

Field Experience

Therapist-in-Training Disclosure/Informed Consent Statement

This form provides information relative to students enrolled in Field Experience courses in the Marriage and Therapy Program at Adler Graduate School (AGS). The therapist-in-training must notify the client verbally and in written form of being a student. Specifically, this Disclosure/Informed Consent document describes the student's education and training, offers information about the nature of the therapeutic relationship, provides information about client rights and responsibilities (see attached Minnesota Client Bill of Rights), and outlines the limits of confidentiality. This document must be signed by the client(s) or by the client's parent/legal guardian and secured in the client's file at the field experience site prior to the start of therapy.

Student Training

Students in the MFT Program have completed core courses in basic counseling skills and professional practice prior to beginning their clinical experience at the field experience site. The field experience courses are a developmental sequence in which students apply their knowledge under intensive supervision.

Therapy Relationship

Psychotherapy services will be based on a relationship characterized by trust and respect. The therapist-in-training and client work together to 1) identify goals for counseling and 2) identify how to move towards meeting those goals. Psychotherapy sessions may include an exploration of thoughts, feelings, behaviors; personal history; communication styles; relational dynamics; attitudes, values, and beliefs about self and others; and personal developmental needs. The therapist-in-training will receive supervision from a licensed professional at the counseling facility. In addition, the therapist-in-training will receive clinical instruction from an AGS faculty trained in marriage and family therapy and supervision.

Client Rights and Responsibilities

The quality of the relationship between therapists-in-training and clients is critical to the success of therapy. As such, clients have the right to receive counseling in which the individual's dignity, worth, and uniqueness are respected. The therapist-in-training will provide clients with quality informed services that are offered under close supervision. Equally important to the success of the therapeutic relationship is client willingness to be open and involved in the process. Individuals who participate in psychotherapy can experience changes in personal views, attitudes, and coping skills. Clients should be aware that personal changes that may occur as a result of their work in

therapy may affect those closest to them, e.g., spouses/partners, children, siblings, friends, co-workers, etc.

Recorded Sessions

In order to fulfill AGS Marriage and Family Therapy Program clinical training requirements, therapists-in-training may ask clients to video record some of their therapy sessions. Therapists-in-training may also request permission to conduct direct observation (by an AGS MFT faculty). The recordings or live observation are used as tools to help students' develop their counseling skills. The recordings or live observation by faculty will be further discussed with clients in order for them to make an informed decision regarding the recorded/observed sessions. Clients have the right to allow or refuse recordings without repercussions. All recordings, if made, will be destroyed at the end of the term in which services are provided. If a client agrees to have sessions recorded or directly observed, the therapist-in-training will ask for a **Release of Information** form to be completed and signed by the client. This form will become part of the client's file, which is securely retained at the site.

Limits of Confidentiality

Clients have the right to receive services that are confidential. As part of the clinical training experience, and to ensure quality of care, the therapist-in-training will be asked to discuss client cases with their site supervisor. At times, when necessary (such as a challenging case/crisis), therapists-in-training may seek consultation with their clinical instructor and peers (i.e., in required Field Experience class). When this occurs, client identity or any identifying information will be removed from the information shared. Confidentiality will conform to Minnesota laws and the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics.

All therapists-in-training, their supervisors, and group supervision members will not disclose information except under the following conditions:

- The client or guardian gives written consent to release information to a designated individual or agency.
- The client makes specific violent threats to harm him- or herself or to harm an identifiable victim.
- The therapist-in-training and/or their supervisors are named as defendants in a civil, criminal, or disciplinary action arising from the counseling session.
- The therapist-in-training receives an authentic subpoena backed by judicial authority that requires the disclosure of information.
- The therapist-in-training has reasonable cause to believe that a child or adult with a disability has suffered abuse or neglect.
- The therapist-in-training *will* discuss the content of therapy sessions in individual and group supervision under the direction of a qualified supervisor who is held to the same professional standards of confidentiality and its limits.

I, _____, understand that my therapist, _____,
Client Name Student-therapist Name
is a student/therapist-in-training of the Adler Graduate School Marriage and Family
Therapy Program.

The therapist-in-training, _____, will provide services at _____
Student-therapist Name Site Name
_____, under the clinical supervision of _____, and
Site Supervisor Name
clinical instruction by Adler Graduate School faculty member, _____.

By signing below the client or parent/legal guardian 1) acknowledges that he or she, of
sound mind and body, has had the opportunity to read and discuss with the therapist-in-
training the information above, and 2) agrees to allow psychotherapy services to be
provided.

Client Name (print) Date

Client Signature Date

Name of parent/guardian (printed) Date
(for minor/dependent clients and/or students)

Parent/Guardian Signature Date

AGS Therapist-in-training (print) Date

AGS Therapist-in-training Signature Date