

MCPHAUL FAMILY THERAPY
CLINIC
OPERATIONS MANUAL
2008

THE UNIVERSITY OF GEORGIA

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IMPORTANT NUMBERS

	Office	Home	Cell
Dr. Jerry Gale	542-8435		
Dr. Lee Johnson	542-4821		
Dr. Stephanie Burwell	542-4897		
Dr. Maria Bermudez	542-3296		
MFT Clinic	542-4486		

MCPHAUL FAMILY THERAPY CLINIC

The McPhaul Family Therapy Clinic is a training and research center housed with the Department of Child and Family Development at The University of Georgia. Services are available to individuals, couples, and families. The clinic does not discriminate on the basis of race, color, religion, national origin, sexual orientation, age, income, physical or mental handicap, disability, or veteran's status in its service. Fees are calculated on a sliding scale based on family income.

Services are available by appointment only. The clinic is **NOT** a crisis center. Clients interested in receiving services need to contact the clinic office at 542-4486 and complete a telephone intake. The clinic is able to accommodate appointment times from 8 a.m. to 8 p.m. Monday-Friday. Remember, there is not a full-time person working those hours. Therapists are responsible for meeting clients. There are no childcare services available at the clinic. Clients may only bring children they wish to have in session and under their supervision at all times.

The clinic is located on the corner of Sanford Dr. and Carlton St. in the McPhaul Center. Parking is available to clients in the McPhaul Center Lot (lot S10) in designated "Family Therapy" parking spots. Parking permits are required and they may be obtained during the initial clinic visit.

Clients enter the clinic on the second floor. On this floor are two therapy rooms (205 and 207). The closet in room 205 contains the clinic's toy collection; the clinic's supply of coloring books and crayons are in the credenza in room 207. On this floor are also two observation booths (204 and 206), a restroom, and waiting room. The McPhaul Day Care program uses the other rooms on the second floor.

The third floor contains one therapy room (307), an observation booth (308), a conference room (301), a restroom, the clinic office (303), and the clinic administrative office (304). Room 309, the sunroom, is used for classes, clinic meetings, group supervision, and group therapy. The clinic's room assignment/appointment book is located in the observation booth (310). Room 310 also contains the clinic's microwave, refrigerator and coffee pot. Dr. Hsu uses rooms 305, 306, 311, and 312 for research. Some of these rooms include a toy room, an observation room, and an office.

GENERAL PROCEDURES

Calendar System

All scheduling of appointments is handled through a computer program called Corporate Time and its web-based counterpart, Calendar. Through this system, the Clinic Coordinator (CC) and Interns are able to schedule appointments on a calendar which therapists view online. Therapists are responsible for keeping their calendar up to date and viewing their calendar on a daily basis.

To open the calendar, go to <http://calendar.uga.edu>. You will see a log in screen. Enter your log in name and case sensitive password. DO NOT change this password. After logging in, you will see your calendar view for the week. At the top of the screen you will see small radio buttons that allow you to move ahead to see future weeks. Large square buttons at the top of the screen with a yellow dot, single yellow line, and multiple yellow lines allow you to view the schedule by day, week, or month. These navigation buttons also allow you to manage appointments, tasks, events, and notes.

Clinicians are responsible for noting and regularly updating the times they are available for appointments with clients. Each clinician is requested to have between 8-10 hours each week available for therapy (more if you are in need of hours). To indicate an open meeting (a time available for appointment), you will need to schedule a new meeting. To do this, open your calendar and click on the Appointment radio button. This will bring you to a new screen to propose a meeting. In the title line, write, "open" to indicate an open appointment. Leave the details and location section blank. Select the appropriate date and time.

Appointments with clients are scheduled in one-hour blocks, so it is important to schedule each open appointment for one hour. For example, if you are available to see clients between the hours of 3 and 6pm, you will need to create three open appointments. Leave the rest of the tabs set to the automatic choices. Select send email notification if you would like the system to automatically send you an email notifying you a meeting has been added. To make this appointment recurring (if you are available at the same time each week of a semester), click on Create Repeating Entry Panel while in the meeting view. From this screen you are able to select the frequency with which the meeting occurs and for how long it will recur on your calendar. When you are satisfied with the open meeting you created, click the Create button at the bottom of the screen. You have successfully created a meeting and your calendar will reload with the new meeting indicated. If you have selected email notification, a new email message will be sent notifying you of the scheduled meeting. Open meetings can then be modified by the CC or Intern when a client schedules an appointment.

The CC or Intern will schedule the first appointment with new clients. At the time the appointment is made, the system will automatically send a notification email to the therapist indicating the appointment date, time, and the client number in the body of the email message. A client's appointment will be scheduled no sooner than 24 hours. No personal information regarding the new client will be conveyed in this message. Once you have received this email message, send an acknowledgement email to

ftclinic@uga.edu.

If any time during therapy a client mentions suicide, violent behavior, abuse, or any legal issues the therapist must inform his/her supervisor immediately.

After the first session, therapists will schedule subsequent appointments with the client and update their calendar with the appointment. You **must** add this appointment to your calendar so as to avoid double-booking clients. If this does happen, the therapist is responsible for fixing the problem. To add a meeting with a client, follow the same procedure noted above for creating open meetings, except indicate the client number and session number as the title of the meeting. For example, if you are scheduling your second appointment with client number 20031, your meeting title would appear as "20031-2". **Please remember to record your session number.**

Clients who call the clinic to reschedule appointments will have their meeting time rescheduled by the CC or Intern. As in the case of first appointments scheduled for you by the CC or Interns, an automatic email notification will be sent to make you aware of the change in appointment time.

If you need assistance with operating your calendar or have questions, please visit <http://www.uga.edu/ucns/calendar/> or contact the CC.

Mailing(s)

Generally the CC will handle all mailings so that it is done in bulk. Place letters in the wooden box above the file cabinets in the C/C office and note "Please Mail to..." (and include the client's name & address).

Clinic Meetings

The CC, MFT faculty, and clinicians meet every month (excluding summer months). Clinic business is addressed at this time. Announcements can be made and any questions or concerns addressed. **These meetings are mandatory.** If you are unable to attend a clinic meeting due to an emergency you are still responsible for the information. Make sure you know what was discussed. If you would like to add something to the agenda for a clinic meeting, speak with the CC or the Director of Clinical Research and Clinical Services (Dr. Burwell).

Keys/Doors

The Department assigns clinicians three keys that provide access to the building, therapy rooms, observation booths, and clinic office. Filing cabinet keys are located in the therapists' office in the green box labeled "Keys" on top of the clinicians' shelves. See Diane Adams or Livia Wade in room 123 in Dawson Hall to check out keys. When you are moving from the Athens area or are no longer active in the clinic, you **MUST** return all keys to the Department office or you will be obligated to pay a significant fee to cover the cost of lock changes.

Leaving/Locking Up

If you are the last person to leave at ANY time during the day, please make sure all the doors to rooms containing electronic equipment, the clinic office door, and the front door are locked. All doors require a key in order to be locked, except the clinic administrative office (just shut the door) and the front door (push the button on the inside of the door frame). **Never** manually turn the bolt on the inside of the front door (our keys won't open it!!) Also, **never** loan your keys to anyone and **never** unlock a room for anyone unless you are willing to stay in the room with them.

Please check to see that all air conditioning/heat is left on low. Check the waiting room for tidiness. If a room is ever out of anything (i.e. Kleenex) or something is missing or broken, please let the CC know immediately. If the rug or chairs are soiled also leave a big note on the clinic office door for the janitor.

Answering Machine

The phone will display the number of messages when there are messages. If there are new messages, the number of new messages will blink. Press the "play" button to listen to messages. The backwards arrow button can be used to hear the messages again (while they are still playing). Ignore messages for other therapists (hit "skip" to skip to the next message), unless the call is a cancellation or an emergency. In these cases, contact the therapist at home, office, or email. If they are not home leave a message that they have an important message at the clinic and need to call-in.

Although the CC or Intern will check the messages and email you, call you, and/or post a note on the message board, they may or may not be in the clinic before you need the message (i.e. early morning sessions). Therapists are ultimately responsible for calling in to check the answering machine messages from home, or other remote locations.

To check your messages, dial the clinic phone number (706) 542-4486. Let the outgoing message begin to play. During the message, press 0-7-7. Instructions will follow as to how to skip messages, etc. Please do not erase any messages, as they are to be logged by the CC.

Dress Code

We serve a diverse group of clients and it is important for us to communicate respect for each of their lifestyles and beliefs. Clothing which displays slogans of a political or religious nature or depicts scenes of drinking, drugs, violence, or nudity are unacceptable. Clothing must also be clean and in good condition (no holes or tears). Nice jeans are acceptable. Shorts are not to be worn by therapists seeing clients or observing cases from behind the one-way mirror. It is important to remember that the clients may wish to meet you. Please dress accordingly.

Waiving Parking Tickets

Clients may receive parking tickets if the Clinic Parking Permit is not displayed in the window of their car. If your client receives a parking citation, **THEY** must appeal the citation.

To appeal a citation the client will have to:

- 1) Go to parking services website: www.parking.uga.edu
 - 2) Select the "Citations" tab
 - 3) Follow the "Appeals" link
 - 4) This will bring them to a form that they must fill out and submit to parking services.
 - 5) At the bottom of the form there is a box next to "evidence submitted" that the client will check.
 - 6) The client will send in a photocopy of the clinic parking pass.
- All of this except steps 5 and 6 are printed on the citation.

DOCUMENTATION FORMS

Prior to First Session

Initial Intake Information (gold) *Appendix A*

Completed by CC and Interns who answer the phone. Blank forms are kept in the Intake Book (stored in the top drawer of the small filing cabinet in room 304). Information is taken from the client (see p 8 "Initial Intake Calls" for instructions on completing the form).

Client Contact Record (white) *Appendix B*

Therapists record **all** contact with the client, including phone calls and who attended each session. This information is to be noted by date, nature of contact, and comments. If the nature of contact was a therapy session, note the session number in the column titled "nature of contact". Include all clients that attended that session. Intake dates will be noted on the form by the clinic staff. Fee payments and receipt numbers are also kept on this form. If the contact was a telephone call, the therapist also needs to briefly note what the conversation was about and any information that was disclosed, if applicable. Phone calls answered by the CC or Intern will be noted in the chart.

First Session

All of the paperwork needed at the first therapy session will be included in the newly opened chart and placed in the therapist's drawer in the filing cabinet. Please remember that the therapist signature is required on these forms.

Informed Consent for Treatment and Notice of Health Information Privacy Practices for the McPhaul Family Therapy Clinic (HIPPA, white)

This brochure informs clients of the clinic's treatment procedures as well as informs them of their health information rights and our responsibilities with regards to their records. This brochure **MUST** be given to the clients.

Informed Consent for Treatment and Notice of Receipt (white) Appendix C

Obtains the clients signature noting that they agree to the terms of consent as outlined in "Informed Consent for Treatment and Notice of Health Information Privacy Practices for the McPhaul Family Therapy Clinic." This form also contains the negotiated fee per session and is the contract that they will pay the fee for our services. **This form must be signed before therapy begins.**

Informed Consent for Research (white) Appendix D

Informs the client of the Clinic's research procedures and obtains their consent to participate. The client does not have to consent to research participation to participate in therapy. One copy of this form will be in the chart along with the Informed Consent for Treatment and Notice of Receipt. Clients may take home an additional copy of the form if they wish.

Authorization to Disclose Information: "Two-way release" (white) Appendix E

If signed by the client, it allows the MFT clinic to release and receive information about the client's therapy to/from other parties. This form is placed on the left side of the chart.

Intake Assessment Packets (See page 21)

All clients age 12 and above will complete assessments prior to the 1st, session and **after the 4th, 8th, 16th**, etc., final, and 6-month follow up sessions after the case has been closed. **All clients complete these assessments regardless of their research participation.** Assessments are placed at the bottom, right side of the chart with the most recent assessment on top.

Emergency Contact Information (light blue) Appendix F

Lists emergency information for the clients and should be given to the clients during the first session.

Parking Permit (blue) (Obtain from CC)

Given to the client prior to the first session. It should be placed on the client's dashboard during session hours. The client needs to keep this until their last session and return to therapist upon termination of therapy.

Session Summaries (white) (*Found on therapist computer under MFT forms*)

Within **24 hours** of the session, therapists complete a session summary for each session. This is done on the computer and can be found in the “MFT Forms” folder on the desktop. A copy is printed and signed by the therapist to include in the chart. They are stored by date (most recent on top) on the right side of the chart. They are placed above the assessments and accumulate until the chart is closed and the Termination Form is completed.

If any time during therapy a client mentions suicide, violent behavior, abuse, or any legal issues the therapist must inform his/her supervisor immediately.

Subsequent Sessions**Intersession Reports** (white) *Appendix G*

The Client Intersession Report is a 10-question form that monitors client progress and therapy alliance. Clients over the age of 12 fill out an intersession report prior to the start of each session (except for the intake session). These forms are in the clinic waiting area on the table. Clients need to make sure to put the date and session number on the form. Therapists need to assure the client that the information concerning the therapeutic alliance will be kept confidential and will not be viewed by the therapist. After completion, clients place the forms in the locked box on the table in the waiting room. Therapists are responsible for describing this process to their clients. Interns collect the forms and, after entering the data into the computer and removing therapy alliance information, they are returned to the therapist. Please add these forms to your client’s chart.

Treatment Plan (white) (*Found on therapist computer under MFT forms*)

After the 3rd session therapists complete a treatment plan. The form is completed on the computer and can be found in the “MFT Forms” folder on the desktop. The therapist signs the treatment plan and places it in the file above the 3rd Session Summary and below the 4th Session Summary.

Ongoing Assessment Packets (white) (See page 21)

All clients age 12 and above will complete assessments and return on the 4th, 8th, 16th, and every multiple of 8, final, and 6-month follow-up sessions. Assessments are placed in the intersession report box by the client and scored by the C/C or intern. Recorded Assessment Packets are returned to the case file and are placed at the bottom of the right side of the chart with the most recent assessment on top.

*Therapists do not collect these packets, as they contain a “Therapist Alliance Scale” and are confidential.

Termination Form (white) (*Found on therapist computer under MFT forms*)

The therapist, prior to closing the case, completes the termination form. The form is completed on the computer and can be found in the "MFT Forms" folder on the desktop. The areas of the closure form that might need additional explanation are:

- The *number of therapy sessions missed by the client* includes all cancellations, reschedules, and No-shows initiated by the client.
- *Crisis Incidents* are when a client calls requesting a phone session or meeting before the arranged meeting time. You need to document the date and reason for the crisis.
- *Written termination summary* is used to discuss key case issues, prognoses, and client overall outcome.
- This form must be signed by the supervisor before the case file is turned in to the CC.

Other Forms**Client Contact & Supervision Hour Record Sheets** (blue/yellow) *Appendices H & I*

These are called "The Blue and Yellow Sheets." Therapists record all client & supervision hours by date. These forms are signed by the supervisor and turned into the CC at the end of each semester. If you need to see a "Blue or Yellow Sheet" from a previous semester, speak with the CC.

Adjustment to Liability Form (white) *Appendix J*

The CC and intern is responsible for setting the session fee. If for some reason this fee becomes inappropriate (loss of job, etc), you must include an adjustment to liability form. This form states the reason for the change in fee and the new session fee. The CC will give you a copy and is to be signed by your supervisor.

Consent for Use of Digital Recording in Professional Settings (white) *Appendix K*

All clients who have been recorded must sign this form in order for a digital recording to be used for academic *presentations*. It is stored on the left side of the chart with the other informed consents.

Consent for Use of E-mail (white) *Appendix L*

E-mail is to be used for the purpose of scheduling or canceling appointments. It is not to be used as a means of therapy. Because e-mail is not secure, clients must sign this consent form before any email is sent out. It is stored on the left side of the chart with the other informed consents. Clients should be informed that this is **NOT** a means to conduct therapy. Email should be used scheduling purposes only.

Outside Observer Release Form (white) *Appendix M*

If a student from another department wishes to observe therapy at the clinic, they will be allowed to do so if they meet the following requirements and arrangements have been made. First, only clinical masters' students from Clinical Psychology, Counseling Psychology, and Social Work are eligible. The student must have taken at least one

MFT course (e.g. CHFD 8050, CHFD 8060, CHFD 8070) before being eligible to observe cases. Once the required MFT course has been taken by the student, then a meeting should be set up with the Director of Clinical Training (Dr. Gale) to gain permission. Finally the faculty member and MFT student seeing cases at McPhaul must be in agreement to allow the outside clinical student to watch cases. If live supervision occurs during the time the outside student is watching the case, then the clinical supervisor needs to work out an arrangement regarding how much the outside student should share during the course of live supervision. Furthermore, the clients must sign this form that specifies the name of the observer and the dates during which they can observe therapy. It is stored on the left side of the chart with the other informed consents forms.

LISTED ORDER OF PAPERWORK IN CHART

**This list is available in the therapist office for reference*

Left Side (Back to Front)	Right Side (Back to Front)
<ul style="list-style-type: none"> • Informed consent for treatment • Informed consent for research • 2 way release of information • E-mail consent • Digital Recording Consent • Client Contact Record • Intake Form 	<ul style="list-style-type: none"> • Assessments: Pre-test • Assessments: Session 4 • Assessments: Termination • Any additional assessments • Case notes (in order with most recent session on top) • Case Transfer Form (if applicable) • Treatment plan: After 3rd Session Case Note • Termination Form

CLINIC CASE PROCEDURES

INITIAL INTAKE CALLS

Complete the "INITIAL INTAKE INFORMATION" form (gold) - located behind the divider in the Intake Book, on the fifth shelf of the bookshelf in the CC office.

- **Today's Date:** Enter the date you are completing the form, including the year.
- **Intake Completed By:** Enter your name.
- **ID:** The CC will assign this number.
- **All people in the household:**
 - *Name:* Get both first and last names and make sure they spell it out to avoid any embarrassing mistakes. List the caller's name first.
 - *Relation:* List relation to the caller. The caller is noted as "caller".
 - *Age:* This info is used to determine which forms are sent.
 - *Sex:* M or F
 - *Individual ID:* Leave blank. The CC gives each person an individual number (1 for male, 2 for female, 3 and up for children).

- **Caller Address:** Be sure to obtain the exact street address (i.e. apt. #) and zip code.
- **Phone:** List home, cell, & work numbers if applicable.
- **Other Address:** Used to locate people at different addresses. Clients do not need to provide additional addresses.
- **Best time to call you:** List days and times the therapist would be able to contact the client. **Ask if it is permissible to leave messages with ANYONE WHO answers the phone or on their home answering machine.** If so, circle "ANSWERING MACHINE." Ask if the client has any special message preferences (some clients prefer that we only leave a first name and phone number).
- **Referral source:** Ask: "How did you hear about our clinic?" Ask if the caller, or a family member participating in therapy, is a full-time student at UGA. If so, note "STUDENT" in addition to writing the referral source.
- **Previous Client:** Answer Yes or No. If yes, ask the client who their therapist was, and when they attended therapy.
- **Previously/Currently in therapy?** Note the therapist(s), city, date(s), and presenting problem(s).
- **Type of therapy:** Circling the appropriate letter F, C, or I would indicate Family, Couple, or Individual. If the client indicates they would like to begin as one type of therapy and later changed to another type, circle the beginning type of therapy desired and draw an arrow to the later type.
- **Can you tell me briefly why you are interested in therapy?** Write a *brief* description in the space provided. Ask for a general, global description of problems or goals for therapy.
- **Fee:** If the client has not already inquired about the fee, it is best to discuss it at this time. Tell the caller the standard fee is \$65.00 per session, unless they would like to apply for the sliding scale fee. To do this, they must disclose their annual household income. The fee can be determined by looking at the fee scale (a copy is located in the Intake Book's pocket). If the client is currently enrolled as a FULL-TIME UGA student, their fee is \$15 per session. UGA faculty and staff must pay a fee based on the sliding fee scale. Only students are eligible for the special fee reduction.
- **Date assigned/forms sent:** Note the date the case was assigned to a therapist and if the forms were mailed or picked up by the client (the CC will do this).
- **Therapist:** (the CC will do this) If the clinic is operating on a waiting list, therapists will notify the Clinic Coordinator when they wish to be assigned new clients. Clinicians may **not** choose clients from the waiting list. They may, however, request specific types of cases (i.e., F, C, or I). Clinicians should discuss any other requests with supervisors. If no waiting list exists, the therapist with the least amount of active, open cases will be assigned the new intakes/clients. In either case, tell the caller the CC will assign their case to the next available therapist and contact them as soon as possible.

- **Presentation of Assessments at Initial Phone Call:** In addition to other required information given to perspective clients, people who contact the MFT Clinic should be informed that:
 - As part of therapy they will be asked to complete some questionnaires.
 - The MFT Clinic recommends receiving a follow up session six months after the final session, which will be provided free of charge.
 - If they fully participate in completing questionnaires each person participating in therapy will receive a free ticket to the local movie theatre.
 - The questionnaires take 20-30 minutes to complete and they need to arrive early to the initial session unless the clinic coordinator has mailed the assessments. Like any other professional service clients are to complete the documentation and questionnaires prior to initiating services

THE CLINIC CASE LOG BOOK

The clinic case logbook is located on the CC's desk, next to the computer in the clinic office. It is the responsibility of the CC or the intern to assign cases to therapists. The CC will give each case a number and enter the case-specific data in the logbook. The case numbers are assigned numerically in this format: year#, case number (e.g. 20031= 2003 1st case).

After completing the logbook, the CC will write the case number on the initial intake form. If the client has been seen in the clinic before, the old case number will be located in the logbook. Listing the ID numbers separated by slashes (20031/200022) will cross-reference the two case numbers.

The therapist has the option of viewing the old file. If this is desired, please indicate so and the CC will pull the old chart. You may check it out for a brief period of time. Do **NOT** get the old chart yourself.

OPENING THE CASE - DOCUMENTATION

As soon as the file is assigned a case number, the CC will place the intake sheet and all necessary documentation in a manila folder with the client's last name and case number on it. These papers constitute the "open" or "active" chart. The chart will be placed in the therapist's drawer of the filing cabinet in the clinic office. The following forms should be present in the chart:

- Initial intake form (gold)
- Informed Consent for Treatment and Notice of Receipt (white)
- Informed Consent for Treatment and Notice of Health Information Privacy Practices for the McPhaul Family Therapy Clinic (White)
- Informed Consent for Research (white)
- Emergency Contact Phone Numbers (blue)
- Client Contact Record (white)

The CC or Intern will notify the therapist of a newly assigned case via email through the Calendar system (see page 3 for more information).

*In the event that a therapist opens a case (e.g. Spanish-speaking client), the therapist is responsible for mailing the appropriate assessment packets and parking permit, as well as documenting contact with the client in the logbook and assigning a case number. Feel free to ask the CC or intern for help on any of these items.

FIRST SESSION

The CC or Intern schedules first sessions for clinicians. You will be notified of a first session with a new client via email and the appointment will appear on your Calendar (please see page 4 for more information regarding the Calendar system). After a first session is scheduled by the CC or Intern, the file will be placed in your drawer and will contain all necessary paperwork.

Room reservations: You are responsible for signing up for the room of your choice. If you fail to sign up for a room and your preferred room is taken, you must opt for another one. The room sign up sheet is in room 310.

Greet the clients in the waiting room on the day of the first session. Give them a parking permit.

"Items of Business" to address:

These forms should be in the chart when you receive it.

Informed Consents (white)

Explain clinic procedures (i.e. one-way mirror, observers, phone, and recording) and confidentiality. Give the clients copies of the "Informed Consent for Treatment and Notice of Health Information Privacy Practices for the McPhaul Family Therapy Clinic" brochure and the "Informed Consent for Research." **Once clients have signed the "Informed Consent for Treatment and Notice of Receipt" begin recording.**

Collection of Assessments from Clients at Initial Session

Clients must be given the informed consent brochure and **must** have the opportunity to sign the "Informed Consent for Treatment and Notice of Receipt" and the "Informed Consent for Research Participation" forms. The therapist or someone able to explain the informed consent should be present to address any concerns voiced by the clients. **This form is to be signed by all participants age 7 and up. Participants age 14 and younger need to have the research explained to them as outlined in the Child**

Assent Script. When presenting questionnaires to clients it is important to touch on the following points:

- The information clients provide is confidential. At no time will their names or identity be associated with any research findings.
- Stress the importance of being honest in their responses. If they have questions let them know it is all right to ask you for clarifying information.
- Inform the clients that the information will be used to help them as well as determine the effectiveness of services provided at the clinic.
- When encountering resistance from someone it may be useful to use a metaphor such as going to a doctor. Rarely does a doctor treat a patient without some basic information such as body temperature or blood pressure.

Emergency Information (light blue)

Explain to clients that McPhaul is not an emergency clinic. In the event of an emergency they may contact the agencies listed. Give emergency information to clients.

Fee Structures

If a fee has been quoted to client, it will be noted on the intake form (gold) and the client contact log (white). Confirm this amount with the client. If a fee has not been quoted, explain that the standard fee is \$65 a session, unless they would like to apply for the sliding scale fee. To do this, they must disclose their annual household income. Use the fee scale to determine the fee. Do NOT show the clients the fee scale.

The fee for full time UGA students is always \$15 per session. Explain that payment is expected at the end of each session. **The fee for first sessions only is the standard fee** (the amount quoted from the fee scale) **PLUS \$10.**

We accept checks (payable to the McPhaul Family Therapy Clinic) or cash. Advise clients that we are not able to make change and this is not an excuse for non-payment (we can credit their account for future sessions). Remind clients that the fee is based on the standard 50-minute session. Should the clients/therapists negotiate a longer session format, their fee will be adjusted.

- Before Initial Session Begins: Review paperwork for any empty spaces and "red flags" or "Items of Interest". Be sure that the therapist signs paperwork, also.
 - If anyone has not completed the assessment, briefly discuss their reasoning for leaving certain questions blank.
 - If you have concerns about clients' comprehension of the questionnaires, check the information with the client to make sure they understood the questions and that their responses are accurate.

- Conduct the Session (i.e. joining/assessment/problem description).
 - Close the Session by confirming their next appointment time
 - You are responsible for updating your Calendar by adding the appointment you have scheduled with this client immediately after the appointment. You must identify this appointment with the client number and session number (please see page 3 regarding the Calendar system for more information on setting appointments).
 - Reserve a room: The appointment book is located in the break room on the third floor. This is used to reserve a therapy room for a specific date and time. Reserved rooms are designated by writing the clinicians' name in the box across from the beginning time of the session. **It is very important that therapists schedule rooms. It not only reserves the room, but helps the clinic staff to know which rooms are available for other meetings or guests in the clinic.**
- Collect the fee: Receipt books are kept in each of the therapy rooms. Clients **MUST** be given a receipt. The instructions are as follows:
 - **Please advise clients that we are typically unable to make change for them if they bring a dollar amount over the cost of their fee. Please ask them to try to bring correct change or they can always write a check, payable to McPhaul Family Therapy Clinic. Clients who wish to pay by cash and pay over the session amount are credited the overpayment for the next session – this is noted on the receipt.**
 - Go to the next, numerically available, white receipt. **Make sure the cardboard is between the white sheet and the next page of white receipts.**
 - Fill out: the date, the client's case number, the dollar amount DUE and the dollar amount PAID, check if they paid in cash or by check (write the check number in the check space), and either sign or print your name.
 - Tear out the white copy and paperclip it to the check/cash (with the receipt on top). Place it in the deposit box which is located in the top drawer of the desk in the therapists' office.
 - Give the client the yellow copy of the receipt
 - Leave the pink receipt in the book.
 - Stamp the back of the check with the "For Deposit Only" stamp and put it in the deposit box.
 - Fill out the "Fees Collected Worksheet" which is also located in the top drawer of the desk in the therapists' office.

- Remember to stop the recording. Also check the therapy room for cleanliness, and return any furniture to its rightful places. At no time should lamps, pictures, plants, nor Kleenex (etc.) be placed on the floor. **Please clean up after yourself & your clients.**
- Recording the session in the chart:
 - Immediately - record the session number, receipt number and payment on the white Client Contact record (in chart on the top of the left side)
 - Within 24 hours of the session - write the session summary note, sign it and place it in the chart on the top of the right side.
 - Return the chart to the filing cabinet in the office. ***Never take a chart out of the McPhaul Clinic.**
 - Remember to record the session on your Blue sheets.

4TH, 8TH, 16TH ETC. SESSIONS

At the session prior to one requiring a follow-up assessment be completed (i.e., 4th, etc.), therapists should distribute a follow-up assessment to the client/s. Clients complete ongoing assessments following the 4th, 8th 16th and multiple of 8 sessions. **ALL** clients complete packets as a tool for therapeutic assessment. If they wish to decline the consent for research participation, their information is not entered into the database; however, they must still complete the packet. If clients do not return completed assessments, please speak with your supervisor, as this will affect your grade in practicum.

All fourth session and subsequent assessments must be placed the locked box BY THE CLIENT upon completion. The scored assessments will be returned to the clients' folder.

CLOSING CASES

Never Seen: These intakes have been assigned a case number and a therapist but did not show up for their initial appointment. Therapists should place their chart in the "To CC" box. Efforts to contact the client and no-show dates should be documented on the white Client Contact Record. The Intake and Client Contact Record will be stored in the "NEVER SEEN" notebook according to the case number.

1 or More Sessions: At the conclusion of treatment, or after one month of no contact with the client, the therapist should complete the Termination Form. All paperwork should be in the chart in the proper order. The whole chart should be given to the therapist's supervisor so that it may be signed. The therapist places the file in the "To CC" box in the therapists' office. The CC or clinic intern will enter the case in the case closure file and immediately post a 6-month follow-up appointment on the clinic's

Calendar. The file is then stored with the rest of the closed cases in the middle drawer of the left filing cabinet in the CC's office.

6 MONTH FOLLOW-UP SESSION

The 6 month follow-up session is a free check-up session. This session is designed to see how the clients have progressed since the end of therapy and make sure the changes they made in therapy have continued. The CC or intern will send a follow-up letter and the appropriate assessments to the client 6 months after their final session. The letter informs the client of the opportunity to come back in for a follow-up session or the option to only complete the assessment and return it by mail. If the client completes the assessments (by mail or at the follow up session), they should be given/mailed a movie pass. The CC will do this. If a session is completed therapists are required to record it and complete a Session Summary.

LOCATION OF FILES

There are three possible locations for files:

- ACTIVE (in the therapist's drawer of the filing cabinet in the clinic office)
- ARCHIVED (in the archived filing cabinets in the clinic administrative office).
- NEVER SEEN (in the clinic administrative office in black binders—intake info)
- (If a chart is not in one of these four locations, it is listed as MISSING).

TRANSFERRING CASES

There are occasions when one therapist will want to transfer a case to another therapist (i.e. when the therapist is leaving the clinic). To transfer a case the assigned therapist should first obtain permission from his/her supervisor. Then the therapist should seek out another therapist who is willing to take the case. When agreement is obtained, the current therapist must complete a Transfer of Case Form. The case transfer form must be signed by the supervisor and the new therapist to assure that all parties involved are aware of the transfer. By signing the form, the new therapist is accepting full responsibility for the chart and its contents, as well as ensuring that the file is in order even if the previous therapist did not keep the folder in order. The chart is then given to the Clinic Coordinator so that the re-assignment can be noted in the Case Logbook. The case will then be returned to the new therapist. Please note: A joint session, with both the "new" and "old" therapist, is recommended. Also, the "old" therapist is required to complete a Termination form.

RENEGOTIATING FEES

Clients are told at intake that we have a policy of not letting fees get in the way of providing services. If for any reason the fee needs to be renegotiated after the first session, fill out an Adjustment to Client Liability Form and put it on the left hand side of the client's chart above the Informed Consents. Make a note on the Client Contact Record of when the fee was changed. This form must be completed and signed by the clients and your supervisor before any fee changes can take effect. Any fee changes should also be discussed with your supervisor and CC.

QUALITY ASSURANCE CHECKS

Clinic interns or the CC will perform a Quality Assurance Check of each therapist's files at least once each month. The purpose of these is to ensure that files are being kept up to date and that the necessary paperwork is being completed. The interns will be looking at the client contact record, informed consents, correspondence/release of information, session summaries, treatment plans, assessments etc. to make sure that everything is up to date and accurate.

Three copies are kept of each Quality Assurance Check. One is sent to the therapist's supervisor, one is placed in the therapist's box in the clinic office and one is kept in the clinic administrative office to monitor whether corrections are made from audit to audit. Upon receiving the Quality Assurance Form (Appendix A) please make any needed corrections. **The Quality Assurance Checks are used by MFT faculty in assigning practicum grades.**

CASE BOARD

When you enter room 304, immediately to your left you will see a large white board. On this board therapists indicate their specialties, request types of clients (individual, couple, family or n/a), list their current cases as well as the 4th, 8th, 16th, etc. session date of each case for research tracking. The CC will assign cases based on this information, so be sure that the information is current and accurate.

RECORDING EQUIPMENT

Operating the new digital camera system:

To record

1. Move camera w/ remote (it times out after non-use)
2. Turn on converter box
3. Confirm blue light is on for "analogue" option.
4. Log in using FCS password and user i.d.
5. Open *VEGA Soccer Editor*
6. No password or username required
7. Click on database button
8. My Computer
9. Choose *Hera*
10. Select your folder
11. Click on your database
12. Click "OK"
13. Click "New"
14. Enter (file #) name, date, and session info.
15. Click "Next"
16. Click "Finish"
17. Click "Capture" above
18. Choose "New Clip"

19. Click "OK"
20. Browse
21. My Computer
22. Choose "E" drive
23. Click "Open"
24. Click "Save"
25. Red Dot button begins filming (press again to stop or pause)
26. When finished, click "OK"

Save Sessions

1. Tools (top, left)
2. Manage media files
3. Click "Yes"
4. Choose session
5. Click "move" on right
6. Choose "Data on Hera: V" at bottom of list
7. Your box
8. Click "OK"
9. Click "Yes"
10. Click "OK"
11. Click "Exit"
12. Click "X" in righthand corner
13. Shut EVERYTHING off

OBSERVING A SESSION

Sessions can be observed from the observation rooms.

- Observation Rooms: To listen to sessions just turn on the speakers in the room. Remember to turn speakers off after the session is over.

ASSESSMENT POLICIES AND PROCEDURES

ASSESSMENT PROCESS

The assessment process at the Family Therapy Clinic was started to evaluate clinical outcomes of individual, couples, & families. The goals of this are to accomplish the following:

- Design an assessment process that directly and indirectly benefits individuals, couples, and families
- Measure progress of clients presenting with a wide variety of problems
- Provide students with the opportunity to learn how to integrate assessment and clinical practice
- Provide opportunities for the integration of research and clinical practice (scientist-practitioner model)
- Provide information that is beneficial in training clinicians and researchers
- Provide clinical research opportunities for students

The assessment process is a part of the MFT Clinic just as the cameras and the two-way mirrors are part of the clinic. It should be made clear to the clients that the assessments are used for treatment planning, in-house clinical training, and to learn about the therapy process.

COMPOSITION OF ASSESSMENT PACKETS

Intake Assessments

There are four different assessment packets. Assessment packets are in the boxes in the clinic office. **The appropriate packet will depend on whether the client(s) present as an individual, couple, or family.** A description of the specific measures included in each packet and the criteria for choosing the packet are listed below:

1. Individual Adult Assessment: (Individual adult not in a committed relationship)

- University of Rhode Island Change Assessment
- SF-36 Short-Form Health Survey
- Self Rating Anxiety Scale
- Personal Reaction Inventory (true/false)
- Violence Subscale of Conflict Tactics Scale
- Experiences in Close Relationships
- Personal Information

2. Adult Client in a Committed Relationship: (whether the relationship is an issue or not)

- University of Rhode Island Change Assessment
- SF-36 Short-Form Health Survey
- Self Rating Anxiety Scale
- Personal Reaction Inventory (true/false)
- Violence Subscale of CTS
- Experiences in Close Relationships
- Revised Dyadic Adjustment Scale
- Communication Pattern Questionnaire
- Personal Information

3. Family (Parent) Assessment

- University of Rhode Island Change Assessment
- SF-36 Short-Form Health Survey
- Self Rating Anxiety Scale
- Personal Reaction Inventory (true/false)
- Violence Subscale of Conflict Tactic Scale
- Family APGAR
- Revised Inventory of Parental Attachment
- Short health assessment of child (What is this called?)
- Personal Information

4. Adolescent (for use with clients over 12) Client Assessment

- University of Rhode Island Change Assessment
- SF-36 Short-Form Health Survey
- Self Rating Anxiety Scale
- Personal Reaction Inventory (true/false)
- Violence Subscale of CTS
- Family APGAR
- Inventory of Parent and Peer Attachment (IPPA)
- Brief Hopelessness Scale
- Personal Information

Ongoing Assessments (4th, 8th, 16th, all other multiples of 8, Termination & 6-Month Follow-Up.)

Again, there are four different assessment packets. Assessment packets are in the boxes in the clinic office and in the therapists' office. **For each case use an Ongoing Assessment packet that is titled the same as the intake packet** (for example if at intake the clients completed a Individual Adult in Committed Relationship then after the fourth, 8th, 16th etc. sessions the Individual Adult in Committed Relationship-Follow up assessment packet should be used).

These packets are identical to the intake packets with the following exceptions:

- Deletions: Demographics, Personal Reaction Inventory, and the Conflict Tactics Scale-Violence subscale (from Individual and Committed adult follow-ups, only)
- Additions: Each packet contains a Family, Marital, or Individual Therapy Alliance Scale.

DESCRIPTION AND SCORING OF ASSESSMENTS

After the first session, questionnaires need to be scored before the next session. Generally, undergraduate interns will do the scoring. If no interns are available therapists are responsible for scoring their client's assessments. The scores from the questionnaires can then be used in treatment planning and setting therapeutic goals. The scores will be recorded on a Scoring Summary Sheet (Appendix B) and returned to you to include in the client file.

University of Rhode Island Change Assessment (URICA; McConaughy, Prochaska, & Velicer, 1983) *Appendix N*

Description: The URICA is a 32-item self-report measure that provides information on the stage of change for clients participating in psychotherapy. Currently the scale is designed for research purposes and there are no cutoff scores. The authors state that the stages are continuous and not discreet so it is possible to have high scores on more than one subscale.

Subscales: The URICA has four sub-scales; Precontemplation (items—1, 5, 11, 13, 23, 26, 29, 31); Contemplation (2, 4, 8, 12, 15, 19, 21, 24); Action (3, 7, 10, 14, 17, 20, 25, 30); and Maintenance (6, 9, 16, 18, 22, 27, 28, 32).

Scoring: To Score the URICA sum the responses on the corresponding subscale.

SF-36 Short Form Health Survey (Ware & Sherbourne) *Appendix O*

Description: The SF-36 was developed to determine health status in the Medical Outcomes Study and is used in clinical practice and research, general population surveys, and health policy evaluations. It is self-administered to persons age 14 and above. The SF-36 measures limitations of physical, social, and usual role activities due to physical or emotional problems, bodily pain, general mental health, vitality (energy or fatigue) and general health perceptions.

Subscales: There are 8 subscales of this measure. They include: Physical functioning, Role limitations due to physical problems, Social functioning, Bodily pain, General mental health, Role limitations due to emotional problems, Vitality, General health perceptions

SF-10 *Appendix P (Not sure what this is?)*

Self-Rating Anxiety Scale (Zunk, 1971) *Appendix Q*

Description: The self-rating anxiety scale is a 20-item, Likert-type response, used to assess symptoms of anxiety. The scale has been validated in English and Spanish for use in older populations.

Scoring: Responses are based on a four-point scale ranging from “none of the time” to “most or all of the time.” Each of the 20 items are summed for a raw scale score (range 20 to 80).

Personal Reaction Inventory (Crowne & Marlowe, 1960) *Appendix R*

Description: It has long been known that a problem with self-report instruments is that they are prone to people faking their answers or making them appear better than they are. This can be problematic when using self-report questionnaires in gathering information for treatment plans. The PRI contains items that are difficult for most people to answer. This questionnaire contains several different versions that will be used at different times over the course of treatment.

Scoring: Scores are calculated by giving the client one point for each answer they provide that is in the socially desirable direction. Clients that score one standard deviation above the mean may be answering questions to appear better than they really are. The following items are the socially desirable response:

- | | |
|----------|-----------|
| 1. False | 7. False |
| 2. False | 8. True |
| 3. False | 9. True |
| 4. True | 10. False |
| 5. False | 11. False |
| 6. True | 12. True |

Violence Subscale of Conflict Tactics Scales (V-CTS) *Appendix S*

Description: The Violence Subscale of the CTS is designed to give clinicians an idea of the level of self-reported violence. The Violence Subscale of the CTS has demonstrated adequate to excellent reliability and validity.

Sub-Scales: This is a sub-scale of the Conflict Tactics Scales.

Scoring: To score the Violence Subscale of the CTS simply total the numbers that have been marked. Higher scores indicate higher amounts of violence.

Items of Interest: Therapists are encouraged to pay particular attention to the items in the violence sub-scale that pertain to actual physical violence (3, 4, 5, & 6). If more severe violence items have higher scores therapists are required to

discuss the case with a Faculty Supervisor. Also follow-up is necessary to discern if a mandated report is required.

Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998)
Appendix T

Description: The ECR was created to measure attachment in adult relationships. The authors took all the known assessments that measure attachment and using factor analysis derived two 18 item sub-scales. Each of the items is rated on a seven-point scale.

Sub-Scales: The ECR has the following Sub-scales:

Avoidance: This sub-scale assesses the avoidance of intimacy, discomfort with closeness, and self-reliance. Avoidance items are all the odd items.

Anxiety: This sub-scale assesses preoccupation, jealous/fear of abandonment, and fear of rejection. Anxiety items are all even numbered items.

Scoring: Scores for each of the sub-scales are calculated by reversing scoring certain items, and calculating the mean of each sub-scale. Avoidance items that are reverse scored are 3, 15, 19, 25, 27, 29, 31, 33, & 35. Item 22 needs to be reversed scored on the Anxiety sub-scale. Scores can then be translated to attachment styles: Secure clients will score low on both avoidance and anxiety. Fearful clients will score high on both avoidance and anxiety. Preoccupied clients will score low on avoidance and high on anxiety. Dismissing clients will score high on avoidance and low on anxiety.

Revised Dyadic Adjustment Scale (RDAS; Busby, Christensen, Crane & Larson, 1995) *Appendix U*

Description: The RDAS is an updated version of the Dyadic Adjustment Scale (Spanier, 1976) to measure adjustment in relationships. The RDAS Contains 14 items and has good to excellent psychometrics. The subscales can be summed to create a marital satisfaction score.

Subscales: Included subscales are Consensus (items 1-6), Satisfaction (items 7-10), & Cohesion (items 11-14).

Scoring: Sum each item within the subscale to derive the subscale score. Consensus items are worth 0 to 5 points with "Always Agree" worth 5 points and "Always Disagree" worth 0 points. Satisfaction items are worth 0 to 5 points with "All the time" worth 0 points and "Never" worth 5 points. Satisfaction items are worth 0 to 5 points with the exception of item 11, which is worth 0 to 4 points. For item 11 "Every Day" is worth 4 points and "Never" is worth 0 points. For

items 12 – 14 “Never” is worth 0 points and “More Often” is worth 5 points. Sum the subscale scores to create a total score.

Communication Pattern Questionnaire-Short Form (Christensen & Sullaway, 1984)
Appendix V

Description: The Communication Pattern Questionnaire-Short Form (CPQSF) is an 8-item instrument, Likert-type response scale. It describes both symmetrical and asymmetrical (demand-withdraw) communication patterns in couples.

Subscales: There are three subscales on the CPQ: the Demand-withdraw interactions subscale (3,7,and 8), Mutually integrative interaction (items 2,4,and 6) and Mutually distributive interaction subscale (items 1 and 5).

Scoring: Responses range from 1 “Very unlikely” to 9 “Very likely. The subscale Demand-withdraw interactions are determined by totaling the items for each partner, then averaging them for a dyadic score. The score for subscale Mutually integrative interaction is scored by totaling items. The Mutually distributive interaction subscale is also scored by totaling items 1 and 5.

Family APGAR *Appendix W*

Description: The Family APGAR is a five-item instrument that screens for family functioning. Family members report levels of satisfaction in the areas of adaptation, partnership, growth, affection, and resolve.

Scoring: Clients rate each of the five items as 0 (hardly ever), 1 (sometimes), or 2 (almost always). Responses are added to create a total score that ranges from 0 (low satisfaction) to 10 (high satisfaction).

Inventory of Parent and Peer Attachment (IPPA) *Appendix X*

Description: The Inventory of Parent and Peer Attachment (IPPA) was designed to assess adolescents’ perceptions of the positive and negative dimensions of their relationships with parents and peers. Based on Bowlby’s attachment theory, the IPPA addresses the following dimensions of attachment: degree of mutual trust, quality of communication, and extent of anger and alienation. The IPPA has a likert-scale, self-report format and is appropriate for use with children and adolescents over 12 years of age.

Subscales: The IPPA has 2 subscales, Parent and Peer. The version used in our assessments includes only the Parent subscale (25 questions) and has been modified.

Scoring: Subscales scores are computed by summing the item response.

Negatively worded items must be reverse scored. High scores are indicative of secure attachment.

	<i>Directly Scored Items</i>	<i>Reverse Scored Items</i>
<i>Trust</i>	1 2 4 12 13 20 21 22	3 9
<i>Communication</i>	5 7 15 16 19 24 25	6 8 10 11 14
<i>Alienation</i>		17 18 23
<i>Other items</i>	29	26 27 28 30 31 32 33 34 35 36 37 38 39

Revised Inventory of Parental Attachment (R-IPA) Appendix Y

Description: The Revised Inventory of Parental Attachment (R-IPA) (Johnson, Ketring, & Abshire, 2003) is a 30-item measure, derived from the IPPA as a method for assessing the parent's perspective of attachment toward their adolescent. Like the IPPA, the R-IPA is a self-report questionnaire, composed of five-point Likert scale responses.

Subscales: The R-IPA uses the same subscales as IPPA: communication, trust, and alienation. However, the items were written from the parental point of view and include five additional items that apply to the parenting experience.

Brief Hopelessness Scale Appendix Z

Description: The Brief Hopelessness Scale is used to measure the amount of hopelessness in an adolescent's life. The Scale has demonstrated good reliability and validity.

Scoring: To score the Brief Hopelessness Scale simply total the numbers that have been marked.

Items of Interest: The authors use the score of 4.0 as a cut-off score. For males a score of 4.0 or greater is strongly correlated with alcohol and drug consumption, violent behaviors, trying to get someone pregnant, and delinquency. For females a score of 4.0 or greater is mild to moderately correlated with similar behaviors. **Since higher scores are an indicator of possible violence, delinquency, and sexually risky behavior, clients with higher scores should be brought to the attentions of your Faculty Supervisor.**

Therapy Alliance Scales (TAS; Pinsof & Catherall, 1986) ****only in follow-up assessments** *Appendix AA*

Description: The Therapy Alliance Scales come in three versions—individual, couple, and family. The TAS measures how well the individual, couple, or family and therapist were able to work together on client goals, the client's perceptions of the therapist's competence and pacing, and the amount of caring and trustworthiness between the therapist and the family. Reliability of the total scale and sub-scales ranges from adequate to excellent.

It is important to reassure clients that information provided on this form is confidential and that their therapist will not see any of the responses.

Information on the subscales and scoring is available upon request.

POLICY FOR MFT CLINIC DATA USE AND COLLECTION

Student Access to Archival Data:

Students wishing to use archival data from the McPhaul FT Clinic Database must go through a two-step process. First, the student should discuss her research idea with the Director of Clinical Research and Clinical Services (Dr. Burwell). Then the MFT faculty must approve the project. To gain approval, students must attend one of the regularly scheduled faculty meetings to discuss their proposed project. One week prior to attending the meeting a 1-2 page outline or synopsis of the proposed project should be distributed to the faculty. Upon faculty approval, students must then submit the project to the UGA Institutional Review Board (IRB) for approval. If students are interested in using data from the Auburn MFT Center Data base as part of the project they are required to also submit the project to the IRB at Auburn University.

Changes in the Data Collection Process:

Students who wish to carry out a research project that includes additional data collection not currently under way must follow a similar procedure. First the MFT Faculty must approve the project. Again, approval is gained by attending a regularly scheduled faculty meeting to discuss the proposed project. One week prior to the meeting a 1-2 page outline or synopsis of the proposed project, along with additional questionnaires or interviews should be distributed to the faculty. Upon faculty approval, students must then submit the project to the IRB for approval. Again, if students are interested in using data from the Auburn MFT Center Data base as part of the project they are required to also submit the project to the IRB at Auburn University.

Distribution and Handling Data:

Once the IRB has approved the project, students will be given a copy of the data that includes the number and type of requested cases and the variables of interest. Students will agree to not keep the data on their personal computers or any other computer on a permanent basis. At the conclusion of the project, students must return an electronic

copy of the data that will be stored for future access and verification of findings or other issues. After 5 years, the data set used by the student will be destroyed. Students will delete or destroy all other copies of the data used in the project.

If Recordings are Used:

All recordings used for the purpose of analysis will be viewed in a location that protects the confidentiality of the participants. Further, students will agree not to copy any portion of the session tapes without the permission of the participants on the tape. Upon conclusion of the project all recordings will be returned.

Ethical Research and Confidentiality:

Students using archival data will adhere to the American Association for Marriage and Family Therapy Ethical Code and will pay special attention to the sections of the code pertinent to research. If during the course of analyzing any recorded sessions the student, or anyone working with the student, realizes that they know a client on the recording, they will stop viewing the session and not use the case in any further research

Appendix A

INITIAL INTAKE INFORMATION

Date _____ Completed by _____ ID# _____

All Persons in Household

Last Name (caller)	First name	Relation	Age	Sex	ID
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Address: _____ Best time to call you: _____
 _____ Best Method to reach you: _____

Phone: (H) _____
 (W) _____ Type of therapy: F C I
 (C) _____

Do you have an answering machine? _____ Is it ok to leave a message at home? _____ at work? _____
 Special message requests: _____

*Referral Source/Student: _____

Previous Client of McPhaul: Y___ N___ Therapist: _____ When? _____

Previously/Currently in Therapy? Y___ N___ Explain: _____

Can you tell me briefly why you are interested in therapy now?

Fee: _____ Date assigned/forms sent: _____ Therapist: _____

Date and time of first session: _____

Wait List Information

Length informed: _____ Record of contact while on waiting list _____

- Final Checklist that you have informed client of...
- _____ observation/taping/supervision
 - _____ Directions to Clinic
 - _____ Directions for parking

Appendix C

MCPHAUL FAMILY THERAPY CLINIC
Informed Consent For Treatment and Notice of Receipt

Your signatures below indicate that you are making an informed decision about entering therapy. If you have any questions about anything listed in this document please discuss them with your therapist prior to signing. Your signature indicates that you have received and read the brochure **“Informed Consent for Treatment and Notice of Health Information Privacy Practices for the McPhaul Family Therapy Clinic.”** This brochure explained that:

- 1) Your therapist is working toward a doctoral degree in Marriage and Family Therapy. Clinical faculty who are Approved Supervisors by the American Association for Marriage and Family Therapy closely supervise therapists. To allow collaboration between therapists and supervisors, therapy sessions are routinely recorded with digital recording equipment and/or observed by supervisors and other clinic therapists.
- 2) The discussions that take place in therapy are **confidential**. Information about you or your family cannot be shared without your written permission.
- 3) By law there are specific limits to confidentiality. By the Rules and Regulations of the State of Georgia your confidentiality does not apply when there is clear and imminent danger to you or others, in which case your therapist may take reasonable steps to protect those at risk including, but not limited to, warning any identified victims and informing the responsible authorities. Should any of these situations occur your therapist will inform you of their responsibilities and actions.
- 4) That the MFTC originates and maintains records describing your history, symptoms, test results, diagnoses, treatment, and plans for future treatment. These records are used for planning treatment, communication among MFTC clinic staff who contribute to your care, a means to verify that services billed were actually provided, and a tool to assess the quality of services provided.
- 5) That you have the right to request restrictions as to how your case information may be used or disclosed to carry out treatment, payment, or clinic operations and that the McPhaul Family Therapy Clinic is not required to agree to the restrictions requested.
- 6) You can revoke your consent at anytime by writing your request to the attention of the Records Manager and that if you revoke your consent, the MFTC may refuse to treat you further, except to the extent that MFTC is required by law to treat individuals, such as in emergency situations.

If you wish to discuss any privacy issues or concerns, please contact the Records Manager.

I wish to have the following restrictions to the use or disclosure of my health information: _____

Fee for Services

You understand the fees for therapy services are on a sliding scale based on annual income. You have discussed the fees for therapy with your therapists and your fee each therapy session, with the exception of the initial session, will be \$_____. You understand that all intake sessions have an additional \$10 fee, therefore your initial session fee is \$_____. Scheduled sessions that are not canceled 24 hours in advance will be charge the full session fee.

By signing you fully understand and accept the terms of this consent, the negotiated fee for services, and acknowledgement of receipt of notice.

Signature Date _____

Signature Date _____

Signature Date _____

Therapist (Witness) Date _____

*Appendix D**MCPHAUL MARRIAGE AND FAMILY THERAPY CLINIC**Informed Consent For Research Participation*

In addition to being a training facility, the McPhaul Marriage and Family Therapy Clinic is also a research center. The McPhaul Clinic staff is interested in discovering how therapy benefits families, what types of treatment work well with specific problems, and discovering ways of improving therapy services. To accomplish these goals we need to collect information about your family before, during, and after your therapy sessions.

- 1) As part of participation in therapy you will complete several questionnaires and have several therapy sessions videotaped. With your permission, the McPhaul clinic would like to use this information for research purposes. You understand that your participation is voluntary. You have the right to refuse to have your survey information and videotapes included in McPhaul Clinic research. Refusing to include your information in the McPhaul Clinic research will not jeopardize your receiving therapy at the McPhaul Clinic or your relationship with the University of Georgia.
- 2) Your responses on questionnaires and videotapes will be kept **confidential**. Your name will not be associated with your responses, all questionnaires and videotapes will be identified by an assigned code number, and at no time will your names be associated with the results of any research. However, any identifying information you provide while being videotaped will remain on the videotape, but will never be used as part of any research or associated with the results of any study.
- 3) Your responses and videotaped sessions will be stored in a locked location and will only be used for research purposes by University of Georgia faculty and students and other professionals who may collaborate on research projects.
- 4) At times the McPhaul Clinic is participating in an active research project. If a project is currently in progress an additional sheet has been provided describing the current project. The additional sheet will also contain contact information if you would like more details about the current study. If no current study is in progress, the McPhaul Clinic will use your information in future projects.
- 5) You understand that the data collected becomes the property of the University of Georgia and will be kept indefinitely for research purposes.
- 6) You understand that there are risks associated with research participation. However, the risks associated with participation in research at the McPhaul Clinic are those associated with participation in therapy. Survey questions that ask about personal issues and relationship difficulties may produce intense feelings of anger, fear, depression, frustration and discomfort.
- 7) You will be compensated for participating in the ongoing research at the McPhaul Clinic. Once you have completed all the forms you or your family will be given a movie pass good for one movie at the University of Georgia Tate Student Center. Additionally, you will not be charged for your six-month booster session. You understand that you must complete all required forms and the six-month booster session to receive the movie passes.

- 8) You understand that there are benefits associated with research participation. While the benefits may not be directly related to you, findings from research at the McPhaul Clinic will be used to improve therapy services at the clinic and in other clinics around the country.
- 9) You have the right to end your participation in McPhaul Clinic research at any time with out moral or legal obligations and have information about you and your family removed from the research project and destroyed.

If you have further questions about the procedures described in the document you may contact, Dr. Stephanie Burwell, Director of Clinical Research and Clinical Services, at 542-4897 or Dr. Lee Johnson, Marriage and Family Therapy Program Director, at 542-4821. Your signature below indicates that you have read this form and understand and agree to the terms outlined above. This form needs to be signed by all participating members age 7 and above.

_____	Date _____
Signature	
_____	Date _____
Signature	
_____	Date _____
Signature	
_____	Date _____
Signature	
_____	Date _____
Signature	
_____	Date _____
Therapist (Witness)	

For questions or problems about your rights please call or write: The Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-6514; E-Mail Address IRB@uga.edu.

*This document is a COPY of the informed consent for research participation. The actual document in the client chart will be date stamped in the lower right-hand corner.

Appendix E

AUTHORIZATION TO DISCLOSE INFORMATION

McPhaul Family Therapy Clinic
 University of Georgia
 Athens, Georgia 30602
 Phone: 706-542-4486

The following client(s) authorize the McPhaul Family Therapy Clinic (MFTC) to release, the entire case file or other specific information _____ pertinent to the assessment and treatment of the following people to the person or agency listed below:

 Name Social Security Number Date of Birth

 Name Social Security Number Date of Birth

 Agency Address Phone #

I (we) also authorize the above listed agency to release, the entire case file or health record or other specific information _____ to the McPhaul Family Therapy Clinic.

I (we) understand that the information in my client file contains a record of the discussions that occurred with my (our) therapist. I (we) DO NOT authorize the MFTC to release the following information: _____

Purpose of disclosure: At the request of the individual(s) Other: _____

I (we) understand that all information obtained from the person or agency mentioned above is confidential and cannot be released by the MFTC without my (our) written consent. By signing below, I (we) acknowledge that I have read and understand this document, that I have voluntarily given my authorization to the McPhaul Family Therapy Clinic and the above listed agency to disclose my (our) information related to treatment. I understand that I may revoke this Authorization at any time by providing a written notice to the McPhaul Family Therapy Clinic to the attention of the Manager, Client Records. The revocation shall be effective except to the extent that the McPhaul Family Therapy Clinic has already disclosed information in reliance on the authorization. I understand that the person or agency receiving the information may redisclose my information, and at that point, the information may no longer be protected under the terms of this agreement. **Please refer to the *Informed Consent for Treatment and Notice of Health Information Privacy Practices for the McPhaul Family Therapy Clinic* for more information.** Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____

 Client Signature Date

 Client Signature Date

 Witness Date

 Parent/Guardian/Personal Representative Date

Use this space only if consent withdrawn:

 Client Signature Date



Appendix F

Department of Child and Family Development
Marriage and Family Therapy Program

McPhaul Marriage and Family Therapy Clinic

Emergency Information

The McPhaul Family Therapy Clinic functions as a clinic for the provisions of psychological services. Out clinic is a research and training center for doctoral level students who receive supervision from licensed Marriage and Family Therapists while working as direct service providers.

The McPhaul Clinic is able to provide services only during standard operating hours. These hours are usually 8 a.m. to 8 p.m. Monday through Thursday and 8 a.m. to 5 p.m. on Fridays. Individuals receiving services from the clinic should work with their therapist to arrange an appointment during these times.

If you are receiving services at the McPhaul Family Therapy Clinic and have need of psychological services at a time when the clinic is closed or your therapist is not available, please use the following information:

Emergency Numbers:

Athens Regional Medical Center (emergency room)	475-3533
	1-800-357-9774
Advantage Behavioral Health (after 5 p.m.)	
Advantage Behavioral Health (before 5 p.m.)	542-8656

Please state clearly to the on-call mental health worker that you in a crisis situation and are in need of emergency care. If critical need is not conveyed, the mental health worker may not be able to properly assess your status.

Appendix G

MCPHAUL MARRIAGE AND FAMILY THERAPY CLINIC
Client Intersession Report

First & Last Name: _____ Today's Date: _____

Therapist's Name: _____ Session Time: _____

Please circle the number that best represents your experiences over the past week.

1) I feel nervous, anxious, or unsettled.

Almost never				Half the time			Almost all the time
1	2	3	4	5	6	7	

2) I feel hopeless, depressed, or down.

Almost never				Half the time			Almost all the time
1	2	3	4	5	6	7	

3) I would rate my ability to function at work, school, or home:

Very poor			Similar to others			Excellent
1	2	3	4	5	6	7

4) Satisfaction with my personal relationships has been:

Very poor			About average			Excellent
1	2	3	4	5	6	7

5) I rate the positive sentiment, support, and collaboration in my life as:

Very poor			Similar to others			Excellent
1	2	3	4	5	6	7

6) I would rate progress toward therapy goals as:

Very poor			Moderate			Excellent
1	2	3	4	5	6	7

7) The likelihood of my problems being resolved is:

Very low			Not sure			Very high
1	2	3	4	5	6	7

Your responses to the next two questions will be removed prior to your therapist seeing this form:

8) My relationship with the therapist is:

Very poor			Moderate			Excellent
1	2	3	4	5	6	7

Answer Question 9 only if you are attending therapy with someone else:

9) I rate the relationship we as a couple or my whole family has with the therapist as:

Very poor			Moderate			Excellent
1	2	3	4	5	6	7

Appendix I

Supervision Record

Therapist: _____ **Semester/Month/Year:** _____

Supervisor(s): _____

Date	Individual Live	Individual Video	Individual Consult	Group Live	Group Video	Group Consult
Previous Totals:						
TOTALS						

Supervisor's Signature: _____

- Individual Live: Lead therapist with supervisor behind the mirror
- Individual Video: Lead therapist with supervisor examining video
- Individual Consult: Lead therapist with supervisor discussing cases (no more than two supervisees)
- Group Live: Behind the mirror team with supervisor behind the mirror
- Group Video: More than two therapists examining video with supervisor
- Group Consult: More than two therapists discussing cases (practicum)

Appendix J

ADJUSTMENT TO CLIENT LIABILITY

Reason

New Liability _____

Therapist

Date

Client

Date

Supervisor

Date

CC

Date

Appendix K **MCPHAUL MARRIAGE AND FAMILY THERAPY CLINIC**
Consent for Use of Digital Recording in
Professional Settings

When therapy services were initiated at the McPhaul Marriage and Family Therapy Clinic, you were informed that the clinic is a training facility. As part of this training, it is beneficial for trainees to watch recordings of therapy. Additionally, McPhaul therapists and supervisors present trainings at local, state, and national conferences. As stated on the documents you signed when therapy began: "The discussions that take place in therapy are **confidential**. Information about you or your family cannot be shared without your written permission." To use recorded sessions for training purposes, we need your written permission.

On the following lines specify which session(s) or parts if which session(s) you consent to be used for educational purposes.

Check the box next to the setting(s) that you consent to tapes to be used.

- Use at University of Georgia in a classroom setting
- Use in Local Settings
- Use in State Settings
- Use in National Settings

If you provide consent for all or parts of your recorded sessions to be used, no spoken identifying information (e.g. names) will be shared and confidentiality will be discussed with training participants prior to showing the recording. You can revoke this consent at anytime. All people present in the therapy, if giving consent, need to sign and date this form.

Signature: _____ Printed name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

*Appendix L***MCPHAUL FAMILY THERAPY CLINIC***Consent for Use of E-mail*

By signing this form you are acknowledging your wish to send and receive messages to/from your therapist using the e-mail addresses listed below.

The use of email is limited to setting up or canceling appointments and may not be used as a means of providing therapy.

You are also aware that e-mail is not a secure way of sending and receiving information and that you may not hold the McPhaul Family Therapy Clinic or your therapist responsible for any breach of confidentiality that results from the use of the e-mail addresses listed below.

Client's email: _____

Client's email: _____

Client Signature: _____ Date _____

Client Signature: _____ Date _____

Client Signature: _____ Date _____

Client Signature: _____ Date _____

Witness Signature: _____ Date _____
(Therapist)

Appendix N University of Rhode Island Change Assessment

1 = Strongly Disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly Agree

1. As far as I'm concerned, I don't have any problems that need changing.	1	2	3	4	5
2. I think I might be ready for some self-improvement.	1	2	3	4	5
3. I am doing something about the problems that had been bothering me.	1	2	3	4	5
4. It might be worthwhile to work on my problem.	1	2	3	4	5
5. I'm not the problem one. It doesn't make much sense for me to be here.	1	2	3	4	5
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	1	2	3	4	5
7. I am finally doing some work on my problem.	1	2	3	4	5
8. I've been thinking that I might want to change something about myself.	1	2	3	4	5
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	1	2	3	4	5
10. At times my problem is difficult, but I'm working on it.	1	2	3	4	5
11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.	1	2	3	4	5
12. I'm hoping that this place will help me to better understand myself.	1	2	3	4	5
13. I guess I have faults, but there's nothing that I really need to change.	1	2	3	4	5
14. I am really working hard to change.	1	2	3	4	5
15. I have a problem and I really think I should work at it.	1	2	3	4	5
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.	1	2	3	4	5
17. Even though I'm not always successful in changing, I am at least working on my problems.	1	2	3	4	5
18. I thought once I had resolved my problem I would be free of it, but sometimes is still find myself struggling with it.	1	2	3	4	5
19. I wish I had more ideas on how to solve the problem.	1	2	3	4	5
20. I have started working on my problems but I would like help.	1	2	3	4	5
21. Maybe this place will be able to help me.	1	2	3	4	5
22. I may need a boost right now to help me maintain the changes I've already made.	1	2	3	4	5
23. I may be part of the problems, but I don't really think I am.	1	2	3	4	5
24. I hope that someone here will have some good advice for me.	1	2	3	4	5
25. Anyone can talk about changing; I'm actually doing something about it.	1	2	3	4	5
26. All this talk about psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5
27. I'm here to prevent myself from having a relapse of my problem.	1	2	3	4	5
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	1	2	3	4	5
29. I have worries but so does the next guy. Why spend time thinking about them?	1	2	3	4	5
30. I am actively working on my problem.	1	2	3	4	5
31. I would rather cope with my faults than try to change them.	1	2	3	4	5
32. After all I had done to try to change my problem, every now and again it comes back to haunt me.	1	2	3	4	5

*Appendix P***Personal Reaction Inventory**

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

- _____ 1. It is sometimes hard for me to go on with my work if I am not encouraged.
- _____ 2. I sometimes feel resentful when I don't get my way.
- _____ 3. There have been times when I felt like rebelling against people in authority even though
I knew they were right.
- _____ 4. No matter who I'm talking to, I'm always a good listener.
- _____ 5. There have been occasions when I took advantage of someone.
- _____ 6. I'm always willing to admit it when I make a mistake.
- _____ 7. I sometimes try to get even rather than forgive and forget.
- _____ 8. I am always courteous, even to people who are disagreeable.
- _____ 9. I have never been irked when people expressed ideas very different from my own.
- _____ 10. There have been times when I was quite jealous of the good fortune of others.
- _____ 11. I am sometimes irritated by people who ask favors of me.
- _____ 12. I have never deliberately said something that hurt someone's feelings.

*Appendix Q***Violence Subscale of CTS**

Here is a list of things **you** might have done when you had a conflict or disagreement with a family member. We would like you to remember what went on during the past year. Please circle a number for each of the things listed below to show how often you did it **during the past year.**

0 = Never

1 = Once last year

2 = Two or three times

3 = Often, but less than once a month

4 = About once a month

5 = More than once a month

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Threw something (but not at a family member) or smashed something | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Threatened to hit or throw something at a family member | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Threw something at family member | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Pushed, grabbed, or shoved a family member | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Hit (or tried to hit) a family member but not with anything | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Hit (or tried to hit) a family member with something hard | 0 | 1 | 2 | 3 | 4 | 5 |

Appendix R Experiences in Close Relationships Scale

Instructions: The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Responding to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating scale

Disagree strongly			Neutral/mixed			Agree strongly
1	2	3	4	5	6	7

- _____ 1. I prefer not to show a partner how I feel deep down.
- _____ 2. I worry about being abandoned.
- _____ 3. I am very comfortable being close to romantic partners.
- _____ 4. I worry a lot about my relationship.
- _____ 5. Just when my partner starts to get close to me I find myself pulling away.
- _____ 6. I worry that romantic partners won't care about me as much as I care about them.
- _____ 7. I get uncomfortable when a romantic partner wants to be very close.
- _____ 8. I worry a fair amount about losing my partner.
- _____ 9. I don't feel comfortable opening up to romantic partners.
- _____ 10. I often wish that my partner's feeling for me were as strong as my feelings for him/her.
- _____ 11. I want to get close to my partner, but I keep pulling back.
- _____ 12. I often want to merge completely with romantic partners, and this sometimes scares them away.
- _____ 13. I am nervous when partners get too close to me.
- _____ 14. I worry about being alone.
- _____ 15. I feel comfortable sharing my private thoughts and feelings with my partner.
- _____ 16. My desire to be very close sometimes scares people away.
- _____ 17. I try to avoid getting too close to my partner.
- _____ 18. I need a lot of reassurance that I am loved by my partner.
- _____ 19. I find it relatively easy to get close to my partner.
- _____ 20. Sometimes I feel that I force my partner to show more feeling, more commitment.
- _____ 21. I find it difficult to allow myself to depend on romantic partners.
- _____ 22. I do not often worry about being abandoned.
- _____ 23. I prefer not to be too close to romantic partners.
- _____ 24. If I can't get my partner to show an interest in me, I get upset or angry.
- _____ 25. I tell my partner just about everything.
- _____ 26. I find that my partner(s) don't want to get as close as I would like.
- _____ 27. I usually discuss my problems and concerns with my partner.
- _____ 28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.
- _____ 29. I feel comfortable depending on romantic partners.
- _____ 30. I get frustrated when my partner is not around as much as I would like.
- _____ 31. I don't mind asking romantic partners for comfort, advice, or help.
- _____ 32. I get frustrated if romantic partners are not available when I need them.
- _____ 33. It helps to turn to my romantic partner in times of need.
- _____ 34. When romantic partners disapprove of me, I feel really bad about myself.
- _____ 35. I turn to my partner for many things, including comfort and reassurance.
- _____ 36. I resent it when my partner spends time away from me.

Appendix S

Revised Dyadic Adjustment Scale (RDAS)

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always agree	Almost Always Agree	Occasionally Agree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Religious matters	_____	_____	_____	_____	_____	_____
2. Demonstrations of affection	_____	_____	_____	_____	_____	_____
3. Making major decisions	_____	_____	_____	_____	_____	_____
4. Sex relations	_____	_____	_____	_____	_____	_____
5. Conventionality-correct/proper behavior	_____	_____	_____	_____	_____	_____
6. Career decisions	_____	_____	_____	_____	_____	_____

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
7. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	_____	_____	_____	_____	_____	_____
8. How often do you and your partner quarrel?	_____	_____	_____	_____	_____	_____
9. Do you ever regret that you married (or live together)?	_____	_____	_____	_____	_____	_____
10. How often do you and your mate "get on each other's nerves"?	_____	_____	_____	_____	_____	_____

	Every Day	Almost Every Day	Occasionally	Rarely	Never
11. Do you and your mate engage in outside interests together?	_____	_____	_____	_____	_____

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
12. Have a stimulating exchange of ideas	_____	_____	_____	_____	_____	_____
13. Work together on a project	_____	_____	_____	_____	_____	_____
14. Calmly discuss something	_____	_____	_____	_____	_____	_____

*Appendix T***Family APGAR**

This section talks about you and your family. Please CIRCLE ONLY ONE OPTION.

	Hardly Ever	Sometimes	Almost Always
1. I can turn to my family for help when something is troubling me.	0	1	2
2. My family talks over things with me and shares problems with me.	0	1	2
3. My family accepts and supports me when I try new things.	0	1	2
4. My family shows affection, and notices my feelings, such as anger, sorrow, or love.	0	1	2
5. My family and I share time together.	0	1	2

Appendix U

Inventory of Parent & Peer Attachment (IPPA)

This questionnaire asks about your relationship with your parents. Please read the directions carefully. The following statements ask about you feelings about your Mother and Father. Please read each statement and circle ONE number that tells how true the statement is for you and your mother and ONE number that tells how true the statement is for you and your father. Use the following key:

	1 = Almost Never or Never True	2 = Not Very Often True	3 = Sometimes True	4 = Often True	5 = Almost Always or Always True	MOTHER	FATHER
1. My mother/father respect(s) my feelings	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
2. I feel my mother/father does a good job as my mother/father	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
3. I wish I had a different mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
4. My mother/father accept(s) me as I am.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
5. I like to get my mother's/father's point of view on things I am concerned about.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
6. I feel it's no use letting my feelings show around my mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
7. My mother/father can tell when I'm upset about something.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
8. Talking over my problems with my mother/father makes me feel ashamed or foolish.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
9. My mother/father expects too much from me.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
10. I get upset easily around my mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
11. I get upset a lot more than my mother/father knows about.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
12. When we discuss things, my mother/father cares about my point of view.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
13. My mother/father trusts my judgment.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
14. My mother/father has her/his own problems, so I don't bother him/her with mine.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
15. My mother/father helps me to understand myself better.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
16. I tell my mother/father about my problems and troubles.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
17. I feel angry with my mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
18. I don't get much attention from my mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
19. I talk to my mother/father about my difficulties.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
20. My mother/father understand(s) me.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
21. When I am angry about something, my mother/father tries to be understanding.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
22. I trust my mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
23. My mother/father doesn't understand what I am going through these days.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
24. I can count on my mother/father when I need to get something off my chest.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
25. If my mother/father knows something is bothering me, she/he asks me about it.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
26. I get frustrated with my mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
27. I don't like being around my mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
28. I am constantly yelling and fighting with my mother/father	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
29. When I feel sad and lonely I spend time with my mother/father.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
30. I don't like my mother/father to be near me.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5
31. I worry that my mother/father does not like me.	1	2	3	4	5	1 2 3 4 5	1 2 3 4 5

1 = Almost Never or Never True 2 = Not Very Often True 3 = Sometimes True	4 = Often True 5 = Almost Always or Always True	MOTHER					FATHER				
32. I worry what my mother/father thinks about me.		1	2	3	4	5	1	2	3	4	5
33. I worry that someday I won't have a very close relationship with my mother/father.		1	2	3	4	5	1	2	3	4	5
34. I need a lot of reassurance that my mother/father loves me.		1	2	3	4	5	1	2	3	4	5
35. Sometimes I act upset so my mother/father will comfort me.		1	2	3	4	5	1	2	3	4	5
36. My relationship with my mother/father makes me feel anxious		1	2	3	4	5	1	2	3	4	5
37. My relationship with my mother/father makes me feel insecure.		1	2	3	4	5	1	2	3	4	5
38. The fact that my mother/father is not around as much frustrates me.		1	2	3	4	5	1	2	3	4	5
39. I feel really bad when my mother/father is too busy to spend time with me.		1	2	3	4	5	1	2	3	4	5

*Appendix W***The Brief Hopelessness Scale**

Please read the following statements and place an **(A)** in the blank if you **Agree** with the statement and a **(D)** if you **Disagree** with the statement:

- ___ 1. All I see ahead of me are bad things, not good things
- ___ 2. There's no use in really trying to get something I want because I probably won't get it
- ___ 3. I might as well give up because I can't make things better for myself
- ___ 4. I don't have good luck now and there's no reason to think I will when I get older
- ___ 5. I never get what I want, so it's dumb to want anything
- ___ 6. I don't expect to live a very long life

Appendix X

Therapy Alliance Scale

Instructions: The following statements refer to your feelings and thoughts about your therapist and your therapy right NOW.

Please work quickly. We are interested in your FIRST impressions. Your ratings are CONFIDENTIAL. They will not be shown to your therapist or other family members and will only be used for research purposes. Although some of the statements appear to be similar or identical, each statement is unique. PLEASE BE SURE TO RATE EACH STATEMENT.

Each statement is followed by a seven-point scale. Please rate the extent to which you agree or disagree with each statement AT THIS TIME. If you completely agree with the statement, circle number 7. If you completely disagree with the statement, circle number 1. Use the numbers in-between to describe variations between the extremes.

	Completely Agree 7	Strongly Agree 6	Agree 5	Neutral 4	Disagree 3	Strongly Disagree 2	Completely Disagree 1	
1. The therapist cares about me as a person	7	6	5	4	3	2	1	
2. The therapist and I are not in agreement about the goals for this therapy.	7	6	5	4	3	2	1	
3. The people who are important to me would be willing to help me in this therapy.	7	6	5	4	3	2	1	
4. Some of the people who are important to me and I do not feel the same ways about what I want to get out of this therapy.	7	6	5	4	3	2	1	
5. I am satisfied with the therapy.	7	6	5	4	3	2	1	
6. The therapist lacks the skills and ability to help me with my important relationships.	7	6	5	4	3	2	1	
7. I trust the therapist.	7	6	5	4	3	2	1	
8. The therapist does not understand some of my important relationships.	7	6	5	4	3	2	1	
9. The therapist understands my goals in therapy.	7	6	5	4	3	2	1	
10. Some of the people who are important to me would not agree about the about the goals for this therapy.	7	6	5	4	3	2	1	
11. The people who are important to me would approve of the way my therapy is being conducted.	7	6	5	4	3	2	1	
12. I would feel safe talking with the people who are important to me about this therapy.	7	6	5	4	3	2	1	
13. The people who are important to me would understand the goals for this therapy.	7	6	5	4	3	2	1	
14. The therapist does not understand me.	7	6	5	4	3	2	1	
15. The therapist is helping me with my important relationships.	7	6	5	4	3	2	1	
16. The therapist does not understand some of the people who are important to me.	7	6	5	4	3	2	1	
17. The therapist cares about my important relationships.	7	6	5	4	3	2	1	
18. I do not feel accepted by the therapist.	7	6	5	4	3	2	1	
19. The people who are important to me would understand what I am doing in this therapy.	7	6	5	4	3	2	1	
20. The people who are important to me would care about and want me to be in this therapy.	7	6	5	4	3	2	1	
21. The therapist and I are in agreement about the way the therapy is being conducted.	7	6	5	4	3	2	1	
22. Some of the people who are important to me would distrust the therapist.	7	6	5	4	3	2	1	
23. The therapist has the skills and ability to help me.	7	6	5	4	3	2	1	
24. I do not care about the therapist as a person.	7	6	5	4	3	2	1	
25. The people who are important to me would think that the therapy is helping me.	7	6	5	4	3	2	1	
26. The therapist is not helping me.	7	6	5	4	3	2	1	
27. The people who are important to me and I would be in agreement about my goals for this therapy.	7	6	5	4	3	2	1	
28. Some of the people who are important to me and I would not be in agreement about what I need to do in this therapy.	7	6	5	4	3	2	1	
29. The therapist understands the goals I have for my important relationships.	7	6	5	4	3	2	1	

30. The therapist does not appreciate how important some of my relationships are to me.	7	6	5	4	3	2	1
31. Some of the people who are important to me would not be pleased with what I am doing in this therapy.	7	6	5	4	3	2	1
32. The people who are important to me would feel accepted by the therapist.	7	6	5	4	3	2	1
33. The therapist does not agree with the goals I have for my important relationships.	7	6	5	4	3	2	1
34. Some of the people who are important to me would not trust that this therapy is good for my relationships with them.	7	6	5	4	3	2	1
35. The therapist understands what the people who are important to me would want me to achieve in therapy.	7	6	5	4	3	2	1
36. Some of the people who are important to me would not be accepting of my involvement in this therapy.	7	6	5	4	3	2	1
37. I am comfortable disagreeing with or challenging my therapist.	7	6	5	4	3	2	1
38. I want to share more with my therapist but keep pulling back.	7	6	5	4	3	2	1
39. My therapist wants to know too much about me.	7	6	5	4	3	2	1
40. I feel that I am wasting my therapist's time.	7	6	5	4	3	2	1
41. I adapt what I learn in therapy to better fit my life.	7	6	5	4	3	2	1
42. Talking over my problems with my therapist makes me feel ashamed or foolish.	7	6	5	4	3	2	1
43. Even if I disagree with my therapist I would never say so.	7	6	5	4	3	2	1
44. I worry about my therapist abandoning me.	7	6	5	4	3	2	1
45. I feel hopeless when I leave therapy.	7	6	5	4	3	2	1
46. It is hard for me to give up thinking about what was said in therapy.	7	6	5	4	3	2	1
47. I don't follow through with ideas from therapy.	7	6	5	4	3	2	1
48. I often think about calling my therapist between sessions.	7	6	5	4	3	2	1
49. I feel anxious or nervous when I am around my therapist.	7	6	5	4	3	2	1
50. I feel comfortable sharing my private thoughts and feelings with my therapist.	7	6	5	4	3	2	1
51. I am worried that my therapist is getting tired of meeting with me.	7	6	5	4	3	2	1
52. I can often come up with solutions without talking to my therapist.	7	6	5	4	3	2	1
53. If I know someone that desperately needed therapy I would refer them to my therapist.	7	6	5	4	3	2	1

For each of the next four paragraphs, use the same scale to indicate your agreement or disagreement with how much each one describes your therapy experience.

1. It was relatively easy for me to feel connected to my therapist. I am comfortable depending on my therapist. I don't worry about my therapist not being there for me or not accepting me.	7	6	5	4	3	2	1
2. Being connected is important to me, but I sometimes worry that I want to be closer to my therapist than she/he is comfortable with. I worry that my therapist does not value me.	7	6	5	4	3	2	1
3. I am uncomfortable feeling connected to my therapist. It is very important for me to feel independent and self-sufficient, and I prefer not to depend on my therapist.	7	6	5	4	3	2	1
4. I am somewhat uncomfortable getting close to my therapist. I want to feel connected with my therapist but find it difficult to trust or depend on her/him. I worry that I will be hurt if I allow myself to open up too much with my therapist.	7	6	5	4	3	2	1

Please choose the one paragraph above which best or most often describes your therapy experience

	1	2	3	4
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