - d. Once an appointment has been made and confirmed, a staff member will provide a reminder appointment prior to the scheduled appointment.
 - e. Counselor/therapist must have all client chart current before scheduled appointment. This means that an intake summary must be completed as well as all applicable progress notes.
 - f. All Medicaid clients are required to have a Psychiatric evaluation per Medicaid standards
 - g. Should a counselor/therapist, assistant or member of staff need to leave a note for Psychiatric Services please use the 'Request' function selecting the proper request type.

Urgency: If counselor/therapist feels that a client needs to see one of the doctors sooner than current schedule will allow, s/he must discuss with clinical director. Clinical director will determine if the client situation warrants overriding all other clients in queue to see one of the doctors. Counselor/therapist should also apprise his/her supervisor of the situation.

Transferring Clients- The need to transfer a client should first be discussed with the counselor/therapist's supervisor. Counselors/therapists may discuss with other counselors/therapists the need to transfer a case. This allows transferring counselor/therapist to determine if another counselor/therapist would be a fit or have interest in working with the prospective client. Transferring counselor/therapist will need to complete a transfer summary note in PIMSY. Once transfer summary has been approved and released by supervisor it may be transferred to the new counselor/therapist. The transferring counselor/therapist must notify clinical coordinator of new counselor/therapist and client pair by sending a request in PIMSY. Under no circumstances does a counselor/therapist transfer a case to another counselor/therapist without going through the proper channels. It is best practice for the transferring counselor/therapist and new counselor/therapist to conduct a shared session with the client(s) to help create a smooth transition of care.

Terminations/Closing Client charts- The decision to terminate may be jointly agreed upon by the client(s) and counselor/therapist or it may be a unilateral decision by the counselor/therapist typically resulting from clients not keeping appointments or violating other boundaries and conditions of the therapeutic frame. If a counselor/therapist is graduating or leaving the practicum/internship program, s/he should consult with his/her supervisor as to how the counselor/therapist should process his/her departure with a client. (E.g. Clients may experience the counselor/therapist's departure as a form of rejection.) Counselor/therapist should also discuss with his/her supervisor transferring the client another counselor/therapist. (See transferring clients)

If a counselor/therapist and client have mutually agreed that the goals and outcomes desired from therapy have been met, then the counselor/therapist should share with the client that s/he will simply be “closing” his/her file following the last agreed upon session. However, the counselor/therapist may want to extend his/her willingness to work with the client again in the future if the client’s circumstances should change.

A counselor/therapist may decide to terminate a client because the client has stopped coming to therapy, frequently no-shows, has not paid for sessions (limit is two sessions), or other boundary related incidents. The counselor/therapist should notify the client in writing that his/her case file will be closed on a certain date (two weeks from date of letter) unless the counselor/therapist hears back from the client. This termination letter is an important documentation and a copy should be scanned into the client’s chart. It is recommended that clients be terminated if they have missed three sessions without cancelling the appointments. If the client consistently cancels appointments, the counselor/therapist should discuss with his/her supervisor and determine course of action. If the client has not been in contact for more than 30 days, a termination letter must be sent and a client terminated after 45 days of no contact unless you have received approval from your supervisors. Avoid keeping open client charts who are not actively participating in therapy. If the client is being terminated and also receiving psychiatric services with one of our providers, their psychiatric provider must be notified and discontinue services as well. Be sure to inform the client of this.

In all of the above cases, the counselor/therapist must complete a **Termination Summary** (a template located in the drop down menu within ‘note type’). Be sure the writing is concise, professional and captures the course of therapy. This form must be released by the counselor/therapist’s supervisor before sending a request for termination in PIMSY.

Termination summaries should include a brief review of the client’s history and development and treatment progress. Counselor/therapist should also include diagnostic impression, progress made, interventions used, and client’s ongoing difficulties and goals. Quantifiable information such as date of intake, number of sessions, number of participants in therapy (i.e. spouse, family members), treatment modality, progress made and areas of heightened need.

Leading Support or Therapy Groups

CMHC students must take Group Supervision to lead a support or therapeutic group and MFT students must have approval from their program director. Each client within a closed group should have their own client chart with new intake forms completed. Open groups, share one chart. . Proposals to run groups must be approved by one’s supervisor, your Group Supervisor/facilitator (if applicable) as well as the clinic director. Proposals should include an informational guide for the counseling center website. Counselors are also encouraged to create a flyer in consultation with the CTS communications office to utilize for marketing. All flyers should have the CTS logo. . Once a group has ended, the group must be terminated.

Release of Mental Health Records- If a client or third party requests his/her mental health records, records **should not** be released without the client first completing and signing the **Authorization for Release of Medical Record/Confidential Information**. This form is located in the equipment room in the portable silver file. Counselor/therapist should discuss information released with client under the direction of their supervisor. To print notes, open the client’s chart, select the “notes” tab, and click “note report” and print. Must make note in the check list comments tab after sending forms that describes who information was sent to and when.

Policy on the Release of Mental Health Records of Minor Children to Custodial and Non-Custodial Parents - Indiana law* states that both custodial and non-custodial parents have equal access to their children’s mental health and general health records unless the provider (CTS) has actual knowledge of a court order limiting the non-custodial parent’s right of access. If CTS Counseling Center has no knowledge of, or

a copy of a court order prohibiting the release of information, it is the policy of CTS to release the mental health records of minor children to either parent upon receipt of a properly executed "Release of Information" form. *Indiana Code 16-39-1-7-a, "Child's health records: access to custodial and non-custodial parents," and Indiana Code 16-39-2-9-b. "Exercise of patient's rights by others: equal access to records."

Administrative Documentation:

1. Correspondence- All correspondence with clients must be done on CTS Counseling Center stationery. Stationery and envelopes are located in cabinets in the equipment room. Counselor/therapist should drop off materials to be mailed to clients at the front desk. The CTS business office will take care of postage.

2. Client Chart

- 1. All digital client charts must have Legal Name listed, DOB, current address, all insurance information updated, and emergency contacts**

Clinical Documentation

1. The Checklist/Comments tab; is a snapshot of client activity. Any contact made with the client by staff or counselor/therapist before a client is seen for a first session must be recorded in this tab. Any ongoing administrative notes, or matters not included in a clinical note such as requests from third parties for client file, must be recorded in this section as well.

- 2. Progress Notes-**A progress note is completed following every therapy session. It is strongly recommended that a counselor/therapist complete a progress note shortly after the session has occurred so that the content of the session is easily recalled. A non-billable progress note should also be completed if any other therapy related activity has occurred that cannot be summarized in the comments tab.

Progress notes function as a written synopsis and record of the counseling session. The counselor/therapist should discuss with his or her supervisor what type of clinical material to include. Some items that may be included in the notes are as follows:

- Summary of the content and process of the session
- Effect of the client
- Any significant changes since previous session, e.g. dress, hygiene, affect, etc.
- Any new historical information
- Any changes in diagnosis
- Treatment goals attained or changed
- Any indication of suspected abuse
- Themes and interventions in the session

Note: When writing progress notes, counselor/therapist may want to exercise as a rule of thumb or caveat: "What would my client think if he or she read my notes." Counselors/therapists should remember that client charts may be subject to subpoena, so be cautious when contemplating the inclusion of any damaging or incriminating information.

Logging Supervision/Off-site/Alternative Hours- All counselor/therapist interns are required to submit logged supervisory, off-site, and alternative hours at the end of each semester. During the semester these hours are logged on each their respective forms and signed by supervisors and program directors. Forms are submitted to staff by placing them in the 'counselors bucket' in the copy room on the last day of practicum/internship. To view updated clinical hour totals, go to your user profile and into the documents tab.

Supervisor Processes

1. Releasing Notes

You will see an alert when you have notes ready to be released, this is informational only. Acknowledge the alerts, save, and proceed to next steps. You should release ALL notes (including progress notes, termination/transfer summaries, clinical assessments) once they have been released for review by counselors/therapists within an 8 day window. This requires the counselor/therapist to complete the note within 48 hours.

To release notes see section Supervisor Processes section in electronic medical systems procedure manual.

2. Approving Supervision Hours

Supervisors will approve hours of supervision which they performed, by signing off the weekly supervision paper form during your supervision meetings. The supervisee will be responsible for keeping track of the forms and submitting to be uploaded into the PIMSY system at the end of each semester.

Departing CTS Counseling Center

While some situations are different, the typical way of exiting your clinical practice is as follows:

Notify your supervisor and the Clinic Director at the beginning of the semester that you plan on this being your last semester or when you know your last anticipated practicing date at the center.

An audit of your files will be conducted mid-semester so you are aware what you need to complete prior to leaving; all files must be completed before the registrar will be notified to release all of your paperwork for graduation or the business office to release final checks.

- Contact clinic director for a total of your hours; you must have at least 500 hours if you are MFT to complete your practicum requirement (250 of those must be relational for MFTs), 400 hours of practicum/internship/advanced internship if you are CMHC, and 150 hours of supervision. It is your responsibility to justify your hours total with the clinic director. Sometimes this process takes a few weeks, so it is suggested you start on this early.
- You will discuss with your supervisor what clients need to be transferred to another counselor/therapist and which ones will need to be terminated. Once this is determined, contact the counselor(s)/therapist(s) you'd like to refer to, and see if they have availability to take on more clients. This is best done by emailing them and their supervisor, and cc'ing your supervisor on it.
- In consultation with your supervisor, determine when to begin letting your clients know that you are leaving.
- If you are transferring, the best transfer situations are when you can introduce the client and new counselor/therapist to one another, so attempt to schedule enough time for that to be orchestrated.
- Write your termination and/or transfer summaries reviewed and released by your supervisor, and submit requests in PIMSY.
- Your last "official" act in practicum (MFT) or practicum/internship/advanced internship (CMHC) will be to fill out the "Hours documentation" form from the registrar, and have the clinic director sign off on it (it will not be signed until the center director does a satisfactory final audit) If in residency, you will complete an exit interview with clinic/residency director.
-

Congratulations!!!! What you saw as an overwhelming journey a short while ago, you have now completed!

Appendices

Professional Codes of Ethics

Access the Professional Codes of Ethics

As a counseling and training center we embody, uphold and adhere to multiple codes of ethics and their standards. They are as follows. Please see the link for the comprehensive detail in which they provide the information in its entirety or you may reference a hard copy that is provided in the appendices of the updated CTS handbook in center.

Professional Codices of Ethics

American Association for Marriage and Family Therapy (AAMFT)

CODE OF ETHICS

Effective 2012

[https://www.aamft.org/imis15/Documents/AAMFT%20Code 11 2012 Secured.pdf](https://www.aamft.org/imis15/Documents/AAMFT%20Code%2011%202012%20Secured.pdf)

American Counseling Association (ACA)

Code of Ethics

Effective 2014

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

American Association of Pastoral Counselors (AAPC)

CODE OF ETHICS

Effective 2012

[http://www.aapc.org/ templates/74/ code of ethics april 2012 web final.pdf](http://www.aapc.org/templates/74/code_of_ethics_april_2012_web_final.pdf)

Administrative and Training Roles and Duties

ADMINISTRATIVE AND TRAINING ROLES AND DUTIES

EXECUTIVE DIRECTOR

JOB SUMMARY: Provide administrative oversight of the Pastoral Counseling Center and its programs.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Implement CTS policy in the work of the PCC.
- Coordinate the work of the Counseling Center with the degree programs whose students it serves.
- Administer and coordinate the educational mission of the Counseling Center with the Program Directors, Clinic Director, and Residency Director.
- Act as liaison with the Dean and the Faculty concerning the relationship of the PCC and the academic functions of the seminary.
- Recruit or cause to be recruited the supervisory staff necessary to carry out the PCC functions.
- Provide administrative oversight of the Clinical Supervisors.
- Direct the marketing endeavors of the Counseling Center under the administrative oversight of CTS Communications.

CLINIC DIRECTOR

JOB SUMMARY: Supervise day to day operations of the CTS Counseling Center.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Plan processes and provide supervision for practicum and residency.
- Provide daytime backup for on-site student and resident clinical emergencies.
- Direct support staff
- Assist with coordination of clinical supervisors.
- Liaise with central administration on all matters relating to building maintenance, security, cleaning, etc.
- Optimize office utilization.
- Liaise with billing and collection providers.

PROGRAM DIRECTOR

JOB SUMMARY: Develop clinical training and supervisory experiences for students in the counseling programs.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provide academic advisement to counseling students
- Coordinate on-going evaluation of the counseling students

- Provide clinical supervision to practicum students
- Fulfill program-specific training oversight over practicum and internships, incl. off-site internships

CMHC FACULTY SUPERVISORS

JOB SUMMARY: Provide clinical supervisory oversight of practicum, internship and advanced internship, incl. group and individual supervision.

ESSENTIAL DUTIES AND RESPONSIBILITIES (specified by roles):

CMHC Counseling faculty members are involved in several aspects of the internship process: as Counseling faculty as a whole, as Faculty Program Director, and as Faculty Group Supervisors to interns.

Counseling Faculty as a whole:

Prior to entering practicum at the CTS Counseling Center, each student must apply to the Counseling Faculty for approval. The Counseling Faculty, in collaboration with the Clinic Director, will consider each student's application, with attention to successful completion of prerequisite coursework, satisfactory performance in the practicum role plays and results of the 16 PF personality test.

Faculty Program Director:

The CMHC Faculty Program Director is an integral part of all aspects of the internship process. The Faculty Program Director, in collaboration with the Clinic Director, orients interns to the practicum, internship and advanced internship, incl. to training requirements and evaluation of supervised clinical experience at the CTS Counseling Center and at off-site internships. The Faculty Program Director, together with other Faculty, orients supervisors to supervision requirements, standards, and processes of practicum and internship. The Faculty Program Director approves sites for off-site internships and off-site supervisors at the site in accordance with accreditation standards. The overall goal of the Faculty Program Director is to support the counselor-in-training and facilitate a positive internship experience.

Faculty Group Supervisors:

In accordance with CACREP standards, all interns of the CMHC program are required to meet for group supervision for a minimum of one and one-half hours per week, scheduled regularly throughout the semester. CMHC Interns at CTS meet at least twice that amount of group supervision during practicum and internship. Members of the Program Faculty conduct at least one and one-half hours of the group supervision per week at the CTS Counseling Center. The Faculty Program Director, together with other Program Faculty, each semester leads weekly supervisor meetings at the CTS Counseling Center. Supervisor meetings provide supervision of supervision to adjunct supervisors at the CTS Counseling Center for the individual and group supervision they provide to interns.

CLINICAL SUPERVISOR

JOB SUMMARY: Clinical Supervisor will provide supervisory services for our MA degree practicum students and post graduate residents. These services may include; individual supervision to a specified number of clinicians each semester, group supervision, and group live supervision. The clinical supervisor may be called upon to assist a student with an emergency of one of their clients.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- To provide supervision to our practicum students
- Assist students in integrating theory and practice with the counseling of their clients.
- To assist the clinic director in providing quality control in the delivery of services to clients by our student counselors, thereby holding to high standards in the training of our students.
- Sign off on clinical and supervisory hours of the students thereby guaranteeing the accuracy of those hours.
- To respond when called upon to assist a student with an emergency of one of their clients.
- Hold students accountable for professional and ethical conduct with their clients, case management, paperwork, and general functioning as a professional.
- Monitor whether students are taking personal issues that affect their work as a therapist to their own personal therapy, and whether students are going to weekly therapy.

SITE SUPERVISOR (CMHC Program)

JOB SUMMARY: CMHC Site Supervisors will provide supervisory services for our MA in Clinical Mental Health Counseling internship and advanced internship students. These services may include: orientation to the site; individual supervision; group supervision; evaluation. The site supervisor assists student interns with emergencies of clients of the site.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Agrees to and abide by the terms of the Off-site internship approval form.
- Maintains supervisor qualifications as outlined in the off-site internship approval form.
- Provides supervision to CTS internship and advanced internship students.
- Assists students in integrating theory and practice with the counseling of their clients.
- Signs off on clinical and supervisory hours of the students thereby guaranteeing the accuracy of those hours.
- Responds when called upon to assist a student with an emergency of one of their clients.
- Holds students accountable for professional and ethical conduct with their clients, case management, paperwork, and general functioning as a professional.
- Is available to meet with a CTS staff representative at least once per year.
- Provides an end-of-semester-evaluation to the program director.

CLINICAL COORDINATOR

JOB SUMMARY: Coordinate client intake, on-going client care, and discharge processes. Provide routine clinical audit processes within an electronic health records system. Offer support and periodic trainings to clinicians when questions related to clinical documentation arise. Respond, assess, and triage client concerns, crises, and grievances.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- In collaboration with clinic staff and counselors, coordinate client intake, on-going client care, and discharge processes.
- Assess and triage client concerns, crises, or grievances.
- Provide routine clinical audits and maintenance operations within electronic health records.
- Assist clinicians when questions related to client records in electronic medical records arise.
- Provide periodic training for clinic constituents on conducting clinical processes within electronic health record system.
- .

BILLING AND ADMINISTRATIVE COORDINATOR

JOB SUMMARY: Complete tasks related to counseling center's billing and accounting needs. Day-to-day responsibilities of a billing coordinator include preparing and submitting invoices through electronic health records system to ensure processing and payment; helping providers resolve issues related to payments by clients such as rejection; and communicating with therapists to coordinate revisions for resubmission. Other responsibilities may include fielding questions from clients and therapists about billing and cooperating with the Director of Business Affairs to ensure that counseling center billing and payment procedures adheres to the standards, guidelines, and deadlines set by the larger organization.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Oversee client payments (self-pay and insurance)
- Delineate and maintain documentation of client billing process
- Manage and perform billing processes
- Extracting invoices from PIMSY (electronic health record system)
- Claims submission via HeW (billing clearing house)
- Remittances and explanation of benefit receipt and resolution
- Provide reporting to Business Office for auditing purposes
- Provide trouble shooting help to therapists Interface with insurance consultant as needed

ADMINISTRATIVE PROJECT COORDINATOR

JOB SUMMARY: Responsible for day-to-day administrative support of counseling center activities; act as communication liaison between faculty, students and clients. Provide administrative and clerical support to counseling administrators. Supervise work study students.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Supervise clerical personnel and work study student coverage
- Provide secretarial assistance as needed: typing, filing, answering phones, etc.
- Communicate with third party requests for information (i.e. disability requests)
- Manage Psychiatric Services and GeneSight process
- Coordinate Medicaid/Medicare quality assurance and contract adherence.

- Facilitate preparation of orientation and on-boarding and exiting process of counseling center personnel including students, supervisors, and residents.
- Oversee building upkeep, and IT requests
- Maintain student files for completeness and compliance including liability insurance.
- Administrative support and other duties as assigned

ADMINISTRATIVE ASSISTANT

JOB SUMMARY: Part time position. Assist in maintaining the office as a pleasant space for clients and staff. .

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Answer phones and take messages, greet clients in a professional way.
- Prepares computer-generated reports as directed by Clinic Director.
- Verify clients are eligible for services for appointment.
- Contact clients by phone and confirm their appointment with the physician the following week.
- Write out client's receipts for medical appointments each, and may collect fees.
- Oversee work-study students who work the same shift.
- Liaison with Facilities Maintenance while on duty.
- Coordinates security issues with Butler Police when necessary.

COUNSELING CENTER WORK STUDY (Part-Time (60 hours Allotted))

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provide office support and administrative functions for center in shared lobby reception space
- Assist staff with various assigned projects
- Greet and assist clients, students and other visitors as they enter the lobby
- Assure that the desk area and the lobby are in order,
- Respond as instructed to get help in case of emergency
- Assist with setting up audio visual equipment.
- May require some lifting up to 25lbs
- Other duties as assigned and other support as needed

PROTOCOL FOR REPORTING ABUSE/NEGLECT

Policy on Reporting & Investigating All Cases of Suspected Child Abuse & Neglect

The state law of Indiana makes it mandatory for all individuals to report all suspected cases of non-accidental injury, unexplainable failure to thrive, sexual abuse, and physical neglect to Child Protection Services of the County Department of Public Welfare. No one has an option in the matter of reporting such cases for investigation. Reporting in good faith frees the reporter from any liability if the report proves to be unfounded. On the other hand, willful failure to report opens an individual to criminal or civil liability.

If disagreement arises between personnel as to whether or not a case of child abuse exists, the matter must be turned over to the Child Protection Services of the County Department of Public Welfare for evaluation and disposition.

Client charts and Records

Keep to the facts. Do not write feelings or impressions. Avoid generalizations when charting behavioral indicators. Give specific examples which have been observed.

Data collecting

- If it is necessary, interview a parent to determine the cause of a questionable bruise or injury.
- When collecting data, remember it is not your decision to decide who is responsible for suspected abuse or neglect. Therefore, no insinuations and/or verbal attacks are to be made.
- Keep the interview short.
- Ask how injuries occurred.
- Do not lie to anyone.
- Do not comment on the credibility of the story or stories.

Reporting Child Abuse and Neglect by Telephone

After checking with the individual supervisor and/or the Clinical Director and/or the Director, the counselor/therapist will telephone Child Protection Services to report suspected child abuse or neglect. All pertinent information will be given to Child Protection Services to establish the basis of the child abuse or neglect report, and to indicate severity of the problem, including:

- Identifying information: name, address, phone number of child and caretaker;
- Description of injuries/physical indicators; be as specific as possible regarding location, size and severity of physical injuries or conditions;
- If available, describe the caretaker's explanation of physical injury/condition and why it was found to be inadequate;
- Verbal reports made by the child, behavior of the child which may indicate abuse or neglect (give one two specific examples to clarify the point), any evidence of problems between the caretaker and child that have been observed; and
- Other pertinent information.

Reporting Child Abuse and Neglect in Writing

If requested by Child Protective Services (CPS) telephone reports should be followed up by a written report within 48 hours. Information to be included in the report should include at least the following:

- Pertinent history

- Pertinent physical findings
- Pertinent lab results
- Concluding statement on why those findings represent child abuse or neglect

A copy of the written report should be placed in the client's file.

Follow —Up

After 30 days, request a written report on the results of the investigation from Child Protection Services to keep the clinic up to date. Child Protection Services may make a follow-up report only to a hospital, community mental health center, referring physician or school or to the appointed designee of the above. Establish with Child Protection Services a protocol for follow-up reports.

Dealing with Parents when Reporting

A frequent cause of anxiety for counselors/therapists is the assumption that a parent or guardian must be told of a report for suspected child abuse or neglect. Health care providers are under no obligation to disclose the report to the parent/guardian, but under some circumstances, may feel more comfortable in doing so. Under no conditions should the parents be told if it is felt that this information would endanger the child or agency personnel.

Consider the following in dealing with parents/guardians:

- Consider whether to tell the parent or guardian of the report before calling CPS. Consult with your supervisor and/or a Counseling Center Administrator concerning the appropriateness of this.
- Avoid a confrontive stance. Stay calm and unemotional.
- Be direct. "Due to the unusual nature of the injury, I am obligated by Indiana State Law to file a report to child Protection Services".
- Consider having another professional act as a witness or to provide emotional support.
- Be reassuring and positive in attitude. "Child Protection Services is just that. It exists to protect kids and to serve families".
- If the parent adamantly denies abuse occurred, repeat your obligation under the law to report suspected abuse. "It isn't my determination to make. I am simply
- Under obligation by law to report injuries of this nature."
- Mention that it is in the parent and child's best interest to work cooperatively with Child Protective Services to clear up any misunderstanding.

REMEMBER — Mental health care providers, like every other individual in Indiana, have the legal responsibility to report suspected child abuse or neglect. Think of the report as a request for an investigation, not an accusation of bad parenting.

NOTE: IT IS THE POLICY OF CHRISTIAN THEOLOGICAL SEMINARY COUNSELING CENTER THAT ALL COUNSELORS MUST PROMPTLY REPORT ALL SUSPECTED CASES OF CHILD ABUSE OR NEGLECT TO THE APPROPRIATE AUTHORITIES UPON LEARNING OF A SITUATION THAT REQUIRES SUCH A REPORT. THE REPORT SHOULD BE MADE BOTH VERBALLY (BY PHONE) AND SUBSEQUENTLY IN WRITING IF CHILD PROTECTIVE SERVICES REQUESTS A WRITTEN REPORT. COUNSELORS MUST CONSULT WITH THE CLINICAL DIRECTOR AND/OR THEIR INDIVIDUAL SUPERVISOR ABOUT THIS REPORT; HOWEVER, IF SUCH A CONSULTATION CANNOT BE ARRANGED IN A TIMELY MANNER THE COUNSELOR IS NOT RELIEVED OF THE OBLIGATION TO MAKE THE REPORT TO THE APPROPRIATE CHILD PROTECTIVE SERVICE. FAILURE TO FOLLOW THIS GUIDELINE CAN RESULT IN SUSPENSION OR TERMINATION FROM THE PRACTICUM/INTERNSHIP.

CTS Practicum/Internship Group Supervision Requirement Grid

2016-2018 CTS Practicum/Internship Group Supervision Requirement Grid

Group Name	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	CMHC hrs	MFT hrs
Intro. to Clinical Practice 1 st sem., all students	CMHC MFT					1	1
Professional Formation Cohort 1 st , 2 nd , and 3 rd sem., all students	CMHC MFT	CMHC MFT	CMHC MFT			3	3
Capstone Seminar 5 th or/and final sem. as offered, all students					CMHC MFT	1	1
Intake 1 st sem., CMHC	CMHC					1	
CMHC Professional Development All CMHC sem.	CMHC	CMHC	CMHC	CMHC	CMHC	5	
Group Group 2 continuous sem. after 1 st sem., CMHC (Open to MFT with Program Director's approval after 3 rd sem.)		CMHC	CMHC			4	
Continuous Case 1 sem. 2 nd -5 th sem., CMHC (AAPC requirement)				CMHC		1	
Interdisciplinary* 1 sem. 4 th sem. CMHC (CBT; Play Therapy, EFT rotating every 3 semesters, AAPC requirement) Open to MFT				CMHC		1	
MFT Conceptualization & Assessment 2 nd half of 1 sem., 1 st yr. MFT	MFT						1
MFT Live All 5 sem., MFT (May substitute 2 sem. Group Group with Program Director's approval after 3 rd sem.) Open to CMHC	MFT	MFT	MFT	MFT	MFT		10
MFT Professional Development 1 sem. 2 nd yr				MFT	or MFT		1
Total						17	17

Revised fall 2016

CMHC Supervision Groups by semester

1st sem (Practicum)

1 Intro to Clinical Practice
1 Intake
1 Professional Formation Group Culture
1 CMHC Professional Development
4 hours

2nd sem (Internship)

1 Professional Formation Group Spirituality
2 Group Group
1 CMHC Professional Development
4 hours

3rd sem (Internship)

1 Professional Formation Group Gender
2 Group Group
1 CMHC Professional Development
4 hours

4th sem (Internship)

1 Continuous Case
1 Interdisciplinary (Play Therapy, EFT, CBT – beginning spring 2017)
1 CMHC Professional Development
3 hours

5th sem (Advanced Internship)

1 Capstone
1 CMHC Professional Development
2 hours

Plus possible elective supervision groups based on additional offerings