

**POLICIES AND PROCEDURES
OF THE
MARRIAGE AND FAMILY THERAPY PROGRAM**

Department of Family and Consumer Sciences
University of Nebraska-Lincoln

Revised 2007

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Important Dates and Program Events Fall 2007-Summer 2008

Caution: This is not a complete listing of dates to remember. Other program and departmental dates are found in the Master's Degree Handbook, the Graduate Studies Bulletin, the MFT Policies and Procedures Manual, and other documents. The program faculty will occasionally alert you to important date throughout the year, but it is your responsibility to make sure all deadlines, etc. are observed.

August 20, 2007	Starting Date for Grad Assistants
August 27, 2007	Fall semester begins
September 4, 2007	Begin weekly management of clinic
September, 2007 (exact date TBA)	Submit application to volunteer at the NAMFT fall conference
October 2007 (exact date TBA)	Fall conference of the NAMFT
October 11-14, 2007	Annual conference of the AAMFT, Long Beach, CA
November 7-10, 2007	Annual conference of the NCFR, Pittsburg, PA
December 1, 2007 (exact data TBA)	Submission deadline for proposals for AAMFT conference
December 31, 2007	Completion of 15 hours observing therapy; obtain advisor's signature on Observation of Therapy Log
January 7, 2008	Submit proof of professional liability insurance to Program Director.
February 1, 2008	Deadline for applying for assistantships for 2008-2009 academic year
Spring Term, 2008 (date TBA)	Submit application to volunteer at the 2003 annual conference of the AAMFT
April, 2008 (exact date TBA)	NAMFT Spring Conference
May 16, 2008 (tentative)	Clinical Qualifying Exam
June 2008 (exact date TBA)	Practicum Evaluation Interview
June 10, 2008 (tentative)	Interview for Practicum Placement
August, 2008 (exact date TBA)	Begin at off-campus practicum site

REQUIRED BOOKS

The following text books are required for the program. They will be referred to in many of your courses. Please purchase these books early in your first semester in the program.

American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders (4th text revision Ed.). Washington, DC: American Psychiatric Association. ISBN: 0-89042-062-9

American Psychological Association (2001). Publication manual of the American Psychological Association (5th Ed.). Washington, DC: American Psychological Association. ISBN: 1-55798-241-4

PURPOSE

The purpose of this manual is to provide you with information and answers to your questions about the MFT program. We hope this information helps you as you progress through each step of the program. Because we expect you to know this information, please read this manual carefully. If you have any questions, be sure to ask one of the faculty.

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THE MARRIAGE AND FAMILY THERAPY PROGRAM

Accreditation

The UNL/MFT program is fully accredited with the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) through the American Association for Marriage and Family Therapy.

Program Overview

The MFT program is designed to provide an integrated learning experience for those who are beginning careers in marriage and family therapy. The program faculty feel that good clinical training can only occur through the integration of theory, practice, and research. So, MFT students follow a prescribed plan of study that begins with a grounding in theory and is incrementally augmented with clinical practice and research experience. Students are expected throughout the program to demonstrate how both theory and research informs their clinical work and decision making with clients and their understanding of human conditions.

Theory. The program curriculum is designed to provide students with a grounding in systems theory. Models of therapy derived from systems theory are emphasized throughout the program and departmental coursework. Because system's theory has become "the common thread" that ties all of family therapy together, students are expected to have a comprehensive understanding of this way of looking at relationship and psychological health and pathology. During the first semester of enrollment in the program, students are exposed to systems theory and the derivative models of therapy through a course titled "Theoretical Foundations of Marital and Family Therapy." Theory is also emphasized in topical coursework as well, e.g., psychopathology, family violence, adolescence. It is expected that this grounding will provide a foundation for understanding human health and pathology and for directing your clinical work.

Practice. Students begin clinical experience early in the MFT program. Beginning the second semester, students take "Clinical Family Therapy I". This prepracticum course allows students to begin seeing clients in the Family Resource Center under intensive supervision. "Clinical Family Therapy II" is taken during the summer term and serves as a continuation of the prepracticum experience. During these courses, theory is emphasized as the foundation to good clinical work. Students are challenged to think and make clinical decisions from a theoretical, rather than eclectic position.

In the Fall semester of their second year, students begin their practicum-a 12 month intensive clinical training experience. In addition to continuing to see clients at the Family Resource Center, students are placed in community agencies. The community agencies provide students with varied clinical and supervision experiences. Students are expected to work at these agencies as fully functioning staff members-participating in multi-discipline staffings, inservices, and supervision. Students must complete a minimum of 500 direct client contact hours prior to being approved for graduation.

Research. The MFT program faculty are committed to furthering the field through research. We see on-going research as integral to advancing both the profession and practice of MFT. We also feel that good clinical work must be informed by research. Consequently, both clinical work and coursework emphasize an understanding of research methods and interpretation.

Program Requirements

In addition to coursework, marriage and family therapy students must complete the following requirements.

1. Learn and follow all Family Resource Center policies and procedures.
2. Participate in the management of the clinic at the Family Resource Center throughout the duration of your program study.
3. Observe a total of 15 hours of therapy during your first semester.
4. Obtain membership in the American Association for Marriage and Family Therapy.
5. Obtain professional liability coverage by January of your first year.
6. Successfully pass the Clinical Qualifying Examination
7. Complete the Practicum Readiness Interview prior to your practicum year.
8. Successfully complete a 12 month practicum (minimum).
9. Obtain 500 direct client contact hours.
10. Obtain 100 total hours of supervision: 50 hours in individual and 50 hours in group supervision.
11. Demonstrate clinical competency through simulated and actual client situations.
12. Demonstrate your ability to adhere to the Code of Ethics for the practice of marriage and family therapy as published by the American Association for Marriage and Family Therapy.
13. Appropriately maintain client files.
14. Receive satisfactory evaluations from off-campus practicum supervisors throughout your 12 month clinical placement in a community agency.
15. Present your research or other scholarly work during a Graduate Faculty Meeting during Spring semester of your second year.
16. Successfully defend a thesis (Option I) or complete a minor (Option II).
17. Complete the required number of academic units (normally 51).
18. Complete the MFT Graduate Student Record form.
19. Following completion of your practicum, participate in an exit interview.

Family Resource Center Policies and Procedures

The MFT program has available the use of the Family Resource Center (FRC). The FRC is a facility designed for comprehensive clinical training. The FRC has four therapy rooms; three of which have audio/video observation capability, and one play therapy room. Three observation rooms are located in the building as well.

The policies and procedures governing the use of the FRC are found in Appendix C. These need to be studied and followed carefully.

Management of the FRC

Throughout your enrollment in the program you are expected to participate in the management of the Family Resource Center. You are staff of the FRC from your first until your last semester in the program. As a staff member you will assist in providing reception, intake, scheduling, and other functions associated with the clinic. In order to facilitate clinic staffing, the following activities/meetings have been established.

Weekly staff meetings. Attendance at a weekly staff meeting, scheduled by the clinic coordinator, is required for all students. This meeting is designed to ensure the smooth running of the clinic and give everyone time to discuss matters that may be pertinent to being supportive colleagues and keeping the clinic as efficient as possible. Issues of client management, scheduling, safety, marketing, and clinic and program operation are often discussed during this

meeting. Inservice presentations may occasionally be scheduled during this time. The clinic coordinator chairs these meetings. Once a month, the program faculty attend these staff meetings.

Assigned time at the clinic. In order to manage the clinic on a day-to-day basis, to preserve client and therapist safety, and to support one another in clinical work, each student will be assigned to spend one hour each week at the clinic. The student cannot schedule clients during this hour. The student should be available in the reception area to answer phones, interact with clients, and provide a resource for therapists. Students can use this time to study, update client files and clinic paperwork, prepare for clients, contact referral sources, and a host of other activities. However, the primary responsibility of the therapist at this time is to be available for therapists and clients. The clinic coordinator will create a schedule of assigned times the first week of each semester.

Rotating answering machine responsibility. Each student will be assigned a week on a rotating basis during which she/he will be responsible for pulling messages off the answering machine, scheduling clients, and returning calls. Each student will have this responsibility approximately once every 12 weeks (2-3 times a year). The clinic coordinator will make these assignments. Once assigned, it is the assigned student's responsibility to trade coverage with others if the student is unavailable. The clinic coordinator must be notified of the trade in writing. (See the section on "Client Referrals", pp., Appendix C).

Client load. With the exception of the first semester, each student is expected to keep an active client load at the FRC. Students build up their clients slowly during the FACS 955 series. A peak in client load for each student typically occurs during the late summer term and early Fall semester. A decrease in client load typically corresponds with an increased client load at the off campus practicum site. Despite students' work at an off campus site, each student is expected to maintain clients at the clinic throughout their practicum year. The faculty recommend each student maintain a minimum of 3-4 active clients at the clinic.

Observation Hours

You are required to observe 15 hours of therapy prior to enrolling in FACS 955A-Clinical Family Therapy 1. We require this for several reasons. First, you can learn from watching more advanced therapists work. Second, you are exposed to a variety of therapist styles which may help you develop your own. And third, you become familiar with the theoretical approaches that are practiced by students in our program.

Most of these hours should come as a team member with a second year student on a case, which you will begin shortly after the Fall semester begins. As a team member you will be present behind the one-way mirror for every session with the client throughout the semester. Additional observation hours can be obtained in two ways: a) by watching live cases being conducted by second year students that you are not teaming on, or b) by watching videotapes from our clinic library. The tapes in our library include the work of master therapists (e.g., Whitaker, Minuchin), faculty and other MFT students.

You must record your observation hours on the Observation of Therapy Log located in Appendix F. This log must be submitted to the Program Director prior to beginning FACS 955A-Clinical Family Therapy 1. Failure to submit this log will result in you not being cleared to take 955A.

Membership in AAMFT

You must apply and be accepted as a student member of the AAMFT. This membership category may be held until graduation or for a maximum of 5 years, whichever comes FIRST. Upon graduation you will then transfer your status to Associate Member. The application form is available online at www.aamft.org.

Professional Liability Coverage

Beginning in January of their first year in the program, MFT students must maintain a policy of professional liability insurance. This policy must remain in effect throughout clinical training within the context of the MFT program at UN-L. The policy minimum limits must be of \$200,000 for each occurrence and an aggregate of \$500,000. Proof of insurance must be submitted to the Director of the MFT program and to the designated agent of the practicum site at which the student is placed. AAMFT endorses a carrier of professional liability insurance and provides application information along with their Membership information. You must be a member of AAMFT to obtain the liability coverage from this carrier.

Clinical Qualifying Examination

An important part of the MFT program is the year-long clinical practicum. To be eligible for this practicum, the student must pass both the Clinical Qualifying Examination and the Practicum Evaluation Interview. After successfully completing the qualifying exam and placement interview you will be admitted into the clinical component of the MFT program and your conditional admission status will be ended.

During the Clinical Qualifying Examination, you will be expected to integrate and demonstrate your knowledge of marriage and family therapy theory, ethics, and practice. The written examination includes a theoretical, ethics, and applied question. The theoretical question covers the thinking underlying the field of family therapy and the differences in thinking of the schools of family therapy. The ethics question focuses on legal and/or ethical issues in the field. The applied question requires students to use their knowledge of clinical practice.

In answering these questions, be sure to organize your thoughts, demonstrate breadth of knowledge, and document your answer by referencing literature in the field. Each question is graded blindly and independently by the MFT faculty members on a basis of pass or fail. You pass the question if the majority of the faculty rate it a pass.

You will write the six hour exam on the third Friday in May prior to your practicum year. A computer lab will be reserved, where you will take the examination. You may not take notes, books, papers, or other materials with you into the examination. A legal pad and blank disk will be provided for you. Once you have completed the examination the secretary will make a copy of your answers. You will have the weekend to prepare a reference list (APA style) of the works cited in your answers. Deliver the reference list to the graduate secretary by noon on the following Monday.

If you pass all three questions, you will schedule a practicum evaluation interview with the faculty.

Failure of one question requires a re-examination in the area of the failed question at a later time during the summer semester. Failure of two or more questions required that students retake the entire exam. A question can only be rewritten once. If one question is not satisfactorily rewritten or you fail more than one question on the retake, you will not be permitted to enter the MFT practicum in the fall.

See additional information about the Clinical Qualifying Examination in appendix number J.

Practicum Readiness Interview

The faculty make the final decision regarding your personal and professional readiness for practicum and the selection of a practicum site. In making decisions about you readiness, the

faculty consider (among other things) a) your performance in classes and understanding of material, b) their observations of your interactions with your peers, faculty, and others, c) your knowledge of Nebraska law governing the practice of marriage and family therapy, d) your knowledge of and adherence to the AAMFT Code of Ethics, and e) your performance in FACS 955A and FACS 955B. **In order to be cleared to enroll in practicum (and be placed at a practicum site), you must receive a grade of "B" or greater in both FACS 955A and FACS 955B.** The Practicum Readiness Interview *will* occur after you have completed FACS 955A Clinical Family Therapy I and before you begin to interview at practicum sites. During this interview you will meet with faculty to assess your readiness for practicum. To prepare yourself for the interview, carefully complete the Practicum Evaluation Interview Form in Appendix F. This form is a guide for the interview and provides faculty with important information they need in confirming your practicum placement. Submit a completed form to each faculty member one week prior to your scheduled meeting.

At the meeting, you and the faculty will discuss your progress to date in the program your strengths and weaknesses as a therapist, and your practicum goals. The criteria listed below are used in making the final decision regarding practicum placement:

1. Do you display the qualifications and readiness for clinical training set forth by the American Association for Marriage and Family Therapy?

"Each candidate must possess personal and professional integrity. The intensive and affective nature of work with marital and family problems requires maturity on the part of marriage and family therapy practitioners. Candidates for training must be able to state mature motives and professional goals. The clinical faculty/staff are responsible for screening students and assessing personal qualifications... "

2. Does the site match your interests and abilities?
3. Will the placement widen your experiences in MFT?
4. Will you be able to reach your personal and professional goals at the site?
5. Does this site best fit your needs when other students' needs are considered?

If, in the judgment of the clinical faculty, you are not prepared to be placed at a practicum site and enroll in practicum, you will not be allowed to enroll in practicum or apply for a practicum site. Your advisor and the program director will help you in developing a plan of remediation, or of transferring to another area of study.

(Note that the Practicum Readiness Interview occurs before you have completed FACS 955B. However, your performance in 955B will be included in the faculty's decision about your readiness to begin practicum. Failure to successfully earn a grade of "B" or greater in FACS 955B will result in you not being allowed to begin practicum in the fall.)

Clinical Practicum

The practicum requirement includes on-campus clinic experience and an off-campus agency experience. The on-campus experience requires you to maintain a case load sufficient to provide 2-3 client contact hours per week at the Family Resource Center, receive one hour of individual supervision (this includes live supervision), receive 1-1/2 hours of group supervision and spend approximately one hour maintaining client files and attending to administration issues.

The off-campus agency experience requires you to maintain a case load sufficient to provide 9-10 client contact hours per week, receive one hour of on-site supervision and

provide four hours of administrative work and coordination with other agency personnel.

Practicum placement in a community agency allows you to experience how MFT is practiced outside of the academic community and provides you an opportunity to become a member of a professional staff.

The MFT faculty are responsible for securing and working out the agreement with practicum sites (possible practicum placements can be presented to the program director). During your practicum readiness interview, the faculty will approve your interview at 2-3 practicum sites. You schedule an interview with your assigned sites. This interview is similar to a job interview. All practicum sites screen our students and have the right to reject a student we send them. Therefore, it is important that you make a good impression and convince the on-site supervisor you can benefit his or her agency.

Once you have been accepted at a site, you, the on-site supervisor, and the Director sign a practicum agreement (Appendix E). This contract outlines the requirements of our placement. The year you spend in practicum is an intensive clinical training experience.

Regular evaluations, at least once a semester, are made of your performance in practicum (see Appendix E). The evaluations are discussed with you by your individual supervisor.

Additional Practica

If student hours are low at the end of their 12-month practicum experience s/he may be required to enroll in additional practica. In general if the student has not completed 225 relational hours and 450 total hours they may be required to take additional practica. Decisions about additional practica will be made by the faculty and discussed with the student on an individual basis. The faculty will make these decisions on a case by case basis as needed.

Client Contact Hours

You are required to obtain a minimum of 500 direct client contact hours of therapy. Direct client contact is defined by the COAMFTE to mean face-to-face (therapist and client) therapeutic intervention. Two hundred and fifty of these hours must be with couples, families, or other relational dyads (two or more people with a pre-existing relationship) physically present in the therapy room (these hours are recorded as relational). Group therapy hours do not count as relational hours unless it is a couple or family group.

The following activities do not count as direct client contact: telephone contact (other than calls of extended duration), case planning, observing therapy (except as part of a team; see following section for team procedures), record keeping, travel, administrative activities, consultation with community members or professionals, or supervision. Assessments may be counted only if it is a face-to-face process that is more than clerical in nature and focus.

Direct client contact may be counted under the following conditions. 1) A single therapist meets with the clients in therapy. 2) Co-therapists meet with the clients in therapy. In order to be considered a co-therapist, the trainee must be actively, continually, and regularly involved in the direct provision of treatment. This means that both therapists will be in the therapy room for every session throughout the course of treatment. 3) Active participation on a treatment team (see below).

To obtain these hours, it will be necessary for you to see 2-3 clients per week at the Family Resource Center and 9-10 clients per week at the off-campus site for a full year. This 12-month practicum experience usually begins in August of your second year in the program. Since you will experience cancellations and no shows of clients and periods when client load may be low, the following schedule is recommended:

	Family Resource Center	Off-Campus Site
Spring Semester (1 st year)	15 hours	
Summer Semester (1 st year)	15 hours	
Fall Semester (1 st year)	60 hours	100 hours
Spring Semester (2 nd year)	45 hours	125 hours
Summer Semester (2 nd year)	<u>30 hours</u>	<u>110 hours</u>
TOTAL	165 hours	335 hours

Students will not be allowed to graduate unless completion of the clinical contact hour and supervision hour requirements have been documented appropriately . Students who have not completed the clinical hours and/or supervision hours requirements by the last day of their third semester of practicum will not be cleared for graduation.

Alternative Therapeutic Contact

Students may count up to 100 hours of alternative therapeutic contact toward the 500 clinical contact hour requirement. Alternative therapeutic contact must be systemic and relational. Hours counting as alternative therapeutic contact must be pre-approved by the MFT faculty. The following procedure will be used in granting pre-approval of alternative contact hours.

1. A student considering obtaining countable alternative therapeutic contact hours will discuss their ideas for this contact with their practicum supervisor.
2. Incorporating the feedback from the practicum supervisor, the student will prepare a brief (no more than one typed page) description on what they plan to count as alternative therapeutic contact. The student will include in their description a) the therapeutic nature of this contact, b) how the contact can be considered systemic and relational, c) who the clients will be and their plan for obtaining their participation (if appropriate), d) the number of hours they plan to obtain, and e) how getting this experience will assist them in their professional development.
3. The practicum supervisor will present the written description and additional information they have about the ideas to the MFT faculty during a regularly scheduled faculty meeting.
4. The MFT faculty will evaluate the appropriateness of the plan for providing the student with client contact that is systemic and relational. If approval is granted, the MFT faculty will set a maximum number of hours that can be obtained in the way proposed by the student.
5. The student's practicum supervisor will notify the student about the MFT faculty decision.
6. The student will work with the practicum supervisor in obtaining the approved alternative therapeutic contact experience. The student will keep the practicum supervisor informed of their progress toward accumulation of alternative therapeutic contact.

Treatment team experience, which counts as alternative therapeutic contact, is already pre-approved by the MFT faculty. Students do not need to seek pre-approval for treatment team hours that conform to the definition and procedure identified below.

Treatment team experience. Team practice is the use of a treatment team consisting of 2-6 therapists in providing marriage and family therapy services to a client system and in which all

therapists on the treatment team jointly and actively participate throughout the course of treatment.

The acquisition of therapeutic skill requires the integration of theoretical and clinical knowledge with the experiential act of involvement with clients in face-to-face interaction. This integration can be facilitated by students' involvement in treatment through the multi-level experience of being both in the consulting room as the "primary therapist" and as active participants behind the mirror as "team therapists".

Procedures:

1. Each treatment team will consist of one primary therapist and 2-5 team therapists.
 - a. The primary therapists will be the lead therapist in sessions and, in consultation with the team, be responsible for maintenance of case records, scheduling of the case, and all other executive tasks.
 - b. Team therapists will be responsible for active participation in the case throughout the course of treatment, including termination. Active participation includes attendance at all sessions, case planning, formulation of interventions, and involvement in the case to such a degree that the team therapist could take over the case if the primary therapist were unavailable.
2. For the benefit of all students in the program, it is expected that first and second year therapists will jointly participate on treatment teams. It is not required, nor necessarily desirable, that the primary therapist be a second year student.
3. No therapist shall participate in more than five team practice cases at one time.
4. The formation of a treatment team must be approved by the primary therapist's supervisor.
5. When a therapist team is involved in live supervision, only the primary therapist may count the supervision as individual supervision. Team therapists may count the supervision as group supervision. Supervision of the team through the use of case materials or videotape will be counted as group supervision.
6. Should a team therapist be unable to attend a session, she or he will be responsible for reviewing the videotape of the missed session and the case notes prior to the next scheduled session. Failure to attend a session must not be taken lightly. Repeated absences will result in removal from the team and discounting of clinical contact hours and supervision hours accrued from that case.

Tips for completing the clinical contact hours requirements.

- a. To get the 500 client contact hours, a student must average 10 hours of client contact each week of the twelve month practicum. Although it is natural to want to ease into clinical work, students need to get their caseloads up as quickly as possible (e.g., within one month) to avoid falling too far behind. The longer it takes to build up a caseload, the heavier the caseload will need to be later on to average 10 hours a week.
- b. Students should take into consideration cancellations and no-shows when setting

their caseloads. For example, a therapist who wants 10 hours a week should probably schedule 12-13 hours a week.

- c. Students will need to average five relational hours a week to obtain 250 hours during the twelve months practicum. It is recommended that students get a caseload of up to at least five relational cases a week as soon as possible. (Note: In the past, some students have gotten their overall caseloads up quickly, but did not get at least five relational hours a week during the first few months. Many of these students were delayed in graduating because they had not met the relational hour requirement).
- d. Students who find it difficult to get relational hours may attempt the following.
 - 1) Do cotherapy or participate on a treatment team with therapists who are seeing couples and families.
 - 2) Conduct one and one-half hour sessions with relational cases.
 - 3) When working with individuals explore inviting significant others into therapy who play a role in the problem or whom may play a role in the solution to the problem.

Supervision Hours

You are required to obtain a minimum of 100 hours of supervision; 50 hours in individual and 50 hours in group supervision. Approximately ten hours of individual supervision and fifteen hours of group supervision are required during each semester. Most students acquire considerably more supervision hours than are required.

What to Expect in Supervision

Supervision is conducted by experienced clinicians who are either AAMFT Approved Supervisors or equivalent. Supervision is designed to help students learn the clinical skills they need to function as effective marriage and family therapists. This is done by observing the student conduct clinical work through live observation and video taped formats, and by discussing clinical issues with the student.

It is not uncommon for personal issues to become prominent in students as they begin conducting therapy or taking course work. Personal issues impacting the provision of treatment may also be addressed in supervision. However, supervision is not psychotherapy. Supervision should always focus on students' clinical work and didactic or personal issues raised in supervision should be connected to how they are playing out in the therapist's clinical work.

Recording of Supervision and Therapy Hours

You must keep a running account of all supervision and clinical contact hours. Your detailed account of your clinical and supervision experience will assist you in documenting your hours of experience for graduation. Also, when you apply for jobs many employers want to know how much experience you have and with what type of clients you have worked. By keeping an ongoing record you will save yourself time and hassles, particularly if hours (however unlikely) are questioned by AAMFT.

Supervision and Therapy Log

There is a spreadsheet used by the MFT students to record the monthly hours. This spreadsheet logs both clinical contact hours as well as supervision. A summary sheet is contained in the spreadsheet. This is what needs to be printed off and turned into the clinic coordinator at the end of the month. The student also needs to keep the session-by-session sheet of the spreadsheet for the supervisor's review at his or her request. Failure to have adequate session-by-

session records results in a forfeiture of hours.

MFT Clinical Hours Report Form

At the end of each month you must complete an MFT Clinical Hours Report Form (Appendix G). This form provides the program with important information that is used to evaluate and plan your clinical training, assess the status and needs of our clinic, and to document adherence to AAMFT standards.

The MFT Clinical Hours Report Form tallies clinical contact hours and supervision hours (by type and mode). These categories are defined as:

CLINICAL CONTACT HOURS: Hours you were the therapist, cotherapist, or member of a treatment team.

SUPERVISION TYPE

INDIVIDUAL: Hours in which you meet with a supervisor alone or with no more than one other supervisee. Or when your supervisor is observing you in a live session

GROUP: All hours when a group of no more than ten trainees plus a supervisor are involved in supervision.

SUPERVISION MODES

LIVE: The supervisor observes your actual session. A live supervision session would also count for the appropriate number of clinical contact hours since you were doing therapy while you were being supervised.

VIDEO: The use of previously videotaped sessions or segments of sessions in your supervision.

AUDIO: The use of previously audio-taped sessions or segments of sessions in your supervision.

CASE: The use of client files and case materials in an oral presentation during supervision.

Forms are to be completed by the first Friday of the month and turned into the MFT Clinic Coordinator.

Special Circumstances in Counting Client Contact and Supervision Hours

There are some situations which may result in confusion about how direct client contact and supervision hours can be counted. The following standards taken from the COA accreditation manual are provided here to clear up confusion that may result in counting hours.

- If a student is simultaneously being supervised and having direct clinical contact, the time is counted as both supervision time and direct clinical contact time.
- Even if additional students are present when a supervisor is conducting live supervision,

the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision.

Students observing someone else's clinical work may receive credit for group supervision provided that 1) at least one supervisor is present with the students, 2) there are no more than ten students altogether, and 3) the supervisory experience involves an interactional process between the therapist(s), the observing students, and the supervisor. If there are no more than two students (e.g., one in the room and one behind the mirror), the observing student may receive credit for individual supervision under the same conditions.

Demonstrations of Clinical Competencies

Competency as a marriage and family therapist is determined through supervision, observation of clinical work and participation in simulated client situations. Supervision and observation of clinical work are on-going. The faculty have developed several simulated client situation activities that are administered at several points throughout the program. Students must successfully demonstrate competency through these situations in order to qualify for graduation.

AAMFT Code of Ethics

Whenever you are practicing therapy, you must follow the AAMFT ethical code. These are general professional guidelines subscribed to by members of AAMFT. Copies of the Code of Ethics are included in your AAMFT membership packet. Please read them carefully, understand them completely, and follow them meticulously.

Complaints of ethical violations are a serious matter. Depending on the severity of the complaint a student may be suspended from practicum or continuation in the program until the investigation is completed. Ethical violations may result in dismissal from the program. Any complaints involving violation of federal antidiscrimination guidelines will be referred to the office of Affirmative Action/Equal Employment Opportunity. Also, complaints of ethical violations will be forwarded to the Ethics Committee of the American Association for Marriage and Family Therapy. A finding by the AAMFT Ethics Committee which recommends suspension or revocation of membership shall be grounds for dismissal from the MFT Program. Any complaints of ethical violations should be directed to the MFT Director.

Client Files

You must keep all client files up-to-date. Progress Notes, Assessment Summaries, Treatment Planning Summaries, Termination Summaries, and other documents to be filed in the client files must be completed and signed by your supervisor in a timely manner. Make sure correspondence about cases is supervised. Detailed information about maintaining client files is found in Appendix C.

Supervisor Evaluations

Although evaluations of your clinical work are ongoing, both your practicum supervisor and supervisor at your site will complete a formal evaluation of your performance at the end of each semester. Your faculty supervisor will ensure that your practicum evaluation is completed on time. However, you are responsible for making sure your off-campus site supervisor completes the evaluation and returns it to the practicum supervisor prior to the last day of class during the semester in question. This is important because the off-campus site supervisor's evaluation is necessary for determining your final grade for the semester in practicum. You

have been given an original of the form the site supervisor must fill out (Appendix I). Please make copies of this form and give it to your site supervisor each semester.

Research or Scholarly Work Presentation

According to the *Master's Degree Handbook*, you must present your research or scholarly work during your second year in the program at a time scheduled by the Graduate Chair. The presentation should be no more than 10 minutes and should summarize the research you are doing for your graduate thesis. Your research does not need to be completed in order to fulfill this requirement. You should contact Lisa King, Graduate Program Secretary, (472-7787) to schedule a time to present your research. Questions regarding this requirement should be directed to Sheran Cramer, Chair of the Graduate Executive Committee.

Thesis or Minor

Students can choose to complete a thesis (Option I) or a minor in a field that will contribute to their professional development (Option II) as part of their graduation requirements. Consult the *Graduate Studies Bulletin* and the *Master's Degree Handbook* for details about this requirement.

Curriculum

The MFT course of study consists of 51-54 credit hours. Of the 45 credit hours of coursework in the MFT program, 30 credit hours are taught by the MFT faculty. The curriculum fulfills the educational and practicum requirements for clinical membership in the American Association for Marriage and Family Therapy and licensure in the State of Nebraska and most other states that license the practice of marriage and family therapy.

Exit Interview

The purpose of the exit interview is to provide you and the faculty an opportunity to review your overall performance in our masters program, to assess your strengths and weaknesses as a marriage and family therapist, and to discuss your plans of obtaining the required supervision and contact hours for AAMFT Clinical Membership. In addition, you are asked to evaluate the program and give suggestions for ways it could be improved.

This one hour meeting is scheduled after the oral defense of your thesis. It is your responsibility to arrange a time convenient with all MFT faculty. You must bring your completed MFT Graduate Student Record Form (see Appendix A) and Exit Interview Survey (Appendix I).

The Ongoing and Comprehensive Nature of Evaluation of Progress in the Program

Professional development as a marriage and family therapist is impacted by both academic and non-academic factors. Although your grade in classes will be determined only on your academic performance in each individual class, the MFT faculty also will consider the following in evaluating your progress in this program: a) program-, department-, and college-specific expectations and requirements (including performance in assistantships), b) your interactions with peers and faculty, and c) non-academic influences on your professional development. Because program faculty want you to succeed in the program, they may occasionally (individually or as a group) point out areas of concern or growth that may impact or be impacting your professional development. Faculty may offer suggestions for addressing these areas of concern or for managing their impact on your professional development.

Unsuccessful Progress Toward Completion of the Program

The clinical faculty have a responsibility to you, the program, the Commission on Accreditation, and the profession to evaluate on an ongoing basis the appropriateness of your role as a marriage and family therapy trainee and the progress you are making toward the goal of developing the conceptual, ethical, and practice skills you will need to engage in independent practice. Students in the MFT program may be dismissed from the program if they demonstrate they are not making successful progress toward the completion of the program. The program faculty have established the Practicum Readiness Interview as scheduled mechanism for evaluating your progress in the program. You may be dismissed from the program as a result of the Practicum Readiness Interview. However, evaluations of your progress will be ongoing throughout the program. You may be dismissed from the program at any time for the following reasons:

- 1) Failure to maintain the established grade point average and other academic standards (see the Graduate Bulletin).
- 2) Failure to make satisfactory academic progress toward the degree.
- 3) Violations of AAMFT Code of Ethics.
- 4) Failure to complete time limits for the degree as set by the MFT program, the Department (FACS), the College (CEHS), and the Graduate School.
- 5) Failure to make satisfactory progress in clinical skills.
- 6) Failure to resolve personal and interpersonal issues which interfere with the delivery of satisfactory services to clients.

A faculty member who has concerns about a student regarding any of the above will meet with the student and discuss the concern. A note to the student file may also be made. If the student fails to make satisfactory progress toward resolution of the concern, the faculty member will bring the issue to the clinical faculty. The faculty will determine specific action the student will be required to take to resolve the concern and inform the student in writing. The student's progress relative to the concern will be evaluated by the clinical faculty on an ongoing basis. Evaluations of the student's progress will be written in memo format and placed in the student's file and copied to the student. In the event that unsatisfactory progress is made within the time limits set by the faculty, a written notice of dismissal will be sent to the student.

Notice of dismissal may be appealed by the student in writing. The appeal process will follow the same guidelines and policies that apply to the appeal of a grade (see below).

Readmission After Dismissal or Withdrawal

Students who are dismissed from the program or who otherwise drop the program for any reason, may apply for readmission. The procedure for readmission will require the completion of a new graduate application, including the three new letters of recommendation and complete transcripts. Those who reapply will be considered with those who are applying for the first time. In considering the readmission request, faculty will evaluate previous coursework, clinical work, and other activities both in and out of the program. If the student is readmitted to the program, the faculty may require that the student retake some or all of the coursework, clinical work, and

other requirements.

Student Grievances

The MFT Program adheres to the established grievance procedures of the University of Nebraska, the College of Education and Human Sciences, and the Department of Family and Consumer Sciences. The University has a Student Ombudsperson within the Office of Student Affairs that will advocate for and assist students in their efforts to resolve grievances (phone number 472-9292).

The first step in handling any grievance is to discuss the matter with the concerned individual. If this step is unproductive or, in your judgment, inappropriate, then you should contact the following persons:

- If the grievance is with an instructor concerning a class matter, the chair of the department should be contacted.
- If the grievance is with your supervisor, the MFT Program Director should be contacted.
- If your supervisor is the MFT Program Director, you should contact the chair of the department.
- If the grievance is with another student in the MFT Program, you should contact the MFT Program Director.

If these steps do not resolve the problem, then you should proceed to the next level of authority. For example, if the MFT Program Director is unable to resolve the grievance satisfactorily, you should take your grievance to the Department Chair. Although there may be exceptions, the level of authority generally proceeds as follows:

- a. the concerned individual
- b. the MFT Program Director
- c. the Chair of the Department
- d. the Dean of the College
- e. the Dean of the Graduate School
- f. the Office of Academic Affairs

If the grievance specifically concerns a grade received in a class within the College of Education and Human Sciences, the following policy applies (as found in the Advising Handbook).

Any student enrolled in a course in the College of Education and Human Sciences who wishes to appeal alleged unfair and prejudicial treatment by a faculty member shall present her/his appeal in writing to the Dean of the College no later than 30 days after notice of the student's final course grade has been mailed from campus. The complaint will be forwarded to the Student Affairs Committee consisting of faculty and student representatives. After a hearing, the committee will make a written recommendation to the Dean regarding the appeal. The committee's findings and recommendations shall be binding on the appealing student and faculty member.

Personal Psychotherapy

The following statement regarding personal psychotherapy is from the Manual on Accreditation, Commission on Accreditation for Marriage & Family Therapy Education.

"Marital and family therapy programs are not mandated to require students to participate in psychotherapy. However, programs should recognize the value of psychotherapy and encourage students to participate when necessary. Programs should identify available psychotherapy resources and make these known to students. It is considered inappropriate for students to receive psychotherapy from fellow students or from academic or supervisory faculty. "

Medical Family Therapy Certificate

In conjunction with the University of Nebraska Medical Center a post graduate certificate is being offered in the area of "Medical Family Therapy." Information about this program can be located in appendix (K). The Medical Family Therapy Certificate is not part of the curriculum nor included in graduation requirements but is an opportunity to broaden your horizons.

Appendix A

MFT Graduate Student Record Form

Student Name: _____

Marriage and Family Therapy Program Requirements

This form summarizes the completion of all program requirements not identified on your Memorandum of Courses. This form must be signed by the Program Director and placed in your permanent file before you will be approved for graduation.

Requirement	Completed Date	Faculty Member initials verifying completion
Turn in therapy observation log		
Membership in AAMFT		
Professional liability insurance		
Clinical Qualifying Examination		
Practicum Readiness Interview		
12 month consecutive months in practicum		
500 direct client contact hours; 250 relational hours		
100 total hours of supervision: 50 hours in individual and 50 hours in group supervision		
Appropriately close all client files at FRC		
Presentation of research during a Graduate Faculty Meeting		
Successfully defend a thesis or complete a minor		

Date all requirements completed _____

Program Director must sign below after verifying completion of all requirements.

Program Director

Date

Appendix B

Course Sequence and Curriculum Areas

**Department of Family & Consumer Sciences
Marriage and Family Therapy Program
Sample Course Sequence**

Year 1

FALL	SPRING	SUMMER
FACS 951 Theoretical Foundations Of Marriage And Family Therapy	FACS 953 Issues And Ethic For Family Professionals	FACS 955B Clinical Family Therapy II
FACS 952 Psychopathology	FACS 954 Assessment In Family Therapy	
FACS 865 Research Design And Methodology	FACS 955A Clinical Family Therapy I	
FACS 956 Human Sexual Dysfunction Or	Elective or *Statistics course	
FACS 989 Innovative Approaches To Family Intervention		

Year 2

FALL	SPRING	SUMMER
FACS 956 Human Sexual Dysfunction OR	FACS 997 Advanced Clinical Practicum	FACS997 Advanced Clinical Practicum
FACS 989 Innovative Approaches To Family Intervention	Thesis credits or Minor course	FACS 899 Thesis or Minor course
FACS 997 Advanced Clinical Practicum	Elective Course	
Minor course or Thesis credits		

*The Department master's degree requirements indicate that you must take EdPsy 859 to fulfill your statistics requirement. However, may substitute EdPsy 859 with an equivalent course taken as part of their undergraduate degree. Please see your advisor to determine equivalence. If an equivalent course has not previously been taken you should take EdPsy 859 during your first year of the program. Option I students must take EDPS 860 or EDPS 900K to meet the requirement for an additional statistics course.

EdPsy 859 Prerequisite Equivalency Form

Marriage and Family Therapy Specialization
Department of Family and Consumer Sciences

As specified in the Master Degree Handbook (for sale at the University Book Store), the Department of Family and Consumer Sciences allows a comparable undergraduate or graduate statistics course to take the place of the required course Educational Psychology 859. This course must be comparable in scope and content and provide a foundation for understanding statistics covered in Educational Psychology 860. If you believe you have a comparable course, this form must be completed and signed by you, your advisor, and the Graduate Chair in order for you to receive credit for this course. Be sure to attach a copy of the syllabus for the comparable course before giving this form to your advisor for signature.

Name: _____

Semester/Year Entered the MFT Program: _____

Course number/title: _____

Department from which course was taken: _____

Institution from which course was taken: _____

Semester and Year in which the course was taken: _____

Attach a copy of the course syllabus to this form and turn in to your advisor.

Student Signature

Date

Advisor Signature

Date

Graduate Chair Signature

Date

3/15/99

Appendix C

Family Resource Center Policies and Procedures

FAMILY RESOURCE CENTER POLICIES AND PROCEDURES

During your time in the MFT program, you will work as a therapist and a professional in the Family Resource Center. This clinical experience provides you the opportunity to learn about therapy directly and to receive intensive, live supervision from our faculty. In order to be part of the staff of the clinic, you must be familiar with and follow all clinic policies and procedures.

BUILDING, STAFF AND PARKING

Security

Client files and expensive equipment require that the Family Resource Center be locked whenever no one is available to monitor persons entering or exiting the Center. If you leave the Center building, be sure the two outside doors are secure, or that another responsible person is available to do so. The door to the records room is to remain **closed and locked** at all times!

Being responsible also means making sure lights are turned off, equipment is turned off, and inside doors and windows are closed and locked. When leaving the building, physically check the doors by testing the lock and pulling on the door after it is closed. **NEVER ASSUME SOMEONE ELSE WILL TAKE CARE OF SECURING THE BUILDING.**

The combination code to the FRC doors is changed periodically. The code is given only to persons authorized to use the FRC. **DO NOT GIVE THE CODE TO ANYONE.**

Individual Clients

The policy of the Family Resource Center is that no therapist shall see an individual client, regardless of gender, if there is not another therapist, supervisor, or secretary/receptionist in the facility at the time. Couples or families may be seen by a single therapist, but doing so in the evenings without a colleague or supervisor present is strongly discouraged.

Telephone Use

Much of your work at the clinic will involve use of the telephone. However, keep in mind that others will be in need of the telephone. **THE PHONE IS FOR CENTER-RELATED BUSINESS ONLY.**

1. To make on-campus calls dial 2 + the 4 digit extension number.
2. To make off-campus, city calls dial 9 + the 7 digit number.
3. To make out-of-city calls, dial 9 + 1 + 402 + the 7 digit number.
4. Any out-of-state calls must be authorized by your supervisor.

Photo Copier Use

The FRC has a photo copier that can be used for FRC business only. This means that you are free to photo copy clinic forms and documents for clients with this machine. However, personal use of the machine is prohibited. Photo copies for classes, supervision, thesis, or program requirements not directly related to the FRC can not be made using this machine.

Room Assignments

You must sign up for a therapy room in the Center appointment book **before** scheduling each therapy session. Rooms are numbered starting from the one next to the large bathroom (i.e., room 1 is the small, no taping room; room 2 is the observation room, etc. to room 8, which is the large therapy room). If you do not, you may find yourself with no place to conduct therapy with your clients. It is important for all usage of rooms to be recorded. Appointments are to be made on an hourly basis. It is the current policy to make appointments to begin on the hour. Do not make appointments on the half hour. If you anticipate a session longer than 50 minutes, schedule the room for 2 hours.

Use of Equipment

Audio/video equipment is available in the Center. To be permitted use of this equipment, students must be trained on each kind of equipment and follow sign-out procedures for each usage.

FRC Computer Usage

Because the main computer (in the workroom) contains all of the client files it is to be **ONLY** for Family Resource Center business. The computer in the workroom or any of the other computers may **NOT** be used for personal use. There are also computers available in the Home Economics building for student use.

Professionalism within the FRC

Because the FRC is a professional office, care must be taken to always conduct yourself in a professional manner while in the building. This includes the way you talk, dress, and interact with each other. Clients are often in the building and may easily misinterpret your behavior. Discussions of clients and clinical issues should be confined to the therapy rooms, the work room, the conference room, and faculty offices. Discussions of any issues with loud voices and/or loud laughter should be kept to a minimum. The volume of the television monitors throughout the FRC need to be controlled so that persons in the waiting room cannot hear. The Family Resource Center has two White Noise generators. One is located in the waiting room and the other is located in the hall leading to the therapy rooms. Both of the White Noise generators must be turned on when clients and/or non-FRC staff are in the building or when clients and/or non-FRC staff are expected to be in the building. The White Noise generators should be turned on any time the door to the FRC is left unlocked.

AAMFT Video/Audio Tapes

These tapes are for student and faculty use. You may check the tapes out of the FRC for 48 hours and may only take a total of two sets at a time. **DO NOT SPLIT UP SETS.** The clinic coordinator will check the tapes every Friday to make sure that the tapes are all there and are in good shape.

Personal Therapy Video Tapes

of clients must be kept at the FRC in the observation room.

Smoking

There is no smoking allowed in the Family Resource Center.

Family Resource Center Kitchen

The FRC has a microwave and refrigerator. You are responsible for keeping these items clean.

Client Fees

Establishing specific fee arrangements is critical for defining the relationship between client and therapist and is a skill which must be learned and practiced. Once the therapist and client have reached an agreement concerning the amount of the fee and the terms of payment, the foundation for a working alliance has been laid. A decision has been made to do work together and the respective roles of client and therapist have begun to take form.

The Family Resource Center uses a variable fee scale based on the client's family size and income. It is best to request the information for determining the fee rather than handing the scale to the client and having them pick the fee. This should be done as you are explaining the center procedures and prior to their signing the Therapy Agreement. Be upfront and matter-of-fact about it rather than apologizing or acting embarrassed. If the client feels that the indicated fee is too much then explore the extenuating circumstances with them and tell them that a further reduction will have to be authorized by your supervisor. If the supervisor is unavailable, charge the indicated fee and tell the client that an adjustment will be made if the fee is reduced.

IT IS IMPORTANT TO MAKE CLEAR TO THE CLIENT THAT PAYMENT IS EXPECTED AT THE TIME OF SERVICE. WE DO NOT BILL OR HAVE OPEN ACCOUNTS.

YOU SHOULD ENCOURAGE CLIENTS TO PAY EITHER BY CHECK, EXACT CHANGE, OR CREDIT THEIR ACCOUNT FOR THE AMOUNT OVER THE FEE FOR THE CURRENT SESSION. (For example, if the fee is \$5.00 and all they have is a \$10.00 bill, credit \$5.00 to their account and they won't have to pay for the next session.)

The issue of session fees and negotiation of fees when prospective clients first contact the FRC is often difficult to accomplish over the phone. The collection of fees for services is an important component in the therapeutic relationship; however, prospective clients may be hesitant to undertake services if it is not clear what the fee will be or if in the initial telephone contact they feel that they will not be able to pay the amount determined on the basis of the fee scale. The discussion of extenuating circumstances that affect the fee amount is best reserved for the therapist during the intake session.

RELEASE OF INFORMATION TO EX-CLIENTS

1. A letter needs to be sent by the ex-client indicating the approximate dates that they attended therapy and the name(s) of their therapist(s).
2. The letter needs to specify a name and an address to whom the information is to be released. The purpose for which the information is being requested must also be included in the letter.
3. A letter has to be signed by each consenting adult that participated in treatment.
4. When the signed letter has been received we can then send a summary of treatment (Closing Summary) to the specified person(s). If an ex-client requests case notes or other case materials, talk to the practicum supervisor or Program Director before sending the information.

CLIENT REFERRALS

Taking Referrals Over the Phone

- I. When a client calls requesting services, a Referral Form should be completed by the person taking the call. The caller should be told that a therapist will call back to schedule an appointment at a time convenient for the client and therapist. *Every attempt should be made to return the call within 24 hours.*
2. For clients calling from CCCL, the intake form is placed in the back of the blue 3 ring binder located in the workroom by the student cubbies. Therapists needing clients should begin at the front of this book calling to schedule appointments with clients.
3. For clients calling from all other sources, there is currently not a waiting list. The therapist should check the therapist availability white board for the next available therapist. This is determined by who is requesting current individual and/or relational clients AND by who has the least recent intake session. The therapist with the least recent intake session who desires clients will have the first referral. The person taking the call should call the therapist, notify them of the new clients, and remind them to call within 24 hours.
4. If no therapists are currently taking clients, please notify potential clients that they will be put on a wait list and contacted when there is availability. Please refer clients if they indicate there is an emergency.

Receiving Referrals

1. **YOU MUST CHECK WITH THE FRC MESSAGE SERVICE AT LEAST ONCE A DAY TO SEE IF THERE ARE ANY MESSAGES FROM YOUR CLIENTS.** You must check with the message service daily even if you are not expecting a call or if you have not indicated that you are available to accept new clients.
2. Upon receiving a referral, call the client and set up an appointment. Every effort should be made to schedule an appointment within 24 hours of the initial phone call.

Message Retrieval and Relay System Procedures

Each student therapist is responsible for checking the FRC voicemail everyday. This is to eliminate trying to track everyone down at home or work. There will also be a written message placed in the person's mailbox at the FRC.

- When you retrieve messages that are for someone other than yourself, put the message in archives.
- If you personally take a message over the phone for someone else, also write down the message and put it in the person's mailbox.
- In case of an emergency, notify the therapist responsible for that client by calling them or emailing them as soon as possible.
- Each person is responsible for checking the voicemail on a daily basis to retrieve any messages left for them.
- After retrieving your message, delete it from the system. Any messages that are not for you, you can skip by following the instructions on the message sheet. ALWAYS put messages other than your own in archives!

DO NOT DELETE ANY MESSAGES THAT ARE NOT YOUR OWN!

Delphi Client Management System

After the initial session, all of the clients information must be put into the Delphi System before you leave the clinic. This is accomplished by following the instructions below:

1. Turn on Computer.
2. Double Click "Delphi."
3. User Name: Your initials (must be three, i.e., ACS).
4. User Password: UNLMFT, Click on "Log in".

To input client information:

1. Click "Add New Client"
2. Enter the fields marked in red.

After the session-Billing: (EVEN IF YOU DO NOT HAVE TIME TO TYPE IN PROGRESS NOTES, YOU MUST, AT LEAST, DO THE FOLLOWING STEPS BEFORE YOU LEAVE THE FRC.)

1. Highlight your client's file and click "Record a Session".
2. Record the date of the session and fee for the session.
3. Click "Save this Session".
4. While the client's name is still highlighted, click on "Payments".

5. Record the date of the payment, the client as responsible for the payment, whether it was cash or check, and the amount of the payment.
6. Click to apply the payment.
7. Choose the session to which the payment will be applied.
8. Enter how much of the payment is applied to that session.
9. When you are finished with the payment, a message will appear on the screen informing you of that.

TO ENTER ADVANCES

1. Complete the payment information.
2. After completing the information, click to apply an advance.
3. Allocate the remainder of the payment as an advance.

TO APPLY ADVANCES

1. Click on "Payments"
2. Fill in the date and payment method.
3. Leave the amount empty.
4. Click "Apply Advance"
5. Read the instructions and click "OK"
6. Highlight the "Advance" entry and double click
7. Deduct the amount you wish to apply to a session by entering the negative amount (ex. If you wish to apply \$10.00 to another session from the advance, enter -\$10.00 into the amount box).
8. This will then show up as a \$10.00 to be applied in the upper right corner.
9. Then apply this payment to the session of your choice.

TO ENTER PROGRESS NOTES

1. Highlight your client's name and click "Session History"
2. Select the session for which you wish to add the progress notes.
3. Click "Edit Session"
4. Paste the copied progress notes in the lower right box.
5. Click the red X in the corner to save the session.

To print a receipt:

Highlight client name and click Financial History, choose long history and print.

IF CORRECTIONS NEED TO BE MADE IN DELPHI, PLEASE CONTACT THE CLINIC COORDINATOR.

Progress Note Style

AROAR Note format

[Date note was written]

UNL Family Resource Center
Progress Notes for: [client name]
Progress Notes for date of session occurring on [date]

Therapist: list the name of the primary therapist

Team Members: list names of those teaming on the case

Session #: list the session #

Attending: provide the names of those attending the session

Length of session: indicate the length of the session; if time was divided between individuals or subgroups, indicate this here as well as the length of time spent with each.

Client Remarks (Content and Flow): While the emphasis here is on what the client said or did, the flow of the session should be represented. It is acceptable to specify, as appropriate, questions asked by the therapist that elicited information from the client. This might seem like a duplication of the intervention section below, but it need not be. Client Remarks refers more to the content and flow of the session than to the process of intervention, although intervention and deliberateness should be represented in what is written here.

In the case of potential duty to warn issues, please be specific. To do so you will need to demonstrate in this section that the therapist was active in eliciting information from the client. For example, demonstrate what you did/asked to conduct a suicide assessment or assess for child abuse/neglect.

Therapist Observations: Indicate what you observed using the theoretical lens you are applying to the case. Of course, you should back up your theoretically informed observations with objective data from the session, but the objective data should not predominate. I should get a sense here of what theoretical lens is being used, and how that lens is being used to develop hypotheses. You should allow theory to be the lens for what you see as important to report. The presentation of developing hypotheses about family interaction would be appropriate to report here. The emphasis should be placed on *Therapist* Observations here, rather than just on Observations. The key question I will ask in reading this section is: What do your observations mean?

Client Affect: Most important to report here is client affect influencing the emotional tone of the session and of the therapy. Noteworthy differences in client affect should be reported. If you think of this in terms of where Mental Status Exam material is presented, it will help to orient you to what should be included.

Interventions and Recommendations: There should be a congruent tie with what is reported here and everything that comes before. Here you should report the therapeutic strategies that were used in the session. Noteworthy questions were reported in the Client Remarks section. This differs from that in that here I should find the general strategies, techniques and interventions. The therapeutic model being used should be apparent here. To comment on the effectiveness of the interventions would also be appropriate, because this will demonstrate self-reflection. The progress of therapy toward goals should be reflected in this section. The Recommendations piece should reflect direction for future sessions. If it is assessment, then it would be appropriate to indicate what additional information needs to be obtained. If it is intervention, demonstrate how the intervention used in this session will inform the intervention that will be applied in the next, etc. Demonstrate here the therapeutic actions that occurred in the session. What was the therapeutic value of the session.

[Note: you should always sign and date your Progress Notes, with your name and credentials printed under your signature.]

SOAP Note format

[Date note was written]

[Agency/Practice Name]
SOAP Notes for: [client name]
SOAP Notes for date of session occurring on [date]

Therapist: list the name of the primary therapist

Team Members: list names of those teaming on the case

Session #: list the session #

Attending: provide the names of those attending the session

Length of session: indicate the length of the session; if time was divided between individuals or subgroups, indicate this here as well as the length of time spent with each.

Subjective: This is where you write the story that is told in the patient's own words. It can and should include their responses to relevant questions. While the emphasis here is on what the client said or did, the flow of the session should be represented. It is acceptable to specify, as appropriate, questions asked by the therapist that elicited information from the client. This might seem like a duplication of the Plan section below, but it need not be. This section should contain more of the content and flow of the session than the process of intervention, although intervention and deliberateness should be represented in what is written here.

In the case of potential duty to warn issues, please be specific. To do so you will need to demonstrate in this section that the therapist was active in eliciting information from the client. For example, demonstrate what you did/asked to conduct a suicide assessment or assess for child abuse/neglect.

Objective: Recorded here are what any clinician of similar training and experience could have observed. Examples would include rate of speech, appearance, demonstration of affect, interactions between family members. The key to writing this section well is to include those things that are directly relevant to the assessment and treatment plans. Provide objective evidence here that will contextualize the content and flow of the session that was reported in the Subjective section. This is also where you will provide evidence to justify your intervention and plan.

If you administered a rapid assessment instrument or other device that yielded objective data that informs treatment, the results should be reported here.

For couple and family therapy, the interactions between members of the family are important to record here. This is where you will describe the noteworthy interactions that are the focus of relational intervention.

Assessment: This is where you describe what you think is going on with the client (client system) in light of the Subjective and Objective information presented above. This can only be done in light of a theoretical lens so you should indicate what you observed using the theoretical lens you are applying to the case. Everything here should be backed up with objective data from the session. The reader should get a sense here of what theoretical lens is being used, and how that lens is being used to develop hypotheses. You should allow theory to be the lens for what you see as important to report. The presentation of developing hypotheses about family interaction would be appropriate to report here. The key question I will ask in reading this section is: What do your observations mean?

Plan: There should be a congruent tie with what is reported here and everything that comes before. Here you should report the therapeutic strategies that were used in the session. This is more than just questions that were asked. Here you should report the general strategies, techniques and interventions. The therapeutic model being used should be apparent here. To comment on the effectiveness of the interventions would also be appropriate, because this will demonstrate self-reflection. The progress of therapy toward goals should be reflected in this section. This section should be written to give the sense of direction for future sessions. If you are in the assessment phase of treatment, it would be appropriate to indicate what additional information needs to be obtained. If it is intervention, demonstrate how the intervention used in this session will inform the intervention that will be applied in the next, etc. Demonstrate here the therapeutic actions that occurred in the session. The key question to answer here is: What was the therapeutic value of the session?

[Note: you should always sign and date your SOAP Notes, with your name and credentials printed under your signature.]

Clinical Supervision Monthly Report Form

The clinical and supervision monthly report forms must be completed by the FIRST FRIDAY of the month. Turn the forms into the Clinic Coordinator.

Emergencies

Since the clinic does not have a 24-hour answering service, it is the responsibility of the therapist to provide their clients with an emergency phone number (this does not mean that you should give clients your home phone). In addition, please be sure the clinic director and your supervisor know where to contact you, even during breaks and holidays.

Lancaster County Mental Health Crisis Line-441-7940, or consult the blue pages for more specific numbers.

Appendix D
Practicum Placement Forms

PRACTICUM EVALUATION INTERVIEW FORM

Name _____

Instructions: Complete sections I.A I & B I , II and III. Turn in to the program director on the due date.

I. ASSESSMENT OF CURRENT ABILITIES

A. What are the student's strengths as a therapist?

1. Student's assessment

2. Faculty's assessment

B. What are the student's weaknesses as a therapist?

1. Student's assessment

2. Faculty's assessment

II. PRACTICUM GOALS

A. What are your professional goals for practicum?

B. What are your personal goals for practicum?

III. Indicate two possible placement sites that you are interested in:

1. _____

2. _____

IV. Assigned Practicum Placement

Appendix E
Observation of Therapy Log

Observation of Therapy Log
Marriage and Family Therapy Program

Instructions: Prior to enrolling in FACS 955A you must observe 15 hours of therapy. The observation of hours can be obtained in two ways by either watching live cases being conducted by MFT practicum students (you must talk to the therapist before you observe), or by watching videotapes from our clinic library. Use the following log to record your observations. This log must be signed by your advisor and placed in you file before you may take FACS 955A.

Date	Length of Time Observed	Name of Therapist	Type of Observation (Live or video)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Student's Signature/Date

Advisor's Signature/Date

Appendix F
Clinical Hours Report Form

Page _____

SUPERVISION LOG SHEET OF _____

TYPE:

- F Family
- M Marital
- I Individual
- G Group
- T Team hours (specify F, M, I, or G)

SUPERVISION TYPE:

- I Individual
- G Group

SUPERVISION MODE:

- L Live
- V Video
- S Audio
- C Case

CLINICAL CONTACT

SUPERVISION

Location	Date	Time	Type	Hours	Cum. Hrs.	Presenting Problem	Type	Mode	Hours	Cum. Hrs.
----------	------	------	------	-------	-----------	--------------------	------	------	-------	-----------

TOTALS FROM ____/____/____ TO ____/____/____

- | | | |
|------------------|-----------------------|---------------|
| 1. Family ____ | A. Individ. Sup. ____ | L. Live ____ |
| 2. Marital ____ | B. Group Sup. ____ | V. Video ____ |
| 3. Individ. ____ | C. Observation ____ | S. Audio ____ |
| 4. Group ____ | C. Case ____ | |

SUPERVISOR _____

Appendix G

Clinical Intake and Assessment Materials

Intake Packet

Prior to the initial interview with a couple or family, they are to complete the intake packet. A copy of each form used at the Center can be found in this Appendix. This takes approximately 30 minutes, thus you should ask the client to come one-half hour before the scheduled appointment time. The intake packet and client file contain the following forms.

Client & Family Information Form: Complete one for each family.

Counseling Agreement: This is a two-page carbonless form. The original form should be put into the client's file and the copy is given to the client. This must be completed, signed and countersigned by the therapist before therapy can begin. This agreement is a reciprocal contract between you (as a representative of the Center) and the client(s) covering the areas of confidentiality, videotaping, supervision, and termination. This single page document must be signed by clients appearing on the videotape you submit to the FRC videotape library at the end of your program. The original schedule be kept in the client file and a copy should be turned in with the videotape.

Brief Symptom Inventory: An assessment geared towards measurement of several mental health domains.

Additional forms which are to be used in case management include:

Authorization for Bi-Lateral Information Release: Necessary if you desire additional information from another agency.

Consent for Treatment of Minors: If the identified patient is a minor, this form must be completed.

Release and Authorization: This release form is to be used in situations in which a legal proceeding is possible or underway. **YOU SHOULD CONSULT YOUR SUPERVISOR PRIOR TO COMPLETING SUCH A RELEASE.**

Agreement to Archive Videotapes

The Client & Family Information Form and the Counseling Agreement must be completed prior to beginning the first session. You are responsible for their completion.

Family Assessment Form: This assessment should be started after the initial session and completed no later than the third session. It will provide a framework for information gathering and treatment planning.

Preliminary Treatment Plan: This plan should be completed no later than after the third session.

Following the first session you are required to complete at least the first two pages of the Family Assessment and to enter the client's information into the computer. If you fail to have all forms completed or do not maintain up-to-date client files, you are subject to having your clinical or practicum grade reduced by a letter grade.

Assessment Package

One of the ways in which students acquire, develop, and consolidate clinical skills is by learning and using clinical assessments. Separate instrument packages for individuals (adults and adolescents), couples, and families have been assembled. There are several instruments that need to be filled out by everyone that comes into therapy at the UNL Family Resource Clinic, the following is a list of those assessment forms. Additionally, there are instruments and scales that are available on an as-needed basis.

All adult clients will complete: -Brief Symptom Checklist

It also highly recommended to have client(s) also complete:

- The Family of Origin Family Assessment Device
- The Family Attachment Scale(s)

For **all adolescents**, the package includes:

- Rosenberg Self-Esteem Scale
- Family Assessment Device
- Conflict Tactics Scale
- Brief Symptom Checklist

It is also highly recommended to have the client(s) also complete:

- Family Attachment Scale(s)

For **couples**, all of the adult scales should be completed, with the addition of the Dyadic Adjustment Scale.

All of these measures have clinical utility which can help you and your client assess current dynamics, as well as chart progress by comparing scores through the therapeutic process (e.g., first session, third session, and at termination). In addition to charting client progress, measures of therapy effectiveness have also been included. Clients will complete, in addition to the core battery assessment package, a measure of therapeutic alliance (WAI) at termination, in addition to a form which measures satisfaction (CSQ-8) with treatment following the final session and a client satisfaction evaluation.

In addition to the core measures, optional measures will be available to help you assess a variety of clinical issues. Examples of these measures are: division of household labor; family of origin relationships, and other family member assessment tools; sexuality, alcohol and substance abuse problems, etc.

These questionnaires provide distinct benefits to clients and introduce clinicians to administration and analysis of assessment devices. This package also provides data for faculty and students to use in research and theses. If you would like to use this data for research, you must make a formal request to the Marriage and Family Therapy Program Director.

All assessment forms and checklists are attached at the back of this appendix.

Other forms that should be completed at the proper times and kept in the client's file are as

follows:

Treatment Plan Form: This is the formal assessment/diagnostic form that must be completed by the end of the third session.

Closing Summary: To be completed following the closing of a case; this form provides the supervisor with summary information about the disposition of cases. Please type the final draft because this form will typically be a summary shared with others when the Center receives requests for information. It works best if you submit a draft attached to the form to your supervisor. They can then review the summary and sign the final form prior to your typing the final draft.

Client File

All of the appropriate forms should be placed into the client folder. Attach the appropriate number and intake month and year to the folder (the next client number is found on the spreadsheet, make sure that you scratch out the number that you use). These folders are for your reference. They **MUST** be kept on the client files shelf (not on your personal shelves) and cannot be removed from the Family Resource Center at any time.

Appendix H
Trainee Evaluation Forms

Basic Family Therapy Skills Evaluation Device ©

The Basic Family Therapy Skills Evaluation Device (BSED) was developed by Thorana Nelson based on empirical data from the Basic Family Therapy Skills Project, conducted by Thorana Nelson and Charles Figley. The items and descriptions were developed from information gathered from over 650 marriage and family therapy trainers and supervisors. As far as is known, this is the only evaluation device designed for beginning level marriage and family therapists that has been developed from research.

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." We realize that this may differ from supervisor to supervisor. We have prepared an Appendix with descriptions for each skill area based on data from the Basic Family Therapy Skills Project. Please use this Appendix in evaluating your trainees.

We have also included a non-generic section that you may want to use, filling in the blank for the theory that the trainee is currently working with.

Evaluate each student using your best judgment from the descriptions given plus your subjective ideas about each item. If *you* find an item that simply does not fit your paradigm, please make a note in the margin or elsewhere.

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 student may be working on structuring the session with parents and children. The student 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 s/he is inadequate as a therapist, unable to evaluate progress in therapy or supervision.

BASIC FAMILY THERAPY SKILLS
EVALUATION DEVICE©

Therapist

Date

Supervisor

Experience Level

Conceptual Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
--------------------------	------------------------	-----------	-------------------	--------------------	---------------------	--------------------

Knowledge Base

Systems Perspective

Familiarity with
Therapy Models

Self as Therapist

Perceptual Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
--------------------------	------------------------	-----------	-------------------	--------------------	---------------------	--------------------

Recognition Skills

Hypothesizing

Integration of Theory and
Practice

Comments:

Executive Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
-------------------------	------------------------	-----------	-------------------	--------------------	---------------------	--------------------

Joining

Assessment

Hypothesizing

Communication Skills

Personal Skills

Session Management

Comments:

Basic Skill Evaluation Device©

Professional Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
----------------------------	------------------------	-----------	-------------------	--------------------	---------------------	--------------------

Supervision
 Recognition of Ethical Issues
 Paperwork
 Professional Image
 Professional Conducts

Comments:

Evaluation Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
--------------------------	------------------------	-----------	-------------------	--------------------	---------------------	--------------------

Evaluation of Therapy
 Evaluation of Self

Comments:

Theory _____ (Use Preferred Model)	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
---	------------------------	-----------	-------------------	--------------------	---------------------	--------------------

Knowledge of Theory
 Utilizes Theory in Practice
 Recognizes Strengths and Weakness of Theory
 Self as Therapist

Comments:

BASIC FAMILY THERAPY SKILLS EVALUATION DEVICE

Appendix

Conceptual Skills

Knowledge Base

The student has a basic understanding of family systems theory. The student is able to articulate principles of human developmental, family developmental, and family life cycle issues pertaining to the case. The student communicates an understanding of human interaction and normal family processes. The student 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 student is able to determine and work within the client's world view. The student has an understanding of human sexuality. The student has a knowledge of assessment strategies (e.g. interviewing skills, various assessment devices, DSM IV).

Systems Perspective

The student understands and can articulate basic systems concepts_ When talking about client problems the student employs systemic concepts and perspectives, thus showing that s/he is thinking in systemic and contextual terms. Formed hypothesis are systemic. The student can articulate the difference between content issues and process issues_ The student can recognize hierarchy problems.

Familiarity with Therapy Models

The student has a basic knowledge of family therapy theories. The student'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 student also recognizes his/her own perceptions, client resources, and links between problems and attempted solutions.

Self as Therapist

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

Perceptual Skills

Recognition Skills

The student 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 student is able to recognize clients' coping skills and strengths and can understand dynamics and patterns in presenting problems. The student recognizes how patterns associated with presenting problems may be similar to other patterns of interaction in clients' lives.

The student recognizes and can articulate her or his impact as part of the client/therapy system.

Hypothesizing

The student can formulate a systemic hypothesis and can generate general hypotheses as well as theory (or model) specific hypotheses. The student can formulate long and short term treatment plans based on hypotheses. The student is able to distinguish process from content at an appropriate level and include process issues in hypotheses. The student 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 student is able to differentiate concepts and provide rationale for choices of hypotheses and/or interventions. The student 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 student 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, point 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 student is familiar and skilled in basic interviewing techniques and strategies. Assessment is formulated and appropriate to an articulated theory of change. The student 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 student exhibits the ability to formulate multiple hypotheses about a case based on articulated principles of a theory of change. S/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 student 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 the appropriately using self disclosure. The student uses theory-specific interventions appropriately and is able to articulate 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 student 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 student 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/her anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also exhibit warmth, a sense of humor, a nondefensive attitude, congruency, the ability to take responsibility for his/her mistakes, the ability to apply his/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 student demonstrates an appropriate attitude of expertness toward clients, congruent with her/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 student is able to engage the family in therapeutic conversation. controlling the flow of communication as per her/his therapy plan. The student is able to manage intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times. The student is able to manage time, finishing sessions as scheduled and is able to

schedule further appointments, consultations, and referrals smoothly and effectively. The student is able to collect fees in an appropriate manner.

Professional Skills

Supervision

The student 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 student is respectful and positive about other students' cases and presentations, is helpful and not demeaning about a fellow student'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 student follows the supervisor's policies regarding reporting and consulting with the supervisor and/or other authorities; the student appropriately uses supervision and consultation regarding ethical issues. The student avoids potentially exploitative relationships with clients and other students. The student 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 student maintains case file appropriately and follows clinic procedures for paperwork in a timely manner.

Professional Image

The student dresses appropriately, according to the standards of the setting. The student is able to present an aura of confidence without arrogance and presents herself/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 student has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The student does not publicly denigrate or criticize colleagues. The student consults with professionals and others involved with cases

appropriately, with appropriate signed releases, and in a professional manner, always keeping the client's welfare foremost. The trainee shows the ability to handle unexpected and crisis situations with poise and skill, using consultation when appropriate.

The student is punctual with therapy sessions and other professional meetings. The student follows clinic policies in setting and collecting fees.

Evaluation Skills

Therapy

A student 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 the therapy have been met in terms of both the client's goals and the therapist's perspective and analysis. The trainee can articulate aspects of the client's feedback in relation to assessment and intervention. The trainee is able to articulate links between conceptual, perceptual, interventive, and outcome data.

Self

The student therapist is skilled in evaluating him or herself in terms of skills: conceptual, perceptual, executive, professional, and evaluative. The student is able to recognize signs in him 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 student 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 student 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 student therapist and supervisor to use to evaluate the student's growing knowledge and expertise in a model or theory that is identified by the supervisor and student together. The student 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 student is able to use the concepts and interventions in practice, identifying data to the supervisor that illustrate the concepts. The student is able to recognize and identify the strengths and weaknesses of the theory as used in practice.

Appendix I
Clinical Qualifying Exam

MFT Clinical Qualifying Examination

Purpose

To provide a forum wherein MFT students can demonstrate their knowledge of theories and concepts, and confirm that they have the requisite knowledge for practice as a Marriage and Family Therapist. Students should view the exam as a formal opportunity to review and integrate material from all courses and experiences during their program of study.

Prerequisites

Before any student may take the comprehensive examination she/he must have completed with satisfactory grades: FACS 95 1: Theoretical Foundations in Marital and Family Therapy, FACS 952: Psychopathology and Dysfunctional Interactions, FACS 953: Issues and Ethics for Family Professionals, FACS 954: Assessment in Family Therapy, and FACS 955A: Clinical Family Therapy 1.

Time Line

4 th Friday in May	Exam Date
3 rd Friday in June	Exam Retakes

Examination results will be received by students through regular mail approximately two weeks after taking the exam.

Evaluation

Essays will be evaluated by members of the faculty. The following criteria will be used to aid the faculty in evaluating the acceptability of a response.

1. Completeness. There is nothing more frustrating for the student and the reader than to have to retake a question because the entire question was not answered. Make sure that you have answered each question before turning in your exam.
2. Accuracy. Each aspect of the response needs to be accurate. This means that you will need to base your response on specific material that has been covered in your course work at UNL. We should not get the sense that your response is based primarily on intuitive considerations. Now of course, we are not just asking for a regurgitation of course material (this should have been handled during the specific courses), rather we are looking for an integration of material. What you need to do is write your essay in such a way that you make a logical argument as to the accuracy of your response (it needs to make sense).

3. **Organization.** You don't know how much easier it is to read a well organized response than a poorly organized one. You should try to make it as easy as possible for the reader to see the content that needs to be included and the accuracy of that content. Frankly, a poorly organized response often results in confusing the points you are trying to make- this reduces the accuracy of the response - and hides aspect of your response that need to be prominently included - this reduces the completeness of the response.

Each essay will be evaluated anonymously and independently of your other responses. Questionable responses will be shared with other faculty members on the reading committee. If two or more faculty determine that a particular response is not adequate a decision of "not pass" will be made. Names will only be associated the responses after all responses have been evaluated.

Examination results will be disseminated as Pass (Adequate), Low Pass (Adequate), or Not-Pass (Inadequate). Exceptional responses will be indicated as High Pass. A student failing sections(s) of the examination need only retake those sections she/he did not pass. A student who does not pass the retake examination must set up a plan of remedial study with his or her advisor.

Studying for the Examination

Many students have found it helpful to form a study group to prepare for the exam. The faculty recommend that students begin to study for the examination early in the Fall semester.

CLINICAL QUALIFYING EXAMINATION
SCORING SHEET

Student Number _____

Question Number _____

Date of Examination _____

Quest. Topic _____

ORGANIZATION OF THOUGHTSPASS FAIL
Comments:

BREADTH OF KNOWLEDGEPASS FAIL
Comments:

DOCUMENTATIONPASS FAIL
Comments:

STYLE AND CONSTRUCTIONPASS FAIL
Comments:

OVERALL SCORE:PASS FAIL
GENERAL COMMENTS:

Appendix J
Medical Family Therapy

**Department of Family Medicine
University of Nebraska Medical Center
Training Opportunities**

Medical Family Therapy Internship/Practicum

The Department of Family Medicine at the University of Nebraska Medical Center (UNMC) sponsors a Masters practicum, and both Doctoral level and post-doctoral internships in Medical Family Therapy. These 12 month, intensive experiences promote training in medical family therapy and collaborative health care models, and prepare MFTs and other clinicians to implement the bio-psycho-social-family systems model in the clinical setting.

The clinical experiences will take place primarily in one of the six Family Medicine outpatient clinics associated with the Department of Family Medicine. Other training opportunities will take place on the Nebraska Medical Center hospital inpatient service and other UNMC programs. The experiences are designed to be collaborative, involving multiple disciplines as well as the patients and their families. The patient populations represented in these clinics are fairly diverse in age, socio-economic, racial/ethnic, and geographic characteristics. The presenting problems are also diverse, ranging from typical mental health concerns to problems coping with acute and chronic medical illness. Faculty include Licensed Mental Health Professionals who are also AAMFT Clinical Members and Approved Supervisors, Board Certified Family Physicians, and other Health Care Professionals (pharmacy, nutrition, psychology, psychiatry, etc).

Faculty members are actively engaged in scholarly activity, including primary care based research, presentations, and writing projects. Practicum students and interns may join a research team during their tenure in the program in order to gain experience in this area, including completing/continuing their own theses, dissertations, or program of professional research.

Interns may also take advantage of the on-site post-degree training program in medical family therapy. The post-degree program of study is guided by the curriculum standards established by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The background courses may be taken at the University of Nebraska- Lincoln or University of Nebraska at Omaha. Courses specifically pertaining to medical family therapy theory and practice, as well as supervised clinical practica, will be offered at UNMC.

Current funding provides a stipend of \$22-24,000 plus health insurance, malpractice insurance, and continuing education benefits. Current graduate students who are interested in the practicum/internship program should complete the application packet by May 15th. The training experience will begin in July or August (exact date is negotiable).

Post Degree Certificate Program in Medical Family Therapy

The courses will be open to medical, nursing, and allied health students as well as for resident training and for those health and mental health care professionals from the community who would like some training in this area but are not interested in earning a certificate of specialization. If the certification is desired, trainees must have already completed or be willing to complete the requirements of COAMFTE accredited Masters level training programs. This approximates 45 semester hours in four curricular areas. According to the Accreditation Standards for the COAMFTE, non-degree granting programs will offer the equivalent of four of the 12 courses which comprise the standard curriculum and a supervised practicum experience. The remaining eight courses can be obtained through existing courses in the UNL MFT program or other departments at UNL, UNO, and other institutions. The 12 month practicum which is required will be provided through the Department of Family Medicine's clinics.

Therefore, there are two possible approaches to completing the certificate program. Those who have a qualifying degree (e.g., M.D., Ph.D., M.S., M.S.W.) will possibly be able to complete the certificate program within one year by taking the four required courses and practicum; if their degree program consisted of courses which fulfill the other requirements of the COAMFTE standard curriculum. Those who do not have a qualifying degree may enter the UNL MFT degree and in the course of obtaining their M.S. in Marriage and Family Therapy may also take the courses required for the post-degree certificate in Medical Family Therapy. Post-degree professionals will be able to take advantage of specific courses in the theory and practice of medical family therapy and collaborative health care, or complete the program and obtain a post-graduate certificate. The educational offerings will be available as elective clerkships or rotations.

Matriculation of students into the program will occur through either of the two campuses within the UNL Graduate Studies office or the UNMC Registrar of the College of Medicine.

The clinical experiences will take place in clinics associated with the Department of Family Medicine and in some instances in the trainee's outside clinical position. The Department of Family Medicine is associated with patient care clinics in which trainees will gain their practicum experience. All clinical work will be supervised by the program faculty.

The curriculum is presented in the following table.

MEDFT CERTIFICATE PROGRAM COURSES			
Course #	Course Title	Credits	Location
Theoretical Foundations of Marriage and Family Therapy			
FACS 951	Theoretical Foundations of Family Therapy	3	UN-L
FMed 741	Theory & Practice of Medical Family Therapy	3	UNMC
Clinical Practice			
FMed 742	Families, Health, & Illness	3	UNMC
FMed 743	Applied Medical Family Therapy	3	UNMC
*FACS 952		3	UN-L
*FACS 954	Assessment in Marriage & Family Therapy	3	UN-L
*FACS 955A	Clinical Family Therapy I	3	UN-L
*FACS 955B	Clinical Family Therapy II	3	UN-L
*FACS 956	Human Sexual Dysfunction	3	UN-L
Individual Development & Family Relations			
*	Courses offered through UN-L, UNMC, UNO and other institutions will be considered on an individual basis. Courses from the UN-L Marriage and Family Therapy Program which fulfill this area include: FACS 980, 984, 872, 881, 882, 888, 883.	9	
Professional Identity & Ethics			
*FACS 953	Issues and Ethics for Family Professionals (or equivalent course from students' graduate program)	3	UN-L
Research			
*FACS 865	Research Design & Methodology (or equivalent course from students' graduate program)	3	UN-L
Practicum			
FMed 744	A 12-month clinical practicum	9	UNMC
Total Credits	12-45		
* Courses which must be completed prior to or while in the post-degree certificate program. Courses listed are available to fulfill the requirements if students in the program have not fulfilled the requirements prior to entering the program.			

Description of Courses

Theory & Practice of Medical Family Therapy: Students will be introduced to the basic theories underlying the practice of medical family therapy. Drawing on general systems theory and cybernetics, biopsychosocial and family systems models will be delineated and explored.

Families, Health and Illness: The distinctions between acute and chronic illnesses will be explored in depth. A variety of specific illnesses will be the focus of the study. This course will cover specific information related to the basic biological, psychological, family, and social sequelae of common illnesses.

Applied Medical Family Therapy: Students will have the opportunity to “rotate” through a variety of settings in which medical family therapy is applied currently or could potentially be applied. A focus of this course will be educating students regarding the collaborative care model, with specific attention paid to the skills and understanding necessary to develop effective working relationships with a variety of health care professionals.

Practicum: Students will provide clinical services (individual, couple, family, and group therapy) under the supervision of the program faculty. These services will be provided in the clinics associated with the Department of Family Medicine, on the Family Practice Inpatient Service, and at other sites where clinical services are currently provided. Individual and group supervision will be used to provide feedback on live and videotaped sessions. A total of 500 clinical contact hours (at least 200 while in the program).

All application materials are due May 15, 2005 for the September 2005 class. Once the application materials are received, qualified applicants will be invited for an interview. The interview process will be conducted in late June. Potential applicants or those wanting more information may contact:

Layne A. Prest, PhD
Associate Professor
Director of Behavioral Medicine
600 S. 42nd Street
Omaha, NE 68198-3075
LAPrest@unmc.edu
(402) 559-5393

UNIVERSITY OF NEBRASKA MEDICAL CENTER
DEPARTMENT OF FAMILY MEDICINE
Application for Training Program in Medical Family Therapy

PERSONAL INFORMATION

Name _____

Social Security Number _____

Email address _____

Present Mailing Address

Zip Code

Telephone (____) _____

Permanent Address

Zip Code

Telephone (____) _____

EDUCATION

College

Degree/Year _____

Graduate School

Degree/Year _____

Degree/Year _____

Total of direct client contact hours to date _____

PROFESSIONAL AFFILIATION/CERTIFICATION

License/Certification: State _____ # _____

Medical Board Certification: Specialty _____

Professional Affiliation:

Organization _____

Membership Level _____

REFERENCE CONTACT INFORMATION

(not necessary for UNL applicants)

Name: _____

Address: _____

Name: _____

Address: _____

ADDITIONAL APPLICATION MATERIALS:

1. One copy of vita.
2. Brief statement of educational goals, research interests, and career goals.
3. One official copy of transcript from each graduate institute attended (not necessary for UNL applicants).
4. Two letters of recommendation from references sent directly to our address (not necessary for UNL applicants).
5. Documentation of practicum hours.

Signature of Applicant _____ Date: _____

Send To (by May 15):

Layne A. Prest, Ph.D.
Director, Behavioral Medicine
University of Nebraska Medical Center
Department of Family Medicine
983075 Nebraska Medical Center
Omaha, NE 68198-3075

The University of Nebraska does not discriminate on the basis of age, culture, ethnicity, gender, physical disability, race, religion, sexual orientation, or socioeconomic status in provision of educational opportunities or employment opp

Appendix K
Parking Permit Policies and Procedures

DATE: FEBRUARY 07, 1997

MEMO TO: ALL DEPARTMENTS

FROM: RON FULLER, PARKING & TRANSIT SERVICES

REFERENCE: DEPARTMENTAL GUEST PERMITS AND MONTHLY LOG SHEET

First, I want to thank each of you for the job that you have been doing with the monthly guest permits and log sheets. I know that each of you are very busy, and this just adds to your work load, it is very much appreciated by myself and the Parking *Office* With your support and efforts, you have helped eliminate confusion and frustration on the part of our visitors coming to our university daily. Thank you. Second, to refresh every one's minds I'd like to go over the guidelines on how this should work. By the way, there have been a few changes

1. Please have each person you issue a permit to read the back of the permit This may help eliminate some questions you may get.
2. These permits are issued on a monthly basis and can be assigned for no more than **FIVE DAYS** consecutively during the month in which the permit was issued All permits must be filled out with a felt tip pen.
3. The permit becomes void if any information has been changed on a permit_ If used, it can be subject to a citation and/or impoundment. If a mistake has been made, please void the defective permit and re-issue another. Please note on the logsheet which ones were voided
4. You can only assign these permits to either an Area 10 or Area 20 lot.
5. Make sure that all logsheets are filled out correctly and as complete as possible. There will be times when you won't have the license plate number. When this happens use their whole name, but, the license plate number is the first choice. If you can get it, use it.
6. These guest permits are for your guest only. They are not to be used by a student, staff, faculty member, or in their vehicles. If found in a vehicle that is registered to a student, staff or faculty member, the department could lose the privilege of issuing these permits out of their office, and the vehicle could be cited and/or impounded
7. If your department is planning a conference, workshop, or seminar, be advised that these guest permits are not to be used for these types of functions. Please contact this office to make special arrangements for those specific activities.
8. Any department requesting departmental guest permits *may* order their month's supply one week prior to the end of the month. This allows your department plenty of time to receive their supply before the new month begins.

If you any questions about visitor parking, departmental guest permits, or conference permits, please call:

Ron Fuller
Special Events
Parking and Transit Services
1941 "Y" St., 0631,
Phone: 472-8436
Fax: 472-0625
[Email: rf\(ilunlinfo.unl.edu](mailto:rf(ilunlinfo.unl.edu)

Appendix L
Practicum Syllabus

Family and Consumer Sciences 997 - MFT Practicum Syllabus

INTRODUCTION TO THIS SYLLABUS

The marriage and family therapy faculty each teach FACS 997 in sequential semesters. This syllabus is a template from which each of the faculty design their course and supervision. This syllabus outlines the minimum objectives and requirements of the course. Each instructor has the flexibility to add to these minimum requirements as he or she designs the course to meet the specific needs of the students for the semester in which the course is taught. Each instructor has the flexibility to assign point values to requirements found within this syllabus and to requirements unique to the practicum they teach. You should consult the instructor and/or the instructor's syllabus addendum for the specific requirements of the course you are taking in any given semester.

MEETING TIMES:

A minimum two hour block of time will be reserved for group supervision each week. This meeting time will be decided by the instructor. You will also meet with the instructor and/or your on-site supervisor (if this supervisor is an Approved Supervisor or has been approved as equivalent) for a minimum of one hour of individual supervision weekly.

OVERVIEW STATEMENT:

Building upon FACS 955A & 955B, this course is designed to support further growth in theoretical knowledge, research experience, and clinical treatment in marriage and family therapy through professional experiences provided at community agencies & institutions. This syllabus is an overview for all practica in the Marriage and Family Therapy Program, it has been designed to inform you of your responsibilities and the process of practicum as a whole; therefore, specific information will be added at the beginning of each semester.

PREREQUISITES:

FACS 955 A & B, and, permission of instructor.

COURSE OUTCOMES:

The supervisee will become more comfortable and competent in the therapeutic skills already developed and will add new skills, techniques, and approaches to their professional clinical repertoire.

OBJECTIVES:

1. To develop advanced theoretical understanding and technical clinical skills in family therapy.
2. To expand the base of theoretical knowledge pertaining to MFT practice including the substantive understanding of how the major models of marriage and family therapy apply with a wide variety of presenting problems.

3. To effectively document paperwork.
4. To gain greater insight into the range of family problems, issues, dynamics, assessment and effective treatment plans, strategies, and delivery.
5. To understand personal limits and the limits of family therapy; and, to appropriately consult with other professionals or refer when necessary
6. Students will be able to conceptualize and distinguish the critical epistemological and professional issues in clinical work. This coursework will include significant material on issues of gender, sexual orientation, issues of sexuality, ethnicity, race, culture, socioeconomic status and issues relevant to populations in the vicinity of the program.
7. Utilize on-site placement to the greatest potential for professional growth and development.
8. To collaborate in a sincere and open learning environment which inform students about professional identity, socialization, organizations, licensure, certification, professional collaboration and working with related disciplines and which supports professional development in marriage and family therapy.
9. To inform students of ethical and legal responsibilities and liabilities of clinical practice, family law, confidentiality and the AAMFT code of ethics related to the practice and profession of marriage and family therapy.

REQUIRED TEXTS.

To be announced at the beginning of each semester.

RECOMMENDED TEXTS:

Any other family therapy techniques books. Students and the professor will be EXPECTED to share other references they are investigating and using for clinical assistance.

TEACHING/LEARNING METHODS AND EXPECTATIONS:

Reading, case presentations, experiences with clients and other students, and the supervision process will be the methods of teaching and/or evaluating the students understanding and knowledge of the material being covered in this course. The instructor is committed to offering a course that maintains an atmosphere of ethical behavior, individual integrity, and equitable treatment of each person. Class will be seminar-style with emphasis on discussion and participation. All students are expected to behave as competent, respectful professionals which includes all behaviors that would be assumed appropriate in the work place. If there are questions to what behavior is expected, please do not hesitate to bring it up during class. Expression of ideas from various perspectives acknowledges the dignity of all class members.

Additionally, respect and confidentiality are essential to this process, comments or discussion about clients should be respectful and not leave supervision and/or case discussion room; and, use of equipment, the immediate return of files to locked drawers, and the correct storage of video tapes are all of utmost importance.

COURSE REQUIREMENTS:

Failure to complete the following requirements may result in a reduction in grade or in the grade of incomplete for the semester of practicum in which you are registered. Consult your practicum supervisor for the specific consequence associated with failure to complete the following requirements.

1. Maintain an average of 8 to 10 client contact hours weekly.
2. Actively participate in the management of the FRC as described in the policies and procedures manual.
3. Present yourself in a professional manner in all your interactions with clients and other professionals.
4. Adhere to the ethical standards of the profession of Marriage and Family Therapy and conduct yourself in an ethical manner with clients, colleagues, supervisors, and other professionals.
5. Actively participate in all aspects of class and supervision.
6. Attend all group and individual class and supervision sessions as scheduled and on time.
7. Read assignments prior to class and be prepared to participate in discussions about assigned and voluntary readings.
8. Prepare and conduct assigned and unassigned case presentations of your clinical work. You must present video taped examples of your clinical work that inform these presentations.
9. When presenting cases, be prepared with enough knowledge of the case to give accurate descriptions, clinical information and scenarios (see case presentation format).
10. Actively participate in critiquing and providing feedback of peer clinical work.
11. Schedule and obtain a minimum of one live supervision.
12. Complete treatment plans, progress notes, case summaries, and other clinic and 997 paperwork on time and in accordance with the policies and procedures of the FRC Note that treatment plans, progress notes, and case summaries must all be signed by your practicum supervisor.
13. Ensure that all required evaluation material has been filled out by your onsite supervisor and delivered on time to your faculty supervisor.
14. Fill out and turn in on time the self-evaluation of your clinical skills and development.
15. Participate in an evaluation interview with your faculty supervisor at the end of the semester in which you are enrolled in practicum.

PRACTICUM I

1. Discussion and sharing of practicum placements so that all students learn about the various practicum sites and the particular professional delineations of each site.
2. Current Case Presentation with videotape.
3. First draft of the student's Final Statement of Therapy Approach.

PRACTICUM II

1. Various clinical issues (e.g., marital issues, therapy resistance, termination, violence, assessments, adolescents, etc.) and techniques will be explored throughout the semester. These topics will be discussed and agreed upon during the first practicum meeting.
2. Current Case Presentation with a Tape.
3. Second draft of the student's Final Statement of Therapy Approach is due by the end of the semester. Tapes should begin being reviewed for inclusion in the final presentation.

PRACTICUM III

1. Various clinical issues (e.g. marital issues, therapy resistance, termination, violence, assessments, adolescents, etc) and techniques will be explored throughout the semester. These topics will be discussed and agreed upon during the first practicum meeting.
2. Case Presentation.
3. Final paper and clinical tape completed and presented.

GRADING POLICY/SCALE:

Grades will be developed through evaluations with the student, group supervisor, on-site supervisor and individual supervisor throughout the semester. Specific emphasis will be placed on professional and ethical behaviors throughout the practicum process. The Basic Family Therapy Skills Evaluation Device will be used to evaluate progress and performance.

STATEMENT OF ACADEMIC HONESTY:

Academic honesty is essential to the existence and integrity of an academic institution. The responsibility for maintaining that integrity is shared by all members of the academic community. To further serve this end, the University supports a Student Code of Conduct which addresses the issue of academic dishonesty.

DIVERSITY STATEMENT:

The University of Nebraska-Lincoln is committed to a pluralistic campus community through Affirmative Action and Equal Opportunity. We assure reasonable accommodation under the Americans with Disabilities Act.

COURSE OUTLINE:

The following cross-cutting and/or integrative issues are addressed in the course- Families of all types, shapes, and sizes will be discussed and explored, along with a myriad of difficulties, issues and complexities. Numerous cultures, societies, ideologies, and beliefs will be addressed as they pertain to the support and maintenance of studied behaviors.

OBJECTIVE NUMBER:

- A. Critical Thinking: All objectives and assignments.
- B. Written communication skills: All objectives and written treatment plans, case notes, etc.
- C. Oral communication skills: All objectives and assignments.
- D. Analytical skills: All objectives and assignments.
- E. Values/ethics: All objectives and assignments.
- F. Diversity: All objectives and assignments.
- G. Global perspectives: Objectives 1, 2, 3, and 4.

UNL/MFT SUPERVISION CONTRACT
FACS 997: ADVANCED PRACTICUM

1. Our clients come first and every effort must be made to protect their well-being, both physical and emotional. Any signs of volatility towards self-harm or harm towards others must be dealt with immediately. You **MUST** immediately inform me should this situation arise.
2. Dual relationships should be avoided. Sexual involvement (either sexual touching or overtures) are **ABSOLUTELY** forbidden with clients, inside or outside the therapy session. This holds true for at least two years following termination of therapy, and under most circumstances, holds true for life. Other examples of problematic dual relationships are business or financial relations, employer-employee relations (or internship sites), or friendships with clients or their family members.
3. Client records must be kept in the locked file and must be returned immediately after the therapy session. Therapy sessions and client issues should not be discussed with anyone except your supervisor or supervision group. Also, be sure that when discussions are occurring that confidentiality is secure (e.g , closed doors/privacy.)
4. Video tapes of counseling sessions are a potential source of breach of client privacy, but if well-managed, can be a source of trust-building with clients. Absolute guarding of any videotapes is **YOUR** responsibility and you should make this known to clients. Client names should not be attached to videotapes, and videos should not be viewed in the presence of anyone other than your clinical supervisor and your supervision group. Videos should be erased when they are no longer useful, or within 6 weeks of taping, unless you receive written authorization to keep them longer.

There may be other personal, legal, or ethical issues and concerns which will emerge as the semester progresses. Please address these issues when they arise. It is a privilege to be able to supervise your work, and I am open to all concerns, considerations, and suggestions. This is a mutual endeavor.

Please sign below to indicate that you have read this information and that you agree to abide by these guidelines in your conduct of marriage and family therapy throughout your practicum experience. Keep a second copy for your records.

Supervisee Signature

Date

Supervisor Signature

Date

Case Presentation

In group supervision each of you will present case material (including video tape or live session data) throughout the semester. Case material should be presented in a way that allows group members' participation and feedback. Group members will provide you with suggestions for conceptualization, treatment planning, and skill development during these presentations.

The Write Up

To facilitate these discussions and to prepare you for your presentation, you will prepare a two page (maximum) write up of the case prior to your presentation. You will distribute this case report to class members at the time of your presentation. Use the following to guide you in preparing the write up.

Section 1: Presentation

Begin the write up by clearly articulating questions and/or suggestions to guide the group discussion of your work, the case, and what will be seen through video tape. In other words, why are you presenting this case (generally) and how can we be of assistance in your work with this family/client (specifically)?

Section II Presenting Problems and Therapeutic Contract

Indicate the presenting problems and/or symptoms (both from your perspective and from that of the clients).

Specify what the clients want from therapy

Provide some information about the course of treatment so far (e.g., # of sessions, how long you have been seeing them, changes in presenting problems and or therapeutic contract).

Section III: Background and History

Attach a genogram.

Indicate who you are seeing in therapy and your rationale for who is and who is not coming to therapy.

Specify the treatment history (e.g., Have they been in treatment before? What was the duration of previous treatment? What was their assessment of this treatment?)

Indicate medications they are currently taking and the reason it is being taken/prescribed.

Identify Any additional background information the group members may need to know to inform their discussions about the case.

Section IV: Clinical Hypotheses and Treatment

Identify the theoretical framework being used to conceptualize the case.

From this framework, describe what you believe are the key issues or dynamics in this case.

Identify your treatment goals for the clients.

Briefly outline what you have done to date toward accomplishing these goals and what you intend to do in the future.

Identify the primary DSM-IV diagnosis.

Section V: Therapist

Identify your personal reactions to the clients.

Identify how you feel during the session (e-g-, bored, frustrated, nervous).

Speculate about any personal issues you may have that may be influencing treatment in any way.

Video Taped Presentation of Session Data

You are required to watch the tape prior to showing it to the group. Select a meaningful portion of the tape for us to view. This should be a segment that demonstrates the issues that you would like help with and that can best serve to inform our discussion. You should cue the tape to this spot before our group meeting. Remember, we are in supervision of you, not your clients. Be in the picture.

Each of you will present a minimum of two times during the course of the semester. You may be asked to present more if time permits. Each presentation must be of a client that we have not previously seen. One must be with a couple or family.

In at least one of your video taped examples you should be in the picture. This means that I want the camera directed in such a way that you are seen on the screen when we watch the tape.

Video Tape Critique

During the semester you will watch two complete video taped sessions of two group members (other than yourself) conducting therapy. These sessions may or may not be ones shown in group supervision. The therapist will provide you with guidance about what you should look for and the type of feedback she/he wants from you after viewing the tape. It is your responsibility to get with the therapist to provide this feedback to her/him. Also, you will write up a brief reaction paper in which you will identify what you learned about your own style of therapy, or what you will try to incorporate into your style of therapy as a result of watching this tape and how successful you were at doing this. Although you will be providing a critique of the session to the therapist, the assignment is primarily designed to improve the therapy you provide by watching others.

Appendix M

Theory of Therapy Paper and Presentation

(Option II Requirements for Comprehensive Examination)

Assignment and Criteria for Theory of Therapy Paper and Presentation

I. ASSIGNMENT:

- a. **Paper:** Prepare a double-sided scholarly paper which acts as a foundation for your presentation. The paper should include:
- i. The theoretical principles that guide your clinical work. This should include your underlying assumptions about change, health, and therapy in light of the scholarly literature about theory and research. Your paper should address:
 1. Your conceptualization of healthy and unhealthy functioning.
 2. How problems develop.
 3. How problems are resolved.
 4. The role of the therapist in producing change.
 - ii. The theoretical principles that guide your work.
 - iii. Descriptions of your repertoire of techniques.
 - iv. An assessment of your strengths and weaknesses.

You must give a copy of this paper to your practicum supervisor at least one week prior to our scheduled presentation. You must also place a copy of the paper in the workroom at least one week prior to the presentation so other students can read it. It is expected that each student enrolled in FACS 997 will read the other students papers prior to the scheduled presentation.

b. **Video(s):** You are to prepare an edited video tape of excerpts from therapy that you have provided that will be shown as part of your presentation. The video excerpts should demonstrate the principles and techniques identified in the paper. You should come prepared to describe how the excerpts demonstrate these principles and techniques.

The 30-40 minute presentation typically occurs during group supervision. Students enrolled in FACS 997 and the instructor/supervisor will attend. Other MFT faculty will also be invited to attend. The presentation should be scholarly and creative. Please allow time for questions. The course instructor, with input from other faculty, will assign a grade.

II. CRITERIA CHECKLIST

a. **Paper:**

- i. *Organization*: follows outline of assignment, flow of paper allows for easy reading
- ii. *Professionalism*: strict use of APA standards, only minor, infrequent errors in grammar and spelling
- iii. *Content*: written in scholarly manner, illustrates knowledge and understanding of systemic approach, theory, and therapy; based on academic/scholarly and professional literature; stated in writer's own words with appropriate use of paraphrasing; link or congruency between assumptions of change, health, and therapy, theoretical principles, and techniques
- iv. *Self-Assessment*: paper illustrates insight and understanding of strengths and weaknesses based on knowledge of good/effective practice, self-reflection, and feedback from supervisors over the course of MFT program

b. **Video:**

- i. *Presentation Style*: the organization and flow of presentation appears planned and practiced, professional in dress, interactions with audience are professional in nature, creativity
- ii. *Use of Time*: time is used appropriately as evidenced by student's ability to monitor length of time for each component of presentation, all components of the presentation are adequately covered, time is provided for faculty and students to ask question
- iii. *Organization*: presentation has an introduction that adequately represents goals of presentation, materials are easily accessible as needed, videotapes are cued
- iv. *Engagement of Audience*: student shows good eye contact with audience, asks for audience participation
- v. *Appropriateness of Content*: high level of congruency between content of paper and presentation
- vi. *Video Demonstration of Theory*: selection of vignettes effectively illustrate student's theory of therapy, commentary on video is appropriate and based on literature and practice
- vii. *Responsiveness to Audience*: provides knowledgeable feedback to questions from audience

Option II Comprehensive Examination Requirement

In order to fulfill the Option II requirement of a written or oral comprehensive examination within six months of graduation, students selecting Option II will write a Theory of Therapy Paper and make a presentation of their clinical work in which they demonstrate the principles described in the paper. Drafts of the paper will be the final project for both the Fall and Spring semesters of FACS 997: Practicum in Family Therapy. During these semesters, practicum supervisor will provide feedback and direction as a result of reading the paper and observing the student's clinical work and interactions with peers throughout the semester. The final project for the Summer term of FACS 997: Practicum in Family Therapy will be the final draft of this paper, accompanied by a formal presentation of the student's clinical work, with videotape examples to demonstrate principles identified in the paper. (Note that both Option I and Option II students complete this requirement as part of the FACS 997 sequence, but Option II students count it as their graduation requirement for a comprehensive examination.)

Procedure for Option II Students:

- 1) The Final Examination Report Form must be filed at least four weeks prior to the date of the oral exam or by the date specified on the calendar of deadlines.
 - i. The Final Examination Report Form is found at the following address:
<http://www.unl.edu/gradstudies/current/masters.html>
 - ii. Complete Parts 1 through 4 and submit to Graduate Studies
 - iii. Obtain the required signatures and return the form to Terri Eastin.
- 2) Upon successful oral presentation, the FACS 997 instructor informs the MFT program director, who forwards a memo (can be email) to: Teri Eastin, Graduate Studies, that all requirements for the comprehensive exam have been met.