

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

Department of Child, Youth and Family Studies  
University of Nebraska-Lincoln

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## **Important Dates and Program Events Fall 2015-Summer 2016**

Caution: This is not a complete listing of dates to remember and all dates below are subject to change. Other program and departmental dates and deadlines are found in the Master's Degree Handbook, the Graduate Studies Bulletin, and other documents. The UNL graduate studies web site will be particularly helpful for you in determining important deadlines impacting your progress toward graduation. It is your responsibility to make sure all deadlines are observed.

August 18, 2015	Starting Date for Grad Assistants
August 19, 2015	MFT Student orientation*
August 24, 2015	Fall semester begins
August 31, 2015	Begin weekly management of clinic
September 3-6, 2015	Annual conference of the AAMFT, Austin, TX**
September 25, 2015	MFT Program Fall Picnic
October 2, 2015	NAMFT Fall Conference*
October 16, 2015	Cohort Check-In with 2 <sup>nd</sup> year students
November 2, 2015	Due: Responsible Conduct of Research
November 11-14, 2015	Annual conference of the NCFR, Vancouver, B.C.
December 2015 (date TBA)	Submission deadline for proposals for AAMFT conference
December 31, 2015	Documentation due of 20 hours observing therapy
January 11, 2016	Submit proof of student membership in AAMFT
January 22, 2016	Cohort Check-In meeting for 1 <sup>st</sup> years
February 1, 2016	Assistantship application deadline for 2014-2015
February 12, 2016	M.S. in MFT Applicant Interview Day
Spring Term, 2016 (date TBA)	Apply to volunteer at the AAMFT annual conference
April 2016 (date TBA)	NAMFT Spring Conference*
May 13, 2016	Clinical Qualifying Exam
June 16, 2016	Practicum Evaluation Interview
June 2016 (dates TBA)	1 <sup>st</sup> year students interview for Practicum Placement
July 2016	Transfer of cases at FRC
July 26, 2016	Theory of Therapy Presentations*
August 1, 2016	1 <sup>st</sup> year students begin at off-campus practicum site^

\*Attendance required for both first and second year students

\*\* Attendance required for second year students

^The start date is normally August 1 (or the first week of August). Students should be available throughout the summer for training and case transfers at the practicum placement.



# 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. The MS program in MFT at UNL received Candidacy status in 1990 and was granted accreditation by the COAMFTE in 1993. The program has been continuously accredited by the COAMFTE since 1993. Our most recent renewal of accreditation was granted in 2011 for a period of six years.

## 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 believes 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 being grounded 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. Models of therapy derived from and congruent with systems theory are emphasized throughout the program. Because systems 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 woven into and emphasized in all courses in the program. It is expected that this grounding will provide a foundation for understanding human health and pathology and for directing your clinical work.

Practice. We believe in learning through doing. Students begin clinical experience early in the MFT program. During their first semester in the program, students are expected to observe a minimum of 15 hours of therapy being provided at the Family Resource Center. Beginning the second semester, students take *Clinical Family Therapy I*. This pre-practicum course focuses on the development of clinical skills through role plays, the participation in clinical work as team members on cases being managed by 2<sup>nd</sup> year students, and working with clients independently in the Family Resource Center under intensive supervision. Starting summer you will begin taking your clinical practicum course. You will take this course for 4 consecutive semesters and each semester has a different focus didactically. 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 and demonstrate their competency to provide couple and family therapy prior to being approved for graduation. During all pre-practicum and practicum courses and experiences, theory is emphasized as the foundation to good clinical work. Students are challenged to think and make clinical decisions from theoretical positions.

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. MFT faculty members are actively involved in research production. Faculty research productivity benefits students in many important ways. Opportunities exist for interested students to be involved in faculty research and to conduct research on their own. Interested students may complete a research project resulting in a thesis in partial fulfillment of graduation requirements.

### **Program Requirements**

Students must complete a Memorandum of Courses (MOC) that includes 51 credits of approved course work. Students must obtain a B grade or better on 800-level courses with an undergraduate counterpart and a C grade or better on 800-level courses without an undergraduate counterpart and on 900-level courses. Grading criteria in courses taught by MFT faculty members reflect, among other things, achievement of expected student learning outcomes as defined in the course syllabi and the Outcomes-Based Evaluation of Competencies document.

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 (see this manual).
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 and maintain liability coverage throughout the remainder for your program.
6. Successfully pass the Clinical Qualifying Examination.
7. Complete the Practicum Readiness Interview prior to beginning practicum.
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 in conducting relational therapies by exceeding the competency standard identified by the program faculty and by obtaining a minimum of 200 hours of direct client contact with couples, families or relational units; or by obtaining 250 hours of direct client contact with couples and/or families.
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. Demonstrate competence in documenting therapy and appropriately maintaining client files.
14. Receive satisfactory evaluations from off-campus practicum supervisors throughout your 12 month clinical placement in a community agency.
15. If completing a thesis, present your research or other scholarly work during a Brown Bag Seminar scheduled by the department of CYAF.
16. Successfully defend a thesis (Option I) or complete a minor (Option II).
17. Complete the required number of academic units (normally a minimum of 51).

18. Following completion of your practicum, complete the exit survey.

### 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 a three-ring binder in the student work room at the FRC. 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 semester until your last 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.

Staff meetings. Attendance at staff meetings, scheduled by the clinic coordinator, is required for all students. These meetings are designed to ensure the smooth running of the clinic and to 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. Inservice presentations may occasionally be scheduled during this time. The clinic coordinator chairs these 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 be a resource for therapists. Students can use this time to study, update client files and clinic paperwork, prepare for clients, contact referral sources, etc. 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 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.

Client load. With the exception of the first semester, each student is expected to keep an active client load at the FRC. A peak in client load for each student typically occurs during the late summer term and early Fall semester. Despite students' work at an off campus site, each student is expected to maintain a minimum of 4 active clients at the clinic throughout their practicum year.

### Observation Hours

You are required to observe 20 hours of therapy during your first semester in the program. 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. We encourage you to watch as many different therapists as you can in meeting this requirement so that you can be exposed to diverse styles

and approaches. Most of your hours should come from watching therapy live that is being provided at the FRC, but some of these hours can come from watching videotapes from our clinic library. The tapes in our library include the work of master therapists (e.g., Whitaker, Minuchin) and faculty. You must record your observation hours on the Observation of Therapy Log located in Appendix C. This log must be submitted to the Program Director by the end of your first semester. Failure to submit this log will result in you not being cleared to take 955.

#### 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](http://www.aamft.org).

#### Professional Liability Coverage

AAMFT provides Professional Liability Insurance free of charge to student members. 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.

#### Clinical Qualifying Examination

Through the Clinical Qualifying Examination (CQE), you will be expected to demonstrate your knowledge of marriage and family therapy theory, ethics, and practice. Additional information about the CQE is found in appendix J. The CQE is taken after you complete at least two semester of coursework (minimum of 18 credits) and prior to beginning CYAF 997. You must receive a B- or better in each of the following courses and receive permission from the MFT faculty in order for you to take the CQE.

- CYAF 951: Theoretical Foundations of Marriage and Family Therapy
- CYAF 952: Psychopathology
- CYAF 953: Ethics and Professional Issues for Helping Professionals
- CYAF 954: Assessment in Marriage and Family Therapy
- CYAF 955: Clinical Family Therapy

#### 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, e) your performance in CYAF 955A and CYAF 955B (you must receive a grade of "B-" or greater in both CYAF 955A and CYAF 955B in order to receive a practicum placement and register for practicum) and f) your performance on the Clinical Qualifying Examination (you must Pass all sections of the CQE in order to receive a practicum placement and register for practicum). The Practicum Readiness Interview *will* occur after you have completed CYAF 955A Clinical Family Therapy I and have taken the CQE (the faculty reserve the right to delay the Interview until you have received an overall grade of Pass on the CQE) and before you begin to interview at practicum sites. During the Practicum Readiness 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 D. 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? These include, but are not limited to the following.
  - Personal and professional integrity
  - Knowledge of Nebraska laws and statutes governing mental health practice
  - Ability to make decisions using ethical decision making principles and models
  - Awareness of one's own affective process
  - Ability to accept and respond to supervision
  - Potential for client management
  - Maturity
  - Ability to state mature motives and professional goals
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, either the MFT faculty will help you in developing a plan of remediation or your advisor will assist you in transferring to another area of study.

#### Clinical Practicum

An important part of the MFT program is the year-long clinical practicum. Practicum includes both registration in a four term sequence of CYAF 997: Practicum in Family Therapy and clinical experience. 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.

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 of at least 4 active clients at the Family Resource Center, receive individual and group supervision as scheduled (including live supervision), maintain client files and attend 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 a minimum of one hour of on-site supervision and attend to 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 must prepare a cover letter and resume and send them to the contact person at the practicum placements recommended/approved by the faculty. This should be done as soon as possible after the Practicum Readiness Interview. Within a week of sending materials to the practicum placement sites you should call to 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. This contract outlines the requirements of your placement.

*Unless negotiated otherwise, your practicum placement begins August 1. If your placement is with UNMC, you must be available for training and transfer of cases the last week of July. Other practicum placement sites may also provide training during the last week of July as well. The transfer of cases at the Family Resource Center generally takes place from mid-July through August graduation. Students should be available to make sure that there is continuity of care for both FRC and community placement site clients.*

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 Semesters of CYAF 997: Practicum in Family Therapy

If student client contact hours are low at the end of their 12-month practicum experience, the student may be required to enroll in additional practica. In general if the student has not met the relational therapy competency requirement or 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 to mean face-to-face (therapist and client) therapeutic intervention from a relational perspective. For purposes of this definition, face-to-face means meeting in the same physical location as the client or meeting through approved video-conferencing. A treatment session conducted over the telephone may be counted as direct client contact only if it is a) scheduled in advance and of extended duration (more than just a check-in or to schedule an appointment; there must be treatment administered for it to count), or b) as a substitute for a session that was scheduled over videoconferencing that was not able to be held because of technological failure. Assessment is counted as direct client contact if it is more than clerical in nature and focus (e.g., you are assessing functioning and not just collecting information).

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.

In addition to the 500 direct client contact hour requirement, you must also demonstrate competency in couple and family therapy. Competency in couple and family therapy can be achieved in one of two ways.

- a. By exceeding the standards of competency that have been identified by the MFT faculty. Assessment of competency will be determined through faculty observation and evaluation

of clinical skills in simulated and/or actual client situations. The competency standards and the criteria on which students will be evaluated are found in the document Outcomes-Based Evaluation of Competencies. Students who demonstrate competency in relational therapies in this way will be required to obtain a minimum of 200 hours of relational direct client contact (see definition in b below).

- b. By obtaining a minimum of 250 hours of direct client contact 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 1) a couple or family group or 2) a group of individuals who have lived together for a sufficient period of time for relational dynamics to be evident in their day-to-day interaction with one another and in which these dynamics are addressed in therapy.

**Students will not be allowed to graduate unless completion of the clinical contact hour (including the relational competency) 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/term 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. 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. 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".

Treatment 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. Treatment team practice is distinguished from co-therapy in that in the case of treatment team practice normally one therapist is in the room with the clients while the other "team members" are actively engaged in the case behind the one-way mirror. Co-therapy is not considered Alternative Contact.

#### Procedures:

1. Each treatment team will consist of one primary therapist and 2-5 team therapists.
  - The primary therapist 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.
  - 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.
  - Each team member (not the primary therapist) will also complete a report of the session. This report is designed to facilitate each team member's active participation in the case and to encourage the development of clinical skills through the vicarious experience of being behind the one-way mirror. For team members in the pre-practicum stage of the program, this documentation will consist of the maintenance of a separate and complete file on the client as well as a self-assessment and reaction paper documenting what was learned at the conclusion of each session. This client file is not a permanent file for the client, but a learning tool for the student. The file and its contents are to be turned in to the student's supervisor on termination of the case. The supervisor will ensure that the contents of the file are properly destroyed.
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 each participating student's supervisor.
5. When a therapist team consists of more than one team member and live supervision is provided, only the primary therapist may count the supervision as individual supervision. The team therapists may count the supervision as group supervision. Supervision of a team with more than one team member through the use of case materials or videotape will be counted as group supervision. Team members must be present in order to record the supervision or client contact.

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. But, they will not be allowed to count this as client contact. A team member must be present for the session in order to count the session as client contact. 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. You are also required to obtain at least 50 hours of supervision based on direct observation or video review of your sessions. In special circumstances, audio-only review may be substituted for the video-review of session material, but this must be approved in advance by your supervisor and it must not exceed 25 hours of the 50 hours of direct observation or video review. 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 are questioned.

### 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 (a template of which is found on the computer in the student work room). 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.
<i>SUPERVISION TYPE</i>	
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.
<i>SUPERVISION MODES</i>	
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 recorded 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. Supervisors at the FRC and at community agency placements complete an evaluation of student performance in clinical work at the end of each semester in which you work with clients. The evaluation of clinical competency is described in greater detail in the syllabi for CYAF 955, and 997. These evaluations are designed to reflect your progress toward achievement of expected outcomes identified by the program faculty. At the end of the semester, you will receive feedback that will help you to make plans for achieving clinical competency.

A final evaluation of competency occurs in the Summer term (third term of practicum). The result of this final evaluation will be either a) a determination that the competency requirement has been met (the student will still need to get at least 200 hours of direct contact with couples and families), or b) feedback on performance with the expectation that the requirement will be met by obtaining 250 hours of direct client contact with couples and families.

### 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. Your understanding of the AAMFT Code of Ethics will be evaluated in CYAF 953 and through the Clinical Qualifying Exam. Adherence to the AAMFT Code of Ethics will be evaluated by your supervisors at the FRC and your off-campus clinical placement and by the MFT faculty in courses, as appropriate. See the course syllabi and the Outcomes-Based Evaluation of Competencies document for additional information about how understanding and adherence to the AAMFT Code of Ethics is evaluated.

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 Equity, Access, and Diversity Programs. 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

Documentation of therapy and client file maintenance are graduation competencies. 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 presented in CYAF 955A and other clinical courses.

### 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 E). Please make copies of this form and give it to your site supervisor each semester.

### Memorandum of Courses

The Memorandum of Courses (MOC) identifies the coursework requirements for the degree (see Appendix B), the Option (see below) that you are using for completing your degree requirements, and your academic advisor. The MOC is used by the Office of Graduate Studies to ensure that graduation coursework requirements have been met. The MOC is to be signed by the advisor and the Chair of the CYAF Graduate Executive Committee Chair prior to completing 18 credits required for the degree. We recommend that this be done during the Spring semester of your first year in the program. Note that you cannot graduate in the same semester in which you submit the MOC.

You may obtain a copy of the MOC from the CYAF Department Office or through the Office of Graduate Studies (<http://www.unl.edu/gradstudies/current/degrees/Masters-Memorandum.pdf>). The following information and tips will help you fill out the MOC.

- You must indicate which Option you are using to complete the degree.
  - ✓ Select Option I if you are completing a thesis. If Option I, you must take an approved statistics or qualitative research methods class and 6 credits of CYAF 866: Thesis.
  - ✓ Select Option II if you are completing a Minor area of study. This must be an approved Minor, meaning that you must also get the signature of the person in the Minor granting department authorized to approve the coursework used to get the Minor. The Minor must be in a UNL department other than CYAF and must be at least 9 graduate credits of coursework.
  - ✓ Select Option III if you are completing the Medical Family Therapy certificate coursework, which include 9 credits of coursework.
- Indicate that your Major is Child, Youth and Family Studies.

- If you are using Option II for your degree, indicate the Minor area of study. If you are using either Options I or III, leave this line blank.
- Indicate that your Specialization is Marriage and Family Therapy.
- Courses listed under Courses to Remove Deficiencies do not count toward the 51 credits required for the degree. Do not list courses used to meet provisional status requirements. The only courses listed here would be a statistics class if you didn't have one as an undergraduate or a development class if you didn't have 18 undergraduate credits of social science coursework.
- Under Proposed Program of Studies list the required courses for the degree beginning on the left column. You may need to spill over on to the right column. That is fine, but list the courses used to meet the Option requirement last on the right column.

Additional information about the MOC is found at the Office of Graduate Studies web site and in the *Master's Degree Handbook*. Note that you are responsible for any updates in information. Please become familiar with these resources.

### Curriculum

The MFT course of study consists of 51 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.

### Procedure for Verifying Completion of Degree Requirements

The Office of Graduate Studies publishes a list of forms and a schedule of deadlines at their web site (<http://www.unl.edu/gradstudies/current/degrees/masters.shtml>). It is your responsibility to make sure that these forms are filled out correctly and that all deadlines are met.

In order to graduate, you must:

- Complete the degree requirements as identified in this handbook, the CYAF Master's Degree handbook, and the Graduate Studies Bulletin.
- Submit an approved MOC by the deadlines specified by the Office of Graduate Studies.
- Submit an Application for Degree form by the deadline specified by the Office of Graduate Studies.
- Submit a Final Examination Report for the Master's Degree form and pay the associated fee by the deadline specified by the Office of Graduate Studies. If you are using Option I for your degree, the final examination date is the date of your thesis defense. Make sure you check the Office of Graduate Studies web site for examination and thesis deposit deadlines. If you are using Options II or III for your degree, the final examination date is the date of your Theory of Therapy Presentation.
- Ensure that all other deadlines, forms, reports, examinations are completed and fees paid according to the deadlines specified by the Office of Graduate Studies and the Department of CYAF and MFT program.

The Office of Graduate Studies compares your approved MOC with your transcript to ensure that coursework requirements have been met. Your Final Examination Report for the Master's Degree form will be used to verify completion of your final examination. The MFT Program Director maintains a checklist (see Appendix A) of your completion of program requirements as specified in this handbook.

### Exit Survey

The purpose of the exit survey is to give you an opportunity evaluate the program and give suggestions for ways it could be improved.

### **Orientation to the Program**

The new MFT student orientation is held prior to the start of the Fall semester of a student's first year in the program. This orientation to the program is conducted by the MFT faculty members. Note that this orientation is in addition to the orientation for new graduate students sponsored by the Department of Child, Youth and Family Studies. Second year students attend a portion of this orientation. The purpose of the orientation is to familiarize students with the program. Students are told about program requirements and expectations and informed of important dates and program events.

### **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 will also 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.

### **How Information about Students is Used**

As part of our attempts to assess student learning and to use outcome data in a way that leads toward program improvement, information about students and student achievement will be collected and filed. This information will be kept only until it is systematically examined in a way that leads toward program improvement. In general, student achievement data that is in narrative form (e.g., scores and feedback on Clinical Qualifying Examinations, OSCE evaluations, and Theory of Therapy papers and presentations) will be kept for one year post graduation. This data will be stored in the program director's office in student files. It will be used to evaluate the effectiveness of our learning and assessment activities and to make plans for improvement. When this data is no longer needed it will be destroyed (e.g., shredding). In general, data that summarizes student achievement through numbers, grades or by aggregating student achievement feedback (e.g., clinical contact and supervision hours, aggregate summaries of performance measures) will be kept for longer periods of time. This data will be used to evaluate student progress across cohorts and program improvement across time. Identifying information that ties individual students to this data will be kept confidential.

### **Cohort Check-In**

In January of the first year and September of the second year, the students entering the program at the same time (the cohort) are brought together for a meeting in which they are asked to reflect on their experience with the program and with each other and to provide feedback to the faculty. This is an opportunity for the faculty members to gauge the progress of the students

as a cohort group. The faculty members assess issues of unity, team-work and cohort harmony as well as address individual concerns from cohort members. The purpose of the cohort check-in is to support MFT students in their pursuit of academic success.

### **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 (CYAF), 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 Child, Youth

and Family Studies. 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

While we do not require students to receive psychotherapy, we recognize the value of psychotherapy and encourage students to participate when necessary. The faculty reserve the right to suggest, and in some cases, require personal psychotherapy for students. Students may request a list of available psychotherapy resources from the Program Director or from their advisor. It is inappropriate for students to receive psychotherapy from fellow students and from program faculty or supervisors.

#### 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 through a link from the department web site.

**Appendix A**

**MFT Graduate Student Record Form**

Student Name: \_\_\_\_\_

Date Entered the Program \_\_\_\_\_

### Marriage and Family Therapy Program Requirements

This is a record of the completion of program requirements not identified on the MOC.

Requirement	Completed Date
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	
100 total hours of supervision: 50 hours individual and 50 hours group	
Competency in relational therapies <input type="checkbox"/> Passed competency evaluation and 200 relational hours <input type="checkbox"/> 250 relational hours	
Competency in Cultural Sensitivity	
Competency in Documentation	
Competency in Ethics and Clinical Decision Making	
Competency in Client Management	
Competency in Professionalism	
Competency in Psychopathology	
Competency in Rural Mental Health Care	
Competency in Using Technology as a Treatment Delivery Medium	
Appropriately close all client files at FRC	
Successfully defend a thesis or complete a minor	

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**

<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
CYAF 951 Theoretical Foundations Of Marriage And Family Therapy	CYAF 953 Issues And Ethic For Family Professionals	CYAF997 Advanced Clinical Practicum
CYAF 952 Psychopathology	CYAF 954 Assessment In Family Therapy	
CYAF 865 Research Design And Methodology	CYAF 955 Clinical Family Therapy	
CYAF 956 Human Sexual Dysfunction <b>Or</b> CYAF 989 Innovative Approaches To Family Intervention	Elective or *Statistics course	

**Year 2**

<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
CYAF 956 Human Sexual Dysfunction <b>OR</b> CYAF 989 Innovative Approaches To Family Intervention	CYAF 997 Advanced Clinical Practicum	CYAF997 Advanced Clinical Practicum
	Thesis credits or Minor course	
CYAF 997 Advanced Clinical Practicum	Elective Course	CYAF 899 Thesis or Minor course
CYAF 846 Addiction & Violence		

\*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 Child, Youth and Family Studies

As specified in the Master Degree Handbook (for sale at the University Book Store), the Department of Child, Youth and Family Studies 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

3/15/99

## **Appendix C**

### **Observation of Therapy Log**

**Observation of Therapy Log**  
Marriage and Family Therapy Program

Instructions: Prior to enrolling in CYAF 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 your file before you may take CYAF 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 D**  
**Practicum Placement Forms**

## **PRACTICUM EVALUATION INTERVIEW FORM**

Name \_\_\_\_\_

Instructions: Sections I through IV are to be completed by the student. The student must turn in this form to their advisor with these Sections completed at least one week prior to the scheduled Practicum Evaluation Interview. The student's advisor completes Sections V through VII prior to the meeting. The advisor uses input from other faculty members, student grades, performance on the Clinical Qualifying Examination and other performance measures, and interactions with the student to complete Sections V through VII. The Program Director completes Section X.

### **I. ASSESSMENT OF CURRENT ABILITIES**

- A. What are your strengths as a therapist?
  
  
  
  
  
- B. What are your weaknesses as a therapist?

### **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. How will each of these placements help you reach your personal and professional goals? (no more than one page)**

V. **Does the student display the qualifications and readiness for intensive clinical training?** (Check each statement that the student demonstrates and indicate evidence and strengths and weaknesses in the space provided).

- Personal and professional integrity (complete the Professionalism Grading Rubric and attach to this form)
- Knowledge of Nebraska laws and statutes governing mental health practice
- Ability to make decisions using ethical decision making principles and models
- Awareness of one's own affective process
- Ability to demonstrate cultural competence and sensitivity
- Ability to accept and respond to supervision
- Potential for client management
- Maturity
- Ability to state mature motives and professional goals

Comments: \_\_\_\_\_  
\_\_\_\_\_

VI. **What are the student's strengths?**

VII. **What are the student's areas of improvement?**

VIII. **Do the student's preferred sites match the student's interests and abilities?**

IX. **How will the placement sites expand the student's learning opportunities?**

X. **Assigned Practicum Placement** \_\_\_\_\_

**Appendix E**  
**Trainee Evaluation Forms**

A formative evaluation of student progress toward achievement of clinical competence occurs according to the following schedule:

A formative evaluation is conducted at the end of CYAF 955A and CYAF 955B: Clinical Family Therapy and at the end of the Fall and Spring Semesters in CYAF 997: Practicum in Family Therapy. The instruments identified in this appendix facilitate these evaluations. Formative evaluation of skillfulness in providing relational therapies is conducted through the OSCE which occurs early in the Spring semester as part of CYAF 997: Practicum in Family Therapy. The OSCE is described in greater detail in the Outcomes Based Evaluation of Competencies-MS (OBEC-MS) document.

A summative evaluation of student clinical work is conducted at the end of the Summer term, prior to graduation, in CYAF 997: Practicum in Family Therapy.

To assist in these evaluations, students must provide copies of the instruments provided in this Appendix to their supervisors toward the end of each semester and must complete the self assessment versions themselves. Both must be turned in to the instructor of CYAF 997 by the deadline specified in the syllabus.

In this appendix, you will find the following:

Instrument	Who completes it	When it is due
Micro-Skills Competency Evaluation	Instructor of CYAF 955A and student	End of CYAF 955A
Basic Skills Evaluation Devise	Instructor of CYAF 997, off-campus site supervisor, and student	End of each semester of CYAF 997
Competence Evaluation Instrument-Trainee Report	Student	End of each semester of CYAF 997
Competence Evaluation Instrument-Supervisor Report	Instructor of CYAF 997 and off-campus site supervisor	End of each semester of CYAF 997

University of Nebraska-Lincoln  
 Micro-Skills Evaluation  
 Competencies in Family Therapy

Student Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Competency: *Demonstrates basic counseling skills in the relational context.*

What we are looking for: The practice of therapy is a collection of both micro and macro skills. Macro skills such as restructuring, creating situations where softening can occur, etc often get the most attention. But, micro skills provide the atmosphere where change can occur. The absence of these skills often leads to poor therapeutic alliance and client drop out. The presence of these skills contribute to a therapeutic environment in which clients can have confidence that change will occur. These skills lead to the development of a safe and supportive environment that allows clients to explore solutions to their own problems.

Expected level of competency: Recent graduate of a COAMFTE accredited program.

Rating scale:     1=Demonstrated competency that exceeds what is expected at graduation  
                       2=Demonstrated competency that meets what is expected at graduation  
                       3=Demonstrated competency that meets what is expected at current level of experience  
                       4=Demonstrated competency that is less than what is expected at current level of experience

Evaluation Criteria

1. Demonstrates an ability to listen to what is important to clients (people, relationships, events).	1	2	3	4
2. Echoes the client's key words; demonstrates ability to use client's language	1	2	3	4
3. Open ended questions are more prevalent than closed ended questions	1	2	3	4
4. Periodically restates to the clients their thoughts, actions, and feelings (Summarizing)	1	2	3	4
5. Appropriately uses paraphrasing (feeds back to the client the essence of what has just been said by shortening and clarifying client comments.	1	2	3	4
6. Attends to client nonverbal behavior	1	2	3	4
7. Appropriately uses silence	1	2	3	4
8. Recognizes client contributions to change and client strengths and appropriately gives client complements	1	2	3	4
9. Affirms client perceptions	1	2	3	4
10. Regularly demonstrates accurate empathy (i.e., the skillful reflective listening that clarifies and amplifies the person's own experiencing and meaning, without imposing the counselor's own material)	1	2	3	4

## 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 DESCRIPTION

## 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 scape-goating 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 non-defensive 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.

**BASIC FAMILY THERAPY SKILLS  
EVALUATION DEVICE©**

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Experience Level

<b>Conceptual Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
Knowledge Base						
Systems Perspective						
Familiarity with Therapy Models						
Self as Therapist						

<b>Perceptual Skills</b>	Inadequate Information	Deficient	Below Expectations	Meets Expectations	Exceed Expectations	Exceptional Skills
Recognition Skills						
Hypothesizing						
Integration of Theory and Practice						

Comments:

<b>Executive Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
Joining						
Assessment						
Hypothesizing						
Communication Skills						
Personal Skills						
Intervention						
Session Management						

Comments:

Basic Skill Evaluation Device©

<b>Professional Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
Supervision						
Recognition of Ethical Issues						
Paperwork						
Professional Image						
Professional Conducts						

Comments:

<b>Evaluation Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
Evaluation of Therapy						
Evaluation of Self						

Comments:

<b>Theory _____ (Use Preferred Model)</b>	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:

**Additional items unique to the UNL MFT program (not part of the BSED)**

<b>Cultural Competence and Sensitivity</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectations	Exceed Expectations	Exceptional Skills
Uses culturally sensitive language						
Aware of culture as a contextual factor in treatment						
Discusses cultural information with clients						
Demonstrates cultural competence and sensitivity						

Comments:

## Competence Evaluation Instrument: Trainee-Report

### Trainee Information

Name: \_\_\_\_\_

University: \_\_\_\_\_

Gender: M      F      \_\_\_\_\_

Age: \_\_\_\_\_

Relational Status (check one):

- Single, never married
- Married
- Divorced, and now single
- Divorced, and now remarried
- Divorced, and now in a committed relationship
- Divorced, and now cohabitating with new romantic partner
- Unmarried, but currently in committed relationship
- Unmarried, but cohabitating with romantic partner
- Widowed/widower
- Other (please specify) \_\_\_\_\_

Ethnicity:

- Anglo/Caucasian (Non-Hispanic)
- Hispanic or Latino
- African-American
- Asian-American
- Other (please specify \_\_\_\_\_)

Years of prior (before program enrollment) clinical experience: \_\_\_\_\_

Current cumulative client contact hours during program: \_\_\_\_\_

Preferred or primary theoretical orientation(s):

- Narrative
- Solution Focused
- Structural
- Strategic
- Bowenian
- Systemic (model not specified)
- Emotionally Focused
- Experiential
- Cognitive Behavioral
- Other (Please specify

\_\_\_\_\_)

## Competence Evaluation Instrument: Trainee-Report

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please rate yourself on each of the following items based on the scale below:*

5 = I am very strong in this area with all clients. This comes naturally for me now.

4 = I am generally strong in this area, though it may be more difficult with some clients.

3 = I am generally competent in this area, but I am continuing to work on this skill.

2 = I am inconsistent in this area- sometimes I do well and sometimes this is a weakness; I am continuing to work on this skill

1 = This is a weakness for me; I am continuing to work on this skill.

NA = I am not able to assess this skill at this time. (\*Please describe why not on the reverse side of this page.)

	NA*	Weak-ness	Incon-sistent	Com-petent	Strong	Very Strong
1. I create an atmosphere of acceptance and understanding.	NA	1	2	3	4	5
2. I attend to clients' emotional climate in order to build trust.	NA	1	2	3	4	5
3. I engage clients in the therapeutic process.	NA	1	2	3	4	5
4. I develop mutually agreeable goals for therapy.	NA	1	2	3	4	5
5. I determine boundaries, hierarchies, and patterns within families.	NA	1	2	3	4	5
6. I identify psychosocial and environmental influences on each client.	NA	1	2	3	4	5
7. I coordinate therapy with relevant individuals and institutions.	NA	1	2	3	4	5
8. I facilitate therapeutic involvement of all necessary participants in treatment.	NA	1	2	3	4	5
9. I match the needs of the client with an appropriate therapeutic approach.	NA	1	2	3	4	5
10. I establish a sequence of treatment processes in a treatment plan.	NA	1	2	3	4	5
11. I assist the client in developing effective problem-solving abilities.	NA	1	2	3	4	5
12. I respond appropriately to a client's culture or ethnicity.	NA	1	2	3	4	5
13. I evaluate clients' outcomes for the need to continue or terminate therapy.	NA	1	2	3	4	5
14. I integrate supervisor/team communications into treatment.	NA	1	2	3	4	5
15. I recognize when my personal biases may influence the therapeutic process.	NA	1	2	3	4	5
16. I recognize when consultation with a colleague or supervisor is appropriate.	NA	1	2	3	4	5
17. I maintain adequate and timely clinical records.	NA	1	2	3	4	5
18. I can assess an adult client's behavior based on DSM-IV criteria.	NA	1	2	3	4	5
19. I can assess a child or adolescent client's behavior based on DSM-IV criteria.	NA	1	2	3	4	5
20. I can assess the level of risk of harm that a client's behaviors pose.	NA	1	2	3	4	5

\*For NA responses, please describe reason(s) for selecting this option on separate sheet.

## Competence Evaluation Instrument—Supervisor Report

Trainee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Trainee's Current Cumulative Client Contact Hours in Program: \_\_\_\_\_

*Please rate the above named trainee on each of the following items based on the scale below:*

1 = This is a weakness for the trainee; s/he should continue to work on this skill.

2 = The trainee is inconsistent in this area- sometimes s/he appears competent and other times this is a weakness; s/he should continue to work on this skill

3 = The trainee is generally competent in this area, but s/he should continue to work on this skill.

4 = The trainee is generally strong in this area, though it seems to be more difficult with some clients.

5 = The trainee is very strong in this area with all clients. This comes naturally for him/her now.

N/A = I am not able to assess the trainee on this competency at this time.

	Trainee Evaluation					
	NA	Weak- ness	Incon- sistent	Com- petent	Strong	Very Strong
21. Creates an atmosphere of acceptance and understanding.	NA	1	2	3	4	5
22. Attends to clients' emotional climate in order to build trust.	NA	1	2	3	4	5
23. Engages clients in the therapeutic process.	NA	1	2	3	4	5
24. Develops mutually agreeable goals for therapy.	NA	1	2	3	4	5
25. Determines boundaries, hierarchies, and patterns within families.	NA	1	2	3	4	5
26. Identifies psychosocial and environmental influences on each client.	NA	1	2	3	4	5
27. Coordinates therapy with relevant individuals and institutions.	NA	1	2	3	4	5
28. Facilitates therapeutic involvement of all necessary participants in treatment.	NA	1	2	3	4	5
29. Matches the needs of the client with an appropriate therapeutic approach.	NA	1	2	3	4	5
30. Establishes a sequence of treatment processes in a treatment plan.	NA	1	2	3	4	5
31. Assists the client in developing effective problem-solving abilities.	NA	1	2	3	4	5
32. Responds appropriately to a client's culture or ethnicity.	NA	1	2	3	4	5
33. Evaluates clients' outcomes for the need to continue or terminate therapy.	NA	1	2	3	4	5
34. Integrates supervisor/team communications into treatment.	NA	1	2	3	4	5
35. Recognizes when personal biases may influence the therapeutic process.	NA	1	2	3	4	5
36. Recognizes when consultation with a colleague or supervisor is appropriate.	NA	1	2	3	4	5
37. Maintains adequate and timely clinical records.	NA	1	2	3	4	5
38. Can assess an adult client's behavior based on DSM-IV criteria.	NA	1	2	3	4	5
39. Can assess a child or adolescent client's behavior based on DSM-IV criteria.	NA	1	2	3	4	5
40. Can assess the level of risk of harm that a client's behaviors pose.	NA	1	2	3	4	5

**Appendix F**  
**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:

CYAF 951: Theoretical Foundations in Marital and Family Therapy

CYAF 952: Psychopathology and Dysfunctional Interactions

CYAF 953: Issues and Ethics for Family Professionals

CYAF 954: Assessment in Family Therapy

CYAF 955: Clinical Family Therapy

### **Basic Directions**

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. In answering the questions of the exam, be sure to organize your thoughts, demonstrate breadth of knowledge, and document your answer by referencing literature in the field.

### **Evaluation**

Each question on the CQE is graded blindly and independently by the MFT faculty members as Pass or Fail. A student passes the question if the majority of the faculty rate it Pass. Failure of one question requires a re-examination in the area of the failed question at a later time during the summer term (to be arranged with the student). If a student fails two or more questions, the faculty reserve the right to require to retake the entire exam. Normally, 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 register for the MFT practicum. Examination results will be received by students through regular mail approximately two weeks after taking the exam.

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 the literature and 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. We expect you to integrate material from disparate sources. 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 Fail 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.

Exam Questions will be written that require you to integrate material from program courses. You must also demonstrate that you have studies additional material as well. Students would do well to begin early to look for connections between courses and how material presented in one course builds on or complements material presented in other courses. Faculty members use the AAMFT Core Competencies to inform question construction. It is expected that students will demonstrate achievement of some of these competencies through their responses to the CQE questions. Students would do well to become familiar with these competencies as they study for the exam.

CLINICAL QUALIFYING EXAMINATION  
SCORING SHEET

Student Number \_\_\_\_\_

Question Number \_\_\_\_\_

Date of Examination \_\_\_\_\_

Quest. Topic \_\_\_\_\_

ORGANIZATION OF THOUGHTS .....PASS      FAIL  
Comments:

BREADTH OF KNOWLEDGE .....PASS      FAIL  
Comments:

DEMONSTRATION OF COMPETENCY .....PASS      FAIL  
Comments:

STYLE AND CONSTRUCTION .....PASS      FAIL  
Comments:

OVERALL SCORE: .....PASS      FAIL  
GENERAL COMMENTS:

**Appendix G**  
**Outcomes-Based Evaluation of Competencies**

## **Outcomes-Based Evaluation of Competencies M.S. in Marriage and Family Therapy**

In order to ensure students have the requisite skills for mental healthcare practice, the faculty have identified 9 expected learning outcomes on which students must demonstrate competency in order to graduate.

### The Learning Outcomes

- ✓ Documentation
- ✓ Professionalism
- ✓ Cultural Competence and Sensitivity
- ✓ Relational Therapy
- ✓ Ethics and Clinical Decision Making
- ✓ Client Management
- ✓ Psychopathology
- ✓ Rural Mental Health Care (in preparation)
- ✓ Using Technology as a Treatment Delivery Medium (in preparation)

Through coursework and activities and experiences throughout the program, students will be prepared to demonstrate competency in each of the above areas. The faculty have designed the following types of activities to teach and evaluate competency in these areas.

- **Learning Activities:** These are activities whose primary purpose is to teach and give students opportunities to practice skills that lead toward the development of competency. While many of these learning activities are built into classes, there are also opportunities for learning through practicum placements and required and voluntary cocurricular learning activities. The faculty will make a concerted effort to point out to students, whenever reasonable, the contribution of various learning activities to the development of competency. However, students shouldn't expect that this will always be done, for to do so would inhibit student learning as much as doing so will facilitate it. Students are encouraged to look for ways to use the various learning activities available to them throughout the program to develop competency.
- **Formative Assessments:** These are evaluations of the student's performance whose primary purpose is to give the student feedback that will contribute toward the development of a plan for improvement. Formative evaluation can come in many forms, but by definition, it must include feedback to the student about performance in such a way that when incorporated by the student performance can improve. We distinguish between formal Formative Assessments (FA) and informal formative assessments (fa). FA occurs at designated times throughout the program. FA events result in formal feedback about strengths and weaknesses and that leads to suggestions for improvement (if within the context of a course, this feedback may be accompanied by a grade). In FA, grading or evaluation rubrics are often used. Informal formative assessments (fa) consists of feedback from faculty or students (as directed by faculty) about performance on learning activities that is designed to help the student improve but that typically does not come in the form of written feedback.
- **Summative Evaluation:** This is the evaluation that occurs to determine mastery of the skill. This is

where the faculty or other evaluators determine whether the student has met the competency standard. In the UNL MFT program, an evaluation rubric is used as part of the Summative Evaluation.

A comprehensive summary of each area of competency, including the plan for learning and assessment of student achievement is found in the document Outcomes-Based Evaluation of Competencies M.S. in Marriage and Family Therapy (OBEC-M.S.). This document is distributed to all students during the new student orientation and is available on the program web page.

## **Appendix H**

### **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 20-page (excluding title page, abstract, and reference list) 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. Descriptions of your repertoire of techniques.
  - iii. A case example that illustrates your work.
  - iv. An assessment of the indications and contraindications to your approach and what you do when faced with a population or problem for which your approach is not suited. Be sure to include an evaluation of the appropriateness of your approach to working with psychopathology. Referencing appropriate research literature is required.
  - v. A complete reference list.

Through your paper you should demonstrate cultural awareness, cultural competence and cultural sensitivity as well as how issues of power and privilege are addressed through your approach.

You should begin working on the paper when you start CYAF 997 and continue working on it throughout your 12-month practicum. To help, a draft of this paper is due at the end of Summer, Fall and Spring Semesters as part of the requirements for CYAF 997 (see the syllabus for each class for additional information about what is specifically required). Instructors of these classes will provide you with feedback on the paper. Be sure to turn in the marked-up copy of the paper and the instructor feedback/evaluation from the Fall semester when you turn in the paper for the Spring semester. This will help the instructor determine progress made.

*The final paper is due at least one week prior to the scheduled Theory of Therapy presentation (see below). You must provide the instructor with both a hard copy of the paper and with the marked-up copies of the paper and the instructor feedback/evaluation from the Fall and Spring semesters. You must give a hard copy of the paper to each of the other MFT faculty members at least one week prior to the presentation. A copy of your paper should be made available at least one week prior to the presentation to all MFT students so that they can read it in preparation for the presentation. This can be made available electronically. It is expected that each student enrolled in CYAF 997 will read the other students papers prior to the scheduled presentation.*

- b. **Presentation:** The 25 minute presentation is typically scheduled to occur within 3 weeks of the date of Summer graduation. It is a program expectation that all students (e.g., both first and second year) attend the presentations. Attendance is a course requirement for students enrolled in CYAF 997. The other MFT faculty also attend. The course instructor, with input from other faculty, will assign a grade.

The presentation should be scholarly and creative. Please allow time for questions. It is required that you prepare and distribute a one-page handout at the time of your presentation.

You will have only 25 minutes for your presentation. Going over time may result in a reduction in grade. The focus is the demonstration of your clinical skills. Do not attempt to describe your entire theory. You don't have enough time for that. Nor do you have enough

time to present everything that is in your paper (e.g., you do not have time to teach the key principles of multiple FT theories that are being integrated; you may or may not have time to talk about your strengths and weakness—although your strengths should be evident in what you present). Your time should be used in demonstrating your clinical work. To do so, we will need to have a brief overview of your approach with an emphasis on a few key principles and techniques that are the hallmarks of your approach. Your presentation must include at least two video excerpts of your work with clients. 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 25 minute presentation might be best organized as follows.

	Time	Elapsed time
Introduction that captures the essence of the approach. It might be helpful to include something creative that communicates ownership to the approach and that captures the audience attention (make sure it is professional and not cheesy). This should also include a review of key concepts/principles that underlie the approach. (remember that we have read the paper already).	0:07	0:07
Introduction to first video clip (this is what you are going to see)	0:01	0:08
Video clip #1	0:03	0:11
Verbal review of first video clip (this is what you saw and how it reflects my approach)	0:01	0:12
Introduction to second video clip (this is what you are going to see)	0:01	0:13
Video clip #2	0:03	0:16
Verbal review of second video clip (this is what you saw and how it reflects my approach)	0:01	0:17
Summary/Conclusion	0:02	0:19
Questions	0:06	0:25

## 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 and of recognized MFT theories; 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. **Presentation:**

- 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. Note that failure to allow time for questions may be considered a fatal flaw.
- viii. *Handout*: supported the presentation and effectively communicates information about the approach.

### **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 CYAF 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 CYAF 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 CYAF 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 CYAF 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.

## **Final Examination Report**

### **Instructions for master's degree candidates in the Marriage and Family Therapy Specialization**

Students are responsible for meeting all deadlines and graduation requirements specified by Graduate Studies. Please see <http://www.unl.edu/gradstudies/current/degrees/masters.shtml> for additional information. These instructions are provided as a guide to completing the Final Examination Report form. Students should consult with their advisor if they have any questions.

#### **Part 1: Student and Program Information**

Indicate name as it is on file with the Graduate Studies, NU ID Number, Mailing Address and Phone number.

Check the box "MS".

Students completing a master's thesis should check "Option I". Those completing a recognized minor that is offered through UNL should check "Option II". Those completing the Certificate in Medical Family Therapy should check "Option III".

Your Major is Child, Youth, and Family Studies. Indicate a minor if you have one (Medical Family Therapy should not be listed here. This needs to be a minor offered through courses taken at UNL.) Indicate your Specialization as Marriage and Family Therapy. Indicate your expected graduation date.

#### **Part 2: Written Comprehensive Examination**

- If you are graduating under Option I, indicate that the Major written exam is waived for the Major. Do not indicate anything for the Minor.
- If you are graduating under Option II, indicate that the Major written exam is not waived and then indicate the date of the Theory of Therapy presentation. This is the date that your paper will be evaluated. Indicate that both the Minor written and oral exams are waived, unless your minor requires an exam (I don't know of any that do).
- If you are graduating under Option III, indicate that the Major written exam is not waived and then indicate the date of the Theory of Therapy presentation. This is the date that your paper will be evaluated. Do not indicate anything for the Minor.

#### **Part 3: Examination Procedure Approved**

All students, regardless of Option, will need the signatures of their Major Advisor and the Chair of the Graduate Committee of CYAF. Students under Option II will need the signature of the representative from the Minor department.

#### **Part 4: Final Oral Examination**

Students under Option I should indicate the date of their scheduled defense of their thesis, along with the time and location of this event. Indicate the members of the examining committee.

Those under Options II and III should leave this Part blank.

#### **Part 5: Thesis**

Students under Option I should indicate the title of their thesis. The final grade for all incomplete thesis hours will be added by the major advisor after you pass the defense of your thesis. The signature line in this Part will not be completed until the defense of your thesis.

## **Appendix I**

### **National Examination and Licensure**

## **National Licensing Examination**

For licensure, you must pass the National Licensing Exam. If you will be licensed in Nebraska, we recommend that you take the exam as soon after your graduation as you can. (Please check with the state in which you are seeking licensure to determine when you can take the exam for licensure in that state). The program has purchased National Licensing Exam study materials that you can check out. These are located in the student work room. Also, the National Exam's Candidate's Handbook includes all public domain information about the content of the exam, and is available at [www.amftrb.org](http://www.amftrb.org). It is a very useful structure for review and study. We also recommend the practice exam offered by AMFTRB (Association of Marital and Family Therapy Regulatory Boards). It's comprised of "retired" items from the exam, very affordable, and offers candidates a feel for the computer based testing format. It's also available through the AMFTRB website.

## **Licensing**

Mental health practice requires state licensure. Because each state has unique licensing requirements, we suggest early in your program you become familiar with the licensing requirements of the state in which you plan to practice. It is each student's responsibility to ensure that they are familiar with the licensure requirements in the state in which they plan to practice. The AAMFT keeps current a list of state licensure boards on their web site at [www.aamft.org](http://www.aamft.org).

A 2010 review of state licensure requirements revealed that the UNL MFT program curriculum meets the licensure requirements for 45 states. The AAMFTRB also publishes information about state licensure requirements. This information can be accessed at [www.aamftrb.org](http://www.aamftrb.org). According to the 2010 review of state licensure requirements, additional coursework would need to be taken to meet the licensure requirements of California, Delaware, Maryland and New Mexico. These additional requirements are listed below by state.

### 1) California

- A two semester or three quarter unit course in California law and professional ethics for marriage, family, and child counselors
- A minimum of seven contact hours of training or coursework in child abuse assessment and reporting
- A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency as specified by regulation
- A minimum of 10 contact hours of training or coursework in sexuality
- A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment detection, and intervention strategies
- A minimum of a two semester or three quarter unit survey course in psychological testing
- A minimum of a two semester or three quarter unit survey course in psychopharmacology
- A minimum of 10 contact hours of coursework in aging and long-term care, which could include, but is not limited to, the biological, social, and psychological aspects of aging

### 2) Delaware

- 3 semester hours of multi-cultural studies

### 3) Maryland

- 3 semester hours of multi-cultural studies

### 4) New Mexico

- 3 semester hours of multi-cultural studies

## **Appendix J**

### **Examples of M.S. Options I, II and III**

## **Policies**

Always refer to the Graduate Studies website ([www.unl.edu/gradstudies](http://www.unl.edu/gradstudies)) for the policies and procedures of the each option. You must follow deadlines and criteria for graduation that is established by grad studies

This section is merely to give you examples of what some other students have done in the past and some helpful ideas for how to determine the focus of your choice.

## **Which option do I choose?**

Work with your advisor to choose an option that will most effectively prepare you for your professional goals. Make the decision based on your next professional step. Your advisor will help you with knowing what that is. The following is a description of each and some examples of what other students have done.

### **Option I: Thesis**

Option I is typically chosen by students who intend on pursuing a career in research. Your thesis would be a foundational research experience that will enable you to pursue further research endeavors, especially during your doctoral education. Students must complete an advanced statistics or qualitative research course plus 6 hours of thesis credits. Examples of thesis topics include the impact of language on engagement of Latino clients in family therapy, Paternal leave after the birth of a child, step parenting, collaborative health care, psychopathology of high users of medical services, cultural competence in MFT, effectiveness of distance therapy, etc.

### **Option II: Minor**

Option II requires students to satisfactorily complete the 42 credits of required coursework plus an approved minor of no less than 9 credits. Minor courses must be taken from Departments outside of Child, Youth and Family Studies. Students choosing Option II will complete a minimum of 51 credits to be eligible for graduation. Students should consult with their academic advisor in selecting a minor which complements their career goals. Examples of minors commonly completed by students include Educational Psychology and Communication Studies. Other minors may include but are not limited to Gerontology, Business Administration, Psychology, Sociology, Biological Sciences, etc.

### **Option III: Intensive Work**

Option III is an intensive work project for students who are interested in pursuing clinical specializations. While many directions are possible the most common for our students is the Medical Family Therapy Certificate.

Students must apply and be admitted into the certificate program; which occurs in early June (the end of your first year). Upon admittance, students must complete three courses (9 credits) offered at the University of Nebraska Medical Center, Department of Internal Medicine. These courses include: IMed 752: Theory and Practice of Medical Family Therapy; IMed 753: Families, Health, and Illness; and IMed 754: Applied Medical Family Therapy. In addition, students accepted into this program will need to be assigned an internship site that is medically related, and allows you to practice collaboratively with physicians and other allied health professional.