SAINT LOUIS UNIVERSITY

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Center for Counseling and Family Therapy (CCFT) Policies and Procedures Manual

2024-2025

Revised 12/24

CCFT Policies and Procedures Table of Contents

1. Mission of the Clinic

Description: The Center for Counseling and Family Therapy provides affordable counseling and outreach services to empower people to face life's tasks with confidence. It is a community mental health clinic that covers a range of services throughout the metropolitan St. Louis area.

Importance to the Clinic: Therapists in the CCFT are master's and doctoral student interns in the program, where they receive advanced clinical training from quality supervisors. The goals of the Center for Counseling and Family Therapy are consistent with the mission of Saint Louis University which states, in part, that: "The University. . . maintains and encourages programs which link the University and its resources to its local, national, and international communities in support of efforts to alleviate ignorance, poverty, injustice and hunger, to extend compassionate care to the ill and needy, and to maintain and improve the quality of life for all persons."

Specific Requirements/Expectations:

- Students should always maintain a high level of professionalism and integrity in the clinic. This includes adhering to protocols in the clinic, following the guidance of the CCFT Director and Clinic Coordinator, maintaining professionalism with clients and families, and communicating through the proper channels.
- As a therapy clinic, the center collects revenue at each session. It is important that therapists maintain appropriate record keeping of payments, notes, and other documentation from sessions completed.
- This is both a training clinic and a business. Student responsibilities are not only for receiving quality training under their supervisors for seeing clients and families, but also to collect payments and record proper documentation at all times.

2. Onboarding Process for New Therapists

Description: All new students in the clinic are required to complete an onboarding process to learn about the clinic protocols involved with working as a therapist. Students in their practicum learn the skills and techniques when starting to see clients in the clinic. Students will also communicate with the CCFT coordinator when initiating their caseloads and schedules in the clinic.

Importance to the Clinic: Getting proper training for new students is essential for the operations to work smoothly in the clinic. Therapists will be expected to maintain professionalism when conducting sessions and managing administrative tasks during their time in the program.

Specific Responsibilities/Expectations:

- Attending the yearly kickoff CCFT meeting-All new students are required to attend the yearly kickoff meeting in August. During the
- Watching any CCFT videos throughout the year-Faculty and staff will notify students when any updates on trainings or protocols have been updated in the clinic. It is the student's responsibility to watch these videos and address any questions to their supervisors, CCFT Coordinator, or the CCFT Director.
- For new students, it is a requiement to complete the Spring training in January before starting practicum.

3. Intake Process for Clients

Description: The intake process is the initial step for clients entering services in the CCFT. This process involves not just assessment information at the first session, but additional paperwork and background information of the client/couple/family to help the therapist and the clinic.

Importance to the Clinic: The intake process helps streamline new clients into the clinical services offered. It is a structured sequence of events that keeps information on file and makes sure that all essential paperwork is completed by all members of the client system (i.e., both partners or family members). Therapists are required to complete the appropriate paperwork in the clinic so that accurate records of the client information is captured.

Specific Requirements/Expectations

- ***Intake information***-Each new client in the CCFT gets their own unique identification number. This is the case for all new intakes. Additionally, all clients must complete the necessary intake paperwork prior to the first session. The invitation to intake paperwork on Theranest must be sent to client's email at least a couple of days before the scheduled intake. If clients want to complete the paperwork in-person, ask clients to arrive at least 30-45 minutes earlier prior to an intake appointment to complete the documents.
- ***Setting up services with a new therapist-***When a therapist wants to request a new client, they must go to the Clinic Coordinator about this request. The coordinator will then assign a case based on the next available client in the waitlist. Students cannot pick which clients they want off of the waitlist selection. It is then the student's responsibility to contact the client about setting up an initial appointment. Supervisor approval is needed prior to contacting the Clinic Coordinator.
- ***For CCFT assessments (both in-person and telehealth), please refer to the Assessment policies document in Appendix D)***
- ***The Two Format Per Family Rule-*** In the CCFT, we have a policy of not seeing more than two formats within a family system at the clinic. For instance, if one therapist sees a client, then another therapist can see the client as part of a family or couple. If a third format is requested, then an outside referral needs to be made.

4. Hours of Operation

Description: The CCFT has specific hours of operation in which therapy services and other initiatives are open to the public. Each day of the week has a specific opening and closing time, which covers both the front desk and the therapy rooms.

Importance to the Clinic: The hours of operation set specific boundaries for when therapists can practice in the clinic. The lead coordinator, supervisors, and interns also have parameters to work within these times. This also prevents after-hours calls, sessions, or requests that are outside of normal working hours for all parties.

Specific Requirements/Expectations:

In-Person Hours: Monday–Thursday: 12pm-8pm, Fridays: 12pm-6pm

Virtual Hours: Monday-Thursday 9am-8pm, Fridays: 9am-6pm

- The front door should always be locked outside of clinic hours. No doors should ever be propped open in the hallway door or to get into CCFT.
- Students CANNOT hold sessions on campus outside of normal business hours. Any student that is found holding a session outside of these hours will be reported to the CCFT Director and Clinic Coordinator immediately.
- Students MUST use the laptops for virtual sessions when working outside of the CCFT. These sessions must be conducted in the CCFT or virtual rooms of Morrissey Hall. Students must sign the telehealth log.

5. Security Procedures

Description: The security of the clinic helps to keep oversight of the general operations and specific items monitored. The university takes precautions to make sure that all designated program and clinic areas are secured at all times for the safety and well-being of the public.

Importance to the Clinic: Security is extremely important for the protection and safety for everyone working at the CCFT. Those at the front desk help monitor the lobby area and files of cases. There are also protocols in place should there be a safety issue in Morrissey Hall.

Specific Requirements/Expectations:

- ***Procedures for opening the clinic***-The clinic should open up no earlier than 11:50am each weekday. All lights need to be turned on in the lobby area and front desk. Clients cannot go back to the therapy rooms until noon. If the Clinic Coordinator is out of the office or running late, they will be in communication with therapists about conducting the check-in for clients. The hallway doors in the CCFT must remain shut at all times. No doors should ever be propped open in the CCFT or main door to the program.
- ***Procedures for locking up***- When the last student or intern is wrapping up for the night, they must close down all cabinets and drawers in the clinic. This person is also responsible for locking the front door to the clinic. A front desk person should not leave before the final session is completed for that night.
- ***Keeping laptops and equipment stored*** - Students MUST keep all laptops stored in the safe underneath the front desk. Any student who wants to use the HIPPA approved laptop must use the sign-in/sign-out sheet on the table. Students **cannot** use their personal laptops when seeing virtual sessions in the CCFT. The program ordered laptops specifically for HIPPA and SLU security protection for information.
- ***File cabinets and documentation***-The keys to the filing cabinets are always located in the upper first drawer in the back of the front desk area. These keys are labeled Cabinet A, B, C, and D. There should be no

physical folders ever left out of the filing cabinets when therapists and staff wrap up for the day.

6. Transfer Process

Description: A therapy case transfer occurs when a therapist ends their treatment with a client and the client continues with a new therapist. This handoff is important for the continuation of services, should the client, couple, or family request this.

Importance to the Clinic: Transfer cases help provide sustainability for clients continuing to seek treatment at the CCFT. This process also helps new student therapists get new clients to see as part of their graduate program training.

Specific Requirements/Expectations:

- ***Decisions on when to transfer a client****- The transfer process involves several steps. The therapist needs to have a conversation with both the client and with their supervisor about this decision. Usually, a transferred case occurs when 1.) a student is graduating from the program, 2.) leaving the area, 3.) feels that the client would be a better fit with another therapist, or 4.) the client needs specialized services that another therapist could offer.*
- ***The process of transferring a case****-If the student decides to transfer a client, they should notify the clinic coordinator as soon as possible following supervisory approval. The coordinator can reflect this anticipated change in their records. The therapist's supervisor can also help make the determination of where the referral should go to. There should NEVER be a case where the student refers out to a CCFT or outside therapist without the approval first by the supervisor. The therapist would then contact the student who the client will be transferred to. Both therapists will need to arrange a "transfer session" to make sure that the handoff runs smoothly.*

7. Important Dates and Deadlines

Description: The CCFT keeps a yearly list of dates and deadlines to help manage the flow of the clinic and complete certain tasks.

Importance to the Clinic: Having continual deadlines and dates helps therapists, interns, staff, and supervisors know when things are due in the CCFT. Therapists know when the clinic is closed and when important administrative work needs to be completed. For staff and interns, these benchmarks can serve as a reminder for other tasks to be completed in a timely manner.

Specific Requirements/Expectations:

- ***Calendar of days closed for the academic year***- Please refer to the front desk for a list or closed days in the CCFT. These dates are subject to change throughout the year. Any updates on dates will also be sent out by either the CCFT Director or the Clinic Coordinator.
- ***Important Deadline Reminders***- For master's students, you MUST turn in your clinical hours sheet by the end of each semester to Mary. Failure to do so in a timely manner may put the student in jeopardy of losing the full semester of hours collected.
- ***Student therapists using the calendar****-As we transition to TheraNest this academic year, we will also merge to the TheraNest calendar for appointments. For those using the main program calendar, it is the responsibility of the therapist to always enter in therapy appointments, and to make changes when necessary.*

8. Supervision Responsibilities

Description: Therapy supervision is a formal arrangement where a licensed mental health professional (or supervisor), provides continuing guidance to a less experienced clinician, or supervisee about therapy cases. The purpose of therapy supervision is to help the supervisee improve their clinical skills and knowledge, and to ensure the efficacy of the client-therapist relationship.

Importance to the Clinic: Supervision is an essential function of our training program and provides additional oversight to the overall clinical work. The supervisors not only review cases in the clinic, but process any administrative, clinical, or personal issues that the supervisee may experience. The supervision of students is integrated into the core coursework of both the master's and doctoral programs.

Specific Requirements/Expectations:

- ***Holding supervision sessions****-Supervisors are expected to hold routine supervision sessions with students in specific program courses. Students should come to supervision sessions with cases and other clinical topics for discussion. Students need to notify supervisors and the CCFT Director when there are any emergencies, crises, or other clinical issues that warrant oversight by the supervisor.*
- ***Monitoring the cases of supervisees****- Supervisors have a responsibility to sign off on all notes within the CCFT for cases. Supervisors also have the discretion to determine which clients are the best fit for students in the program. It's very important that the supervisee continues to update their supervisor on the status of clients, and if there are any closing cases, potential transfer cases, or challenges with their current clients.*
- ***Doctoral Supervisor-in-Training (SIT)*** *– A doctoral student SIT provides an additional layer of hands-on clinical guidance by participating in practicum and offering supervisees clinical consultations on pressing clinical issues, as well as administrative support relevant to the supervisee's position at the CCFT. Doctoral SITs will be responsible for communicating with their supervisors about their work in supervision,*

along with knowing the boundaries regarding their scope of work as a supervisor. Master's students should always treat doctoral SITs with a level of professionalism and respect at all times. ***Oversight of any crisis or ethical issues-****If any crises or reporting issues occur with clients, this needs to be communicated to the supervisor immediately. When a risk or safety issue occurs in the CCFT, the student should contact the front desk person and their supervisor immediately. For any health-related emergencies in the CCFT, the therapist or front desk person needs to dial 911 for emergency response. Therapists always need to document when a safety or risk issue occurs with their client.*

- ***Coverage when out of town-****There are times during the year when supervisors and other faculty will be out of town. Students have the responsibility to contact their supervisor ahead of time to plan for client sessions and other correspondence.*

9. Culture and Diversity

Description:

Importance to the Clinic: One of the core missions of the CCFT is to provide affordable care for all cultures and populations within our communities. Students take a culturally informed and attuned approach to working with clients and families from all backgrounds, making sure that one's identity is always being honored and taken into account. Culture and diversity are emphasized in all core courses and supervision training in the program.

Specific Requirements/Expectations:

- ***Respect to all backgrounds of clients, therapists, staff, and faculty-*** One of the core missions of our clinic is to provide services to all populations and communities who need access to mental health and family services. Therapists who work in the clinic need to honor this mission and respect the backgrounds of clients who they treat in clinical practice. This mission also pertains to the respect of colleagues, faculty, and staff in our program.

- ***Incorporating culture and diversity areas into practice***-One of the core competencies of students in the program is taking a culturally sensitive and culturally informed lens in practice. This not only applies to the intake information for new clients, but consistently working with cultural issues with clients, couples, and families. These skills in clinical practice are evaluated by faculty and supervisors on a routine basis.
- ***Processing these areas in supervision-***Therapists are always encouraged to process culture and diversity topics in supervision. This is not just for client related issues that arise, but also to address any self-of-the- therapist topics that impact the therapist's work.

10.Telehealth Ethics

Description: Telehealth services is the transmission of a client's health information from an originating site to the health care provider at a distant site without the presence of the patient. Telehealth services are usually done through a computer to offer the best interface for that session and align with specific HIPPA and confidentiality requirements.

Importance to the Clinic: Telehealth has been a growing area in healthcare, where clients can receive services in a flexible and accommodating format. Therapists adhere to specific Code of Ethics standards when practicing any form of therapy. When using telehealth, there are additional ethical considerations that one must take to ensure that privacy and other legal protections are factored.

Specific Requirements/Expectations:

- ***Devices for using telehealth services-***In the CCFT, the only permitted devices for telehealth are the HIPPA approved laptops. Students cannot use their personal devices when seeing clients in the clinic. There's a sign-out sheet for reserving laptops, located on the table at the front desk

area. There's an ethernet cable that connects the laptop to the wall in the room.

- ***Conditions for conducting a session-*** All telehealth sessions must occur either in one of the six CCFT therapy rooms or in the back two telehealth rooms. If the student uses one of the telehealth rooms, the drapes must be closed, and the door must be shut during the duration of the appointment. The student must make sure that the client prepays for the session on marketplace within 24 hours of the session. If the client forgets to pay, the therapist must make sure that the client pays prior to starting the session.
- **Telehealth Training-** Students are required to go through the mandatory online trainings for telehealth competencies. Dr. Dalton has information about the links for students to click and review about telehealth skills, ethics, and other important areas.
- ***Ethical Considerations-*** For telehealth sessions, it's important that the client consents to having no other individuals present in their room during the session. Students should avoid any background distractions, including making sure that their room is secured when conducting the session. Students should also confirm with clients about their location in session, so that this meets state requirements for conducting a session.
    - It is often challenging for clients' crises or situations to happen from a distance. If there is a safety or risk issue that warrants an emergency, the therapist should pause the session and contact their supervisor or CCFT Director immediately for guidance. Therapists are allowed to make a "duty to warn" or call to police, should there be a risk issue reported by a client at their location of the session. Please refer to the AAMFT Code of Ethics for continual guidance on ethical considerations when working with clients in any capacity.

11.TheraNest

Description: TheraNest is designed to help a therapist organize, and keep secure, the client electronic health record (EHR). Therapists can use the Client Details page, scheduling, case and progress note forms, and other tools to make

their management of cases easier. The software is HIPPA compliant, meaning that it meets the standards of providing privacy for the information of healthcare patients in a secure space.

Importance to the Clinic: TheraNest is the electronic health records system for the CCFT. This upgrade to a new platform will help therapists utilize more documents, tools, and communication with clients in a more streamlined fashion. This records system is where the interns and lead coordinator will check appointment times and any other client information during the check-in process. This is also the place where faculty and supervisors will sign notes and monitor other areas of the student's work.

Specific Requirements/Expectations:

- ***Learning how to start a new client-*** Students should refer to the TheraNest 101 slide deck which has information about how to start a new client in the CCFT and navigating this process in TheraNest.
- Documents for a case file- Please refer to Appendix B for more information.
- ***Using the scheduling system for clients-***As we merge into the TheraNest system, students will be expected to use the schedule for booking clients and determining which rooms are open in the clinic. Since this is an interactive schedule, students should continually check this for updates of room reservations and any overlap of sessions scheduled.
- ***Exchange of information with clients and third parties-***Whenever there's an exchange of information with a client and/or third party, the therapist needs to use their health.slu.edu account. The therapist also needs to request a release of information for contacting outside parties, with the authorization of the client or legal guardian. The therapist can connect with the client through TheraNest regarding any documentation that needs to be signed or approved.
- ***Assessments collected from sessions-*** *Please refer to Appendix D for the policies and procedures for assessments in the CCFT.*

12.Professionalism

Description: Professionalism encompasses the way you carry yourself, your attitude and the ways you communicate with others. Being professional can ensure a positive first impression, successful interpersonal relationships and a lasting reputation within your organization and industry.

Importance to the Clinic: Therapists must always carry themselves in a professional manner around all clients, staff, supervisors, and colleagues. This standard gives clients a positive impression of the CCFT and honors the work that we offer as healthcare providers. Adhering to professional standards also makes the clinic run efficiently at all times.

Specific Requirements/Expectations:

- ***Conduct in the clinic-*** Students are expected to conduct themselves in a respectful and professional manner at all times. This includes interaction with clients, correspondence with staff and supervisors, and overall attitude towards their work. If a supervisor or staff member sees any unprofessional conduct occur with students, this will be brought up with the student and determine any level of remediation needed.
- ***Dress Code-***Therapists should present themselves in the therapy room as professional and presentable. There are no excuses for students who have classes or previous commitments and do not have time to change prior to the session. The student needs to prepare for their sessions, just like any off-site organization would require from their therapists.
    - *Clothing that is not permitted in the clinic: tennis shoes, sneakers, sweatshirts, sweatpants, shorts, sandals, t-shirts, clothing with graphics, hats. Additionally, there are no holes or tears in clothing, where jeans should be clean in appearance. Dark jeans or minimally colored/styled jeans are considered more in the smart casual range.*
- ***Respect to all interns, students, staff and faculty-*** We always expect therapists to respect the thoughts, perspectives, and background of

others in the clinic. We will not tolerate blaming or negative comments about one's age, race, gender, ethnicity, disability, or cultural backgrounds under any circumstance.

- ***Conflict resolution-***When working on any team in a therapy practice, there may be disagreements about decisions or specific clinical issues. Conflict resolution is a very important professional development skill for new therapists to find common ground on challenging situations. We encourage students to discuss any disagreements between each other first. If an effective resolution cannot be found, then a supervisor or the CCFT Director can get involved to address the situation.
- ***Timeliness of tasks and sessions-*** Students need to show up for their sessions on time and make proper arrangements in the therapy room for seeing clients. Students also need to complete notes within 24 hours of the completion of their session in TheraNest. The initial assessment with diagnosis must be completed 24 hours after the first session as part of the intake process. Treatment plans must be completed within 24 hours of the second session. The paper file of the client must continually be updated to reflect proper documentation of the client's progression in therapy.

13.Clinic Payments

Description: Payments for psychotherapy are standard practice in healthcare. Customers who pay for a therapy session is a transactional exchange, where the therapist offers a healthcare service to justify this payment.

Importance to the Clinic: The CCFT is fully dependent on client payments in order for the operations and management of the clinic to run. The collection of payments assures that the clinic has an operating budget and can fund specific

upgrades needed in the business. The collection of money is also a professional development skill for students in training.

Specific Requirements/Expectations:

- ***Credit card machine-*** Our clinic uses “Clover” as the credit card portal for collecting payments. The clinic is open to cash, check, or credit card (however credit card payments make up almost 90% of the total payments). The front desk will ask the client about their session fee and run the credit card in the machine. If a front desk person is not present for the session, the student must collect this information from the client.
- ***Late or missing payments-*** We have a two missing payment rule policy in the clinic. This means that after a second straight time of not paying, there’s a pause in sessions until the client pays some portion of the previous sessions. The student must adhere to this policy. The student can always process any financial challenges for clients with their direct supervisor.
- ***Sliding scale-*** The clinic operates on a sliding scale fee. We do not collect insurance from clients and do not operate as an “in-network” or “out of network” provider for insurance reimbursements. The student should have a therapeutic conversation with the client about the terms of payment for therapy. The lowest that a session can go to is $15. If a client cannot afford this, they can go lower, with approval first from the CCFT Director.
- ***Receipt tracking-***Clients have the option if they want to keep receipts from sessions. Clover keeps trac of receipts in the system for all credit card payments. A paper receipt needs to be collected for cash or check payments. If you have any questions about the details of a receipt or where to store these, please contact the CCFT Coordinator.
- ***Other Payment Methods-*** The client can also pay by check or cash. If this is the case, the amount and date of the session must be collected on a receipt (copy given to the client and a copy kept on file). All cash or checks are kept in the safe in the back corner of the clinic**.**

14.Safety/Crisis Issues

Description: Safety and reporting situations occur when there's a mental health, physical, safety, or community crisis that involves action to be taken on the part of the therapist, staff, or faculty member. Patient safety also includes making sure that the therapist attends to mandating reporting issues that might arise in sessions.

Importance to the Clinic: Safety for clients and the well-being of all members in the CCFT always has high importance. Because clients with a range of mental health issues come to the clinic, it's important that students continue to assess and monitor issues as they arise.

Specific Requirements/Expectations:

- For all mandated reporting issues in the clinic, the student MUST contact their direct supervisor and the CCFT Clinical Director. When possible, the student needs to contact these individuals when faced with a crisis situation. It's the student's responsibility to have the number of the direct supervisor and CCFT Director on hand, should any future situations arise.
- Suicide/Self-Harm/Homicidal Risk- A client reports a risk to themselves or others in the clinic. The therapist then makes a determination if they want to voluntarily go to the hospital, or if they involuntarily will not go.

  -If involuntarily, the therapist or coordinator needs to immediately call 911. The therapist and/or front desk staff must keep the person in the building and remain with them until the police arrive.
- Medical Emergency-Students should always call 911 immediately, followed by a call to the CCFT Director, and then their supervisor
- Physical altercation- Students must end the session immediately if there is a physical altercation in the room. The SLU DPS may be needed to come in an intervene. The therapist should also contact the front desk person immediately.
- Tornado warning/watch- All students, faculty, and staff go into the bottom floor of Morrissey Hall on the south wing of the hallway. When the notice is clear, everyone can return back to the CCFT.

15.Scheduling Protocols

Description: Client scheduling is a function of the clinic where new and existing clients get entered into an interactive schedule. Appointments times, fee collection, and other pertinent client information are captured in the system so that the front desk and lead therapist can track the organization of client times.

Importance to the Clinic: Scheduling is a vital part of the operations of any therapy or healthcare clinic. This is where client sessions, information, and status of paid visits are kept in the program. Students should always be staying on top of their scheduling of clients.

Specific Requirements/Expectations:

- **Scheduling clients in the system-** Scheduling is done in TheraNest for all client appointments in the CCFT. The therapists must schedule appointments in the system in order to secure their room for that day. The therapist must mark that the session was completed in TheraNest, as well as marking if a session was cancelled or rescheduled.
- **Updates in schedules-**Any appointments that do not belong in the system need to be deleted from TheraNest in a timely fashion. A room cannot be "doubled booked" at any time. This is similar to the rule that a therapist cannot double book two clients at the same time. There always needs to be one session per hour assigned to only one room.
- **Play Therapy Room-** The play therapy room should be used for sessions that are age appropriate to meet the client and family's needs. It's always important that the therapist cleans up after the conclusion of the session in this room.
- **Communication with supervisor or front desk-** If there is a cancelation on the part of either the client or therapist, it is the therapist's responsibility to always communicate this with the front desk and the client. The therapist needs to take responsibility for letting the clinic know

if they're running late or running into an emergency. The therapist also is responsible for rescheduling the next appointment or make-up appointment.

- **Protocol for scheduling future clients-** Therapist can only schedule **<u>one</u>** future session at a time for clients. Scheduling multiple future sessions in the scheduling system is not permitted. Also, booking two appointments for the same client in the same week is not allowed at any time.

16.Parking

Description: Parking is available for clients to use when entering the CCFT. This is located in the Queen's Daughters lot next to Morrissey Hall.

Importance to the Clinic: Most clients will arrive at the CCFT by car. Clients need to not only find parking on campus but have an accessible way to enter the building.

Specific Requirements/Expectations:

- All CCFT parking for clients takes place in the Queen's Daughters Lot, between Morrissey Hall and McGannon Hall off of Lindell Blvd. For clients that have medical or disability issues, there's a back elevator in the access doors of Morrissey Hall. The therapist will need to escort the client and any family into the building and to the clinic. There's also a ramp in front of the building where clients can walk to the entrance for easier access.
- Clients MUST get a parking validation tag for *each session* in CCFT. The CCFT is not responsible for any clients who try to use the tag for multiple sessions and get a ticket. That person needs to contact SLU parking services to petition the ticket. The CCFT Coordinator routinely orders more of the tags throughout the year.
- If the lot is completely full, clients can use street parking off of Lindell or any other nearby street. There may be construction in this back lot for a few weeks in

the summer. Please make sure to notify clients if there are any blockages to the back parking lot.

- Faculty, students, and staff should not be parking in any of the client parking spots in this lot. The program is not responsible for reimbursing or covering faculty, staff, or students who get a ticket in this lot.

17.Specialty Clinics


Description: The CCFT and Medical Family Therapy Program offer several specialty services to help address certain populations who could benefit from increased options. Currently, CCFT has the SLU Healthy Aging Clinic, The Queer and Trans Youth Clinic, and the MOMs Clinic as the three specialty clinics that offer therapy services from students.

Importance to the Clinic: The specialty clinics offer additional expansion of services to the university and to the community. Students get to take part in unique therapy opportunities to work with underserves and marginalized populations. The specialty clinics also are an additional source of clinic funding throughout the year.

Specific Requirements/Expectations:

- **The SLU Family Center for Healthy Aging-** The Family Center for Healthy Aging is a comprehensive center that provides services for older adults. Issues such as dementia, caregiving, loneliness, and health related topics are covered in groups, trainings, and community initiatives. The center involves several MFT and mental health students to help run these services, including the opportunity to train other professionals in the community. The Center is not a service within the CCFT, so any referrals for services should be directed to memroyclinic@health.slu.edu

- **The SLU Queer and Trans Wellness Clinic- The QT Clinic** strives to promote flourishing for LGBTQIA+ people that builds a life and world worth living in. The QT Clinic seeks to be a safe haven and to advocate with the LGBTQIA+ community of Missouri. We offer culturally attuned therapeutic care for the LGBTQIA+ community and their families of Missouri through individual, couples, family, and group therapy services through both telehealth and in-person services. Services are open to members of the community, SLU employees, and students. For more information, please check out the website: https://www.slu.edu/medicine/family-medicine/family-therapy/faculty-clinics/lgbtq-family-clinic.php

- **The MOMs (Making Optimal Mental healthcare) Clinic-** The MOMs Clinic is designed to help families during life transitions. The overarching goal of the MOMs Clinic is to improve the mental well-being of pregnant women and birthing persons, parents, and their families across pregnancy, adverse pregnancy events, and the first two years postpartum. In partnership with the Maternal Fetal Care Center (MFCC), we offer integrated care services at the MFCC and at the CCFT we offer mental health consultations, group therapy, individual, couples, and family counseling, and parenting classes. Our may source of referrals are from the Maternal Fetal Care Center, but we do accept referrals from other sources.

18.Building Maintenance/Technology Issues

Description: Building maintenance is the repairs or fixing of any structural issues happening within Morrissey Hall. The Technology in CCFT mainly consists of the computers in the student resource room, the front desk, and the therapy laptops.

Importance to the Clinic: The functioning and operations of rooms and front desk are highly dependent on SLU facilities and technological services. Our front desk scheduling and intake process is all done on SLU approved desktops. Virtual appointments are conducted on the SLU imaged laptops. SLU covers the cost for any overhead electricity and heating/cooling in the clinic.

Specific Requirements/Expectations:

- ***Reporting an Issue in the CCFT***- If there is an issue with any clinic-related item (e.g. laptop not working, computer is not working, a light issue, a water leak), the student must report this immediately to the clinic coordinator. If the clinic coordinator is not there, they must go to the CCFT Director.
- ***Reporting an Issue on the program side***-There are times when a maintenance, technology, or room issue has a problem on the program side of the first floor. If this is the case, please contact Mary Donjon immediately. Students CANNOT report any maintenance or IT requests on behalf of the program.
- ***Backup plans for when technology or maintenance is not working***-In the event that the power is shut down in the building, the CCFT would need to be temporarily closed during that time. We cannot hold in-person sessions or even have virtual appointments held during any power outage issues. In cases where any of the laptops are not working, you should report these issues to the clinic coordinator immediately. Only in these cases can the student use a personal computer (must be password protected) to hold a virtual session.
- ***Weather Issues***-There are some occasions where SLU will receive weather alerts about the delays or closing of the university. The clinic follows the guidelines from the university when there's significant weather issues. When the university is under a tornado warning, all students, staff, and clients must evacuate the clinic and go down to the lower level of Morrissey, in the south end of the hallway. For any winter weather advisories regarding snow or ice, where SLU is not closed, the therapist should use their best judgement regarding their commute to the clinic and the safety of their clients.

Appendix A: Important Faculty Contacts and Campus Numbers

MedFT Program Main Number (Mary Donjon)- 314-977-7108

CCFT Main Number (Laurie Taylor- Clinic Coordinator) 314-977-2505

Max Zubatsky (Doctoral Supervisor/Coordinator)- 314-977-2496

Pearl Park (CCFT Director / Master's Supervisor)- 612-558-5233

Katie Heiden-Rootes (QT Clinic/Master's Internship Coordinator)- 314-977-8196

Dixie Meyer (MOMs Clinic Supervisor)- 314 -977-7114

Shelly Dalton (QT Clinic/ master's Student Supervisor/ORCAAS Supervisor)- 509-845-4500

Doug Pettinelli (Doctoral Student Supervisor)-314-304-5120

Brittany Robinson (master's Student Supervisor)- 314-814-9170

Campus Security: 314-977-3000

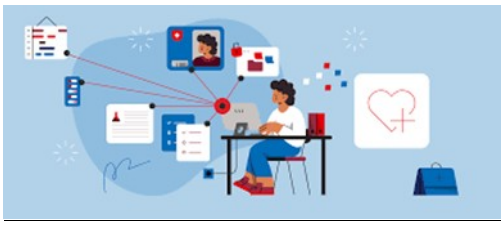
SLU Maintenance/Facilities- 314-977-2955

SLU Information Technology Services (ITS)- 314-977-4000 (ask@slu.edu)

SLU Psychological Services Center- 314-977-2278

SLU Student Counseling Center- 314-977-8255 (press 9 for after-hours/crisis needs)

Appendix B: Main Documents in the CCFT



Mandatory Documents Needed in a Paper File

- **Consent Form**
- **Notice of Privacy Practices**
- **Demographic sheet for the client/family**
- **Good Faith Estimate**
- **Fee scale (circled amount agreed between therapist and client)**
- **Ledger sheet to track paid sessions (in the paper chart)**
- **Additional assessments at specific session times**
- **Any therapeutic documents taken in session (e.g. genogram, artwork, therapy activity)**

- Additionally, students should keep a record attached to their file about payments in the clinic. When the chart gets closed out, all payments need to be accounted for the client. Any outstanding payments, this needs to be communicated to Laurie Taylor immediately.
- Student therapists MUST complete all notes before putting the file in the closing box. Any outstanding balance upon closing out a file is the therapist's responsibility to reach out to the client for the remaining payment(s).

Mandatory Documents on TheraNest for All Clients

- **Intake note (assessment)**
- **Treatment plan (should be an initial one and anything followed up every six months)**
- **Additional Progress notes (starting session two and beyond)- completion requirements.**

- Any correspondence notes (e.g. phone calls with clients outside of just scheduling)
- Any assessment measures that were collected during treatment
- Closing summary note (at the last session)

Appendix C: CCFT Question & Answer Topics

Q: I have a client that can't afford the $15 minimum for therapy. Can I reduce the amount for them?

A: Conversations around money and therapy should take place between the therapist and the client. This is a therapeutic conversation that helps the therapist know more about the situation of the client or family. But this also helps develop the skills of the student therapist for real-world practice. Clients need to provide justification for why a reduction in payment is warranted. Students are also encouraged to speak with their supervisor on additional mentorship and training around this topic. If the therapist and client both agree to this reduction, then the therapist needs to get approval from the CCFT Director, Dr. Pearl Park. Upon the director's approval, the therapist then contacts the clinic coordinator to update this amount in the system.

Q: If the client has not completed the paperwork, can I still start my first session with them?

A: It happens frequently that clients may show up late to an intake appointment or any other follow-up sessions. For a new intake session, it is mandatory that the client complete the consent form and the notice of privacy (HIPPA) statement prior to the session starting. Clients can complete the remaining paperwork at the completion of the visit. *It is also very important that therapists ask the client to arrive 30 minutes prior to their scheduled intake appointment*.

Q: The client has shown to the third straight session without paying. They refuse to pay or say they will pay next time. What should I do?

A: The clinic has a strong policy that after two missed payments, therapy MUST be paused until some form of payment is made from the previous two sessions. This is the therapist's responsibility to communicate this to the client. The front desk does not take ownership for this conversation.

Q: I'm trying to conduct a virtual session, but the laptop is slow, or I can't get it to work. Can I just use my personal tablet?
A: The clinic has five designated laptops that are approved and imaged by SLU. We take confidentiality seriously when it comes to personal data and keeping conversations private through virtual means. So, students MUST use one of the laptops in the clinic. Should one or more laptops not work prior to a session starting, you must run this by the clinic coordinator to let them know of a backup device used and what security measures are on that device.

Q: I know that the CCFT has a policy of booking one future session at a time. But booking ahead of time helps plan both for my client's schedule and for my own schedule. Can I do that going forward or get any exceptions to do this?
A: The clinic adheres to booking one future session at a time. We do this for two reasons. First, students often forget to take future appointments out of the schedule when a client ends therapy or cancels sessions. Second, we have to be cognizant of room availability for when therapists want to schedule their own sessions. Doing future booking prevents the options of room openings for therapists in the clinic.

Q: I'm running late or will not make it to my appointment today with the client. Can the front desk help reschedule for me?
A: If the therapist cannot contact the client about running late or having to fully miss an appointment, they should reach out to the front desk to notify that person. However, the therapist is always responsible for communicating with clients when following up with missed or late appointments. The front desk also is not responsible for rescheduling times for clients for cancelations, no-shows, or therapist absences.

Q: I'm going to need several people off of the waitlist because of needing more clinical hours. Can the front desk provide me with these?
A: Students can request taking on more clients from the clinic. However, students can only request up to two clients every two weeks. This is to

prevent a therapist from taking on too many new intakes at once. Because this is a training clinic, the waitlist should be open to all students to have a chance to request clients when necessary. The supervisor must also approve the new request for a client from the waitlist.

Q: All of the rooms are booked, so it would be acceptable for me to use the classroom or the resource room for telehealth?
A: The six therapy rooms are the only places where in-person sessions can take place. These rooms and the two back student offices are where telehealth sessions can take place. No therapy sessions should ever be conducted in the classrooms, mailroom, or student resource room. It is the therapist's responsibility to plan efficiently for scheduling clients.

Q: I didn't have time to change clothes in time for a session, so is it ok for me to wear "general clothing" to see a client?
A: The CCFT expects all therapists to wear "work appropriate" attire when seeing clients. This means that sweatshirts, hoodies, jeans with rips, sneakers, sandals, leggings, or sweatpants are allowed to be worn in session. It is the students' responsibility to make sure that they are appropriately dressed when working in the CCFT. Proper attire in the clinic is a professional responsibility in the program, where not adhering to this may have supervisor/administrative advisement of the situation.

SAINT LOUIS UNIVERSITY
EST. 1818

CENTER FOR COUNSELING AND FAMILY THERAPY

CCFT Assessment Manual

Center for Counseling and Family Therapy

Saint Louis University

2025–2026

Revised 02/2025

Table of Contents

CCFT Assessment Manual Overview

This manual outlines the assessment procedures at the Center for Counseling and Family Therapy (CCFT). Research consistently highlights the benefits of routine outcome monitoring (ROM) for clinicians and researchers, including reduced client dropout, enhanced client trust in therapist and therapeutic alliance, and improved treatment outcomes (Lambert et al., 2018; Larsson et al., 2017).

ROM supports the "process of tearing and repairing the alliance" by enabling therapists to observe client responses over time, identify disruptions in the therapeutic alliance and progress, and foster treatment success through targeted repairs (Anderson et al., 2023, p. 592). Additionally, ROM tracks clinical changes throughout therapy, providing valuable insights into client progress and the overall effectiveness of interventions.

Everyone's role is essential to establishing effective data collection at SLU CCFT and advancing the field as a whole. Thank you for your contribution and your commitment to a scientific approach to systemic treatment, whether you serve as a therapist, supervisor, staff member, or part of the research team.

Purpose of CCFT Data Collection

Clients complete either a full or brief intersession assessment at the end of each session using Qualtrics. These assessments provide clients' subjective feedback on their clinical progress or experience of the session. Results will inform therapists of making a diagnosis or determining the level of care for a client, including needing additional resources outside of CCFT as well. They will also inform supervisors, allowing for a fruitful discussion in the supervision session to shape the future direction of treatment.

The SLU CCFT data collection process also includes therapist assessments, offering therapists an opportunity to reflect on their practice and document their observations. Therapists report on their perceived level of presence with the client and their working alliance, including emotional connection and agreement on therapeutic tasks. These results support supervisors in monitoring therapist development and fostering meaningful discussions during supervision.

Anderson, S. R., Johnson, L. N., Witting, A. B., Miller, R. B., Bradford, A. B., Hunt, Q. A., & Bean, R. A. (2024). Validation of the intersession alliance measure: Individual, couple, and family versions. *Journal of Marital and Family Therapy, 50*, 589–610.

Lambert, M. J., Whipple, J. L., & Kleinstäuber, M. (2018). Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring. *Psychotherapy, 55*(4), 520–537.

Larsson, M. H., Falkenström, F., Andersson, G., & Holmqvist, R. (2017). Alliance ruptures and repairs in psychotherapy in primary care. *Psychotherapy Research, 28*, 123–136

Data Collection Procedure

In-person

A. Intake Session – Full assessment to be completed

Once a client is assigned to a therapist**,** the therapist is responsible for **(1) scheduling an intake appointment**, **(2) sending an invitation to Theranest intake paperwork** (see Theranest 101), and **(3) sending a welcome email** (click for the template) that includes the following information:

(a) a reminder to complete Theranest intake paperwork and review appointment schedule,
(b) a link to the full-battery assessment on Qualtrics, and
(c) information needed to complete the assessment: client's identification number, therapist name, case type, and session number.

If there is more than one individual (e.g., a couple or family client), **each person must complete the assessments using the assigned couple/family ID number and specify their role in the family** (e.g., mother, father, son) using the drop-down menu on the Qualtrics survey. The therapist is responsible for either sending out each couple/family member or asking one of the members to forward the email to the rest couple/family members.

It is essential to send the welcome email well in advance of the scheduled intake session (*recommended: 5 days prior to scheduled session*), since clients **cannot** attend the intake session unless they have completed the Theranest intake paperwork and the full assessment on Qualtrics. If the clients have not completed them and have not arrived the intake appointment early, clients will be directed to complete the minimum required intake paperwork and before the intake happens and to complete the rest of the forms and surveys after the session.

B. Follow-up Sessions – Either full or intersession assessment to be completed

In-person clients will complete assessments **at the end of every session**. They can do so on their **personal device by scanning the QR code** placed in the therapy room **or on CCFT tablet** which can be borrowed at the front desk (assessments are bookmarked on Safari).

Clients will complete **follow-up full assessments** (same as intake full assessment) **after sessions 5, 10, and every 10th session thereafter** (e.g., 20, 30, etc.) until therapy is terminated. Completing the full battery of assessments will take 7–15 minutes. Due to its length, clients will be asked to complete the assessment outside the therapy room, in the lobby. Between full assessments, clients will complete **intersession survey** when a full assessment is not required (e.g., sessions 2, 3, 4, 6, 7,…). These intersession surveys will take approximately 1-2 minutes to complete. Therapists are responsible for **tracking session numbers and directing clients to the appropriate survey**.

Telehealth

A. Intake Session

The intake process will follow the same procedure as for in-person clients, including **scheduling intake appointment**, **inviting to Theranest intake paperwork**, and **sending a welcome email** with a link to the Qualtrics full assessment and information needed to complete the survey (client's identification number, therapist name, case type, and session number). However, for telehealth clients, the welcome email will also include the **HIPAA-compliant Zoom link** (click **here** for the template).

B. Follow-up Sessions

For follow-up sessions, therapists will send an email containing the Zoom link, the Qualtrics assessment link, and information needed to complete the survey. A therapist is responsible for tracking the session number and sending the link of the appropriate type of assessment, **a full assessment for sessions 5, 10, 20**... and **an intersession assessment for the rest of the session**.

Therapists must remind the clients of the survey at the end of the telehealth session.

Communication Flow

Therapists play a crucial role in communicating the data collection procedures. They facilitate communication among clients, supervisors, and themselves by:

- **Encouraging clients to complete surveys** to ensure consistent data collection,
- **Using clinical data** to track client progress and inform clinical work (scoring details for each measure are available in the appendix of this manual), and
- Reporting survey results, client progress, and their own development to supervisors.

Therapists should regularly review client survey results on Qualtrics and maintain accurate records.

It is essential to arrive prepared for practicum and supervision sessions with updates on client scores. This preparation enables meaningful discussions about client progress and ensures therapy remains goal-oriented and data-driven.

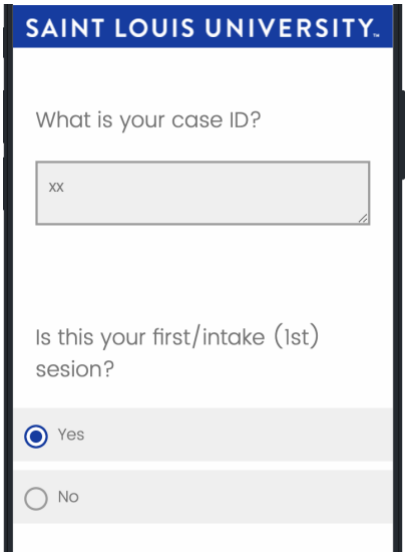
Additionally, therapists must keep the Qualtrics survey logs updated in the Microsoft Teams therapist file and the client's physical files. This practice helps monitor survey completion progress and ensures accurate record-keeping for future reference.

Survey Links & Routing Questions

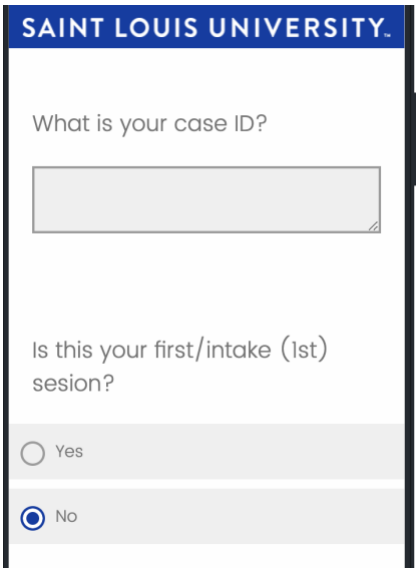
Qualtrics Full Assessment Link

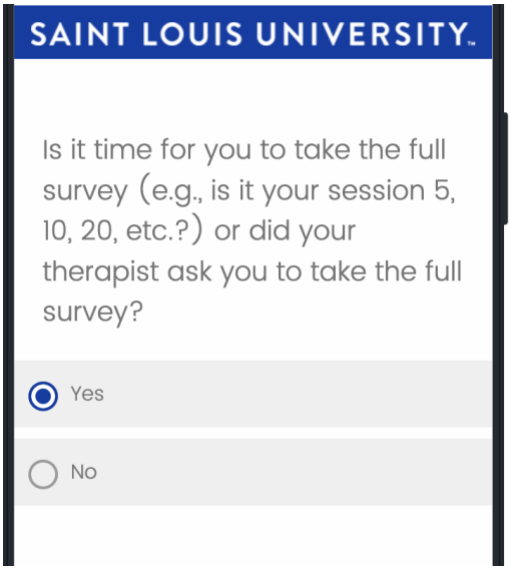
https://slu.az1.qualtrics.com/jfe/form/SV_1SKO7m8OKvXHVaK

Once clients access the full assessment link, they will see a series of routing questions. For an intake session, they should select "yes" in response to the question, "Is this your first/intake session?" This will direct them to a set of questionnaires that includes additional forms specifically for intake.



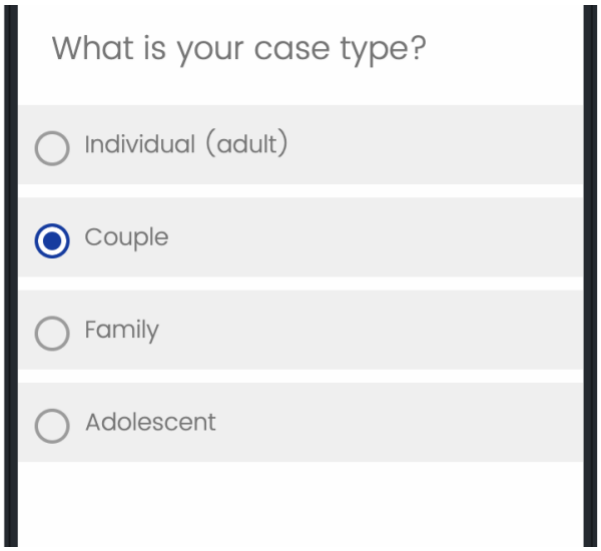
In their follow-up full assessments (e.g., sessions 5, 10, 20, etc.), clients will select "no" to the question, "Is this your first/intake session?" They will then be asked if it is an appropriate time to complete the full assessment. If they respond "no" to the question, "Is it time for you to take the full survey?" the survey will end immediately.



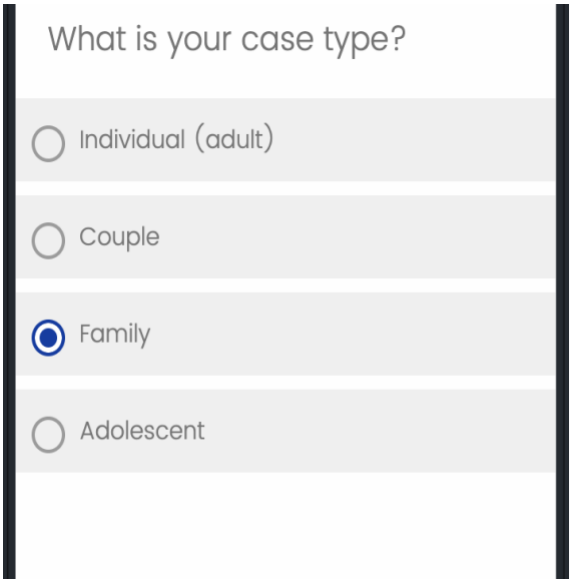


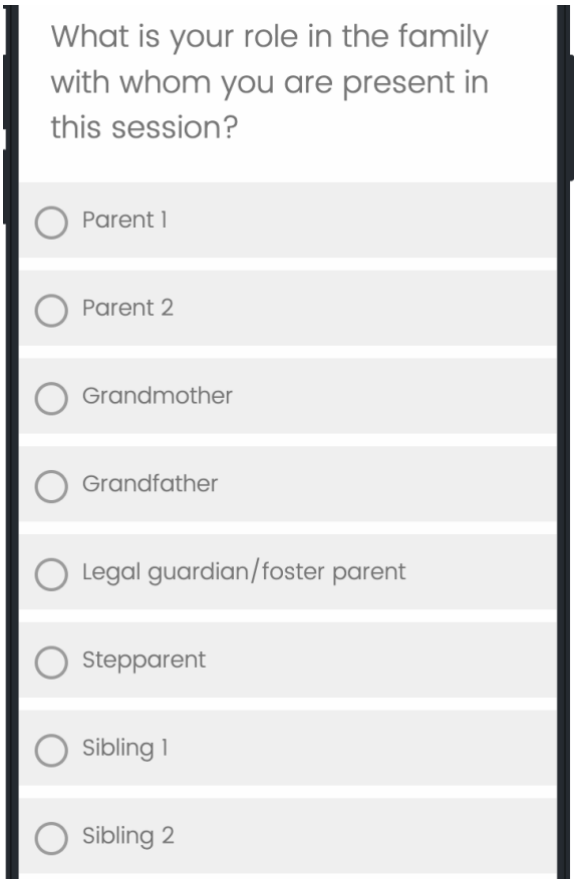
After answering whether it is their intake session or another session for completing the full assessment, clients will be asked about their session number and case type. **It is important for them to select the correct case type, as their response will determine which set of questionnaires** they are directed to. Adolescent clients should select "adolescent" regardless of whether they are receiving individual or family services. Clients will also be asked to provide your (the therapist's) name.

If clients select "couple" as their case type, they will be asked whether they are Partner 1 or Partner 2. **This designation should be discussed in advance**, either during the phone call to schedule the appointment or in a welcome email. It is essential that this assignment remains consistent across all surveys.



If they choose ‘family to the question asking their case type, they’ll be asked about their role in the family. Then, they’ll enter the questionnaires.

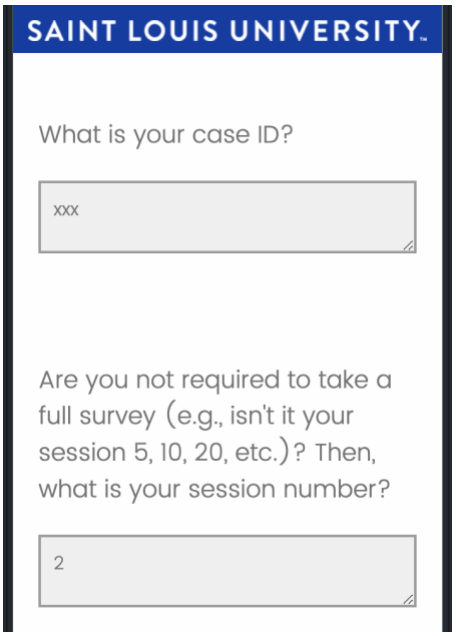


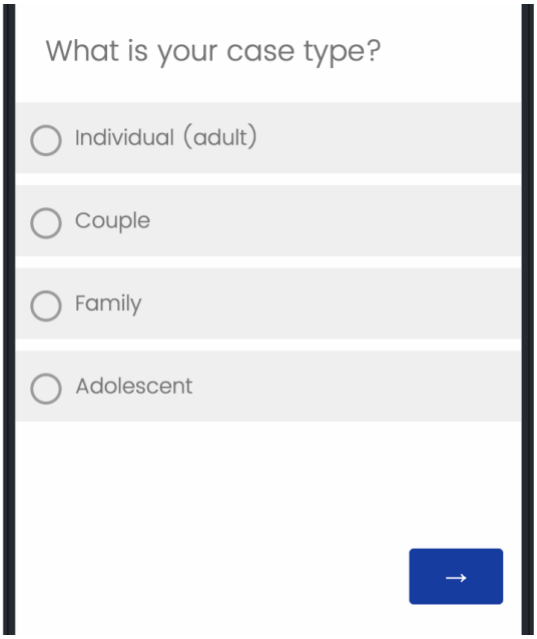


Qualtrics Intersession Survey Link

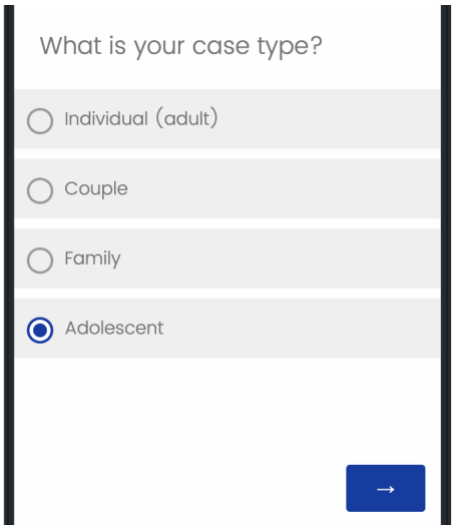
https://slu.az1.qualtrics.com/jfe/form/SV_0e0LTFcwm5DgxxA

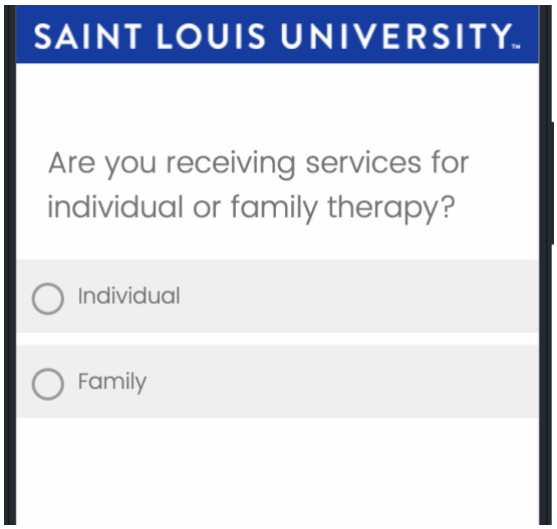
If clients access the intersession survey, they will be asked to provide their case ID number and confirm whether it is the appropriate time to complete the intersession survey. They will also be prompted to enter their session number and select their case type.





In intersession survey, adolescents will be asked if they're receiving individual or family therapy.





In the intersession survey, clients will also be asked to provide your (therapist's) name. Afterward, they will be directed to the appropriate set of questionnaires.

Email Templates

An email should be sent:

- prior to **every session** for *telehealth clients,* and
- prior to **intake session** for *in-person clients*.

For couple of family clients, send an email to each member of the couple or ask them to forward the link to their partner/ family member(s).

In-person Intake	Hello, Welcome to the Center for Counseling and Family Therapy! As discussed, I am looking forward to our first meeting on [date, time]. To get you on board, we'll need a bit of paperwork from you: (a) **Theranest intake paperwork** (separate email invitation sent) and (b) **Qualtrics survey**: https://slu.az1.qualtrics.com/jfe/form/SV_1SKO7m8OKvXHVaK Please **complete them at least 1 day prior to our appointment**. If you wish to complete them at the clinic, **please arrive at least 30-45 minutes before our scheduled meeting time**. Here is information needed for Qualtrics survey: ID: [Provide id number assigned by CCFT] Case Type: [Individual/Couple/Family/Adolescent] Session Number: [1] Therapist: [Your name] Address/directions: We are in Morrissey Hall (address: 3700 Lindell Blvd, Suite 1101, St. Louis, MO 63108, a big box-looking building next to Queen's Daughters Hall). There is free parking in the Queen's Daughter's parking lot (just West of our building on Lindell Blvd) if you are driving. We will give you a parking pass when you come in that will need to be displayed on your car. The first time you come it may take a minute to locate the parking lot, but it is very close to our building. Once you enter the building, you will take the first left down a short hall and see a green/blue wall. You will also see two separate office doors. The Center for Counseling and Family Therapy (CCFT) office is just to the right, and you can walk through the door to the waiting room. Please check-in with the desk staff, or call/text me directly.

	One of the most common questions we are asked is how much therapy will cost. Your therapy fee is based on a sliding scale associated with your income and the number of individuals in your home. We will discuss your fee at your initial appointment. We accept the following forms of payments: cash, credit/debit, and checks. We do not accept health insurance. Please feel free to reach out at google voice number here or at email here. I look forward to seeing you at the clinic!
Telehealth Intake	Hello, Welcome to the Center for Counseling and Family Therapy! As discussed, I am looking forward to our first meeting on [date, time]. To get you on board, we'll need a bit of paperwork from you: (a) **Theranest intake paperwork** (separate email invitation sent) and (b) **Qualtrics survey**: https://slu.az1.qualtrics.com/jfe/form/SV_1SKO7m8OKvXHVaK Please **complete them at least 1 day prior to our appointment**. Link to pay for the session: https://billpay.slu.edu/C20197_ustores/web/product_detail.jsp?PRODUCTID=1918 Here is the zoom link to your first session: [Insert a HIPAA-compliant zoom link], and information needed for Qualtrics survey: ID: [Provide id number assigned by CCFT] Case Type: [Individual/Couple/Family/Adolescent] Session Number: [1] Therapist: [Your name] Please feel free to reach out at google voice number here or at email here. I look forward to seeing you virtually!

Telehealth Full Assessment	Hello, Here is the zoom link to your session: [Insert a HIPAA-compliant zoom link] Link to pay for the session: https://billpay.slu.edu/C20197_ustores/web/product_detail.jsp?PRODUCTID=1918 After this session, please complete these assessments: https://slu.az1.qualtrics.com/jfe/form/SV_0e0LTFcwm5DgxxA These should take no longer than 15 minutes to complete. Here is information needed for the assessments: ID: [Provide id number assigned by CCFT] Case Type: [Individual/Couple/Family/Adolescent] Session Number: [__] Therapist: [Your name]
Telehealth Intersession Survey	Hello, Here is the zoom link to your session: [Insert a HIPAA-compliant zoom link] Link to pay for the session: https://billpay.slu.edu/C20197_ustores/web/product_detail.jsp?PRODUCTID=1918 Please complete this assessment after the session, which should take no longer than 1 minute: https://slu.az1.qualtrics.com/jfe/form/SV_0e0LTFcwm5DgxxA Here is information needed for the assessments: ID: [Provide id number assigned by CCFT] Case Type: [Individual/Couple/Family/Adolescent] Session Number: [__] Therapist: [Your name]

Summary of Responsibilities

Therapist Responsibilities

A. Keep track of session numbers (you can write your session number in your notes on Theranest).
B. Invite clients to Theranest client portal and intake paperwork.
C. Send emails to clients with needed information in a timely manner.
D. Encourage clients to take the surveys by emphasizing the benefits they will gain.
E. Complete therapist surveys at the end of every session.
F. Use data to inform clinical work and track client progress.
G. Arrive prepared for practicum and supervision with updates on client scores.
H. Keep Qualtrics surveys logs updated in Microsoft Teams therapist file and client's physical files.

Supervisor Responsibilities

A. Check in often how therapists are doing with their responsibilities.
B. Monitor therapists' duty to send clients email with the link to Qualtrics surveys and engage clients in completing surveys.
C. Use client and therapist data to inform supervision.
D. Use the surveys for student evaluation and supervisor meetings.

CCFT Staff Responsibilities

A. Ensure QR codes for the Qualtrics surveys are printed and appropriately placed in each CCFT therapy room (Intersession, Full, & Therapist surveys).
B. Rent laptops/tablets to clients who need them to complete assessments.
C. Confirm that therapists have entered payment details, session numbers, or cancellation information in the Outlook (telehealth).
D. Ensure therapists have access to the Qualtrics results to utilize the survey data for their practice and supervision.

List of Assessments

The measures offered to clients will be dependent on the type of client (individual, couple, or family/parent). A list and description of the assessments are included below.
There also are very brief intersession surveys clients can complete at the end of each session. This assessment takes, on average, less than 1 minute to complete. The intersession survey is the 4-item Session Rating Scale to be taken at the end of the session. Links to the survey are on the laptops in the therapy rooms.

Individual Clients

Intake Full Battery Questionnaires (Session 1)
(12 Items) Short Form Health Survey (SF–12)
(9 Items) Patient Health Questionnaire (PHQ–9)
(7 Items) Generalized Anxiety Disorder Scale (GAD–7)
(5 Items) The Mindful Attention Awareness Scale – State (MAAS)
(3 Items) Alcohol Use Disorders Identification Test – Consumption (AUDIT–C)
(4 Items) Drug Use Disorders Identification Test – Consumption (DUDIT–C)
(28 Items) Childhood Trauma Questionnaire-Short Form (CTQ–SF)
(9 Items) Racial Trauma Scale (Short Version) (RTS–9)

Follow Up Full Battery Assessment (Sessions 5, 10, 20…)
(12 Items) Short Form Health Survey (SF–12)
(9 Items) Patient Health Questionnaire (PHQ–9)
(7 Items) Generalized Anxiety Disorder Scale (GAD–7)
(5 Items) The Mindful Attention Awareness Scale – State (MAAS)

Intersession Questionnaires (In-between full assessments)
(4 Items) Session Rating Scale (SRS)
(4 items) Intersession Alliance Measure – Individual (IAM–I)

Couple Clients

Intake Questionnaires (Session 1)
(12 Items) Short Form Health Survey (SF–12)
(9 Items) Patient Health Questionnaire (PHQ–9)
(7 Items) Generalized Anxiety Disorder Scale (GAD–7)
(5 Items) The Mindful Attention Awareness Scale – State (MAAS)
(3 Items) Alcohol Use Disorders Identification Test – Consumption (AUDIT–C)
(4 Items) Drug Use Disorders Identification Test – Consumption (DUDIT–C)
(28 Items) Childhood Trauma Questionnaire-Short Form (CTQ–SF)
(9 Items) Racial Trauma Scale (Short Version) (RTS–9)
(12 Items) The Experiences in Close Relationship Scale (ECR) – short form (ECR–S)
(4 Items) Dyadic Adjustment Scale – 4 (DAS–4)

(5 Items) Global Measure of Sexual Satisfaction (GMSEX)

Follow Up Questionnaires (Sessions 5, 10, 20…)
(12 Items) Short Form Health Survey (SF–12)
(9 Items) Patient Health Questionnaire (PHQ–9)
(7 Items) Generalized Anxiety Disorder Scale (GAD–7)
(5 Items) The Mindful Attention Awareness Scale – State (MAAS)
(12 Items) The Experiences in Close Relationship Scale (ECR) – short form (ECR–S)
(4 Items) Dyadic Adjustment Scale – 4 (DAS–4)
(5 Items) Global Measure of Sexual Satisfaction (GMSEX)

Intersession Questionnaires (In-between full assessments)
(4 Items) Session Rating Scale (SRS)
(4 items) Intersession Alliance Measure – Couple (IAM–C)

Family Clients/Parents

Adults

Intake Questionnaires (Session 1)
(12 Items) Short Form Health Survey (SF–12)
(9 Items) Patient Health Questionnaire (PHQ–9)
(7 Items) Generalized Anxiety Disorder Scale (GAD–7)
(5 Items) The Mindful Attention Awareness Scale – State (MAAS)
(3 Items) Alcohol Use Disorders Identification Test – Consumption (AUDIT–C)
(4 Items) Drug Use Disorders Identification Test – Consumption (DUDIT–C)
(28 Items) Childhood Trauma Questionnaire-Short Form (CTQ–SF)
(9 Items) Racial Trauma Scale (Short Version) (RTS–9)
(15 Items) Systemic Clinical Outcome and Routine Evaluation – 15 (SCORE–15)
(17 Items) Parenting Sense of Competence Scale (PSOC)

Follow Up Questionnaires (Sessions 5, 10, 20…)
(12 Items) Short Form Health Survey (SF–12)
(9 Items) Patient Health Questionnaire (PHQ–9)
(7 Items) Generalized Anxiety Disorder Scale (GAD–7)
(5 Items) The Mindful Attention Awareness Scale – State (MAAS)
(15 Items) Systemic Clinical Outcome and Routine Evaluation – 15 (SCORE–15)
(17 Items) Parenting Sense of Competence Scale (PSOC)

Intersession Questionnaires (In-between full assessments)
(4 Items) Session Rating Scale (SRS)
(4 items) Intersession Alliance Measure – Family (IAM–F)

Adolescent (12 years old+)

Intake Questionnaire (Session 1)
(12 Items) Short Form Health Survey (SF–12)
(9 Items) Patient Health Questionnaire (PHQ–9)
(7 Items) Generalized Anxiety Disorder Scale (GAD–7)
(5 Items) The Mindful Attention Awareness Scale – State (MAAS)
(3 Items) Alcohol Use Disorders Identification Test – Consumption (AUDIT–C)
(4 Items) Drug Use Disorders Identification Test – Consumption (DUDIT–C)
(28 Items) Childhood Trauma Questionnaire-Short Form (CTQ–SF)
(9 Items) Racial Trauma Scale (Short Version) (RTS–9)
(48 Items) Ohio Youth Mental Health Consumer Outcomes System (Ohio-Youth)
(9 Items) Adolescent Attachment Questionnaire – Brief (AAQ)

Follow Up Questionnaires (Sessions 5, 10, 20…)
(12 Items) Short Form Health Survey (SF–12)
(9 Items) Patient Health Questionnaire (PHQ–9)
(7 Items) Generalized Anxiety Disorder Scale (GAD–7)
(5 Items) The Mindful Attention Awareness Scale – State (MAAS)
(48 Items) Ohio Youth Mental Health Consumer Outcomes System (Ohio-Youth)
(9 Items) Adolescent Attachment Questionnaire – Brief (AAQ)

Intersession Questionnaires (In-between full assessments)
(4 Items) Session Rating Scale (SRS)
(4 items) Intersession Alliance Measure – Individual (IAM–I) (if applicable)
(4 items) Intersession Alliance Measure – Family (IAM–F) (if applicable)
Adolescent clients will take either IAM-I or IAM-F depending on their case type.

Therapist
Intersession Questionnaires (after every session)
(6 Items) Therapeutic Presence Inventory–Therapist–Brief (TPI-T-Brief)
(10 Items) Working Alliance Inventory – Short Revised - Therapist (WAI-SRT)

Additional measures available in Theranest only (For clinician use)

- OCD measure - Y-BOCS
- ADHD measure - Adult ADHD Self Report Scale for DSM 5 (ASRS-5)

Appendix A: Assessment Questionnaires & Scoring

In order of survey appearance

Short Form Health Survey (SF-12)

Ware, J., Kosinski, M., & Keller, S. (1997). SF-12: How to Score the SF-12 Physical and Mental Health Summary Scales (2nd Ed). The Health Institute: Boston.

SF-12 Health Survey

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. **Answer each question by choosing just one answer**. If you are unsure how to answer a question, please give the best answer you can.

1. **In general, would you say your health is**:

☐₁ Excellent ☐₂ Very good ☐₃ Good ☐₄ Fair ☐₅ Poor

The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

	YES, limited a lot	YES, limited a little	NO, not limited at all
2. **Moderate activities** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐₁	☐₂	☐₃
3. Climbing **several** flights of stairs.	☐₁	☐₂	☐₃

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

	YES	NO
4. **Accomplished less** than you would like.	☐₁	☐₂
5. Were limited in the **kind** of work or other activities.	☐₁	☐₂

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	YES	NO
6. **Accomplished less** than you would like.	☐₁	☐₂
7. Did work or activities **less carefully than usual**.	☐₁	☐₂

8. **During the <u>past 4 weeks</u>, how much <u>did pain interfere</u> with your normal work (including work outside the home and housework)?**

☐₁ Not at all ☐₂ A little bit ☐₃ Moderately ☐₄ Quite a bit ☐₅ Extremely

These questions are about how you have been feeling during the <u>past 4 weeks</u>.
For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	No of tim
9. Have you felt calm & peaceful?	☐₁	☐₂	☐₃	☐₄	☐₅	☐₆
10. Did you have a lot of energy?	☐₁	☐₂	☐₃	☐₄	☐₅	☐₆
11. Have you felt down-hearted and blue?	☐₁	☐₂	☐₃	☐₄	☐₅	☐₆

12. **During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting friends, relatives, etc.)?**

☐₁ All of the time ☐₂ Most of the time ☐₃ Some of the time ☐₄ A little of the time ☐₅ None of the time

Interpretation/Scoring:

Items 1, 8, 9, and 10 are reverse coded. Higher scores indicate better health.

Step 1: Reverse score items 1 (GHI), 8 (BP2), 9 (MH3), and 10 (VT2)

Step 2: Recode dichotomous variables (items 4-7) from Yes=1/No=2 to Yes=1/No=0

Step 3: Create Physical Functioning (PF) and Mental Functioning (MF) subscale scores:

i. PF (items 1-5, 8): Sum subscale items and divide by 14.

ii. MF (items 6, 7, 9-11): Sum subscale items and divide by 21.

Scores are percentage scores of "optimal" health. For example, at score of 54 on the Physical Functioning subscale = 54% of optimal health.

A score of less than 40 indicates low levels of health.

Patient Health Questionnaire-9 (PHQ-9)

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (1999). Patient Health Questionnaire-9 (PHQ-9) [Database record]. APA PsycTests.

Over the last *2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Interpretation/Scoring:

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Generalized Anxiety Disorder-7 (GAD-7)

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine, 166(10), 1092–1097. https://doi.org/10.1001/archinte.166.10.1092

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day."
GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

The Mindful Attention Awareness Scale (MAAS) - State

Brown, K.W. & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. Journal of Personality and Social Psychology, 84, 822-848.

0	1	2	3	4	5	6
not at all			somewhat			very much

_____ 1. I was finding it difficult to stay focused on what was happening.
_____ 2. I was doing something without paying attention.
_____ 3. I was preoccupied with the future or the past.
_____ 4. I was doing something automatically, without being aware of what I was doing.
_____ 5. I was rushing through something without being really attentive to it.

Interpretation/Scoring:

Add up all ratings and divide by 5 to get the mean score. Higher scores indicate greater mindfulness.

Alcohol Use Disorders Identification Test - Consumption (AUDIT-C)

Bush, K., Kivlahan, D. R., McDonell, M. B., Fihn, S. D., & Bradley, K. A. (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Archives of Internal Medicine, 158(16), 1789-1795.

https://www.hepatitis.va.gov/alcohol/treatment/audit-c.asp#S1X

Question	Answer	Score
1. How often did you have a drink containing alcohol in the past year?	Never	0 point
	Monthly or less	1 point
	2 to 4 times per month	2 points
	2 to 3 times per week	3 points
	4 or more times per week	4 points
2. On days in the past year when you drank alcohol how many drinks did you typically drink?	0, 1, or 2	0 point
	3 or 4	1 point
	5 or 6	2 points
	7 - 9	3 points
	10 or more	4 points
3. How often did you have 6 or more (for men) or 4 or more (for women and everyone 65 and older) drinks on an occasion in the past year?	Never	0 point
	Less than monthly	1 point
	Monthly	2 points
	Weekly	3 points
	Daily or almost daily	4 points

Interpretation/Scoring:

Add up all ratings for items 1-3. A higher score indicates a greater likelihood of alcohol use affecting a person's health and safety. 3 or more score indicates moderate risk for women, 4 indicates moderate risk for men, and 5 or more indicates positive for unhealthy alcohol use for men and women.

Men: 0-3 (low risk), 4-5 (moderate), 6-7 (high), 8-12 (severe)

Women: 0-2 (low risk), 3-5 (moderate), 6-7 (high), 8-12 (severe)

The Drug Use Disorders Identification Test (DUDIT-C)

First 4 consecutive items of the original DUDIT.

Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. (2003). DUDIT. The Drug Use Disorders Identification Test Manual. Stockholm, Sweden: Karolinska Institutet.

https://www.sciencedirect.com/science/article/pii/S277272462200021X#:~:text=The%20DUDIT%2DC%20consists%20of,detecting%20SUDs%20regardless%20of%20severity.

1. How often do you use drugs other than alcohol?

Never	Once a month or less often	2-4 times a month	2-3 times a week	4 times a week or more often
☐	☐	☐	☐	☐

2. Do you use more than one type of drug on the same occasion?

Never	Once a month or less often	2-4 times a month	2-3 times a week	4 times a week or more often
☐	☐	☐	☐	☐

3. How many times do you take drugs on a typical day when you use drugs?

0	1-2	3-4	5-6	7 or more
☐	☐	☐	☐	☐

4. How often are you influenced heavily by drugs?

Never	Less often than once a month	Every month	Every week	Daily or almost every day
☐	☐	☐	☐	☐

DUDIT: Scoring and interpretation

The **Drug Use Disorders Identification Test (DUDIT)** is an 11-item tool, which can be self or clinician administered, developed as a parallel to the AUDIT to identify problematic past year AOD use [522]. As with the AUDIT, items 1 to 9 are scored on a 0 to 4 scale, with the final two questions scored 0, 2, 4 (Table 70). The maximum score is 44. Scoring guidelines suggest that a score of 6 or more among men, and 2 or more among women, may be indicative of drug-use-related problems. A score of 25 points or more, regardless of sex, is strongly indicative of dependence [522].

Table 70: Scoring each DUDIT item

Item	Scoring
1-9	0, 1, 2, 3, 4

Child Trauma Questionnaire – Short Form (CTQ-SF)

Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., & Zule, W. (2003). Childhood Trauma Questionnaire--Short Form (CTQ-SF) [Database record].

CHILD TRAUMA QUESTIONAIRE (CTQ) – SHORT FORM

These questions ask about some of your experiences growing up as a child and a teenager. For each question, circle (or select in any other way if completing online) the number that best describes how you feel. Although some of these questions are of a personal nature, please try to answer as honestly as you can. Your answers will be kept confidential.

Q	QUESTION	NEVER TRUE	RARELY TRUE	SOMETIMES TRUE	OFTEN TRUE	VERY OFTEN TRUE
When I was growing up						
1	I didn't have enough to eat.	1	2	3	4	5
2	I knew that there was someone to take care of me and protect me.	1	2	3	4	5
3	People in my family called me things like "stupid", "lazy", or "ugly".	1	2	3	4	5
4	My parents were too drunk or high to take care of the family.	1	2	3	4	5
5	There was someone in my family who helped me feel important or special	1	2	3	4	5
When I was growing up						
6	I had to wear dirty clothes	1	2	3	4	5
7	I felt loved.	1	2	3	4	5
8	I thought that my parents wished I had never been born	1	2	3	4	5
9	I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.	1	2	3	4	5
10	There was nothing I wanted to change about my family.	1	2	3	4	5
When I was growing up						
11	People in my family hit me so hard that it left me with bruises or marks.	1	2	3	4	5
12	I was punished with a belt, a board, a cord (or some other hard object).	1	2	3	4	5
13	People in my family looked out for each other.	1	2	3	4	5
14	People in my family said hurtful or insulting things to me.	1	2	3	4	5
15	I believe that I was physically abused.	1	2	3	4	5
When I was growing up						
16	I had the perfect childhood.	1	2	3	4	5
17	I got hit or beaten so badly that it was noticed by someone like a teacher, neighbour, or doctor.	1	2	3	4	5
18	Someone in my family hated me.	1	2	3	4	5
19	People in my family felt close to each other.	1	2	3	4	5
20	Someone tried to touch me in a sexual way or tried to make me touch them.	1	2	3	4	5
When I was growing up						
21	Someone threatened to hurt me or tell lies about me unless I did something sexual with them.	1	2	3	4	5
22	I had the best family in the world.	1	2	3	4	5
23	Someone tried to make me do sexual things or watch sexual things.	1	2	3	4	5
24	Someone molested me (took advantage of me sexually).	1	2	3	4	5
25	I believe that I was emotionally abused.	1	2	3	4	5
When I was growing up						
26	There was someone to take me to the doctor if I needed it	1	2	3	4	5
27	I believe that I was sexually abused.	1	2	3	4	5
28	My family was a source of strength and support.	1	2	3	4	5

Interpretation/Scoring: The total score is calculated by summing up the scores across all items within each subscale (physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse), and a high total score signifies a likely history of significant childhood trauma.

Racial Trauma Scale (Short Version) (RTS-9)

Williams et al. (2022). A clinical scale for the assessment of racial trauma. Practice Innovations, 7(3), 223–240.

http://www.m.mentalhealthdisparities.org/measures.php

Racial Trauma Scale – *9-Item Short-Form RV*

Instructions: Think about all the times when you have heard about, seen, or experienced racial discrimination. As a result of this, how bothered have you been by the following:

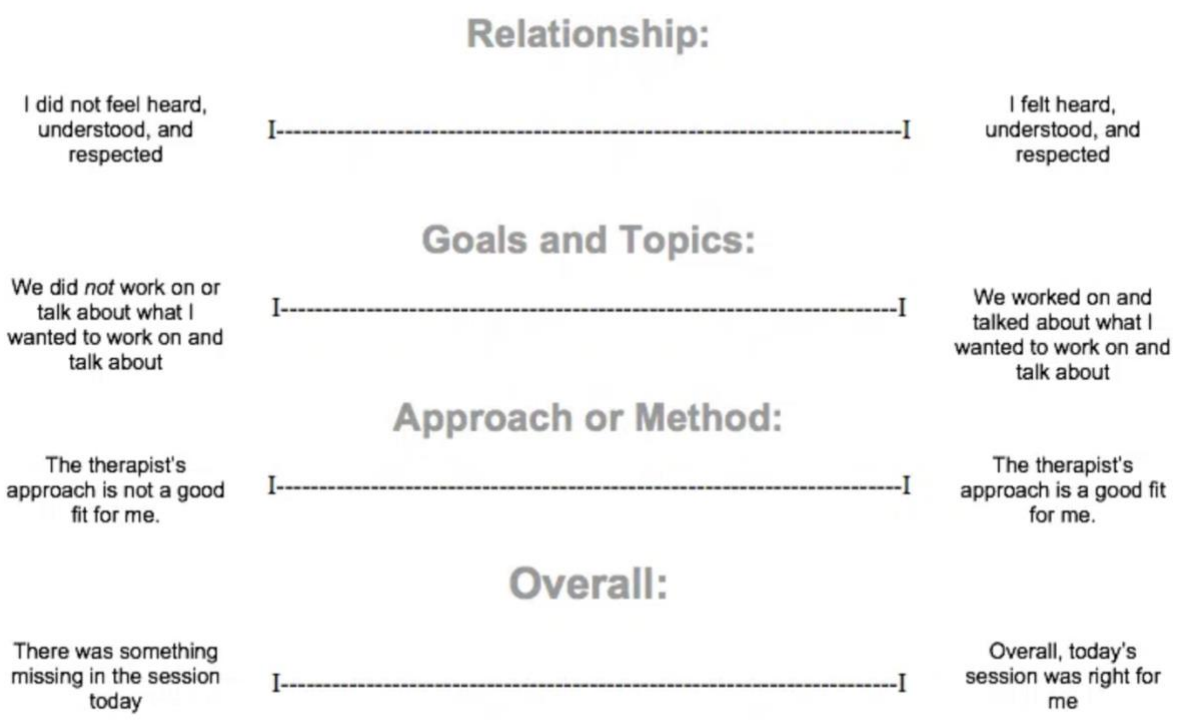
	1. Not at all	*2. Slightly*	*3. Very Much*	*4. Extremely*
1. Inability to stop moving.	○	○	○	○
2 Having difficulties connecting with other people.	○	○	○	○
3. Feeling society is unfair to people like me.	○	○	○	○
4. Reacting angrily.	○	○	○	○
5. Avoiding certain situations or speaking to certain people.	○	○	○	○
6. Feeling like I am not as good as others.	○	○	○	○
7. Feeling like I cannot succeed.	○	○	○	○
8. Finding it difficult to cope without food/alcohol/ drugs.	○	○	○	○
9. Worrying about my safety.	○	○	○	○

Interpretation/Scoring: The total score is calculated by summing up the scores across all items, and a high total score signifies a likely history of significant racial trauma.

Session Rating Scale (SRS) – 4 Items

Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., & Johnson, L. D. (2003). The session rating scale: Preliminary psychometric properties of a "working" alliance measure. Journal of Brief Therapy, 3(1), 3-12.

https://www.corc.uk.net/outcome-experience-measures/session-ratuing-scale-srs/

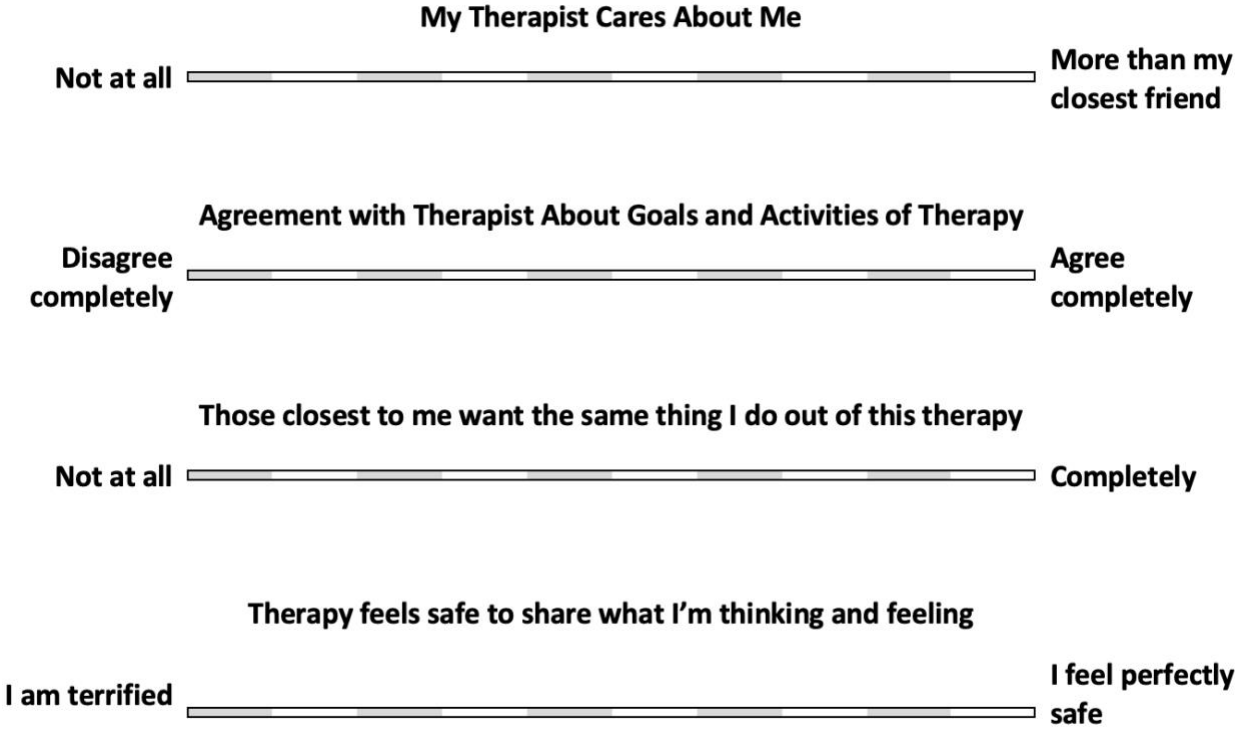


Interpretation/Scoring:

Individual responses for the SRS are calculated based on the point selected on each item's line. Each line indicates a scale from 0-10, inclusive of decimals, gw. Points selected on the left indicate a lower score, whereas a point selected on the right indicates a higher score. The SRS cut-off is 36.

Intersession Alliance Measure – Individual (IAM-I)

Anderson, S. R., Johnson, L. N., Witting, A. B., Miller, R. B., Bradford, A. B., Hunt, Q. A., & Bean, R. A. (2024). Validation of the intersession alliance measure: Individual, couple, and family versions. *Journal of Marital and Family Therapy, 50*, 589–610. https://doi.org/10.1111/jmft.12702



Scoring the IAM:

We recommend using an electronic version of the IAM measure. This facilitates scoring and increases the clinical utility of the measure. Any therapist can join the Marriage and Family Therapy Practice Research Network (MFT-PRN, mft-prn.net) and use the IAM for free. The MFT-PRN is a web-based routine outcome monitoring system designed for couple and family therapists. An electronic version of the IAM can also easily be programmed into web-survey software like Qualtrics, using a slider-type question.

If using a paper version, first ensure that the printed line length is 10 cm (100 mm). Each segment of the line should be 10mm.

For each of the dimensions, measure from the left-hand side of the line to the point at which the mark the client made crosses the line. Round to the nearest millimeter. The score for each dimension ranges from 0-100.

If the client drew a circle, draw a line through the middle of the circle, intersecting the line and measure to that point. If the client drew a check mark or an "X", draw a line vertically through the intersection of the two parts of the check mark or "X". The total IAM score is the average item score (Sum of 4 items /4).

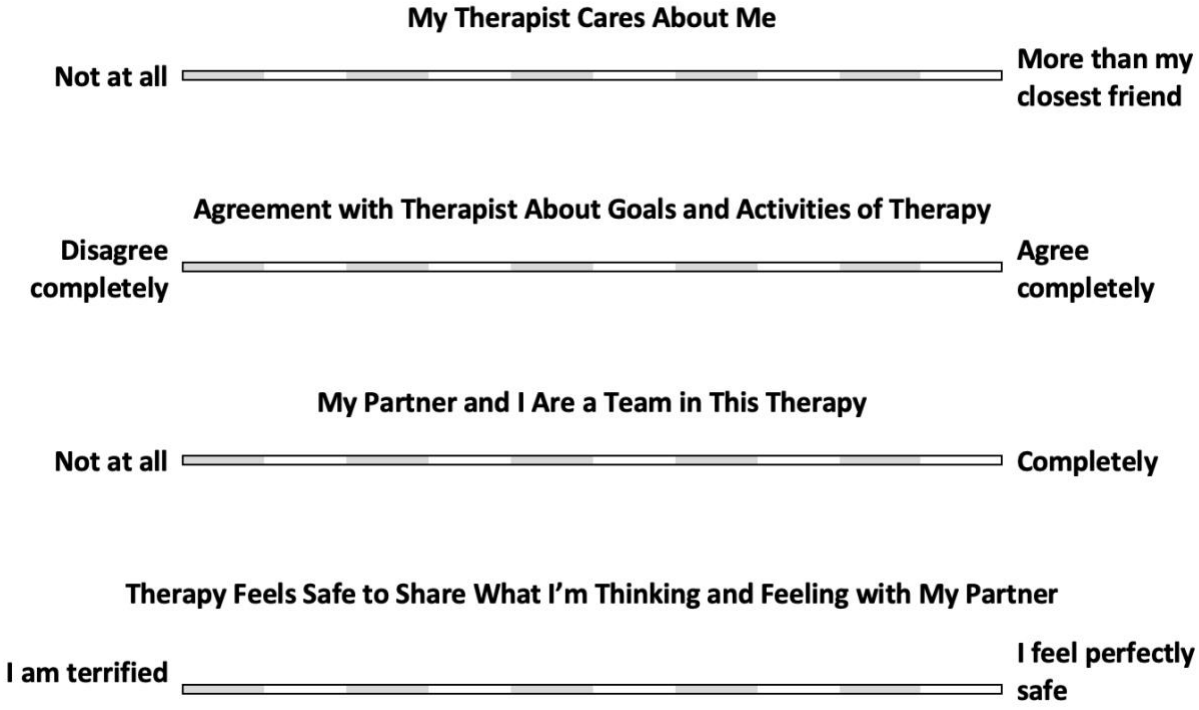
If clients complete the measure immediately before the session, a clinician can get a rough estimate of the score by looking at which segment of the line the mark falls into. Since each mark is 10 mm long, a mark in the middle of the fifth segment would be approximately 45.

Interpreting IAM Scores

1. Total Score: First examine the total score for each partner to determine their overall alliance. There is currently no cutoff score for the IAM, but we would suggest that scores below 60 for the individual and couple version, and a score below 50 on the family version likely indicate the need to address the alliance. These are general estimates that indicate a score approximately 1.5 standard deviations below the mean of the clinical samples used to validate the measures.
2. Individual Item Scores: Next, examine each of the individual dimensions, identifying areas of strength and areas that might indicate problems in the alliance.
3. Compare Family Members' Scores: Next, look for differences and similarities in family members' perceptions of the alliance. Are there particular areas where they are discrepant? If there are significant discrepancies in the safety dimension, consider separate interviews with members of the family to identify possible abuse or violence in the system.
4. Change Across Time: Finally, look at how scores have changed across time. There is no current reliable change index for the measure but look for trends across time. Trends tend to be a better indication than a single data point. If there is a sudden drop, address it immediately to repair any potential rupture in the alliance with you (if the drop occurs on the first two items) or in the family system (if the drop occurs in the within system alliance).

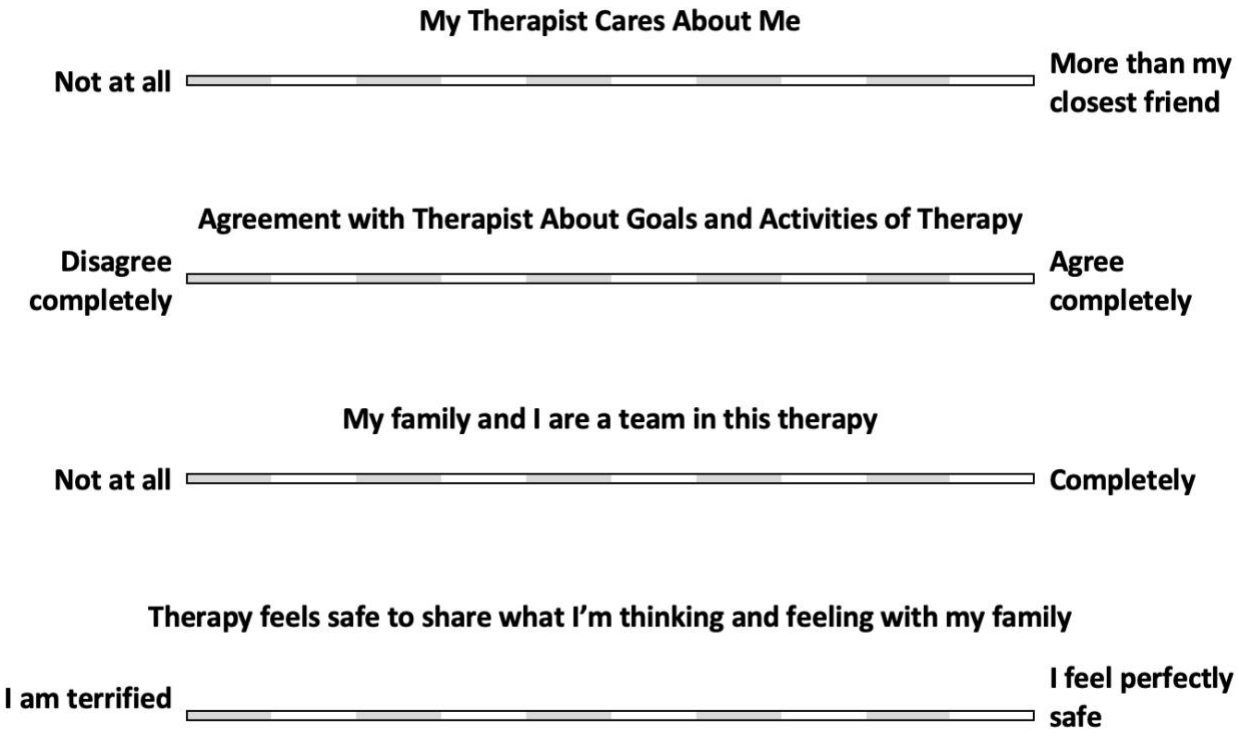
Intersession Alliance Measure – Couple (IAM-C)

Anderson, S. R., Johnson, L. N., Witting, A. B., Miller, R. B., Bradford, A. B., Hunt, Q. A., & Bean, R. A. (2024). Validation of the intersession alliance measure: Individual, couple, and family versions. *Journal of Marital and Family Therapy, 50*, 589–610. https://doi.org/10.1111/jmft.12702



Intersession Alliance Measure – Family (IAM-F)

Anderson, S. R., Johnson, L. N., Witting, A. B., Miller, R. B., Bradford, A. B., Hunt, Q. A., & Bean, R. A. (2024). Validation of the intersession alliance measure: Individual, couple, and family versions. *Journal of Marital and Family Therapy, 50*, 589–610. https://doi.org/10.1111/jmft.12702



Experience in Close Relationship Scale - Short Form (ECR-S)

Wei, M., Russell, D. W., Mallinckrodt, B., & Vogel, D. L. (2007). The experiences in Close Relationship Scale (ECR)-Short Form: Reliability, validity, and factor structure. Journal of Personality Assessment, 88, 187-204.

https://novopsych.com.au/assessments/formulation/experience-in-close-relationship-scale-short-form-ecr-s/

Instructions:

The following statements concern how you feel in romantic relationships. Please respond to each statement by indicating how much you agree or disagree.

		Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	It helps to turn to my romantic partner in times of need.	7	6	5	4	3	2	1
2	I need a lot of reassurance that I am loved by my partner.	1	2	3	4	5	6	7
3	I want to get close to my partner, but I keep pulling back.	1	2	3	4	5	6	7
4	I find that my partner doesn't want to get as close as I would like.	1	2	3	4	5	6	7
5	I turn to my partner for many things, including comfort and reassurance.	7	6	5	4	3	2	1
6	My desire to be very close sometimes scares people away.	1	2	3	4	5	6	7
7	I try to avoid getting too close to my partner.	1	2	3	4	5	6	7
8	I don't worry about being abandoned.	7	6	5	4	3	2	1
9	I usually discuss my problems and concerns with my partner.	7	6	5	4	3	2	1
10	I get frustrated if my romantic partner is not available when I need them.	1	2	3	4	5	6	7
11	I am nervous when my partner gets too close to me.	1	2	3	4	5	6	7
12	I worry that a romantic partner won't care about me as much as I care about them.	1	2	3	4	5	6	7

Interpretation/Scoring:

Attachment Avoidance (items 1,3,5,7,9,11; score range: 6 to 36): High scores indicate strong discomfort with closeness and dependency in relationships, manifesting as emotional distance, excessive self-reliance, and reluctance to share personal feelings or rely on others. Individuals with high avoidance tend to maintain rigid emotional boundaries and may employ defensive strategies to protect against perceived relationship threats.

Attachment Anxiety (items 2,4,6,8,10,12; score range: 6 to 36): High scores reflect intense fears about relationship stability and partner availability, manifesting as hypervigilance to relationship cues, excessive need for reassurance, and difficulty maintaining emotional equilibrium when partners are unavailable. Individuals with high anxiety tend to seek excessive closeness and validation from relationship partners.

Dyadic Adjustment Scale– 4 (DAS–4)

Sabourin, S., Valois, P., & Lussier, Y. (2005). Dyadic Adjustment Scale—Brief Version (DAS-4) [Database record]. APA PsycTests.

https://arc.psych.wisc.edu/self-report/dyadic-adjustment-scale-das/

1. How often do you discuss or have you considered divorce, separation, or terminating your relationship?
2. In general, how often do you think that things between you and your partner are going well?
3. Do you confide in your mate?

All the time	Most of the time	More often than not	Occa-sionally	Rarely	Never
O	O	O	O	O	O

Left to right, 0 to 5 (Question 2 and 3 are reverse coded)

4. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

O	O	O	O	O	O	O
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

Left to right, 0 to 6

Interpretation/Scoring:

The DAS-4 would consist of describing participants who score 12, 13, or 14 as borderline, those with scores under 12 as clinically distressed, and participants with scores over 14 as nondistressed.

Global Measure of Sexual Satisfaction (GMSEX)

Lawrance, K., & Byers, E. S. (1995). Sexual satisfaction in long-term heterosexual relationships: The interpersonal exchange model of sexual satisfaction. *Personal Relationships, 2*(4), 267–285.

Overall, how would you describe your sexual relationship with your partner?

1. Good (7) – Bad (1)
2. Pleasant (7) – Unpleasant (1)
3. Positive (7) – Negative (1)
4. Satisfying (7) – Unsatisfying (1)
5. Valuable (7) – Worthless (1)

Interpretation/Scoring:

The total score ranges from 5 to 35, higher score indicating higher satisfaction.

Systemic Clinical Outcome and Routine Evaluation – 15 (SCORE–15)

Judith Lask, Gary Robinson, Marcus Averbeck, Reenee Singh, Julia Bland and Jan Parker). In D. Law & M. Wolpert (Eds.), Guide to using outcomes and feedback tools with children young people and families (pp. 120–128). London: CORC.

1. In my family we talk to each other about things that matter to us.
2. People often don't tell each other the truth in my family.
3. Each of us gets listened to in our family.
4. It feels risky to disagree in our family.
5. We find it hard to deal with everyday problems.
6. We trust each other.
7. It feels miserable in our family.
8. When people in my family get angry they ignore each other on purpose.
9. We seem to go from one crisis to another in my family.
10. When one of us is upset they get looked after within the family.
11. Things always seem to go wrong for my family.
12. People in the family are nasty to each other.
13. People in my family interfere too much in each other's lives.
14. In my family we blame each other when things go wrong.
15. We are good at finding new ways to deal with things that are difficult.

Interpretation/Scoring:

Clients rate each item on a 6 point scale from 1 = describes my family extremely well to 6 = does not describe my family at all. Clients also name their main problem and rate its severity and impact on 10 point scales.

Item 2, 4, 5, 7, 8, 9, 11, 12, 13, and 14 are reverse coded on Qualtrics. The order of items was changed on Qualtrics. Higher score indicates more problems.

Parenting Sense of Competence Scale (PSOC)

Gibaud-Wallston, J., & Wandersman, L. P. (1978). Development and utility of the Parenting Sense of Competence Scale. Paper presented at the annual meeting of the American Psychological Association, Toronto.

Please rate the extent to which you agree or disagree with each of the following statements.

Strongly Disagree	Somewhat Disagree	Disagree	Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired. 1 2 3 4 5 6
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age. 1 2 3 4 5 6
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot. 1 2 3 4 5 6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated. 1 2 3 4 5 6
5. My mother was better prepared to be a good mother than I am. 1 2 3 4 5 6
6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent. 1 2 3 4 5 6
7. Being a parent is manageable, and any problems are easily solved. 1 2 3 4 5 6
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one. 1 2 3 4 5 6
9. Sometimes I feel like I'm not getting anything done. 1 2 3 4 5
10. I meet by own personal expectations for expertise in caring for my child. 1 2 3 4 5 6
11. If anyone can find the answer to what is troubling my child, I am the one. 1 2 3 4 5 6
12. My talents and interests are in other areas, not being a parent. 1 2 3 4 5 6
13. Considering how long I've been a mother, I feel thoroughly familiar with this role. 1 2 3 4 5 6
14. If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent. 1 2 3 4 5 6
15. I honestly believe I have all the skills necessary to be a good mother to my child. 1 2 3 4 5 6
16. Being a parent makes me tense and anxious. 1 2 3 4 5 6
17. Being a good mother is a reward in itself. 1 2 3 4 5 6

Interpretation/Scoring:

The Parenting Sense of Competency Scale (PSOC) was developed by Gibaud-Wallston as part of her PhD dissertation and presented at the American Psychological Association by Gibaud-Wallston and Wandersman in 1978. The PSOC is a 17 item scale, with 2 subscales. Each item is rated on a 6 point Likert scale anchored by 1 = "Strongly Disagree" and 6 = "Strongly Agree". Nine (9) items (#s 2, 3, 4, 5, 8, 9, 12, 14, and 16) on the PSOC are reverse coded.

Nine items on the PSOC are reverse coded, this is important for accurate scoring. Reverse coded means that a high score on the individual item is not indicative of having a sense of competency; essentially, the item is worded negatively.

Scoring Instructions:

To aid scoring, the score / number for each item can be written in the in the right hand margin of the questionnaire once completed.

For items 1, 6, 7, 10, 11, 13, 15, and 17 simply write the number the participant indicated as their choice.

Reverse coding: For items 2, 3, 4, 5, 8, 9, 12, 14, and 16 substitute the following numbers and write in right hand margin for totaling:

Answer	Score
6	1
5	2
4	3
3	4
2	5
1	6

Total all numbers you have written in the right hand margin; this is participants PSOC score.

A higher score indicates a higher parenting sense of competency. There are no average scores or 'cut-off's' for this tool.

Ohio Mental Health Consumer Outcomes Systems – Youth Short Form (OHIO)

Ogles, B. M., Dowell, K., Hatfield, D., Melendez, G., & Carlston, D. L. (2004). The Ohio Scales. In M. E. Maruish (Ed.), The use of psychological testing for treatment planning and outcomes assessment: Instruments for children and adolescents (3rd ed., pp. 275–304). Lawrence Erlbaum Associates Publisher

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

Instructions: Please circle your response to each question.

1. Overall, how satisfied are you with your life right now?
    1. E xtremely satisfied
    2. M oderately satisfied
    3. S omewhat satisfied
    4. S omewhat dissatisfied
    5. M oderately dissatisfied
    6. E xtremely dissatisfied
2. How energetic and healthy do you feel right now?
    1. E xtremely healthy
    2. M oderately healthy
    3. S omewhat healthy
    4. S omewhat unhealthy
    5. M oderately unhealthy
    6. E xtremely unhealthy
3. How much stress or pressure is in your life right now?
    1. V ery little stress
    2. So me stress
    3. Quite a bit of stress
    4. A moderate amount of stress
    5. A great deal of stress
    6. Unbearable amounts of stress
4. How optimistic are you about the future?
    1. The future looks very bright
    2. The future looks somewhat bright
    3. The future looks OK
    4. The future looks both good and bad
    5. The future looks bad
    6. The future looks very bad

Total: _____

Instructions: Please circle your response to each question.

1. How satisfied are you with the mental health services you have received so far?
    1. E xtremely satisfied
    2. M oderately satisfied
    3. S omewhat satisfied
    4. S omewhat dissatisfied
    5. M oderately dissatisfied
    6. E xtremely dissatisfied
2. How much are you included in deciding your treatment?
    1. A great deal
    2. M oderately
    3. Quite a bit
    4. S omewhat
    5. A little
    6. Not at all
3. Mental health workers involved in my case listen to me and know what I want.
    1. A great deal
    2. M oderately
    3. Quite a bit
    4. S omewhat
    5. A little
    6. Not at all
4. I have a lot of say about what happens in my treatment.
    1. A great deal
    2. M oderately
    3. Quite a bit
    4. S omewhat
    5. A little
    6. Not at all

Total: _____

Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

Interpretation/Scoring: The last scale "Functioning scale" was reverse coded on Qualtrics for higher scores to indicate more problematic functioning. Overall, a higher score indicates more problematic functioning and behaviors.

Adolescent Attachment Questionnaire (AAQ)

West, M., Rose, M. S., Spreng, S., Sheldon-Keller, A., & Adam, K. (1998). *Adolescent Attachment Questionnaire (AAQ)* [Database record]. APA PsycTests.

Appendix. Composition of Adolescent Attachment Questionnaire

Scale	Item
Angry Distress	1. My parent only seems to notice me when I am angry.
	2. I often feel angry with my parent without knowing why.
	3. I get annoyed at my parent because it seems I have to demand his/her caring and support.
Availability (reverse score)	1. I'm confident that my parent will listen to me
	2. I'm confident that my parent will try to understand of feelings.
	3. I talk things over with my parent.
Goal-Corrected Partnership (reverse score)	1. I enjoy helping my parent whenever I can.
	2. I feel for my parent when he/she is upset.
	3. It makes me feel good to be able to do things for my parent.

Interpretation/Scoring:

Responses are made on a five-point Likert scale, 1 (strongly disagree) to 5 (strongly agree). All items for availability and goal-corrected partnership are reverse coded. Higher scores indicate poorer relationship quality and increased anxiety. The total score ranges from 9 to 45.

Therapeutic Presence Inventory–Therapist–Brief (TPI-T-Brief)

The brief version of TPI-T (named TPI- T-Brief) included Items 1, 17, and 19 from the positive items, and Items 2, 3, and 15 from the negative items (Reverse code items 4, 5, 6 below).

Zhao, H., Li, X., & Chen, S. (2022). Development of a brief therapist presence inventory in China using multilevel factor analysis and item response theory. Psychotherapy Research, 33(4), 508–523. https://doi.org/10.1080/10503307.2022.2143301

Positive:

1. I was aware of my own internal flow of experiencing:
2. I felt fully immersed with my client's experience and yet still centered within myself:
3. I felt in synchronicity with my client in such a way that allowed me to sense what he/she was experiencing:

Negative:

4. I felt tired or bored:
5. I found it difficult to listen to my client:
6. I couldn't wait for the session to be over:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

Interpretation/Scoring:

Higher scores indicate a greater experience of being fully present with the client.

Original inventory:

Original inventory: Geller, S. M., Greenberg, L. S., & Watson, J. C. (2010). Therapist and client perceptions of therapeutic presence: The development of a measure. Psychotherapy Research, 20(5), 599–610.

1. I was aware of my own internal flow of experiencing:
2. I felt tired or bored:
3. I found it difficult to listen to my client:
4. The interaction between my client and I felt flowing and rhythmic:
5. Time seemed to really drag:
6. I found it difficult to concentrate:
7. There were moments when I was so immersed with my client's experience that I lost a sense of time and space:
8. I was able to put aside my own demands and worries to be with my client:
9. I felt distant or disconnected from my client:
10. I felt a sense of deep appreciation and respect for my client as a person:
11. I felt alert and attuned to the nuances and subtleties of my client's experience:
12. I was fully in the moment in this session:
13. I felt impatient or critical:
14. My responses were guided by the feelings, words, images, or intuitions that emerged in me from my experience of being with my client:
15. I couldn't wait for the session to be over:
16. There were moments when my outward response to my client was different from the way I felt inside:
17. I felt fully immersed with my client's experience and yet still centered within myself:
18. My thoughts sometimes drifted away from what was happening in the moment:
19. I felt in synchronicity with my client in such a way that allowed me to sense what he/she was experiencing:
20. I felt genuinely interested in my client's experience:
21. I felt a distance or emotional barrier between my client and myself:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

Working Alliance Inventory – Short Revised - Therapist (WAI-SRT)

Hatcher, R. L., & Gillaspy, J. A. (2006). Development and validation of a revised short version of the working alliance inventory. *Psychotherapy Research, 16*(1), 12–25.

Below is a list of statements about experiences people might have with their client. Some items refer directly to your client with an underlined space -- as you read the sentences, mentally insert the name of your client in place of ___ in the text.

1. ___ and I agree about the steps to be taken to improve his/her situation.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

2. I am genuinely concerned for ___'s welfare.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

3. We are working towards mutually agreed upon goals.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

4. ___ and I both feel confident about the usefulness of our current activity in therapy.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

5. I appreciate ___ as a person.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

6. We have established a good understanding of the kind of changes that would be good for ___.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

7. ___ and I respect each other.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

8. ___ and I have a common perception of his/her goals.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

9. I respect ___ even when he/she does things that I do not approve of.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

10. We agree on what is important for ___ to work on.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

Interpretation/Scoring:

Higher scores indicate a stronger therapeutic alliance.

Appendix B: Other Forms

Qualtrics Survey log form to keep in the physical file

Qualtrics Survey Log

Therapist: _____

Client's initial/case ID number: _____

Session #/ Date	Completion	Scores to Note	Other Notes
Session ___ / /	☐ Completed Full / Intersession survey		
Session ___ / /	☐ Completed Full / Intersession survey		
Session ___ / /	☐ Completed Full / Intersession survey		
Session ___ / /	☐ Completed Full / Intersession survey		
Session ___ / /	☐ Completed Full / Intersession survey		
Session ___ / /	☐ Completed Full / Intersession survey		
Session ___ / /	☐ Completed Full / Intersession survey		