

Online Marriage and Family Therapy Student Handbook

College of Graduate and Professional Studies

ACU Dallas

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Welcome!

Welcome to Online Marriage and Family Therapy at Abilene Christian University. You are part of a group of people selected through careful consideration, and we are glad you have chosen to complete your MFT education with us. During the program, you will be challenged in a variety of ways -- academically, emotionally, mentally, and spiritually. You will learn new ways of viewing relationships and new ideas about how to create change within relationship patterns, and you will grow as a person and in your own relationships.

Your academic and clinical experiences will be significant. Academically, your journey will be guided by official policy as determined by the University. Clinically, your journey will be guided by MFT program policies. You will be given the opportunity to earn 500+ hours of client contact and 100+ hours of supervision within the context of the program.

This Handbook is designed to be an aide to you during the program. It will provide much of the information necessary to complete your journey successfully. It does not, however, supersede any official university policies. It is your responsibility to be familiar with the ACU Student Catalog and Handbook.

This handbook may be updated as you progress through the program, and you will be notified in writing if changes are made. You are responsible for being familiar with the most current version of this handbook. When situations arise that are not addressed in this manual, please consult with the Program Director.

We hope your professional and personal journey to become a marriage and family therapist is rewarding and challenging!

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Mission Statements

The mission of Abilene Christian University is to educate students for Christian service and leadership throughout the world. This mission is achieved through:

- Exemplary teaching, offered by a faculty of Christian scholars, that inspires a commitment to learning;
- Significant research, grounded in the university's disciplines of study, that informs issues of importance to the academy, church, and society; and
- Meaningful service to society, the academic disciplines, the university, and the church, expressed in various ways, by all segments of the Abilene Christian University community.

The mission of MFT Online is to graduate clinically competent, ethical, and professionally engaged marriage and family therapists. This mission is accomplished through equipping MFT students to:

- Provide effective intervention to diverse couples, families, and individuals dealing with a range of relational and mental health issues from a systemic perspective;
- Critically reflect on MFT research and utilize research findings to inform evidence-based practice;
- Engage in ethical decision-making processes; and
- Cultivate a sense of vocation informed by Christian principles.

Program Goals and Student Learning Outcomes

| Program Goals | Student Learning Outcomes |
|--|---|
| 1. Demonstrate competency in the practice of systemic therapy. | 1.1 Understand foundational systems concepts, theories, and techniques of marital, couple, and family therapy. |
| | 1.2 Recognize contextual and systemic dynamics. |
| | 1.3 Understand principles of human development, human sexuality, gender development, psychopathology, psychopharmacology, couples processes, & family development processes. |
| | 1.4 Distinguish differences between content and process issues. |
| | 1.5 Describe sufficient understanding of relevant biomedical issues, language, culture, various disciplines, and providers in healthcare systems. |
| 2. Demonstrate competency in assessing, hypothesizing and diagnosing. | 2.1 Develop systemic hypotheses and assess family history and dynamics from a systemic perspective. |
| | 2.2 Recognize contraindications for couples and family therapy. |
| | 2.3 Understand behavioral health disorders including the epidemiology, etiology, phenomenology, effective treatments, course, & prognosis. |
| | 2.4 Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process. |
| 3. Demonstrate competency in designing and conducting systemic treatment. | 3.1 Know which models, modalities, and/or techniques are most effective for presenting problems and apply them to diverse couples and families. |
| | 3.2 Understand theories of group psychotherapy and apply them to specific populations within a systemic framework. |
| | 3.3 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan. |
| 4. Demonstrate competency in evaluating ongoing process and terminating treatment. | 4.2 Develop measurable outcomes, treatment goals, treatment plans, and after-care plans with an eye toward termination. |
| | 4.3 Understand the relationship between research and evaluative practices. |
| 5. Demonstrate competency in managing crisis situations. | 5.1 Understand how crisis and trauma impact the family system. |
| | 5.2 Manage risks, crises, and emergencies using recognized standards of practice. |

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| 6. Demonstrate competency in maintaining ethical, legal, and professional standards. | 6.1 Know state, federal, & provincial laws & regulations as well as professional ethics and standards for clinical practice and research. |
| | 6.2 Understand the process of making an ethical decision and recognize dilemmas in which ethics, laws, and professional liability apply. |
| | 6.3 Monitor attitudes, personal well-being, personal issues, and personal problems and ascertain their influence on ethical practice. |
| | 6.4 Articulate a personal spiritual/religious perspective on the discipline of marriage and family therapy. |

PART I: GENERAL PROGRAM REQUIREMENTS

Degree Plan

The degree plan for the online Marriage and Family Therapy program consists of 48 credit hours in the Foundational Curriculum and 12 credit hours in the student's choice of specialization: General MFT, Medical Family Therapy (MedFT), Treatment of Trauma (TOTR), Child & Adolescent Therapy (CATH), or Therapy with Military Families (THMF).

Every student will complete the first 12 credit hours in the program, earn a minimum cumulative 3.0 GPA in those first 12 hours, and receive a minimum grade of B in MFTO 601 Pre-Internship before beginning Internship.

- MFTO 639 Family Theory
- MFTO 641 Family Therapy I
- MFTO 601 Pre-Internship
- MFTO 643 Professional Ethics and the Law or MFTO 644 Professional Ethics and California Law (for CA students)

The remaining foundational curriculum courses for all students include:

- MFTO 602 Internship I
- MFTO 603 Internship II
- MFTO 604 Internship III
- MFTO 605 Internship IV
- MFTO 610 Couples Therapy
- MFTO 615 Research Methods in Family Therapy
- MFTO 634 Addictive Disorders
- MFTO 645 Systemic Diagnosis & Assessment
- MFTO 651 Sex Therapy
- MFTO 661 Family Therapy II
- MFTO 662 Family Life Cycle
- MFTO 663 Cultural Diversity

Students in the general MFT track will complete the following courses:

- MFTO 665 Family Therapy across the Life Cycle
- MFTO 697 Ecology of Trauma and Crisis for the Therapist
- Elective
- Elective

Students who wish to pursue dual licensure as both an LMFT and an LPC are advised to select MFTO 635 Group Psychotherapy and MFTO 616 Life Planning and Career Development as electives.

Students in the MedFT track will complete the following courses:

- MFTO 670 Introduction to Medical Family Therapy
- MFTO 671 Theory and Practice of Medical Family Therapy
- MFTO 675 Interventions in Medical Family Therapy
- MFTO 697 Ecology of Trauma and Crisis for the Therapist

Students in the Treatment of Trauma track will complete the following courses:

- MFTO 630 Trauma Intervention Models
- MFTO 655 Systemic Trauma and Violence
- MFTO 657 Assessment and Treatment of Family Violence
- MFTO 697 Ecology of Trauma and Crisis for the Therapist

Students in the Child & Adolescent Therapy track will complete the following courses:

- MFTO 622 Systemic Play Therapy
- MFTO 624 Family Therapy with Children and Adolescents
- MFTO 628 Assessment and Treatment of Child and Adolescent Disorders
- MFTO 697 Ecology of Trauma and Crisis for the Therapist

Students in the Therapy with Military Families track will complete the following courses:

- MFTO 657 Assessment and Treatment of Family Violence
- MFTO 682 Dynamics of Military Families
- MFTO 684 Family Therapy with Military Families
- MFTO 697 Ecology of Trauma and Crisis for the Therapist

See Appendix A for the degree plans. Students are advised to remain in regular contact with their Student Services Advisor and Financial Aid Specialist throughout the program, especially if there are any deviations to the degree plan due to change in student status with the university such as an academic break, course withdrawal, retake, or a deferred entrance into the Internship.

Student Evaluation Process

Competence in the discipline of marriage and family therapy cannot be measured only through grades received in didactic courses. Rather, the evaluation of clinical and professional skills is dependent upon students' work in their internships. Rather than gathering data only from local/site supervisors, however, the evaluation will be a recursive process in which students also evaluate themselves. In addition, students will be formally evaluated on their clinical competence at four points throughout the program:

- At the conclusion of MFTO 602 Internship I by both the student's local supervisor and the faculty supervisor.
- At the conclusion of MFTO 603 Internship II by both the student's local supervisor and the faculty supervisor.
- At the conclusion of MFTO 604 Internship III by both the student's local supervisor and the faculty supervisor.
- At the conclusion of MFTO 605 Internship IV by both the student's local supervisor and the faculty supervisor.

If a student receives less than a grade of B in an Internship course, s/he will be required to meet with the Program Director and his/her faculty supervisor to develop a remediation plan. If the goals of the remediation plan are not achieved by the end of the next Internship course, the student may be dismissed from the program. If a student fails an Internship course (grade of D or below), s/he may be dismissed from the program.

The Basic Skills Evaluation Device (Nelson & Johnson, 1999)¹ is utilized for the completion of student evaluations. The BSED is included in Appendix B.

¹ Nelson, T. S., & Johnson, L. N. (1999). The basic skills evaluation device. *Journal of Marital and Family Therapy*, 25, 15-30.

Professional Identity

Being professionally engaged in the field of marriage and family therapy is an important step in developing an identity as a systemic therapist. To facilitate this development, all students will be required to join the American Association for Marriage and Family Therapy and maintain an active membership throughout their time in the program. Dues and enrollment information can be found at aamft.org. One benefit of student membership is receiving malpractice insurance coverage, which is a requirement of the Internship process. Students must join the AAMFT during their MFTO 601 Pre-Internship course and submit proof of enrollment; this is a prerequisite to beginning Internship. The annual membership fee is not included in student tuition or fees.

Writing Style

All formatting and referencing for papers written in the program should follow *The Publication Manual of the American Psychological Association, 6th edition*. Papers should be written in Times New Roman 12-point font. All papers should be neat, contain no misspellings, contain no typing errors, and employ proper grammar and syntax. The final paper is expected to be professional in appearance. Papers should include an introduction, a body, and a conclusion. If papers contain pervasive APA and/or grammatical errors, the professor may return the paper without grading it.

Discussion Posts

The following rubric will be used for discussion posts.

| | Meets Expectations | Below Expectations | Clearly Unacceptable |
|-------------------------|---|--|--|
| Points | .5 or 1 | .25 or .5 | 0 |
| Quality of post | Student referenced the readings and resources for the week in an integrated, thoughtful response. | Student posted brief or superficial responses or repeated or summarized information. | Student did not post. |
| Interaction with cohort | Subsequent responses supported or challenged someone else's responses. | Although s/he posted multiple times, the student did not respond to others' contributions. | Student was disrespectful in their manner of responding. |

What is a Substantive Contribution? This contribution can include an academic reference from another article you may have read or your educated opinion based upon logical and rational information that is relevant to the topic.

What is Not a Substantive Contribution? “LOL, Totally agree, You are on point,” etc.

Capstone Project

The purpose of the capstone project is to assess the student’s ability to integrate knowledge of MFT theories, models, and research with clinical practice. There are two portions to the capstone project: 1) a theory of change paper and 2) a clinical presentation. Each portion is described in more detail below. Students must pass both parts of the capstone project in order to graduate from the program.

Theory of Change Paper

Students will write a 15-20 page theory of change paper of professional, journal quality using primary source material that addresses from an integrative perspective his or her primary theoretical orientation for treating relational systems. This paper will demonstrate an intellectual exercise in which the student presents his/her theory of change based on research and theory. The paper should demonstrate critical thinking. Rather than consisting of disjointed pieces, the sections of this paper should inform one another. For example, one’s philosophical/theological/spiritual considerations should make sense in light of the theory one chooses and vice versa. The paper must adhere to APA 6th edition standards.

Students may use first person in the writing of this paper. Students should use 15-20 references. The paper should include the following sections/topics:

- Introduction
- Literature review on systemic change in therapy
- Theoretical considerations (one or no more than two theories/models*) including a discussion of each model’s assumptions and description of dysfunction and change
- Philosophical/theological/spiritual considerations of change (minimum of two references in addition to sacred texts such as the Bible, the Qur’an, the Talmud, the Vedas, the Book of Mormon, etc.)
- Integrated theory of change - Based on research, theoretical considerations, and philosophy/theology/spirituality, what is your theory of change? How do you integrate these topics to explain your theory of change?
- Discussion of therapy utilizing your theory of change with a relational client system
 - Assessment/engagement
 - Interventions
 - Termination

- Conclusion

*model(s) must be systemic and approved by the MFTO 605 faculty member

Case Study Presentation

The student must also prepare a 30-minute clinical presentation during which time he or she will present a case study including video clips from a relational client system that the student has worked with in his/her internship. The clip selections should be a minimum of 10 minutes but no longer than 20 minutes long and should illustrate the stages of the student's particular model of therapy in a relational system. The presentation should include clips from various stages of therapy, spanning multiple sessions. The presentation should begin with a **brief** description of your integrated theory of change. The majority of the presentation should focus on the case study with the following points being addressed:

- Briefly describe the client system, including the initial assessment. Include relevant data from the intake/assessment packet.
- Describe a conceptualization/systemic hypothesis of the case. This should be informed by the student's integrated theory of change
- Identify and discuss ethical and legal issues.
- Identify and describe issues of diversity.
- Using the DSM-5, state diagnostic impressions for each of the members of the system. Discuss the basis for these diagnoses.
- Discuss all referrals made and any consultations engaged in, including supervision consultations.
- Describe the stages of therapy and the interventions used based on the integrated theory of change.
- Describe the progress of the case over time.
- Assess how the case reflects the theory of change. Evaluate the quality of therapy with the case. Reflect on the personal journey of selecting the theory.

The capstone project committee will be comprised of three members, with at least two members being full-time faculty members. Each will be responsible for rating the paper as well as the presentation. The members of the committee will determine an average grade for the presentation based on the rubrics included in Appendix C. For both the paper and the presentation, an average grade of 3 or above is a outright pass. An average grade of 2-2.99 is a pass with reservations and will include an additional writing and/or presentation assignment. Students must score an average grade of 3 or above on the additional writing and/or presentation to pass the second attempt. Any score below a 1.99 is a fail. Both portions of the capstone project must be passed outright in order for the student to graduate.

It is anticipated that most students will pass the Capstone Project on the first attempt. If a student fails a second time, the faculty may choose to assess an academic or clinical penalty upon the student before he/she is allowed to complete the Capstone Project for the third time. Failure to pass the project can lead to dismissal from the program. A student has the right to appeal the decision of

the Capstone Project committee through procedures described in the ACU Catalog and Student Handbook.

Student Exit Survey

As students prepare to graduate from the program, they will be given the opportunity to provide comprehensive feedback to the program about their experiences. Students will evaluate the program's role in helping them to achieve Student Learning Outcomes, the quality of coursework, perceived clinical competence, and internship experiences (including the quality of their internship site, their local supervisor, and their faculty supervisor).

Student Advisory Council

Students will have the opportunity to be elected as members of the Student Advisory Council (SAC) whose purpose is to advise the Program Director of questions or concerns about the program. Nine members will be elected annually and serve for one calendar year. Three members will be elected from courses 1-6, three members will be elected from courses 7-12, and three members will be elected from courses 13-20. (When calculating courses taken, the number of courses will include the Spring 1 2018 term.) The SAC will meet once each term, with dates to be provided at the beginning of the calendar year. Members must attend 4 of the 6 meetings during the year or they will be removed from the SAC.

Nomination and Election Process

- Nominations will open at the beginning of the Spring 1 term and remain open for one week.
- Students may nominate themselves or someone else.
- Students who are nominated may accept or decline to run.
- After nominations, faculty and advisors will vet the students to ensure they are in good standing in the program. Their academic progress will be reviewed as well as their history of communication with faculty and staff. Any students who are deemed ineligible will be notified by the program director.
- Students who are on academic probation are not eligible to run.
- The ballot will be sent out to all active students by the third week of the term and will remain open for one week.
- The results of the election will be announced by the program director by the fifth week of the term.

PART II: CLINICAL INTERNSHIP REQUIREMENTS

Introduction and Purpose

Clinical training is a core aspect of graduate education in Marriage and Family Therapy. Clinical training engages the student in applied learning experiences under close supervision by licensed professionals. To meet the clinical requirements of the program, students must complete a total of 500 hours of direct client contact with a minimum of 200 hours of relational therapy hours (provided to a couple or family). In addition, students must receive a minimum of 100 hours of supervision from an AAMFT-Approved Supervisor or the equivalent. At least 50 hours of supervision must be based upon raw data (audio or video content), which is in keeping with the best practices for clinical training in the MFT field. In some cases, students may be required to pay for local clinical supervision if the practicum site or the supervisor is not willing to provide it free of charge.

A student's clinical internship may begin after completion of the first four courses and continues until he/she has accrued a minimum of 500 hours of clinical contact and 100 hours of supervision.

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| Direct client contact = 500 hours | 200 hours of relational therapy + 300 hours of either individual or relational therapy |
| Supervision = 100 hours *50 hours must include raw data | The majority of supervision must be face-to-face, individual supervision |

A ratio of five clinical contact hours to one hour of supervision (5:1) must be kept at all times throughout the internship. The clinical training portion of the program is divided into four or more courses. The following Internship courses are divided into two, 7 week terms. Each 7 week term is worth 1.5 credit hours for a total of 12 credit hours:

- MFTO 602 Internship I (1.5 credit hours per term x 2 terms = 3 credit hours)
- MFTO 603 Internship II (1.5 credit hours per term x 2 terms = 3 credit hours)
- MFTO 604 Internship III (1.5 credit hours per term x 2 terms = 3 credit hours)
- MFTO 605 Internship IV (1.5 credit hours per term x 2 terms = 3 credit hours)
- GRAD 696 Capstone Project/Practicum Continuation (if needed to earn additional hours)

It is expected that students would earn approximately 75 hours of client contact in Internship I and approximately 150 hours in each remaining Internship course. At the end of Internship III, students who have not earned at least 350 hours will be notified of the necessity to enroll in Internship

Continuation GRAD 696. If GRAD 696 is necessary, students will remain in the course until they have earned 350 hours. At that point, students may be enrolled in MFTO 605.

Most states require a practicum experience between 9 and 12 months to pursue licensure as a marriage and family therapist. The 14 months of practicum required by ACU's program should meet most states' practicum requirements. However, students are responsible for ensuring that the length of the practicum, along with the required number of clinical hours, meets their state's regulations for licensure. State licensure regulations can be accessed through the [Association of Marriage and Family Therapy Regulatory Boards](#).

This handbook serves as a contract between the online Marriage and Family Therapy program and the student. Please read this handbook carefully and keep it accessible for quick reference. Students should provide a copy of this handbook to their local supervisors; there are sections that specifically apply to their work with students.

Prerequisites, Competencies, and Benchmarks

Prior to enrolling in the Internship sequence, students must complete the following prerequisite courses:

- MFTO 639 Family Theory
- MFTO 641 Family Therapy I
- MFTO 643 Professional Ethics and the Law or MFTO 644 Professional Ethics and California Law (for CA students)
- MFTO 601 Pre-Internship

In order to proceed into the clinical training portion of the program, students must earn a minimum cumulative 3.0 GPA in the prerequisite courses; receive a minimum grade of B in MFTO 601 Pre-Internship and complete all aspects of the Internship Checklist.

Before enrolling in MFTO 602 Internship I, students must submit the Internship Site and Local Supervisor Application to the Clinical Coordinator for approval. Students may not begin accruing hours at the site until both the site and the supervisor have been approved. Students should begin investigating possible sites as soon as possible once they enter the program. It is not uncommon for this process to take 6-9 months.

Liability Insurance

Prior to beginning clinical work at a site, all students must have liability insurance. As student members of AAMFT, students receive the benefit of liability coverage through their annual membership dues. Note: Students practicing in countries outside of the US will need to secure liability insurance that meets the required standards of that country.

Process of Clinical Internship

Students will receive two hours of weekly synchronous group supervision from an ACU faculty member during their Internship courses, in addition to at least one hour of individual supervision at their site. The Program Director and Clinical Coordinator will assign the supervision groups with consideration for scheduling needs, balance of the groups, and individual preferences. During the Internship I course, students will focus on demonstrating joining and assessment skills as well as developing their theory of change. These will be assessed through a variety of scheduled presentations during the course. In the subsequent Internship courses, students will shift their focus toward demonstrating the systemic aspects of their chosen model(s). This will be assessed through regular presentations of cases using raw data. In Internship IV, students will select their theory for the Capstone presentation, and it must be approved by the faculty member. The focus of this course will be for students to complete their client contact hours and prepare for the Capstone by presenting video of their chosen case in a series of short presentations. These are designed to prepare the student for the final Capstone presentation. Full details of these assignments can be found in the Internship course syllabi.

Supervision Definitions

Individual supervision is defined as one or two supervisees receiving supervision at the same time. Group supervision is defined as three to eight supervisees receiving supervision at the same time. Two supervisees in the therapy room may receive individual live supervision credit. Supervisees on a reflecting team or observing the session will receive individual credit if no more than two are observing. Three to eight supervisees behind the mirror constitute group for those observing while those in the therapy room (not to exceed two) will receive individual supervision.

Individual Supervision

During the individual supervision session with the local/site supervisor, the intern(s) will be asked to provide file(s) for inspection, documentation of caseload, play recorded sessions of current clients, have live supervision sessions, and/or discuss current cases. The student is expected to be prepared for any and all of the above requirements each week in keeping with the expectations of the supervisor. Between scheduled supervision sessions, the intern is required to keep the supervisor updated as to any important changes in a case.

Group Supervision

Weekly group supervision will occur in the Internship courses (MFTO 602-605) and will be conducted with an ACU faculty member. These supervision sessions will be synchronous meetings and are considered assignments in the Internship courses. The sessions will convene for 2 hours each week and various topics related to marriage and family therapy will be discussed. Emphasis will be directed toward case management skills, general clinical issues, developing clinical skills,

Internship site dynamics, and exploring personal or family issues that impact one's therapeutic effectiveness. The primary focus of the group supervision will be your clinical cases and should be presented using **raw data** (video or audio recording). Students are expected to attend each session for the full 2 hours. Students will be given an alternate assignment for one missed supervision in each part of term. Each subsequent absence in a part of term will result in a loss of points.

Specific explanations for the various modalities of supervision are offered in the table below.

| | |
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| Live | supervision conducted from behind a one-way mirror or over a live video feed |
| Audio | supervision conducted utilizing an audio portion of a previously recorded session |
| Video | supervision conducted utilizing a video portion of a previously recorded session |
| Case Note | supervision conducted utilizing anecdotal and diagnostic information from the case files |

Client Contact Definitions

Client contact is defined as a therapist and client or client system engaged in the process of therapy in the same physical space. The following activities are **not** considered client contact:

- Telephonic counseling or contact
- Case conceptualization
- Treatment planning
- Observation of a therapy session
- Updating client charts or records
- Consultation with a treatment team or other provider
- Supervision

Intake assessments may be counted if they are face-to-face processes and the student is actively involved and not merely observing or documenting information.

Specific explanations for the various constellations of therapy are offered in the table below.

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|------------|---|
| Individual | systemic therapy to one person who requests treatment for themselves |
| Couple | systemic therapy to partners who request treatment for themselves or their family |
| Family | systemic therapy to two or more people in a |

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| | system, related by blood or not, who have defined themselves as a family |
| Group | <p>systemic group psychotherapy facilitation or co-facilitation</p> <p><i>Unless at least one person in the group is related to or in a relationship with another group member, that hour will be counted as individual client contact.</i></p> <p>In keeping with generally recognized guidelines, students may only earn up to 100 group hours.</p> |

**Students may not engage in private practice or earn credit for direct client contact for performing services in the context of their ministerial duties while in Internship.*

***Students may not engage in any client contact in their own homes. In-home therapy at the clients' residence is permitted if it is the modality of the Internship site.*

Guidelines for Choosing a Clinical Placement

Students should consider a variety of factors when discerning and selecting a clinical site. First, the student should determine if the location will provide the type and volume of client contact hours *and* supervision necessary to achieve the program requirements needed for graduation.

Specifically, students should determine if there will be an opportunity to earn couple and family hours (200 are needed) and participate in at least one hour of individual supervision per week. Students should also confirm with the site that the placement will last the length of Internship.

When discerning which sites might be a good fit, students should consider the history and reputation of the site (How long has it been established? How is it regarded in the community?) as well as the philosophy of the site. For example, students opting to work in community mental health may be required to utilize cognitive behavioral therapies; students should inquire about the freedom to utilize other methods in addition to those. Or students may wish to work at an agency that primarily provides play therapy. However, the site philosophy may be such that parents are usually not involved in sessions. This would limit the ability to earn relational hours. In addition, students should consider the logistics of commuting to the site. Given that most students earn hours during the afternoon and evenings, students should consider the time commitment to travel to and from the site.

Students should also inquire as to other required tasks such as charting in the client file and attending treatment team meetings. As a reminder, these are not considered client contact.

Finally, the site should have an on-site supervisor who will monitor all clinical work and provide supervision. If the supervisor cannot provide clinical supervision, he or she will still be responsible for monitoring the student's activities while on site. In this event, the student will need to secure a local clinical supervisor to provide clinical supervision. Students should refer to the Internship Search Process in Appendix N for a more detailed explanation on how to identify and secure a site.

Guidelines for Selecting a Local Clinical Supervisor

When selecting a supervisor, students should search for an [AAMFT-Approved Supervisor](#) or an AAMFT-Approved Supervisor Candidate. This will enable students to benefit from systemic supervision at the site. If a supervisor with these credentials cannot be located within a reasonable distance, a licensed mental health professional who meets the state's requirements for post-degree supervision toward an LMFT will be acceptable. Please see the explanation below.

Supervisor Equivalency is demonstrated by programs meeting **one** of the following **two** criteria:

1) A program may designate a person who is not an AAMFT Approved Supervisor as equivalent to that status, for purposes of supervision if the person is an AAMFT Supervisor Candidate. A person can be an AAMFT Supervisor Candidate for up to 5 years.

2) A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor Candidate as equivalent to an AAMFT Approved Supervisor for purposes of supervision, if the program documents that the equivalent supervisor has:

a) Demonstrated education and experience in systemic/relational therapy by:

i. designation as a Clinical Fellow; or

ii. meeting the requirements for Clinical Fellow status with the exception of having to meet the curriculum requirement for Clinical Fellow. If supervisors do not meet the course requirements for the Clinical Fellow designation, then they must demonstrate at least one course or 45 clock hours of CEU training in each educational content area;

a) or be independently licensed as a marriage and family therapist;

b) A valid/state or provincial license/registration in a mental health profession;

c) demonstrated 5 years of professional work experience in MFT;

d) demonstrated education and experience in systemic/relational supervision. Supervision education may be demonstrated by completing 30 hours of coursework or continuing education in MFT supervision.

Supervision experience can be demonstrated by at least 3 years of experience supervising MFTs, and 36 hours of supervised supervision.

Supervisor Distinctions

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|---------------------------|---|
| ACU Faculty Supervisor | AAMFT-Approved or Approved Candidate; provides weekly online group supervision |
| Local Clinical Supervisor | AAMFT-Approved or Approved Candidate or, State-Approved or, demonstrates other equivalent experience; provides weekly in-person individual supervision |
| *Site Supervisor | *Necessary <i>only</i> if the local clinical supervisor does not practice <i>at</i> the Internship site; responsible for monitoring compliance with policies and procedures of the site |

Documentation of Clinical Experience

Students will document their client contact and supervision hours using the Client Contact and Supervision Log found in Appendix H. This cumulative report should be submitted per the requirements within the Internship courses. The report must be submitted with an email or signature from the local/site supervisor verifying the accuracy of the hours. After the faculty member has verified the hours, the following documents should be placed by the faculty in the MFTO Internship Documents folder in Google drive:

- Client Contact and Supervision Log
- Internship Site Evaluation
- Internship Supervisor Evaluation

These documents will then become part of the student's academic file.

Use of Technology

Weekly group supervision will be conducted on Zoom. during each Internship course. Zoom is supported by Apple and Windows [operating systems](#) and there is also an [app](#) for Android and iPad devices. Students can learn more about specific computer system requirements on the [Zoom website](#).

It is the student's responsibility to ensure total confidentiality when attending supervision and discussing cases. Therefore, it is essential that students attend supervision in a private area of the home or office. Passersby should not be able to hear the audio or see the screen while students are in supervision. In the event students must attend supervision while traveling or on vacation, every effort must be made to ensure there are no breaches of confidentiality.

Technology Requirements

The table below provides a summary of the necessary requirements for a successful supervision experience.

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| Broadband internet connection (high speed internet service) | Suitable examples are cable, DSL, or a data card; satellite and dial-up connections will not provide enough bandwidth. |
| Webcam | Many computers have built-in cameras. In the event a student's computer or device is not equipped with a built-in camera, affordable options exist for external webcams. |
| Router | To maximize connectivity speed, students should connect directly to the router during supervision if possible. Otherwise, the wireless connection may suffice. |
| Noise-cancelling headset or earbuds | These options will reduce ambient noise and an echo when speaking or playing video. |
| Digital recording device | Students are expected to present one clip of raw data for each supervision session (see Internship syllabus for more details). Suggestions for devices include video camera with tripod and external mic, or tablet. |

Ethics of Recording and Storage

Students must adhere to the [AAMFT Code of Ethics](#) and site requirements when properly recording videos and disposing of them once they are no longer needed. Specifically, students must take particular note of the following Standards in these situations:

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| 1.12 Written Consent to Record. | "Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation." |
| 2.4 Confidentiality in Non-Clinical Activities. | "Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality." |

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| 2.5 Protection of Records. | “Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.” |
| 2.7 Confidentiality in Consultations. | “Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.” |
| STANDARD VI TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES (the entire standard applies) | <i>“Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.”</i> (AAMFT, 2015) |

Furthermore, students should attempt to protect confidentiality as much as possible. If storing clips in an internal file folder *or* an external device, students must have two layers of password protection. Students must also ensure that when deleting old clips, the files are actually deleted and not merely stored in a trashcan or the cloud.

Supervision Decorum

Supervision attendance is mandatory for all Internship students and students should approach online group supervision with the same professionalism they would a live supervision session with their local/site supervisor. This includes logging in promptly as the meeting begins and remaining in the meeting for the entire time, unless previously discussed with the faculty member. If a student must miss a supervision session, he or she must seek prior approval from the faculty member

Delivery of supervision in this manner means that other students will be able to see part of where you live or work. Most webcams have a wide focus which allows other participants to see the background of your surroundings. Students will need to ensure they are comfortable with their surroundings being on camera.

Expectations and Guidelines

Students should be cognizant of and adhere to the following guidelines:

- Remain on camera for the entire session unless instructed to go off camera for bandwidth or other issues.
- Avoid eating on camera.
- Avoid attending to personal hygiene while on camera. If it is necessary to step away for a moment, send a private chat message via Zoom to the faculty member.
- Attend supervision fully clothed and kempt.
- Avoid lying down or reclining.
- Instruct family members, friends, and/or roommates of the confidential nature of the session. Participate in supervision in a private area of the home or office where others will not enter the room or distract.
- Secure animals away from the supervision session.
- Minimize ambient noise by muting when not speaking.

PART III: INFORMATION FOR SITE SUPERVISORS

Internship Sequence

The Internship portion of the student's program lasts for 60 weeks and consists of four Internship courses: MFTO 602 Internship I, MFTO 603 Internship II, MFTO 604 Internship III, and MFTO 605 Internship IV. Students are expected to be clinically active for at least 52 weeks, which allows some time at the outset to become accustomed to the site and gain clients, and toward the end to prepare for the Capstone presentation. During the Internship courses, students are expected to earn 500 hours of direct client contact and receive a minimum of 100 hours of supervision, with at least 50 hours of raw data supervision. Students must maintain a 5:1 ratio of client contact to supervision hours during each course.

Roles of the ACU Faculty Supervisor

The faculty supervisor will be an AAMFT-Approved Supervisor or Supervisor Candidate and will provide supplemental, systemic, group supervision designed to support the local supervisor. For issues of remediation or coaching, the faculty supervisor will collaborate with the local/site supervisor to provide comprehensive direction to the student.

Roles and Responsibilities of the Local Clinical Supervisor

While students will attend weekly group supervision with their ACU faculty via video conference, they are also expected to attend weekly supervision with their local supervisor. Group supervision will offer students a variety of experiences including, but not limited to, a chance to present cases; prepare for Capstone; discuss site issues; and discuss ethical dilemmas and how to respond to them. The supervision format will not allow for students to present all cases or to receive individualized, in-depth attention. The local supervisor will provide individual supervision from a systemic perspective and will be expected to sign off on client charts in keeping with site

requirements; answer case-specific questions about treatment and MFT theories; and be the point-of-contact for any crises, or ethical and legal situations. In keeping with the best practices of supervision in the field of marriage and family therapy, live supervision is the preferred model. In both group and individual supervision, students should attempt to schedule and coordinate opportunities for live supervision as much as possible.

The local supervisor will be responsible for four main areas:

1. overseeing the student's clinical training
2. modeling systemic approaches to therapy
3. ensuring students engage in the journey toward cultural competency
4. protecting the public through gatekeeping functions.

These areas are further explained in the following tables.

Area 1

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| Supervisors will oversee the student's clinical training by: | Modeling and maintaining appropriate boundaries |
| | Recognizing and attending to issues of power and privilege in an isomorphic fashion |
| | Coaching the student to develop sound clinical judgment |
| | Ensuring clients are aware of the student's status as an intern |
| | Ensuring all clients are provided an informed consent |
| | Conducting periodic live supervision |
| | Utilizing raw data in weekly supervision |

Area 2

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| Supervisors will model the use of systemic approaches to therapy by: | Discussing systemic approaches to therapy and challenging the student to utilize and apply them to cases |
| | Identifying and discussing isomorphism |
| | Recognizing contextual issues of diversity and determining how they inform cases and clinical |

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Area 3

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| Supervisors will ensure students engage in the journey toward cultural competency by: | Highlighting issues of power, oppression, and privilege as it relates to sexism, the spectrum of ability, ethnicity, race, ageism, and classism |
| | Discussing self-of-the-therapist issues of diversity related to treating clients |

Area 4

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|---|---|
| Supervisors will protect the public through gatekeeping by: | Applying the AAMFT Code of Ethics and state statutes to cases where conflict or dilemmas arise and supporting the student in praxis |
| | Discussing self-of-the-therapist issues related to boundaries and sexual attraction |

Finally, supervisors will be expected to inform the student of site policies and introduce them to coworkers and other staff members. This will entail explaining social mores of the site, rules, procedures, and equipping students with the relevant phone numbers for crisis or emergency calls. The supervisor must also ensure the student has a confidential space to counsel that offers privacy and safety or if home-based services are included, then sufficient training in offering home-based therapy, including knowledge of safety planning and crisis procedures.

The supervisor should ensure the student has access to a variety of clients and presenting problems as well as an opportunity to participate in clinical trainings, staff meetings, or treatment team meetings.

The supervisor should submit an honest and critical evaluation using the Basic Skills Evaluation Device (BSED) at the end of each Internship course; this should be submitted directly to both the Clinical Coordinator and Internship faculty member. At the end of each course, the student's hours should be verified using the Client Contact and Supervision Log. These should be verified in an email to the Internship faculty member.

Roles and Responsibilities of the Site Supervisor

Some students may be unable to find a clinical supervisor who practices at their internship site. Thus, students will also need a site supervisor who will be the primary point of contact regarding policies and procedures.

In this case, the site supervisor will be responsible for four main areas:

1. Inform the student of all expectations, policies, and procedures
2. Provide students with the relevant phone numbers for crisis or emergency calls
3. Ensure the student has a confidential space to counsel that offers privacy and safety
4. Work collaboratively with the Clinical Supervisor to ensure charts are completed in accordance with ethical standards, state statutes, and HIPAA guidelines.

The site supervisor should submit an honest and critical evaluation using the BSED at the end of each Internship course; these should be submitted directly to the Clinical Coordinator and Internship faculty member.

Supervisor Distinctions

| | |
|---------------------------|---|
| ACU Faculty Supervisor | AAMFT-Approved or Approved Candidate; provides weekly online group supervision |
| Local Clinical Supervisor | AAMFT-Approved or Approved Candidate or, State-Approved or, demonstrates other equivalent experience; provides weekly in-person individual supervision |
| *Site Supervisor | *Necessary <i>only</i> if the local clinical supervisor does not practice <i>at</i> the Internship site; responsible for monitoring compliance with policies and procedures of the site |

Evaluation of the Student Intern

The supervisor will evaluate the student using the Basic Skills Evaluation Device (BSED; Appendix B) at the end of each Internship course. It is expected that students will grow within a set of developmental criteria. The growth and evaluation should be based upon direct client contact hours and not on hours spent *at* the internship site.

To aid the supervisor in assessing the student, Nelson and Johnson (1999, pp. 23-24) have provided some developmental criteria to operationalize expectations of student development at various stages.

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| Internship I [Beginner (0-75 hours)] | <ul style="list-style-type: none"> • In this stage, supervisees may require “more direction and structure, clear |
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| | <p>session plans,” and support for their attempts at theoretical autonomy.</p> <ul style="list-style-type: none"> • Supervisees may be eager for supervision or experience anxiety or confusion when placed in new situations. • Supervisees may not be able to conceptualize more than one theory in practice. |
| <p>Internship II & Internship III [Intermediate (75 - 350-400 hours)]</p> | <ul style="list-style-type: none"> • In this stage, supervisees may be more comfortable joining with clients. • The supervisee can “...structure sessions and execute session plans...provide hypotheses or direction for therapy based upon theoretical concepts.” • The supervisee “can discuss cases from multiple theoretical viewpoints and can evaluate...treatment...progress based on clear goals.” • The supervisee may be “uneven in evaluation of therapy and self.” • Supervisees may not actively seek or want supervision, preferring instead to ask for help when needed. |
| <p>Internship IV [Advanced (400-500 hours)]</p> | <ul style="list-style-type: none"> • The supervisee is comfortable in most clinical situations. • Supervision focuses on the “finer, abstract points of therapy and theory.” • The supervisor and supervisee “may engage in debate regarding theoretical perspectives and interventions.” • The supervisee can “evaluate both therapy and self.” • The supervisee may appear “eager for supervision and express concern that he or she is inadequate as a therapist.” |

Evaluation of the Clinical Internship

At the end of each Internship course, students will evaluate the internship site using the Evaluation of Clinical Internship form found in Appendix M. This evaluation will be submitted to the Clinical Coordinator; the local/site supervisor will not see the evaluation. Your feedback is valuable and allows the Clinical Coordinator to determine the strengths and growth areas of the site. This information will be distilled and de-identified and integrated into the Internship Checklist and Clinical Readiness Interview so other students may benefit from the various internship site experiences.

Failure to Meet Standards

Students should refer to the Internship syllabi for specific information regarding the course requirements. Students are also subject to the [ACU Code of Conduct](#), the AAMFT Code of Ethics, and all policies in the ACU Catalog and ACU Dallas Student Handbook. Depending on the level of severity of the violation, the Program Director and Clinical Coordinator will work with the student to develop a remediation plan or the student may be dismissed from the program.

Internship Grievance Policy

Supervisors with concerns about students' performance in their Internship duties may contact the Clinical Coordinator. The Clinical Coordinator will make a recommendation to the Program Director regarding remediation.

PART IV: PROGRAM EVALUATION PROCESS

At various times throughout the program, students will have an opportunity to evaluate aspects of the program. The data will be aggregated on an annual basis and will be used by the Program Director to make improvements.

Students will evaluate the following areas of the program:

- Resources - Graduating Student Survey
- Courses - At the completion of every course
- Faculty - At the completion of every course and in the Graduating Student Survey
- Internship Sites - At the completion of each Internship course
- Supervisors - At the completion of each Internship course

Appendices

APPENDIX A: DEGREE PLANS

Requirements for the MMFT, General MFT track, are:

1. Marital and family systems, 3 hours:
MFTO 639 Family Theory/General Systems Theory
2. Marital and family therapy, 15 hours:
MFTO 610 Couples Therapy
MFTO 641 Family Therapy I
MFTO 645 Systemic Diagnosis and Assessment
MFTO 651 Sexual Therapy
MFTO 661 Family Therapy II
3. Individual development, 9 hours:
MFTO 662 Family Life Cycle
MFTO 663 Cultural Diversity in Marriage and
Family Therapy
MFTO 665 Family Therapy Across the Life-Cycle
4. Professional studies, 3 hours:
MFTO 643 Professional Ethics and the Law or MFTO 644 Professional Ethics and California Law
5. Supervised clinical practice, 12 hours:
MFTO 602, 603, 604, 605
6. Research, 3 hours:
MFTO 615 Research Methods in Family Therapy
7. Additional courses, 9 hours:
MFTO 697 Ecology of Trauma and Crisis for the Therapist
MFTO 634 Addictive Disorders
MFTO 601 Pre-Internship
8. Two electives from a related area in the university with the approval of the Program Director.
9. Capstone Project.

Requirements for the MMFT, Medical Family Therapy track, are:

1. Marital and family systems, 3 hours:
MFTO 639 Family Theory/General Systems Theory
2. Marital and family therapy, 18 hours:
MFTO 610 Couples Therapy
MFTO 641 Family Therapy I
MFTO 645 Systemic Diagnosis and Assessment
MFTO 651 Sexual Therapy
MFTO 661 Family Therapy II
MFTO 634 Addictive Disorders
3. Individual development, 6 hours:
MFTO 662 Family Life Cycle
MFTO 663 Cultural Diversity in Marriage and
Family Therapy
4. Professional studies, 3 hours:
MFTO 643 Professional Ethics and the Law or MFTO 644 Professional Ethics and California Law
5. Supervised clinical practice, 12 hours:
MFTO 602, 603, 604, 605
6. Research, 3 hours:
MFTO 615 Research Methods in Family Therapy
7. Medical Family Therapy, 12 hours:
MFTO 670 Introduction to Medical Family Therapy
MFTO 671 Theory, Practice, & Research in Medical Family Therapy
MFTO 697 Ecology of Trauma and Crisis for the Therapist
MFTO 675 Interventions in Medical Family Therapy
8. Additional courses, 3 hours:
MFTO 601 Pre-Internship
9. Capstone Project.

Requirements for the MMFT, Child and Adolescent Therapy Track, are:

1. Marital and family systems, 3 hours:
MFTO 639 Family Theory/General Systems Theory
2. Marital and family therapy, 18 hours:
MFTO 610 Couples Therapy
MFTO 641 Family Therapy I
MFTO 645 Systemic Diagnosis and Assessment
MFTO 651 Sexual Therapy
MFTO 661 Family Therapy II
MFTO 634 Addictive Disorders
3. Individual development, 6 hours:
MFTO 662 Family Life Cycle
MFTO 663 Cultural Diversity in Marriage and
Family Therapy
4. Professional studies, 3 hours:
MFTO 643 Professional Ethics and the Law or MFTO 644 Professional Ethics and California Law
5. Supervised clinical practice, 12 hours:
MFTO 602, 603, 604, 605
6. Research, 3 hours:
MFTO 615 Research Methods in Family Therapy
7. Child and Adolescent Therapy , 12 hours:
MFTO 622 Systemic Play Therapy
MFTO 624 Family Therapy with Children and Adolescents
MFTO 697 Ecology of Trauma and Crisis for the Therapist
MFTO 628 Assessment and Treatment of Child and Adolescent Disorders
8. Additional courses, 3 hours:
MFTO 601 Pre-Internship
9. Capstone Project.

Requirements for the MMFT, Treatment of Trauma track, are:

1. Marital and family systems, 3 hours:
MFTO 639 Family Theory/General Systems Theory
2. Marital and family therapy, 18 hours:
MFTO 610 Couples Therapy
MFTO 641 Family Therapy I
MFTO 645 Systemic Diagnosis and Assessment
MFTO 651 Sexual Therapy
MFTO 661 Family Therapy II
MFTO 634 Addictive Disorders
3. Individual development, 6 hours:
MFTO 662 Family Life Cycle
MFTO 663 Cultural Diversity in Marriage and
Family Therapy
4. Professional studies, 3 hours:
MFTO 643 Professional Ethics and the Law or MFTO 644 Professional Ethics and California Law
5. Supervised clinical practice, 12 hours:
MFTO 602, 603, 604, 605
6. Research, 3 hours:
MFTO 615 Research Methods in Family Therapy
7. Treatment of Trauma, 12 hours:
MFTO 630 Trauma Intervention Models
MFTO 655 Systemic Trauma and Violence
MFTO 697 Ecology of Trauma and Crisis for the Therapist
MFTO 657 Assessment and Treatment of Family Violence
8. Additional courses, 3 hours:
MFTO 601 Pre-Internship
9. Capstone Project.

Requirements for the MMFT, Therapy with Military Families track, are:

1. Marital and family systems, 3 hours:
MFTO 639 Family Theory/General Systems Theory
2. Marital and family therapy, 18 hours:
MFTO 610 Couples Therapy
MFTO 641 Family Therapy I
MFTO 645 Systemic Diagnosis and Assessment
MFTO 651 Sexual Therapy
MFTO 661 Family Therapy II
MFTO 634 Addictive Disorders
3. Individual development, 6 hours:
MFTO 662 Family Life Cycle
MFTO 663 Cultural Diversity in Marriage and
Family Therapy
4. Professional studies, 3 hours:
MFTO 643 Professional Ethics and the Law or MFTO 644 Professional Ethics and California Law
5. Supervised clinical practice, 12 hours:
MFTO 602, 603, 604, 605
6. Research, 3 hours:
MFTO 615 Research Methods in Family Therapy
7. Therapy with Military Families, 12 hours:
MFTO 682 Dynamics of Military Families
MFTO 684 Family Therapy with Military Families
MFTO 697 Ecology of Trauma and Crisis for the Therapist
MFTO 657 Assessment and Treatment of Family Violence
8. Additional courses, 3 hours:
MFTO 601 Pre-Internship
9. Capstone Project.

APPENDIX B: BASIC SKILLS EVALUATION DEVICE

Instructions for Supervisors: The Basic Skills Evaluation Device (BSED) was developed by Nelson and Johnson (1999) from data gathered to determine the basic skills for family therapy that are essential for beginning level trainees. The device serves several purposes, including that of evaluating therapist trainees in their first 500 hours of training. The scale is used at the experience level of the trainee. That is, “meets expectation” means “in your experience, compared with other trainees with this level of experience and training,” which may differ from supervisor to supervisor. Included are descriptions for each training dimension based on data from the Basic Family Therapy Skills Project. Please use these descriptions when evaluating your trainees. Included in the device is a nongeneric theory section that you may want to use, filling in the blank for the theory the trainee is currently working with. Evaluate each trainee using your best judgment from the descriptions given plus your subjective ideas about each item.

Instructions for Students: The Basic Skills Evaluation Device (BSED) was developed by Nelson and Johnson (1999) from data gathered to determine the basic skills for family therapy that are essential for beginning level trainees. The device serves several purposes, including that of evaluating therapist trainees in their first 500 hours of training. The scale is used at the experience level of the trainee. Included are descriptions for each training dimension based on data from the Basic Family Therapy Skills Project. Please use these descriptions when evaluating yourself. Included in the device is a nongeneric theory section that you may want to use, filling in the blank for the theory you are currently working with. Evaluate your clinical skills based on the descriptions given plus your subjective thoughts about each item.

General Guidelines Regarding Developmental Levels

Beginner: First 50-75 hours of experience, less perhaps, if under intensive live supervision. The beginner will need more direction and structure, clearer session plans, and more freedom to go in a direction that may seem less productive but which follows the trainee’s plan for the session and the supervisor’s plan for what the trainee is currently working on. For example, the supervisor may see an opportunity for a paradoxical or solution-oriented approach, but the trainee may be working on structuring the session with parents and children. The trainee can discuss case material based on one theoretical perspective but may get confused if trying to use more than one. The trainee is eager for supervision and may feel confused or anxious in new situations.

Intermediate: Between 50 or 75 hours of experience and 350 or 400 hours. The trainee is comfortable joining with clients, can structure sessions and execute session plans, and is able to provide hypotheses or direction for therapy based on theoretical concepts. The trainee can be flexible during a session, changing the session plan easily and with little confusion. The trainee can discuss cases from multiple theoretical viewpoints and evaluate both treatment and self-as-therapist progress based on clear goals. The trainee may be uneven in evaluations of therapy

and self. The trainee benefits from supervision but may appear at times to not want supervision, wanting instead to be allowed to work on one's own unless asking for help.

Advanced: Between 350 or 400 hours of experience and 500 hours. The trainee is comfortable and does well in most therapy situations, managing most case situations smoothly and professionally. Supervision focuses on microskills and finer, abstract points of therapy and theory. The supervisor and trainee may engage in debate regarding theoretical perspectives and interventions. The trainee is able to evaluate both therapy and self. The trainee may appear eager for supervision and may express concern that he or she is inadequate as a therapist, unable to evaluate progress in therapy or supervision.

Conceptual Skills

Knowledge Base: The trainee has a basic understanding of family systems theory. The trainee is able to articulate principles of human developmental, family developmental, and family life cycle issues pertaining to the case. The trainee communicates an understanding of human interaction and normal family processes. The trainee can articulate how gender, culture, and class have an impact on the client and on therapeutic issues (including interaction with one's own gender, culture/ethnicity, and class). The trainee is able to determine and work within the clients' worldview. The trainee has an understanding of human sexuality. The trainee has a knowledge of assessment strategies (e.g., interviewing skills, various assessment devices, DSM).

Systems Perspective: The trainee understands and can articulate basic systems concepts. When talking about client problems, the trainee employs systemic concepts and perspectives, thus showing that he or she is thinking in systemic and contextual terms. Formed hypotheses are systemic. The trainee can articulate the difference between content issues and process issues. The trainee can recognize hierarchy problems.

Familiarity with Therapy Models: The trainee has a basic knowledge of family therapy theories. The trainee's goals, hypotheses, session plans, interventions, and evaluation strategies for terminating therapy are all linked to a specific employed and articulated therapeutic model (which may be an integrated model). The trainee also recognizes his or her own perceptions, client resources, and links between problems and attempted solutions.

Self as Therapist: The trainee can articulate his or her own model of therapy. The trainee is also aware of how his or her communication style impacts therapy and is curious in learning about himself or herself. The trainee is aware of and able to manage his or her own anxiety in therapy. In talking about cases the trainee is able to reframe or positively connote issues from cases for himself or herself. The trainee has an understanding of how to use a sense of humor in therapy. The trainee recognizes her or his ability to be flexible and curious and to think critically and analytically, expressing authenticity and accepting feedback. The trainee is able to recognize how her or his own developmental or other issues interact in therapy.

Perceptual Skills

Recognition Skills: The trainee shows the ability to recognize hierarchies, boundaries, dynamics of triangling, family interaction, and family behavioral patterns. The trainee can also recognize gender, ethnic, cultural, and class issues in client dynamics and in therapy. The trainee is able to recognize clients' coping skills and strengths and can understand dynamics and patterns in presenting problems. The trainee recognizes how patterns associated with presenting problems may be similar to other patterns of interaction in clients' lives. The trainee recognizes and can articulate her or his impact as part of the client/therapy system.

Hypothesizing: The trainee can formulate a systemic hypothesis and can generate general hypotheses as well as theory (or model) specific hypotheses. The trainee can formulate long- and short-term treatment plans based on hypotheses. The trainee is able to distinguish process from content at an appropriate level and include process issues in hypotheses. The trainee reframes patterns and problems appropriately.

Integration of Theory and Practice: The family therapy trainee is able to articulate theory as it is applied in practice, utilizing concepts appropriately, and describing interventions that fit with the theory and hypotheses. If using an integrated theory, the trainee is able to evaluate the appropriateness (positives and negatives) for a theory or integrated theory using concrete data from therapy cases.

Executive Skills

Joining: A trainee skilled in the technique of joining is able to engage each family member in a therapeutic alliance and relationship by establishing rapport through clear communication that conveys a sense of competency, authority, and trustworthiness while at the same time demonstrating empathy, warmth, caring, and respect. The trainee is capable of gathering information without making the client feel interrogated, laying down the ground rules for therapy, and setting up a workable treatment contract by exploring the client's expectations, points of view, and preparedness to make changes. These goals are accomplished in conjunction with setting appropriate boundaries and avoiding triangulation.

Assessment: The family therapy trainee demonstrates the ability to assess clients through use of genograms, family histories, suicide/depression interviews or inventories, and discussion of SES, employment, school, and developmental stages. The trainee is familiar and skilled in basic interviewing techniques and strategies. Assessment is formulated and appropriate to an articulated theory of change. The trainee is able to clarify the presenting problem, explore previous solutions to the problem, gather information regarding sequences and patterns in the family, and determine the strengths and resources that the family brings to therapy. Assessment strategies are sensitive to gender, race, and cultural issues.

Hypothesizing: The trainee exhibits the ability to formulate multiple hypotheses about a case based on articulated principles of a theory of change. She or he can develop treatment plans which include a rationale for intervention based on hypotheses; set clear, reachable goals in consultation with the family; focus the treatment toward a therapeutic goal; and modify the existing case plan when appropriate.

Interventions: The trainee demonstrates an understanding of intervention techniques by structuring interventions that defuse violent or chaotic situations, deflect scapegoating and blaming, and interrupt negative patterns and destructive communication cycles. The ability to intervene also includes appropriately challenging clients on their position, explicitly structuring or directing interactions among family members, and helping families establish boundaries. The trainee is able to elicit family/client strengths and utilize them in both session discussions and homework assignments. Other interventions that illustrate skill include normalizing the problem when appropriate, helping clients develop their own solutions to problems, giving credit for positive changes, reframing, and appropriately using self-disclosure. The trainee uses theory-specific interventions appropriately and is able to articulate a rationale for these interventions.

Communication Skills: Communication skills are demonstrated by active listening and reflecting; the use of open-ended questions; and short, specific, and clear oral forms of communication. The trainee's body language should convey a relaxed state and match the tone of the conversation. The trainee is also able to coach clients in learning communication skills rather than merely "lecturing" and instructing.

Personal Skills: Personal skills that are important for a successful therapy trainee to possess include a desire to be a family therapist, intelligence, curiosity, common sense, self-direction, commitment, patience, empathy, sensitivity, flexibility, the ability to manage his or her anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also exhibit warmth, a sense of humor, a non defensive attitude, congruency, the ability to take responsibility for his or her mistakes, the ability to apply his or her own personal mode of therapy, and possess no debilitating personal pathology. The trainee demonstrates emotional maturity and the ability to be self-reflexive. The trainee demonstrates an appropriate attitude of expertness toward clients, congruent with her or his theory of change.

Session Management: The trainee is able to manage the therapy process by effectively introducing clients to the therapy room, explaining equipment and setting, if necessary, and explaining the policies and procedures of the agency/clinic. The trainee is able to engage the family in therapeutic conversation, controlling the flow of communication as per her or his therapy plan. The trainee is able to manage intense interactions appropriately, demonstrating skill at both escalating and deescalating intensity at appropriate times. The trainee is able to manage time, finishing sessions as scheduled, and is able to schedule further appointments, consultations, and referrals smoothly and effectively. The trainee is able to collect fees in an appropriate manner.

Professional Skills

Supervision: The trainee attends supervision meetings as scheduled and is prepared to discuss cases with colleagues, to formally present her or his own case, and to present audio or video material as requested. The trainee is respectful and positive about other trainees' cases and presentations, and is helpful and not demeaning about a fellow trainee's skills. The trainee makes use of supervision by accepting and utilizing supervisory feedback.

Recognition of Ethical Issues: A marriage and family therapy trainee knows and observes the code of ethics of AAMFT and is familiar with the laws of the state regarding privileged communication, mandatory reporting, and duty-to-warn issues. The trainee follows the supervisor's policies regarding reporting and consulting with the supervisor and/or other authorities; the trainee appropriately uses supervision and consultation regarding ethical issues. The trainee avoids potentially exploitative relationships with clients and other trainees. The trainee deals appropriately with his or her own issues as they affect therapy and is willing to take responsibility for her or his own actions.

Paperwork: The trainee maintains case files appropriately and follows clinic procedures for paperwork in a timely manner.

Professional Image: The trainee dresses appropriately according to the standards of the setting. The trainee is able to present an aura of confidence without arrogance and presents herself or himself to other professionals in an appropriate manner. The trainee is on time for sessions and supervision and treats staff with respect.

Professional Conduct: The trainee has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The trainee does not publicly denigrate or criticize colleagues. The trainee consults with professionals and others involved with cases appropriately, with appropriate signed releases, and in a professional manner, always keeping the clients' welfare foremost. The trainee shows the ability to handle unexpected and crisis situations with poise and skill, using consultation when appropriate. The trainee is punctual with therapy sessions and other professional meetings. The trainee follows clinic policies in setting and collecting fees.

Evaluation Skills

Therapy: A trainee skilled in evaluating therapy is able to verbalize the thoroughness of assessment; the link between theory, assessment, and hypotheses/interventions; the effectiveness of interventions; and how well the objectives of therapy have been met in terms of both the clients' goals and the therapist's perspective and analysis. The trainee can articulate aspects of the clients'

feedback in relation to assessment and intervention. The trainee is able to articulate links between conceptual, perceptual, interventive, and outcome data.

Self: The trainee therapist is skilled in evaluating himself or herself in terms of skills: conceptual, perceptual, executive, professional, and evaluative. The trainee is able to recognize signs in himself or herself that contribute to the ongoing understanding and analysis of the case and is able to articulate personal issues that may be interacting in therapy. The trainee is not unduly defensive about feedback, but is able to integrate multiple perspectives and incorporate them into a plan for enhancing his or her development as a family therapist. The trainee works with the supervisor in an ongoing evaluation of therapy skills and strives to improve areas that require it and, at the same time, clearly articulate strengths in behavioral terms.

Theory of Choice: The previous skill areas were generic; i.e., they apply across theoretical models of intervention. This section is for the trainee therapist and supervisor to use to evaluate the trainee's growing knowledge and expertise in a model or theory that is identified by the supervisor and trainee together. The trainee is able to identify assumptions and concepts of the theory, the primary techniques used in the theory, the role of the therapist, and evaluation strategies. The trainee is able to use the concepts and interventions in practice, identifying data to the supervisor that illustrate the concepts. The trainee is able to recognize and identify the strengths and weaknesses of the theory as used in practice.

BASIC SKILLS EVALUATION DEVICE

Therapist:

Date:

Supervisor:

Experience Level:

| Conceptual Skills | Inadequate Information | Deficient | Below Expectation | Meets Expectation | Exceeds Expectation | Exceptional Skills |
|--------------------------------|------------------------|-----------|-------------------|-------------------|---------------------|--------------------|
| Knowledge Base | | | | | | |
| Systems Perspective | | | | | | |
| Familiarity with Therapy Model | | | | | | |
| Self as Therapist | | | | | | |

Comments:

| Perceptual Skills | Inadequate Information | Deficient | Below Expectation | Meets Expectation | Exceeds Expectation | Exceptional Skills |
|-------------------------------------|------------------------|-----------|-------------------|-------------------|---------------------|--------------------|
| Recognition Skills | | | | | | |
| Hypothesizing | | | | | | |
| Integration of Theory into Practice | | | | | | |

Comments:

| Executive Skills | Inadequate Information | Deficient | Below Expectation | Meets Expectation | Exceeds Expectation | Exceptional Skills |
|-------------------------|------------------------|-----------|-------------------|-------------------|---------------------|--------------------|
| Joining | | | | | | |
| Assessment | | | | | | |
| Hypothesizing | | | | | | |
| Interventions | | | | | | |
| Communication Skills | | | | | | |
| Personal Skills | | | | | | |
| Session Management | | | | | | |

Comments:

| Professional Skills | Inadequate Information | Deficient | Below Expectation | Meets Expectation | Exceeds Expectation | Exceptional Skills |
|----------------------------|------------------------|-----------|-------------------|-------------------|---------------------|--------------------|
| Supervision | | | | | | |

| | | | | | | |
|-------------------------------|--|--|--|--|--|--|
| Recognition of Ethical Issues | | | | | | |
| Paperwork | | | | | | |
| Professional Image | | | | | | |
| Professional Conduct | | | | | | |

Comments:

| Evaluation Skills | Inadequate Information | Deficient | Below Expectation | Meets Expectation | Exceeds Expectation | Exceptional Skills |
|--------------------------|------------------------|-----------|-------------------|-------------------|---------------------|--------------------|
| Evaluation of Therapy | | | | | | |
| Evaluation of Self | | | | | | |

Comments:

| Theory (use preferred model) | Inadequate Information | Deficient | Below Expectation | Meets Expectation | Exceeds Expectation | Exceptional Skills |
|---|------------------------|-----------|-------------------|-------------------|---------------------|--------------------|
| Knowledge of Theory | | | | | | |
| Utilizes Theory in Practice | | | | | | |
| Recognizes Strengths & Weaknesses of Theory | | | | | | |

Comments:

APPENDIX C: CAPSTONE PROJECT EVALUATION RUBRICS

Theory of Change Paper

1-1.99 = Fails to meet minimum expectations

2-2.99 = Meets some but not all expectations

3-3.99 = Meets expectations

4 = Exceeds expectations

| Expectation | Score |
|--|-------|
| 1. Literature review on systemic change | |
| 2. Adequate description of foundational aspects of chosen theory or theories | |
| 3. Implement interventions that are consistent and congruent with model of therapy and articulates goals of the treatment plan in the case study | |
| 4. Articulate rationale for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics | |
| 5. Demonstrate ethical practice regarding the integration of spirituality and clinical practice through the case study | |
| 6. Use of reputable, professional, and scholarly resources and professionalism in writing (adherence to APA, 6 th edition) | |
| 7. Recognition of contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context) as they pertain to case study | |
| Feedback: | |

Clinical Presentation

1-1.99 = Fails to meet minimum expectations

2-2.99 = Meets some but not all expectations

3-3.99 = Meets expectations

4 = Exceeds expectations

| Expectation | Score |
|--|-------|
| 1. Demonstrates knowledge of the chosen MFT theory with regard to assumptions of the model, role of the therapist, and appropriate interventions | |
| 2. Demonstrates a critical view of how systems change and what brings systems to therapy | |
| 3. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems | |
| 4. Recognizes ethical dilemmas in practice setting and takes appropriate action when ethical and legal dilemmas emerge | |
| 5.. Possesses the ability to diagnose systems according to the DSM-5 | |
| 6. Monitors attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct | |
| Feedback: | |

APPENDIX D: INTERNSHIP CHECKLIST OF PREREQUISITES

| Due Date | Internship Checklist of Prerequisites |
|----------|---|
| Month 3 | Submit proof of liability insurance to Clinical Coordinator through membership in AAMFT |
| Month 6 | Submit Internship Site Application <i>and</i> Local Supervisor Application (including license and vita) to Clinical Coordinator at least two months prior to beginning Internship |
| Month 7 | <i>If required</i> , Complete interview with Clinical Coordinator via Zoom (at discretion of Clinical Coordinator) |
| Month 8 | Agree to use Informed Consent at Site |
| Month 8 | Complete background check, if required by Site |
| Month 8 | Receive approval via email from Clinical Coordinator for Site Placement |
| Month 8 | Submit Site Agreement to Clinical Coordinator |
| Month 8 | Complete first 4 courses (12 hours) |

APPENDIX E: LOCAL SUPERVISOR APPLICATION

Student Name: _____

Supervisor Name: _____

Phone: _____

Email Address: _____

License Type, State, and # _____

Are you currently in clinical practice? Yes No

AAMFT Approved Supervisor? Yes No Expiration Date? _____

AAMFT Supervisor Candidate? Yes No Expiration Date? _____

AAMFT Member? Yes No Membership Category _____

Are you a state approved supervisor of MFT trainees? _____

Is your graduate training from a COAMFTE-Accredited program? Yes No

If no, please complete the following section on Academic Coursework.

Please list the coursework, training, or CEUs specific to marriage and family therapy.

| <u>Year</u> | <u>Hours</u> | <u>Name of course, training, CEUs</u> |
|-------------|--------------|---------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please complete the following section describing your work experience in the field of marriage and family therapy with an emphasis on your systemic and relational approach to treatment.

| <u>Year</u> | <u>Work experience</u> |
|-------------|------------------------|
| _____ | _____ |
| _____ | _____ |

Please complete the following section describing your supervisory training in the field of marriage and family therapy. Include the details of your graduate coursework in supervision and your supervision-of-supervision experience.

How many years have you provided supervision to MFTs? _____

Please list any professional associations related to the field of MFT to which you belong.

| <u>Year</u> | <u>Association</u> |
|-------------|--------------------|
| | |
| | |
| | |
| | |
| | |

Supervisor Signature: _____ Date: _____

Approval Signature:

Program Director: _____ Date: _____

APPENDIX F: INTERNSHIP SITE APPLICATION

Student Name: _____

Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Site Supervisor's Name (if different from local supervisor):

Supervisor's Email Address: _____

Expected dates of Internship: From ____ / ____ To ____ / ____
Mo Yr Mo Yr

Expected client contact hours at site: _____
Relational (C/F) Individual

Student Signature: _____ Date: _____

Approval Signature:

Program Director: _____ Date: _____

APPENDIX G: CLIENT CONTACT AND SUPERVISION LOG

Students may download [this document](#) to use as a Google Sheet or Excel spreadsheet. Each sheet of the document pertains to a specific Internship course.

APPENDIX H: AAMFT CODE OF ETHICS

[AAMFT Code of Ethics \(2015\)](#)

APPENDIX I: ACU ETHICS PROTOCOL

The ACU Dallas Online Marriage and Family Therapy Program is committed to demonstrating and maintaining the highest levels of professional competency and integrity. Students and faculty in the program are expected to know and abide by the regulatory and statutory laws that govern the practice of MFT as well as the current AAMFT Code of Ethics (2015).

The following paragraphs offer brief explanations regarding certain Standards of the Code of Ethics and their applicability to students' work in the program.

Standard I - Responsibility to clients

Students do not discriminate against clients or potential clients on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity, or relationship status (1.1). In all clinical activities, students will strive to benefit the client system (1.9) and allow clients the right to make informed decisions about their treatment (1.8). It is imperative that students provide informed consent (1.2) to all clients and notify them of the student's intern status as well as gain written permission before recording sessions (1.12).

Standard II - Confidentiality

Maintaining client confidentiality is of paramount importance. In the informed consent documents, students will provide details about the limits of confidentiality and will review those limitations verbally (2.1). In order to release any client information, students will need written authorization (2.2); this is particularly important to remember when treating one member of a couple or family where secrets may be revealed. Students and licensed MFTs are not permitted to disclose any secrets without written authorization. Students should take appropriate measures to maintain confidentiality when charting, presenting cases in online supervision, and destroying videos after use (2.5; 2.7).

Standard III - Professional Competence and Integrity

Students should know the state statutes related to mandated reporting and other applicable laws and ethics related to the practice of marriage and family therapy (3.2). Students must know the procedures for making a mandated report within their state.

Standard VI - Technology-Assisted Professional Services

Before using technology for supervision, students must be familiar with the technology (6.1; 6.3) requirements and ensure the platform adheres to all ethical and legal standards.

Standard VII - Professional Evaluations

Students ensure they present a clear distinction between therapy and forensic evaluations (7.7) and avoid conflicts in providing those services for clients (7.6).

Standard IX - Advertising

Students ensure they represent their credentials accurately and in accordance with state statutes (9.1; 9.5).

This list is not exhaustive and if students have questions, they should consult with their local supervisor or faculty member.

APPENDIX J: FAQs

| | |
|--|---|
| <p>What is the difference between licensure requirements and what is required during the clinical internship?</p> | <p>Licensure requirements refer to the hours students will have to earn <i>post</i> master's degree that count toward their terminal license. These requirements vary across states. Clinical internship requirements satisfy what is necessary for students to earn their master's degree.</p> |
| <p>Can I be paid during my clinical internship?</p> | <p>It is highly uncommon for students to find an Internship site that allows them to be paid for their client contact. However, if the state statutes permit it, there are no ACU policies that prohibit students from being paid for client contact.</p> |
| <p>Can I do my internship in a private practice rather than an agency?</p> | <p>First, students should ensure that their state allows interns to work in a private practice. Next, students should ensure the volume of the practice will allow them to earn enough client contact to graduate. Finally, students are prohibited from earning client contact hours in a ministerial setting in which they are already working.</p> |
| <p>Will I have to pay for local individual supervision?</p> | <p>Students may be able to secure a supervisor who will provide services for free and this is the most desirable option. Students who may have to pay, will likely pay the supervisor's regular rate. Students are advised to present a letter to the supervisor, requesting a reduction in the fee. This letter is found in the Internship Resources module in Canvas.</p> |
| <p>How long will it take to find a site and a local supervisor?</p> | <p>This process can take 6-9 months, depending on your location. Students are advised to begin this process as soon as they begin the program.</p> |
| <p>Do I really have to have at least 200 hours of couple and/or family clients?</p> | <p>Yes, in order to adhere to the standards of training in the field, ACU Dallas requires that 40% of the 500 client contact hours (200) be provided to relational systems.</p> |
| <p>How does group therapy count?</p> | <p>Group therapy counts as individual client</p> |

| | |
|--|--|
| | <p>contact unless two or more members of the group are related by blood or affinity. Students are allowed to count 100 individual group hours or relational group hours toward their 500 total. These will be designated as alternative hours.</p> |
| May I have more than one internship site at a time? | <p>Yes, students may have more than one site at the same time. However, the second site (and supervisor, if necessary) must be approved before a student can begin to earn hours at that site.</p> |
| Do I have to change sites during the internship experience? | <p>No, unless there are extenuating circumstances.</p> |

APPENDIX K: LOCAL SUPERVISOR EVALUATION

Name: _____ Date: _____

Site Name: _____

Dates of Supervision: From ____ / ____ To ____ / ____
Mo Yr Mo Yr

Would you recommend this supervisor to other students? YES NO MAYBE

Please rate your Supervisor in the following areas:

| | N/A | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----|-------------------|----------|---------|-------|----------------|
| Provided clear systemic supervision | | | | | | |
| Encouraged consideration of issues of power, hierarchy, oppression, and privilege | | | | | | |
| Was available during crisis situations | | | | | | |
| Provided concrete guidance during crisis situations | | | | | | |
| Established clear expectations for supervision | | | | | | |
| Provided guidance with systemic interventions | | | | | | |
| Provided guidance on ethical and legal issues | | | | | | |
| Exhibited respect to supervisees | | | | | | |
| Explained client charting and documentation | | | | | | |
| Created an open learning environment | | | | | | |
| Modeled self-care | | | | | | |
| Attended to self-of-the-supervisee issues | | | | | | |
| Discussed gender, sex, race, | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| ability, class as organizing principles of families | | | | | | |
| Aided supervisees in ethically integrating matters of faith in therapy | | | | | | |
| Accepted each supervisee's belief system | | | | | | |

Please provide two strengths of the supervisor:

1.

2.

Please provide two growth areas of the supervisor:

1.

2.

Student Signature: _____ Date: _____

Please indicate the percentage of time spent in each professional activity while at your site.

| Type of Service | Percentage |
|---|------------|
| Individual child (less than 12 years old) | |
| Individual adolescent (13-17 years old) | |
| Individual adult | |
| Couple | |
| Family | |
| Group | |

Please indicate the percentage of time spent providing services to each population.

| Population | Percentage |
|---|------------|
| Caucasian/European American | |
| African American | |
| Asian American | |
| Latino/Hispanic | |
| American Indian | |
| LGBTQ individuals, couples, or families | |
| Other (describe): | |

Student Signature: _____ Date: _____

Approval Signature:

Program Director: _____ Date: _____

APPENDIX M: INTERNSHIP SEARCH PROCESS

Students begin the program with MFTO 601 Pre-Internship and proceed through the next three courses in preparation to begin Internship. From the beginning of the program until graduation, the student has access to the Internship module (Internship information including Online MFT Student Handbook, forms, videos, tips, FAQ's, etc.).

Internship is scheduled to begin after the student successfully completes the first four courses.. The student should begin the internship site and supervisor search process during the first course in the program.

Begin the search process by visiting www.aamft.org and searching for Approved Supervisors in your area. Search by zip code within a specified mile radius, and expand the range to increase possible options. Search for Approved Supervisors who are affiliated with an agency, or who are involved in a group practice because the optimal internship site/supervisor combination is one with an Approved Supervisor. At the same time, search via the Internet for local/area social services agencies (outpatient mental health services that include a relational focus). Review therapy staff member credentials, looking for those licensed as MFTs. Examine the services offered, looking for child/adolescent, marital/couple, and family therapy specifically.

The optimal internship setting is one where the student can accrue the necessary number of clinical hours (and specifically relational hours) and is supervised by an AAMFT Approved Supervisor (or an AAMFT Approved Supervisor Candidate) as part of their work at the site (the student does not pay for supervision). The reality is that this optimal situation is less likely to occur because of the overall relative availability of Approved Supervisors (and especially those who are working in an agency setting).

Contact a potential site by phone, and request an in-person appointment with the person responsible for interns (it is possible that the site has never had an intern but is interested in you joining them). Ask if you can send materials via email in advance of the meeting, and if acceptable, forward a brief cover letter expressing your interest, a copy of your professional resume, and a copy of "Information for Site Supervisors" (Part III of the Online MFT Student Handbook). (Note: Once a site and supervisor are secured, the student should provide a complete copy of the Online MFT Student Handbook to their local supervisor).

In the meeting with a potential site and supervisor, explain your interest in wanting to complete your internship at the site, offer a brief overview of the Internship requirements, and briefly describe your potential to contribute as a MFT intern. (Note: If you were not able to send materials via email in advance, bring hard copies to the in-person meeting). Be prepared by having a beginning knowledge about the site and supervisor (review websites), and be interested in learning more about the site and supervisor.