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Option B: Minor or Elective Credits

Option A: Thesis

Independent Study

Option B: Medical Family Therapy Certificate

Appendix L: Limitations of MFT Degree From UNL

MFT Program Degree Portability

Acknowledgements
Important Dates and Program Events  
Fall 2021 - Summer 2022

Caution: 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 the UNL graduate studies website. It is your responsibility to make sure all deadlines are observed.

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<th>Event</th>
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<tbody>
<tr>
<td>August 23, 2021</td>
<td>Fall semester begins</td>
</tr>
<tr>
<td>August 27, 2021</td>
<td>MFT Student orientation</td>
</tr>
<tr>
<td>August 13-15, 2021</td>
<td>2nd Year EMDR Training, Weekend 1</td>
</tr>
<tr>
<td>August 30, 2020</td>
<td>Begin weekly management of clinic</td>
</tr>
<tr>
<td>September 27, 2021</td>
<td>2nd Year [Cohort Check In]</td>
</tr>
<tr>
<td>September 24, 2021</td>
<td>MFT Program Fall Fiesta, 5:00 pm @ Dr. Springer’s House</td>
</tr>
<tr>
<td>October 4, 2021</td>
<td>Submit proof of student membership in NAMFT due to Vanessa</td>
</tr>
<tr>
<td>October 25, 2021</td>
<td>1st Year [Cohort Check-In]</td>
</tr>
<tr>
<td>October 29, 2021</td>
<td>NAMFT Fall Conference (typically held in Omaha)</td>
</tr>
<tr>
<td>October 15-17, 2021</td>
<td>2nd Year EMDR Training, Weekend 2</td>
</tr>
<tr>
<td>November 1, 2020</td>
<td>1st Year: CITI Training Due and sent to program director (Dr. Hanson)</td>
</tr>
<tr>
<td>December 17, 2021</td>
<td>Documentation due of <strong>15 hours observing therapy</strong></td>
</tr>
<tr>
<td>January 18, 2022</td>
<td>Spring Semester begins</td>
</tr>
<tr>
<td>January 18, 2022</td>
<td>1st &amp; 2nd Years: Submit proof of student membership in AAMFT and</td>
</tr>
<tr>
<td>January 31, 2022</td>
<td>NAMFT due to Clinic Coordinator (Vanessa)</td>
</tr>
<tr>
<td>February 11, 2022</td>
<td>M.S. in MFT Applicant Interview Day</td>
</tr>
<tr>
<td>February 2022</td>
<td>Apply to volunteer at the 2021 AAMFT annual conference (?)</td>
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<tr>
<td>March/April 2022 (TBD)</td>
<td>NAMFT Spring Conference**</td>
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<tr>
<td>March 28, 2021</td>
<td>2nd Year [Cohort Check-In]</td>
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<tr>
<td>April 15, 2022</td>
<td>Practicum Placement Interview (12 pm – 3 pm)</td>
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<tr>
<td>April 22, 2022</td>
<td>MFT Spring Picnic, 5:00 pm, TBA</td>
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<td>May 2, 2022</td>
<td>Clinical Qualifying Exam – Theory and Clinical Application Portions</td>
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<td>May 6, 2022</td>
<td>CQE treatment plan and assessment battery due</td>
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<td>May 20, 2022</td>
<td>CQE Results Given</td>
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<td>May 27 2022</td>
<td>CQE retake for those who did not pass</td>
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<tr>
<td>June - Aug 2022</td>
<td>Transfer of cases at FRC</td>
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<tr>
<td>July 11 &amp; 18, 2023</td>
<td>Clinical Efficacy Presentations**</td>
</tr>
<tr>
<td>August 2022, Date TBA</td>
<td>Graduate Celebration BBQ @ TBA</td>
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*Attendance required for both first and second year students
Core MFT Faculty Contact Information

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Helpful Websites

Couple and Family Clinic Website: https://cehs.unl.edu/cfc/  
UNL’s Graduate School: https://www.unl.edu/gradstudies/academics/program-steps/masters  
Licensing in Nebraska: https://dhhs.ne.gov/licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx  
State Licensing Boards: https://www.aamft.org/Directories/MFT_Licensing_Boards.aspx

Purpose of Student Handbook

The purpose of this manual is to provide you with information and answers to your questions about the MFT program. We hope this information helps you as you progress through each step of the program. Because we expect you to know this information, please read this manual carefully. If you have any questions, be sure to ask one of the faculty.
UNL’s MFT 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 2017 for a period of seven years, with the current reaccreditation process occurring May 2017-May 2024.

Program Mission
The MFT program is designed to provide an integrated learning experience for those who are beginning careers in marriage and family therapy. Our mission is to train and educate multiculturally competent, systemic, attachment and trauma-informed Marriage and Family Therapists for work within the modern-day mental health field. Our program aims to train clinicians to meet the needs of underserved and minority populations in Nebraska while they utilize the inclusion of globally diverse perspectives in the diagnosis, assessment, and treatment of a variety of mental health needs.

Program Philosophy
The program faculty believe that good clinical training can only occur through the integration of theory, knowledge, 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. Throughout the program, students are expected to demonstrate how both theory and research inform their clinical work and decision making with clients, as well as 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 Marriage and Family Therapy (CYAF 951). 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.

Knowledge. The required core curriculum of the program is designed to ensure the growth of knowledge within the field of MFT. Coursework includes the integration of ethical decision making and systemic frameworks with the expectations and needs of contemporary mental health treatment. Knowledge of intercultural competence is woven throughout students’ academic and clinical applications to the assessment, diagnosis, case conceptualization, and intervention in the treatment of client systems. Special attention is paid to students’ self-of-the-therapist development as faculty guide cohort members through understanding how their own values, beliefs, and experiences have the potential to impact the way they view individuals, families, and approaches to treatment.

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 Couple and Family Clinic (CFC). Beginning the second semester, students take Clinical Family Therapy I (CYAF 995). 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 2nd year students, and group therapy experiences provided to community
members under intense supervision. During their first summer, students begin taking their advanced clinical practicum course (CYAF 997) and will take this course for four consecutive semesters. Each semester offers a different didactic focus. At this time students also begin taking on their own clients at the 

Couple and Family Clinic. In addition to seeing clients at the CFC, students will start a 12-month practicum placement. Practicum sites range from medical clinics, rural mental health clinics, and university dorms. Practicum placements provide students with varied clinical and supervision experiences. Students are expected to work at these agencies as fully functioning staff members and participate in multi-discipline staff meetings, in-service trainings, and supervision. Students must complete a minimum of 300 direct client contact hours and must meet 6th semester clinical competencies 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 ongoing 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, which benefits students in many important ways. Opportunities exist for interested students to be involved in faculty research and to conduct research on their own. Validated assessments and data tracking methods are utilized to assess the therapist’s impact on client progress. Interested students may complete a research project resulting in a thesis in partial fulfillment of graduation requirements.

**Program Goals**

The MFT program at UNL aims to graduate Marriage and Family Therapists who successfully complete the clinical and academic training standards as informed by the AAMFT Professional Marriage and Family Therapy Principles. These include integration of the AAMFT code of ethics, the COAMFTE Core Competencies, and Nebraska state MFT licensure requirements into goals rooted in knowledge, practice, research, ethics, and diversity. Our program:

- Teaches students to use knowledge of systemic principles, theories, and research to develop a cohesive theoretical approach to treatment.
- Graduates students who are able to illustrate the effectiveness of various theoretical approaches in assessment, diagnosis, case conceptualization, and intervention in the treatment of individuals, couples and families.
- Creates an inclusive environment which attends to components of diversity, power, and privilege in mental health treatment. Multi-cultural competence is stressed in the areas of self-of-therapist awareness, client engagement, client assessment and diagnosis, and treatment planning.
- Instills in students the importance of and ability to maintain compliance with ethical, legal, and professional standards in the practice of MFT.

**Student Learning Outcomes**

Through a variety of baseline, formative, and summative measures conducted throughout the program, students will be evaluated on their achievement of learning outcomes which help them to meet programmatic goals. These measures include the Evaluation of Clinical Competencies (ECC), the Clinical Qualifying Exam (CQE), Theory of Therapy papers, the final Clinical Efficacy Presentation, and the Intercultural Development Inventory (IDI). In order to graduate, students must meet 6th semester clinical competencies as outlined on the ECC. Student Learning Outcomes include:

**Semester 1 and 2 Developmental Expectations:**

1. Obtainment of a working knowledge of a variety of MFT and systemic theories
2. Development of an in-depth understanding of specific purist theoretical models
3. Ability to articulate a personalized, cohesive, systemic approach to mental health treatment as informed by recognized MFT theories, research, and professional literature
4. Ability to articulate a baseline application of one’s personal approach to treatment
5. Identify a standard battery of assessments and methods of qualitative data collection to track client change; Articulate psychometrics of the assessments used.
6. Ability to understand and explain an ethical decision-making model in the context of treatment

**Semester 3 Developmental Expectations:**
1. Ability to systematically track client improvement and evaluate this improvement in relationship to one’s own clinical approaches.
2. Apply ethical decision making model and AAMFT [Code of Ethics](#) in treatment and supervisory discussions
3. Ability to demonstrate ethical, theoretical, and systemic competency in psychotherapy documentation

**Semester 4 Developmental Expectations:**
1. Increased intercultural competence and awareness of one's own orientations toward cultural difference and commonality
2. Clinical competency in the assessment, diagnosis, and treatment of multi-culturally diverse populations
3. Apply ethical decision making model and AAMFT [Code of Ethics](#) in treatment and supervisory discussions
4. Ability to regularly demonstrate ethical, theoretical, and systemic competency in psychotherapy documentation

**Semester 5 Developmental Expectations:**
1. Clinical competency in the assessment, diagnosis, and treatment of multi-culturally diverse populations
2. Ability to integrate knowledge of inter- and multicultural diversity into all aspects of clinical practice
3. Apply ethical decision making model and AAMFT [Code of Ethics](#) in treatment and supervisory discussions
4. Ability to regularly demonstrate ethical, theoretical, and systemic competency in psychotherapy documentation

**Semester 6 (Graduation) Developmental Expectations:**
1. Clinical competency in the assessment, diagnosis, and treatment of multi-culturally diverse populations
2. Ability to articulate and demonstrate an integrated, systemic approach to mental health treatment as informed by recognized MFT theories, research, and professional literature
   a. Articulation of MFT professional identity (employer ready); Accurate and thorough theory integration; Consistency between personal theory and examples of clinical practice.
3. Ability to integrate knowledge of inter- and multi-cultural diversity into all aspects of clinical practice
4. Apply ethical decision making model and AAMFT [Code of Ethics](#) in treatment and supervisory discussions
5. Ability to regularly demonstrate ethical, theoretical, and systemic competency in psychotherapy documentation
6. Ability to systematically track client improvement and evaluate this improvement in relationship to one’s own clinical approaches

7. Ability to illustrate the impact and effectiveness of theoretical approach and inclusion of core competencies on client progress

At the end of each semester, students are sent a Cohort Survey that allows them to evaluate the programmatic resources established to assist them in achieving these Learning Outcomes. The anonymity of these surveys encourages students to provide faculty with authentic feedback.
Early in the Program

Acknowledgement of Program Licensing Limitations

The MFT course of study consists of 53 credit hours. The curriculum fulfills the education and practicum requirements for in the State of Nebraska. Faculty advisers can also work with you to create a program of study that meets the specific licensing requirements of the state in which you wish to practice. Nebraska licensing requirements can be found here: https://dhhs.ne.gov/licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx. A list of other state boards can be found here: https://www.aamft.org/Directories/MFT_Licensing_Boards.aspx

Prior to beginning this program you will receive a copy of the document found in Appendix K. You will be asked to sign this via DocuSign. A copy of the document will be kept in your student file. We also encourage you to keep a copy for your own file.

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: https://www.unl.edu/gradstudies/academics/program-steps/masters. It is your responsibility to make sure that these forms are filled out correctly and that all deadlines are met. Please note important dates prior to beginning the program.

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 Memorandum of Courses (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 A 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 B 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.

Required Books

Each student is required to have access to the following texts. They will be referred to in many of your courses. Please purchase, or gain access to these texts prior to starting the program or early in your first semester in the program.

Program Overview: Academics, Expectations, and Timelines

In this section you will find answers to questions such as program expectations, course sequencing, certificate programs, important documentation to file, etc.

The Program at a Glance

Students must complete a Memorandum of Courses (MOC) that outlines 53 credits of approved coursework. 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 Evaluation of Clinical Competencies.

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

1. Learn and follow all Couple and Family Clinic policies and procedures (see this manual).
2. Participate in the management of the Couple and Family Clinic throughout the duration of your program study.
3. Observe a total of 15 hours of therapy during your first semester.
4. Obtain student membership in the American Association for Marriage and Family Therapy and the Nebraska Association for Marriage and Family Therapy.
5. Obtain professional liability coverage by January of your first year and maintain liability coverage throughout the remainder of 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 at least 300 direct client contact hours, 150 of which must be relational. For licensure in the State of Nebraska, students must complete at least 150 relational hours. Most students complete around 500 hours of client contact prior to meeting sixth semester clinical competencies.
10. Obtain a combination of live, group, video, and individual supervision totaling 100 hours.
11. Demonstrate clinical competency in conducting relational therapies by meeting or exceeding the competency standard identified by the program faculty.
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 A) or complete requirements for Option B.
17. Complete the required number of academic units (normally a minimum of 53).
18. Following completion of each practicum, complete the cohort survey.

Certificates

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." Current UNL MFT students may take the MedFT Certificate courses as part of their program of study.
Semester 1-6: 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 CFC 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 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 final summer term (fourth term of practicum). The result of this final evaluation with be a determination that the competency requirements have been met based on the [Evaluation of Clinical Competencies](#) device and that a minimum of 300 direct client contact hours (150 hours of couples and families) has been obtained. Most students complete around 500 hours prior to meeting sixth semester clinical competencies.

Semester 1: Orientation to the Program

The new MFT student orientation is held early in 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.

Semester 1: Observation Hours

You are required to observe 15 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. Finally, 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 CFC, 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 via email by the end of your first semester. Failure to submit this log will result in you not being cleared to take 955.

Semester 2: Clinical Qualifying Examination

Through the [Clinical Qualifying Examination](#) (CQE), (Appendix E) you will be expected to demonstrate your knowledge of marriage and family therapy theory, ethics, and practice. The CQE is taken during your second semester in the program and prior to beginning CYAF 997. You must have received a grade of “B-“ or greater or be currently enrolled in the following courses, and receive permission from the MFT faculty in order to take the CQE. You will not be able to see your own clients until you have passed all portions of the CQE.

- CYAF 951: Theoretical Foundations of Marriage and Family Therapy
- CYAF 952: Psychopathology and Dysfunctional Interactions
- CYAF 953: Ethics and Professional Issues for Helping Professionals
- CYAF 954: Clinical Assessment
- CYAF 955: Clinical Family Therapy
Semester 2: 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 your 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, your performance in CYAF 955 and CYAF 997 (you must receive a grade of "B-" or greater in both courses 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 during your time in CYAF 955 Clinical Family Therapy I 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?

In the event a student does not meet any one of the above criteria, the MFT faculty will support them in developing a plan of remediation.

Semester 2: 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 (https://www.unl.edu/gradstudies/academics/program-steps/masters). 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 A** if you are completing a thesis. If Option A, you must take an approved statistics or qualitative research methods class and 6 credits of CYAF 866: Thesis.
  - Select **Option B** if you are not completing a thesis and would like to graduate with a minor. 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 B** if you are not completing a minor and would like to take 9 elective credits (no more than 3 credits can be taken via independent study).
  - Select **Option B** 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 B** for your degree AND would like to complete a Minor area of study, list the department of the minor. If you are using either Options A or using Option B with 9 elective credits, or using Option B and pursuing the MedFT certificate 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 **53 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.

**Semester 3-6: 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: Advanced Practicum in Family Therapy and clinical experience. After successfully completing the qualifying exam and practicum readiness 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 four active clients at the **Couple and Family Clinic**, 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). Each student will complete a practicum readiness interview with MFT faculty during their second semester.

Once you have been accepted at a site, you, the on-site supervisor, and the Director may need to sign a practicum agreement that outlines the requirements of your placement. This is contingent upon your practicum placement.

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

Additional Semesters of CYAF 997: Practicum in Family Therapy

- If the student has not met the relational therapy competency requirement and completed 150 relational hours and 300 total client contact hours, they will be required to take additional practica.
- If the student has earned a grade of C+ or lower in any of their practicum courses, they will be required to enroll in additional practica.
- If the student has failed to meet clinical competencies as outlined in the ECC, 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.
Clinical and Supervision Hours

Client Contact Hours

COAMFTE requires students to obtain a minimum of 300 direct client contact hours of therapy, 150 must be relational (for licensure in Nebraska). Most students complete around 500 hours prior to meeting clinical competencies needed for graduation.

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.

To obtain these hours, it will be necessary for you to see at least 3-4 clients per week at the Couple and Family Clinic 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 300 direct client contact hour minimum requirement, you must also demonstrate competency in couple and family therapy. Competency in couple and family therapy are achieved by:

1. Meeting or 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 Evaluation of Clinical Competencies document.
2. Obtaining a minimum of 150 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).
   a. 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 and/or met sixth semester clinical competency requirements by the last day of their final semester/term of practicum will not be cleared for graduation and will be required to take an additional semester of practicum.

**Tips for completing the clinical contact hour requirements.**

a. In order to obtain the hours necessary to demonstrate clinical competencies, a student should aim to schedule 12-15 client contact hours each week (a combination of practicum and off-site placement) of the twelve-month practicum. This number allows flexibility for cancellations and no-shows, and it will help you obtain the 300 hours required for COAMFTE, as well as additional hours as you seek to meet sixth semester clinical competencies. 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 eight hours a week. Likewise, students often want to offload their caseloads early in the program. All students are required to see clients until they graduate.

b. Students should take into consideration cancellations and no-shows when setting their caseloads. For example, a therapist who wants eight-ten hours a week should probably schedule 12-15 clients cases a week.

c. Students will need to average 2-3 relational hours a week to obtain 150 hours during the 12 months practicum. It is recommended that students get a caseload of up three to 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 co-therapy 2) Conduct one and one-half hour sessions with relational cases (this is an option only when it is informed by treatment needs). 3) When working with individuals, explore inviting significant others into therapy who play a role in the problem or who may play a role in the solution to the problem.

**Supervision Hours**

You are required to obtain a minimum of 100 hours of supervision. This will be a combination of individual supervision where video of your sessions must be brought into the supervisory sessions, group, and live supervision experiences. 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. Most students acquire considerably more supervision hours than are required.

Most supervision will be conducted in person, however the COAMFTE Standards v12.5 allow for virtual supervision. Virtual supervision is defined as “the process of delivering synchronous MFT relational/systemic supervision using a secure video platform. The online supervisory interaction is compliant with relevant state, federal, and provincial regulations for the location in which the clinical student therapist and supervisor are physically located” (COAMFT Standards v12.5). If the student and supervisor both agree to virtual supervision, supervision will take place via an encrypted version of Zoom.

**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 digitally recorded 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.

**Tracking Supervision and Therapy Hours**

*Supervision and Therapy Spreadsheet.* 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.

There is an Excel spreadsheet used by the MFT students to record the monthly hours on OneDrive. This spreadsheet logs both clinical contact hours as well as supervision. A summary sheet is contained in the spreadsheet. Practicum supervisors, the clinic coordinator, and the program director will review these logs regularly.

In order for hours to be counted on the supervision and therapy spreadsheet, all casenotes must be completed. If an hour is counted on the spreadsheet, but no case note has been completed, the hour will not count. Students must complete case notes after each session. Supervisors will check case notes on a weekly basis.

At the end of each month you must make sure your supervision and therapy spreadsheet is complete. 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 supervision and therapy spreadsheet tallies clinical contact hours and supervision hours (by type and mode). These categories are defined as:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL CONTACT HOURS</strong></td>
<td>Hours you were the therapist, co-therapist, or member of a treatment team. These are <em>face-to-face</em> hours only!</td>
</tr>
<tr>
<td><strong>ALTERNATIVE HOURS</strong></td>
<td>These are hours that are spent behind the mirror, or watching video of someone else’s sessions. These hours <em>do not</em> count towards the 300 face-to-faced hours needed to graduate.</td>
</tr>
<tr>
<td><strong>SUPERVISION TYPE</strong></td>
<td><strong>INDIVIDUAL:</strong> 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.</td>
</tr>
</tbody>
</table>
GROUP: All hours when a group of no more than ten trainees plus a supervisor are involved in supervision.

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

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

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

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. An example of this would be conducting a therapy session during live supervision.
- 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.
Evaluating Student Progress

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, faculty, and supervisors; c) non-academic influences on your professional development; and d) clinical competencies and skills as evaluated by the Evaluation of Clinical Competencies form. 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 stored within the program’s Qualtrics account. 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 narrative in form (e.g., scores and feedback on Clinical Qualifying Examinations, Ethics in Action feedback, and Theory of Therapy papers and presentations), as well as 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, client assessment data, Intercultural Development Inventory data) will be kept. This information will be used to evaluate the effectiveness of our learning and assessment activities and to make plans for improvement. 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.

Semester 1-6: Cohort Survey

Students are given an anonymous survey to complete at the end of each semester of the program. The purpose of this survey is to provide faculty the opportunity to assess student perception of program climate and functioning. Data from these surveys are used by faculty to make ongoing improvements to the program.

Semester 1-6: Cohort Check-In

Twice per academic 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, teamwork 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. In addition to these scheduled check-ins, students are welcome to request a cohort check-in with faculty at any time.

Semester 3-6: 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 will be given the Evaluation of Clinical Competencies form during your first 997 Practicum Course, which is the evaluation your site supervisor must fill out.

**Post-Graduation: Continued Contact with the Program:**
As part of our ongoing program assessment process, the Program Director will collect and store your current contact information upon graduation from the program. This information will not be shared with outside sources, but will be used to continually assess student graduation outcomes, including but not limited to: licensure status, current employment, continued professional identification as an MFT, and licensing examination pass status. This information will be collected from you in the form of yearly surveys sent via email. We ask that you update the Program Director should changes in your contact information occur.


Student Conduct

Adherence to the AAMFT Code of Ethics
Whenever you are practicing therapy, you must follow the AAMFT ethical codes. These are general professional guidelines subscribed to by members of AAMFT. Copies of the Code of Ethics are included in your AAMFT membership packet, as well as in Appendix G of this manual. 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 Program Director.

Membership of AAMFT
The MFT course of study consists of 53 credit hours. The curriculum fulfills the educational and practicum requirements for clinical membership in the American Association for Marriage and Family Therapy.

Membership of NAMFT
Students are required to be student members of the Nebraska Association for Marriage and Family Therapy and to participate in local NAMFT conferences and events.
If Problems Arise

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 will 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 a 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. Failure to pass the Clinical Qualifying Exam after two attempts.
5. Failure to complete time limits for the degree as set by the MFT program, the Department (CYAF), the College (CEHS), and the Graduate School.
6. Failure to make satisfactory progress in clinical skills. This includes but is not limited to failure to seek supervision, failure to follow supervisor directives, and failure to maintain client files in a timely manner.
7. Failure to achieve satisfactory clinical competency as evidenced by substandard ratings on any specific competency for multiple semesters or by the expected graduation date on the ECC device.
8. 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 will 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 students 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 402-472-3755).

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

- If the grievance is with an instructor concerning a class matter, the chair of the department should be contacted.
- If the grievance is with your supervisor, the MFT Program Director should be contacted.
- If your supervisor is the MFT Program Director, you should contact the chair of the department.
- If the grievance is with another student in the MFT Program, you should contact the MFT Program Director.
- If these steps do not resolve the problem, then you should proceed to the next level of authority. For example, if the MFT Program Director is unable to resolve the grievance satisfactorily, you should take your grievance to the Department Chair. Although there may be exceptions, the level of authority generally proceeds as follows:
  a. the concerned individual
  b. the MFT Program Director
  c. the Chair of the Department
  d. the Dean of the College
  e. the Dean of the Graduate School
  f. the Office of Academic Affairs

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

Personal Psychotherapy

The faculty recognize the value of psychotherapy and strongly encourage students to participate in their own personal psychotherapy. 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.
The Couple and Family Therapy Clinic

Couple and Family Clinic Policies and Procedures
The MFT program’s Couple and Family Clinic (CFC) 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 all 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 CFC at the FRC are found in a binder in the student work room at the FRC. These need to be studied and followed carefully.

Management of the Couple and Family Clinic
Throughout your enrollment in the program, you are expected to participate in the management of the Couple and Family Clinic. You are staff of the CFC 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. To facilitate clinic staffing, the following activities/meetings have been established.

Staff meetings. Attendance at staff meetings, scheduled by the Clinic Coordinator or Program Director, 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, best business practices, and clinic and program operation are discussed. Inservice presentations may occasionally be scheduled during this time. Yearly HIPAA trainings are conducted during a fall staff meeting and attendance is required by all students before they are able to assist in the management of the CFC. The Program Director or Clinic Coordinator chairs these meetings.

Student Clinic Duties
Assigned time at the clinic. 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 1st year student will be assigned to spend one hour each week at the clinic. 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 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 CFC. 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 four active clients at the CFC throughout their practicum year.

Client Files
The Couple and Family Clinic utilizes an Electronic Health Record system to maintain 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, Discharge 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 supervised is documented. Detailed information about maintaining client files is presented in CYAF 955 and continued in other clinical courses as well as through regular staff meetings with the Clinic Coordinator and Program Director. File Audits are completed by the practicum supervisor each semester to ensure timely and ethical documentation standards are being met.

**Technology Requirements**

Our students must have regular access to a computer which has internet access. Many courses detail assignments and submission of work via UNL’s Canvas program, and regular assessments are completed and recorded through Qualtrics. Currently, two (2) desktop computers with internet access are provided to students within the clinic for the use of maintaining client files on our Electronic Health Records (EHR) system. HIPAA compliance training is provided during the first semester of the program to ensure client confidentiality when students access the EHR system on personal computers outside of the clinic. Supervision and student clinical evaluation regularly occur through the utilization of the Couple and Family Clinic’s electronic recording system. Students are expected to meet HIPAA expectations when saving client’s recorded sessions onto the clinic cloud drive (e.g. Box or OneDrive).

**Telehealth**

The University of Nebraska’s MFT program provides therapy services to citizens of rural Nebraska, and those who are unable to physically be present in the Couple and Family Center, via teletherapy. Teletherapy is a form of telehealth. In the state of Nebraska Revised Statute 71.8503 defines telehealth as “the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a healthcare practitioner in the diagnosis or treatment of a patient”. According to Nebraska Revised Statute 71.8503, telehealth include services “originating from a patient’s home or any other location where such patient is located”. In Nebraska telehealth also includes “audio-only services for the delivery of individual behavior health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law”.

Students in the Distance Therapy program are guaranteed the opportunity to gain competency in using telehealth systems (Zoom) to deliver mental health services as 100% of their caseload consists of clients in rural Nebraska who exclusively use teletherapy for treatment. With the increased acceptance of teletherapy as a viable mode of mental health treatment, more and more clients local to Lincoln are also requesting teletherapy services. Due to this, while students not in the distance therapy internship program may not be guaranteed the opportunity to practice clinical competencies through telehealth regularly, it is highly likely they will have the opportunity to do so at some point during their time in the program.

During a scheduled staff meeting in the Fall of their first and second year, every student will participate in a telehealth training webinar conducted by the Behavioral Health Education Center of Nebraska (BHECN). Students will also be given opportunities to see Couple and Family Clinic clients via telehealth through use of their HIPAA compliant Zoom accounts, as provided by the University. Supervision in telehealth, which includes documentation skills and video reviews of student work, is continually provided throughout the program.

**Teletherapy Policies and Procedures**

71-8505 (1) Prior to an initial telehealth consultation under section 71-8506, a health care practitioner who delivers a health care service to a patient through telehealth shall ensure that the following written
information is provided to the patient: (a) A statement that the patient retains the option to refuse the telehealth consultation at any time without affecting the patient's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the patient would otherwise be entitled; (b) A statement that all existing confidentiality protections shall apply to the telehealth consultation; (c) A statement that the patient shall have access to all medical information resulting from the telehealth consultation as provided by law for patient access to his or her medical records; and (d) A statement that dissemination of any patient identifiable images or information from the telehealth consultation to researchers or other entities shall not occur without the written consent of the patient. (2) The patient shall sign a written statement prior to or during an initial telehealth consultation, or give verbal consent during the telehealth consultation, indicating that the patient understands the written information provided pursuant to subsection (1) of this section and that this information has been discussed with the health care practitioner or the practitioner's his or her designee. The Such signed statement may be collected by paper or electronic signature and shall become a part of the patient's medical record. If the patient gives verbal consent during the initial telehealth consultation, the signed statement shall be collected within ten days after such telehealth consultation. (3) If the patient is a minor or is incapacitated or mentally incompetent such that he or she is unable to sign the written statement or give verbal consent as required by subsection (2) of this section, such statement shall be signed, or such verbal consent given
Appendix A: MFT Graduate Student Record Form
This form is for student records only  
Student Name: ______________________________  Date Entered the Program ______

Marriage and Family Therapy Program Requirements.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn in therapy observation log</td>
<td></td>
</tr>
<tr>
<td>Membership in AAMFT</td>
<td></td>
</tr>
<tr>
<td>Complete CITI Training</td>
<td></td>
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<tr>
<td>Professional liability insurance</td>
<td></td>
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<tr>
<td>Clinical Qualifying Examination</td>
<td></td>
</tr>
<tr>
<td>Practicum Readiness Interview</td>
<td></td>
</tr>
<tr>
<td>12-month consecutive months in practicum</td>
<td></td>
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<tr>
<td>300 direct client contact hours (150 relational)</td>
<td></td>
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<tr>
<td>100 total hours of supervision: 50 hours individual and 50 hours group</td>
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<tr>
<td>Competency in relational therapies</td>
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<tr>
<td>□ 150 relational hours</td>
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<td>Competency in Cultural Sensitivity</td>
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<td>Competency in Documentation</td>
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<tr>
<td>Competency in Ethics and Clinical Decision Making</td>
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<td>Competency in Client Management</td>
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<td>Competency in Professionalism</td>
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<td>Competency in Psychopathology</td>
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<td>Competency in Rural Mental Health Care</td>
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<tr>
<td>Competency in Using Technology as a Treatment Delivery Medium</td>
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<tr>
<td>Appropriately close all client files at FRC</td>
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<tr>
<td>Successfully defend a thesis, completion of a minor, or 9 elective credits</td>
<td></td>
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</tbody>
</table>

Program Director must sign below after verifying completion of all requirements.  
____________________________________________(PD)  ______________________________(Date)
Appendix B: Course Sequence and Curriculum Areas
University of Nebraska-Lincoln, Department of Child, Youth and Family Studies
Marriage and Family Therapy Specialization

Course Requirements

Required Core Courses
CYAF 951: Theoretical Foundations of Marital and Family Therapy 3 credits
CYAF 952: Psychopathology and Dysfunctional Interactions 3 credits
CYAF 953: Issues and Ethics for Family Professionals 3 credits
CYAF 954: Clinical Assessment 3 credits
CYAF 955: Clinical Family Therapy I 3 credits
CYAF 956: Couples and Sex Therapy 3 credits
CYAF 865: Research Design/CYAF 863: Youth Professional as Consumers of Research 3 credits
CYAF 870: Multicultural Competencies in Mental Health Treatment 3 credits
CYAF 846: Addiction & Families* 3 credits
CYAF 997: Advanced Practicum in Family Therapy (3 credits for fall/spring semesters; 4 credits for each summer semester) 14 credits

Total Core Credits 41 credits

*If you completed CYAF 446 as part of your undergraduate degree, you must take 3 credits of an elective.

Individual Development and Family Relations Electives:
In consultation with their academic advisor and with the approval of the MFT faculty, students must select three credits of coursework focusing on individual and family development. These credits must include content that addresses development across the life-span and from an ecological and/or systemic perspective. If a student has not had an undergraduate course in child development, they should select EdPsych 850: Child Psychology or CYAF 973: Social Processes in Children.

Total Development Elective Unit 3 credits

Thesis, Minor, Selected Program of Study, or Certificate
Depending on the master’s degree option chosen, students complete either a thesis (Option A) or 9 credits of additional course work (Option B). Students choosing Option A must take EdPsy 860: Advanced Statistical Methods or EDPS 900K: Qualitative Research and a minimum of 6 credits of CYAF 899: Thesis prior to graduation. Students choosing Option B may complete an approved minor of at least 9 credits,9 credits of a selected program of study, or the certificate in Medical Family Therapy.

Total Thesis or Option B Credits 9 credits

Total Credit Credits in Specialization 53 credits

* Students are encouraged to have taken at least one undergraduate-level course in human development prior to enrolling in the program.
Marriage and Family Therapy Program
Course Sequence

**Year 1**

**FALL**

CYAF 951  Theoretical Foundations Of Marriage And Family Therapy

CYAF 952  Psychopathology

CYAF 865  Research Design And Methodology or

CYAF 863  Youth Professionals as Consumers of Research

CYAF 846  Addiction & Families (*if this course was taken during undergraduate, must take 3 elective credits)

**SPRING**

CYAF 953  Issues And Ethics For Family Professionals

CYAF 954  Clinical Assessment

CYAF 956  Couples and Sex Therapy

CYAF 955  Pre-Clinical Practicum: Introduction/Motivational Interviewing

**SUMMER**

CYAF 997  Advanced Clinical Practicum: Mindful Practices and the Role of the Self in Therapy (4 Credits)

**Year 2**

**FALL**

CYAF 870  Multicultural Competencies in Mental Health Treatment

CYAF 997  Advanced Clinical Practicum: Couples

Thesis credits or Minor Course

**SPRING**

CYAF 997  Advanced Clinical Practicum: Children and Families

Thesis credits or Minor course

Elective Course / Independent Study

**SUMMER**

CYAF 997  Advanced Clinical Practicum: Attachment-Based Family Therapy (4 Credits)

Thesis credits or Minor 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 955 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 the clinic coordinator and placed in your file before you may take CYAF 955.

<table>
<thead>
<tr>
<th>Date</th>
<th>Length of Time Observed</th>
<th>Name of Therapist</th>
<th>Type of Observation (Live or video)</th>
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<td>15</td>
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</tbody>
</table>

___________________________________________
Student's Signature/Date

___________________________________________
Advisor's Signature/Date

37
Appendix D: Practicum Placement Interview Form
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
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: 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.

Requirements
Before any student may take the comprehensive examination, students must have completed with satisfactory grades:
- CYAF 951: Theoretical Foundations in Marriage and Family Therapy
- CYAF 952: Psychopathology and Dysfunctional Interactions
- CYAF 953: Issues and Ethics for Family Professionals
- CYAF 955: Clinical Family Therapy

Basic Directions
The clinical practice and ethics portions of your CQE will be administered as part of your CYAF 955 and CYAF 953 courses, respectively. There are three parts to the exam:
1. Ethics paper (based off a vignette provided to you in CYAF 953)
2. Theoretical Portion (taken during CYAF 955)
3. Treatment Plan and Assessment

Dates and expectations for these parts of the examination will be described in detail in those course syllabi and in discussion with the courses’ professors.

The theoretical portion will be administered toward the end of your second semester of the program as outlined in the schedule at the beginning of this handbook. You may not take notes, books, papers, or other materials with you into the theoretical portion of the examination. Access to a OneDrive folder will be provided to you once you have completed the examination, you will save it on the OneDrive folder. You will have the week to prepare a reference list (APA style) of the works cited in your answers. Include your reference list with your treatment plan portion of the exam. 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.

The treatment plan and assessment portion of the exam will be take-home. You will have the week to finish this section and upload it to the OneDrive folder.

Evaluation
The clinical practice and ethics portions of the CQE will be evaluated independently by the instructors of CYAF 955 and CYAF 953, and all MFT faculty. Each essay will be evaluated independently of your other responses and at least two instructors and/or faculty members will review each CQE. If instructors or faculty have concerns about a student’s exam, they will bring those students’ exams to the rest of the MFT faculty for evaluation of a Pass, Pass with Revisions, or Fail. A student passes the question if the majority of the faculty rate it Pass. Pass with Revisions will require the student to more fully answer the questions posed by faculty. The majority or students are required to make revisions.

If two or more faculty determine that a particular response is not adequate a decision of Fail will be made and a remediation plan will be put into place. This will include rewriting the failed section, and potentially other stipulations that student must complete before being cleared to see clients independently. Failure of one question requires a re-examination in the area of the failed question at a later time during the spring or early summer term (to be arranged with the student).
Normally, a question can only be rewritten once. If one question is not satisfactorily rewritten or a portion of the CQE is Failed a second time, you will not be permitted to see clients and may be dismissed from the CYAF MFT track of study and moved to a general CYAF master’s degree. Examination results will be received by students as outlined in the schedule at the beginning of this handbook.

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.** It is easier to read a well-organized response than a poorly organized one. Write clearly and concisely, use APA formatting as much as possible (e.g. headers, 1” margins, etc.). 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 and may result in a fail on portion of the CQE.

**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 spring semester.

Exam questions 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 (see the Evaluation of Clinical Competencies – Appendix J).
<table>
<thead>
<tr>
<th>Category</th>
<th>Comments</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization of Thoughts</td>
<td></td>
<td></td>
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<tr>
<td>Breadth of Knowledge</td>
<td></td>
<td></td>
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<tr>
<td>Demonstration of Competency</td>
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<tr>
<td>Style and Construction</td>
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<tr>
<td>Overall Score</td>
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</table>

**GENERAL COMMENTS:**
Appendix F: Intercultural Development Inventory (IDI)
The Intercultural Development Inventory (IDI)

The Intercultural Developmental Inventory (IDI) is a 50-item questionnaire that assesses intercultural competence. Students take the IDI during their first semester of practicum (Semester 3) and then again during the last semester of practicum (Semester 6). After students take the questionnaire they will be provided group feedback in CYAF 870 during Semester 4. Students will be provided individual feedback in one-on-one meetings with the Clinic Coordinator (Vanessa Neuhaus).

You can learn more about the IDI by visiting their website: https://idiinventory.com/
Appendix G: Theory of Therapy Paper and Clinical Efficacy Case Presentation (Option A & B)
Assignment and Criteria for Theory of Therapy Paper and Presentation

All students 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 A and Option B students complete this requirement as part of the CYAF 997 sequence, but Option B students count it as their graduation requirement for a comprehensive examination.)

Theory or Therapy Paper

Prepare a 20-page (excluding title page, abstract, and reference list) 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, including your hypotheses on how problems develop.
   2. How second order change occurs.
   3. The role of the therapist in producing change.
   4. What new theoretical knowledge you have gained this semester and how you are integrating this into your approach (ongoing development of model).

ii. The techniques and interventions from your theory of therapy that you have used with clients, and descriptions/examples of how you have executed them.

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 will begin working on the paper when you start CYAF 997 your first summer and continue developing 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 Clinical Efficacy Case Presentation (see below). You must upload your final copy, the previous semester’s copy with the instructor’s feedback/evaluation to OneDrive. You must also provide an electronic copy of the paper to each of the other MFT faculty members at least one week prior to the presentation.
Clinical Efficacy Case 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 and ability to track and assess client change through utilization of your theoretical approach. Do not attempt to describe your entire theory - you don’t have enough time for that. While your approach is rooted in your theory of therapy, this presentation gives us the opportunity to see how your theory applied in action; along with client feedback and your continued assessment; impacts second order change in the clients you serve. 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.

<table>
<thead>
<tr>
<th>Time Elapsed</th>
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<tbody>
<tr>
<td>Introduction that captures the essence of your approach. Creativity is encouraged. This should include a brief review of key concepts/principles that underlie the approach. 0:02 0:02</td>
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<tr>
<td>Introduction to first video clip (brief background of client presenting problem; what we’ll see) 0:01 0:03</td>
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<tr>
<td>Video clip #1 0:03 0:06</td>
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<tr>
<td>Verbal review of first video clip (this is what you saw me do and how it reflects my approach) 0:01 0:07</td>
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<tr>
<td>Review of client feedback data that demonstrates evidence of change in specific client change processes (provision of insight into how your approach impacted this change). 0:02 0:09</td>
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<td>Introduction to second video clip (brief background of client presenting problem; what we’ll see) 0:01 0:10</td>
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<tr>
<td>Video clip #2 0:03 0:13</td>
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<tr>
<td>Verbal review of second video clip (this is what you saw me do and how it reflects my approach) 0:01 0:14</td>
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<tr>
<td>Review of client feedback data that demonstrates evidence of change in specific client change processes (provision of insight into how your approach impacted this change). 0:02 0:16</td>
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<tr>
<td>Summary/Conclusion – Must include self reflection on personal development and professional growth (YOUR change processes throughout the program) 0:03 0:19</td>
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<tr>
<td>Questions 0:06 0:25</td>
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CRITERIA CHECKLIST

Paper
1. Organization: follows outline of assignment, flow of paper allows for easy reading
2. Professionalism: strict use of APA standards, only minor, infrequent errors in grammar and
spelling

3. **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

4. **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

**Presentation**

1. **Presentation Style:** the organization and flow of presentation appears planned and practiced, professional in dress, interactions with audience are professional in nature, creativity
2. **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 questions
3. **Organization:** presentation has an introduction that adequately represents goals of presentation, materials are easily accessible as needed, videotapes are cued
4. **Engagement of Audience:** student shows good eye contact with audience, reading from notes is minimal if not absent
5. **Video Demonstration of Theory in Action:** selection of vignettes effectively illustrate student’s theory of therapy, commentary on video is appropriate and based on literature and practice. The videos must be of two different clients.
6. **Utilization of Data:** student is able to demonstrate consistency of assessment measures used throughout treatment to track and evaluate specific indicators of client change processes (ie, change in family processes, symptom reduction, goal obtainment, change in trauma narratives, and/or client function, etc.) and how their approach impacted this change. If progress is stalled/absent, student can identify and articulate contributing factors.
7. **Personal Reflection:** must demonstrate meaningful insight into personal change and development throughout clinical experience; student gives specific examples of seminal moments
8. **Responsiveness to Audience:** provides knowledgeable feedback to questions.
9. **Handout:** supported the presentation and effectively communicates information about the approach.

**Option B Comprehensive Examination Requirement**

In order to fulfill the **Option B** requirement of a written or oral comprehensive examination within six months of graduation, students selecting Option B will submit their Theory of Therapy Paper and clinical work presentation. Note that both Option A and Option B students complete this requirement as part of the CYAF 997 sequence, but Option B students count it as their graduation requirement for a comprehensive examination.

**Procedure for Option B 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: https://www.unl.edu/gradstudies/academics/program-steps/masters
   ii. Complete Parts 1 through 4 and submit to your advisor for their signature
   iii. Verify that your advisor sends the form to the department graduate director and the graduate school via 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.

Filling out the 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 https://cehs.unl.edu/secd/moc-degree-completion/ 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 A”. Those completing a recognized minor, Certificate in Medical Family Therapy, or 9 elective credits should check “Option B”.

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 that are outside of the CYAF department.) Indicate your Specialization as Marriage and Family Therapy. Indicate your expected graduation date.

Part 2: Written Comprehensive Examination

• If you are graduating under Option A, indicate that the Major written exam is waived for the Major. Do not indicate anything for the Minor.
• If you are graduating under Option B, 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).

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 B who elect to complete a minor will need the signature of the representative from the Minor department.

Part 4: Final Oral Examination

Students under Option A 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 B should leave this Part blank.

Part 5: Thesis

Students under Option A 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 H: AAMFT Code of Ethics
PREAMBLE
The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust
The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation
Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation
The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Ethical Decision-Making
Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct. Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and take reasonable steps to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

Binding Expectations
The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.
Resolving Complaints
The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Aspirational Core Values
The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature, and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice.
The core values of AAMFT embody:
1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards
Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

STANDARD I: RESPONSIBILITY TO CLIENTS
Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

1.1 Non-Discrimination
Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.

1.2 Informed Consent
Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented.

1.3 Multiple Relationships
Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client’s immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others
Sexual intimacy with current clients or with known members of the client’s family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others
Sexual intimacy with former clients or with known members of the client’s family system is prohibited.

1.6 Reports of Unethical Conduct
Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Abuse of the Therapeutic Relationship
Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making
Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client
Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Referrals
Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

1.11 Non-Abandonment
Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

1.12 Written Consent to Record
Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

1.13 Relationships with Third Parties
Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.
STANDARD II: CONFIDENTIALITY

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Disclosing Limits of Confidentiality
Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients’ right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information
Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual’s confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records
Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client’s access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client’s request and the rationale for withholding some or all of the record should be documented in the client’s file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

2.4 Confidentiality in Non-Clinical Activities
Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.5 Protection of Records
Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.6 Preparation for Practice Changes
In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

2.7 Confidentiality in Consultations
Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes
of the consultation.

**STANDARD III: PROFESSIONAL COMPETENCE AND INTEGRITY**

*Marriage and family therapists maintain high standards of professional competence and integrity.*

3.1 **Maintenance of Competency**
Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.2 **Knowledge of Regulatory Standards**
Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

3.3 **Seek Assistance**
Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

3.4 **Conflicts of Interest**
Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 **Maintenance of Records**
Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.6 **Development of New Skills**
While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, and/or supervised experience.

3.7 **Harassment**
Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.8 **Exploitation**
Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 **Gifts**
Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

3.10 **Scope of Competence**
Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.11 **Public Statements**
Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or
other public statements.

3.12 Professional Misconduct
Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV: RESPONSIBILITY TO STUDENTS AND SUPERVISEES
Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation
Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Therapy with Students or Supervisees
Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees
Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

4.4 Oversight of Supervisee Competence
Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Oversight of Supervisee Professionalism
Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees
Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee’s immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees
Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are
multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

4.8 Payment for Supervision
Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V: RESEARCH AND PUBLICATION
Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Institutional Approval
When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

5.2 Protection of Research Participants
Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.3 Informed Consent to Research
Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation
Marriage and family therapists respect each participant’s freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

5.5 Confidentiality of Research Data
Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.
5.6 Publication
Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work
Marriage and family therapists do not accept or require authorship credit for a publication based from student’s research, unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on student research should be determined in accordance with principles of fairness and justice.

5.8 Plagiarism
Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

5.9 Accuracy in Publication
Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI: TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES
Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

6.1 Technology Assisted Services
Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise
Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist’s and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities
It is the therapist’s or supervisor’s responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist’s or supervisor’s technology.
6.4 Technology and Documentation
Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist’s or supervisor’s technology.

6.5 Location of Services and Practice
Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology
Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees.

STANDARD VII: PROFESSIONAL EVALUATIONS
Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services
Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings
Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence
Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

7.4 Informed Consent
Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts
Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles
Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy
Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist’s perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions
Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service
Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules
Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

STANDARD VIII: FINANCIAL ARRANGEMENTS
Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

8.1 Financial Integrity
Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

8.2 Disclosure of Financial Policies
Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

8.3 Notice of Payment Recovery Procedures
Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

8.4 Truthful Representation of Services
Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

8.5 Bartering
Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

**8.6 Withholding Records for Non-Payment**
Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client’s treatment solely because payment has not been received for past services, except as otherwise provided by law.

**STANDARD IX: ADVERTISING**
Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

**9.1 Accurate Professional Representation**
Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

**9.2 Promotional Materials**
Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

**9.3 Professional Affiliations**
Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

**9.4 Professional Identification**
Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

**9.5 Educational Credentials**
Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

**9.6 Employee or supervisee Qualifications**
Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

**9.7 Specialization**
Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

**9.8 Correction of Misinformation**
Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist’s qualifications, services, or products.
Legal and Ethics Consultations

Your membership in AAMFT allows you access to various member benefits, including consultations with AAMFT's legal and ethics staff. All members of AAMFT are eligible to receive Ethical Advisory Opinions. Members in the following AAMFT membership categories are eligible for Legal Consultations: Associate, Member, Pre-Clinical Fellow, and Clinical Fellow.
Appendix I: National Examination and Licensure
National Licensing Examination

For licensure, you must pass the national exam. If you will be licensed in Nebraska, you can take the exam as soon as you graduate. If you will be practicing outside of Nebraska, you will want to 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. 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 that can change, we strongly 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 the plan to practice. The AAMFT keeps current a list of state licensure boards on their web site at www.aamft.org.
Appendix J: Examples of M.S. Options A & B
Policies
Always refer to the Graduate Studies website 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 A: Thesis
Option A 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 B: Minor or Elective Credits
Option B requires students to satisfactorily complete the 42 credits of required coursework plus an approved minor, or selection of elective credits of no less than 9 credits. Minor courses must be taken from Departments outside of Child, Youth and Family Studies. Students choosing Option B with a minor will complete a minimum of 53 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.

Instead of a minor, students may take a selection of elective courses up to 9 credit hours. Students are encouraged to take classes within, or outside, of the CYAF department that complement their program of study. Examples of departments that teach classes that may compliment your MFT training include CYAF’s Early Childhood courses, Communication Studies, Educational Psychology, Gerontology, Business Administration, Psychology, Biological Sciences, Ethnic Studies, etc. Courses do not have to be cohesive or within the same subject area.

Independent Study
Students may count up to 3 credit hours of independent study towards the completion of Option B with Elective Credits. Students who wish to take an independent study must plan and propose a program of study that equates to up to three credit hours of coursework. A credit hour is an amount of work represented in intending learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than, “One hour of classroom instruction and two hours of out of class student work per week per credit.” What that means, is as you plan an independent study, you should plan for three hours of work, per week, per credit. A three-credit independent study would be roughly 9 hours of work per week. Students are encouraged to speak with an academic adviser before pursuing an independent study.
The independent study process includes:

1. Select a topic and a faculty adviser. It is imperative that you seek a faculty adviser who has expertise in your topic of interest and who is available to oversee an independent study. Not all faculty are able to take on independent studies with students.

2. Complete the project proposal and submit to the faculty adviser for review and approval. Your proposal should include:
   a. Your name
   b. Name of Faculty Adviser
   c. Semester of Independent Study
   d. Number of Credit Hours you are seeking
   e. Project Description
      i. Include goals and learning objectives
   f. Evaluation
      i. Describe how your faculty adviser will evaluate your independent study
   g. Timeline for Independent Study Completion
      i. Include due dates for all meetings, assessments (e.g. papers, presentations, etc.), and other important timeline dates

3. Once your proposal has been approved, students must complete a contract. This can be obtained through the CYAF department.

4. Students must obtain a My Red permission code from the CYAF department to enroll in an independent study course in MyRed.

**Option B: 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.
Appendix K: Evaluation of Clinical Competencies
University of Nebraska-Lincoln  
Evaluation of Clinical Competencies: ECC  
Working with Couples and Families

Assessment Plan
The ECC will be used to establish baseline, benchmarks and proficiency of MFT clinical competencies. The instrument will be used as part of the evaluative process for the clinical skills course as well as an ongoing evaluation of student clinical skill development. Each student is to be evaluated within the last 2 weeks of each semester. The evaluation is to be filled out by the faculty, onsite supervisor and the therapist-in-training via Qualtrics. These 3 evaluations per semester will be used to individually to guide supervisor feedback and student focus. Aggregate data will be used to identify trends in conceptual and practical skill development. The program will then use the data to make program changes that will strengthen the quality of training provided.

Evaluator instructions
Use the rubric provided in Qualtrics to evaluate the skill level the trainee is currently performing at. If the student therapist is performing tasks at a higher or lower level as described by the expected competencies please note appropriately in the comment box. Please fill out based on the semester of evaluation for the student and mark the skill level of the clinician, regardless of semester.

For example: Let’s say you are evaluating their ability to be aware of from the perspective of each member of the therapeutic system (AAMFT core competency 2.3.9) and you have determined that they are meeting the criteria for Semester 3 based on their ability to articulate the perspective of each member of the family. However, you know that they have some growth in the clarity of their description to the family. You assess that they are at the Semester 3 competency but in the comment box note the deficiencies. If you are rating a student in semesters 4-6 but you do not think they meet the clinical competency of their semester, rate them at the level you do think they meet, and explain in the comment section.
**Competency Expectation 1:** Defuse intense and chaotic situations to enhance the safety of all participants (AAMFT core competency 4.3.7).

**What we are looking for:** MFTs should be able to recognize intense and emotionally charged conversations early enough in the cycle that they can intervene in a helpful way. We want to see you intervene early and in a way that it disrupts the cycle of negative escalation and moves clients toward change.

### Description of Criteria for Evaluating Clinical Competency by Semester in Program

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<th>Comments: feedback each</th>
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<tbody>
<tr>
<td></td>
<td>Semester 3</td>
<td>Recognize non-productive symmetrical escalation in a timely manner.</td>
<td>Can intervene in non-productive escalation in a timely manner.</td>
<td>Can interrupt non-productive interactions</td>
<td>De-escalations strengthen the therapeutic alliance with both partners and between partners.</td>
<td>Timing of de-escalations is consistent with personal theory and client needs</td>
<td>Clients taught to take responsibility for de-escalation outside of therapy</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Interventions enhanced client awareness of key processes</td>
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<td></td>
<td>Intervention led to in-session behavioral change.</td>
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**Competency Expectation 2:** Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client) (AAMFT core competency 4.3.2).

**What we are looking for:** It is expected that students will demonstrate cultural competence and sensitivity not only with clients, but also with peers, other professionals, supervisors and faculty, and the public. In order to engage with others in a culturally informed manner, it is key that students explore and understand their own cultural context. This understanding will further facilitate students’ understanding of a wide range of human diversity and will enable culturally competent and sensitive practice.

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<th>Semester 6 (Graduation) Expected Competencies</th>
<th>Comments:</th>
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</table>
|                                                               |                   | Recognize the role of culture in assessment and diagnosis | • Develop culturally appropriate treatment plans  
• Articulate the impact culture is having on client/therapist interactions | • Address cultural contexts openly with clients.  
• Integrate the client’s cultural strengths into treatment interventions. | • Interventions demonstrate an understanding of unique cultural context.  
• Interventions were framed in the context of overall goals and client contextual framework. | |

<table>
<thead>
<tr>
<th>Semester 3 Expected Competencies</th>
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<tbody>
<tr>
<td>• Recognize the role of culture in assessment and diagnosis</td>
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<th>Semester 4 Expected Competencies</th>
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| • Develop culturally appropriate treatment plans  
• Articulate the impact culture is having on client/therapist interactions |

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<tr>
<th>Semester 5 Expected Competencies</th>
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</table>
| • Address cultural contexts openly with clients.  
• Integrate the client’s cultural strengths into treatment interventions. |

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<tr>
<th>Semester 6 (Graduation) Expected Competencies</th>
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</table>
| • Interventions demonstrate an understanding of unique cultural context.  
• Interventions were framed in the context of overall goals and client contextual framework. |
**Competency Expectation 3:** Elucidate the presenting problem from the perspective of each member of the therapeutic system (AAMFT core competency 2.3.9).

**What we are looking for:** While MFTs emphasize the way members of a system work together to form an interactional whole, they also recognize that each member has a unique perspective that is informed by age, gender, role, experience, etc. Part of being able to engage people in therapy is an ability to be able to get the perspective of each person. We want to see that you can do that in a way that moves people toward change.

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<th>Semester 6 (Graduation) Expected Competencies</th>
<th>Comments:</th>
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<tr>
<td></td>
<td></td>
<td>Can ask for the perspective of all family members, allowing each to talk for themselves.</td>
<td>Respected equally the perspective of each person</td>
<td>Demonstrated that each person’s perspective informed the therapist’s conceptualization.</td>
<td>Demonstrated support for the perspective of each member of the system.</td>
<td>Encourage clients to look for and validate perspectives of other members of the family</td>
<td>feedback each</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Considers the perspectives of family members not in attendance.</td>
<td>Recognized that some voices are marginalized and took steps to demarginalize them.</td>
<td>Restated what each person says in a way that elicits understanding and agreement by the family members.</td>
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</table>
**Competency Expectation 4:** Generate relational questions and reflexive comments (AAMFT core competencies 4.3.4).

**What we are looking for:** We want to see the therapist engage the client in discussions about the problem/solution that evidence the relational/MFT nature of problems and solutions.

**Description of Criteria for Evaluating Clinical Competency by Semester in Program**

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<th>Comments:</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Asks about the impact of the problem/solutions on others.</td>
<td>Takes what the client says and presents it in light of the relational context.</td>
<td>Restates (reflects) client’s statements in a way that demonstrates a systemic understanding of the problem.</td>
<td>Contextualize treatment goals in relational terms</td>
<td>Utilize extra-therapeutic relationships as an integral part of treatment goals</td>
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<tr>
<td></td>
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<td>Asks about the perceptions of others about the problem/solution.</td>
<td>Asks about the contribution of others to the problem/solution.</td>
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</table>
**Competency Expectation 5:** Engage each family member in the treatment process as appropriate (AAMFT core competencies 4.3.5).

**What we are looking for:** The therapist’s ability to recognize and match each person’s motivation for changing, without alienating the other person. Both members of the couple should be engaged in treatment despite these differences.

### Description of Criteria for Evaluating Clinical Competency by Semester in Program

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<th>Semester 6 (Graduation) Expected Competencies</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognize that the individuals are at different stages of readiness for change/are different in their motivation to do something about the problem.</td>
<td>Semester 3</td>
<td>• Engaged each client in therapy, despite differences in motivation to produce change.</td>
<td>• Pacing and timing of the intervention matched each client’s motivation to produce change.</td>
<td>• Continuous engagement of all family members during the course of treatment as appropriate</td>
<td></td>
<td></td>
<td>feedback each</td>
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</tbody>
</table>
**Competency Expectation 6:** Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships (AAMFT core competency 4.5.2).

**What we are looking for:** Working within the relational context is challenging because it is easy to get caught up in the emotional interactional system. This competency is about your ability to navigate attempts at aligning with one client at the expense of professional treatment of the system.

**Description of Criteria for Evaluating Clinical Competency by Semester in Program**

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<th>Semester 6 (Graduation) Expected Competencies</th>
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<tbody>
<tr>
<td></td>
<td>• Recognized attempts by family members to get the therapist to take sides.</td>
<td>• Recognized attempts by family members to get the therapist to take sides.</td>
<td>• Responded to attempts at triangulation/boundary violations by both acknowledging the person and avoiding pathological alignment.</td>
<td>• Sided with each person/subsystem in the relational context in a way that demonstrates commitment to each person/subsystem.</td>
<td>• Interaction between therapist and client is goal oriented and professional • If challenges to professionalism arise therapist refocuses on client treatment</td>
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**Competency Expectation 7:** Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws. (AAMFT core competency 3.5.3).

**What we are looking for:** Documenting psychotherapy is an important, but often overlooked, competency. Competency in documentation protects the client and facilitates the accomplishment of desirable therapeutic outcomes. As a clinical competency, documentation helps the therapist conceptualize assessment and treatment, track treatment progress, make needed adjustments in treatment and coordinate various aspects of treatment. Students will be able to demonstrate competency in documenting psychotherapy. While the emphasis will be on documenting couple and family therapy, the expectation will be that they will be able to document any type of treatment provided from a relational perspective.

**Description of Criteria for Evaluating Clinical Competency by Semester in Program**

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<tr>
<th>Semester</th>
<th>Competency</th>
<th>Description</th>
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<tbody>
<tr>
<td>Semester 3</td>
<td>Expected Competencies</td>
<td>Completes documentation in a timely manner</td>
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<td>Semester 4</td>
<td>Expected Competencies</td>
<td>Articulates relational dynamics in treatment</td>
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<td>Semester 5</td>
<td>Expected Competencies</td>
<td>Describes the process (with only supportive content) of client problems and/or solutions.</td>
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<tr>
<td>Semester 6 (Graduation)</td>
<td>Expected Competencies</td>
<td>Client documentation is clear and concise requiring little editing</td>
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</table>

**Comments:**
- Qualitative feedback required for each competency.
**Competency Expectation 8:** Establish and maintain appropriate and productive therapeutic alliances with clients (AAMFT core competency 1.3.6).

**What we are looking for:** The therapeutic alliance has been found to account for more treatment outcome variance than any other known factor. If psychotherapy were a medicine, the therapeutic alliance would be identified first on the list of known active ingredients. We want to see you demonstrate your ability to contribute positively to the alliance with both the system as a whole and with each member participating in treatment.

**Description of Criteria for Evaluating Clinical Competency by Semester in Program**

| Additional (qualitative feedback required for each competency) | Evaluation Period | Semester 3 Expected Competencies | Semester 4 Expected Competencies | Semester 5 Expected Competencies | Semester 6 (Graduation) Expected Competencies | Comments:
feedback required for each competency |
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<td></td>
<td>Semester 3</td>
<td>• Joined with each family member in a way that encouraged a working relationship.</td>
<td>• Recognized when a client has disengaged and was able to reengage the client.</td>
<td>• Displays capacity for engaging clients in treatment no matter when they join therapy</td>
<td>• Interventions demonstrate an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)</td>
<td>• Interventions were framed in the context of overall goals and client needs (therapeutic utility of the intervention).</td>
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<td>Semester 4</td>
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<td>Semester 5</td>
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<td>Semester 6</td>
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**Competency Expectation 9:** Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan. (AAMFT core competency 4.4.1)

**What we are looking for:** A model of therapy should guide all therapeutic interactions. This will be demonstrated in the questions that you ask and the way that you otherwise interact with your clients. It will be evaluated in the degree to which we are able to see a common pattern or thread that underlies your questioning and interactions with clients. While we may not be able to identify in a short period of time the exact model you are using, we should be able to see evidence of some recognizable approach. It should be a recognizable couple and family treatment or integration of MFT theories.

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<td></td>
<td></td>
<td></td>
<td>• A recognized marriage and family therapy model was evident in discussion of case conceptualization</td>
<td>• Interventions consistent with therapeutic model are evident when reviewing live sessions</td>
<td>• Theoretical principles inform client/therapist interaction and guide discussions.</td>
<td>• Interventions were framed in the context of the overall theoretical approach.</td>
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</table>
**Competency Expectation 10:** Recognize situations in which ethics, laws, professional liability and standards of practice apply (AAMFT core competencies 5.2.1).

**What we are looking for:** Students will be able to demonstrate competency in ethical decision making by applying the AAMFT Codes of Ethics and applicable state laws with an Ethical Decision Making Model. The emphasis on ethics will include individual, couple and family issues that are common in the practice of marriage and family therapy, and will demonstrate the student’s ability to critically think and articulate a course of action that is sensitive to the many ethical concerns present.

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</thead>
<tbody>
<tr>
<td></td>
<td>Recognize situations that are ethical and legal concerns</td>
<td>Utilize supervision to address ethical/legal concerns professionally</td>
<td>Clear assessment of potential ethical concerns and articulation of potential outcomes for each potential solution</td>
<td>Inclusion of ethical issues in case presentations and supervision.</td>
<td>Thorough description of ethical issues in client documentation.</td>
<td>Clear model for ethical decisions evident in treatment, documentation, case examples, and conceptual discussions.</td>
</tr>
</tbody>
</table>

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Competency Expectation 11: Determine the effectiveness of clinical practice and techniques (AAMFT core competencies 6.3.4).
What we are looking for: This competency will be evaluated during the semester’s formal case presentation. We expect that each student will collect data related to client progress and use that information to inform treatment.

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<td></td>
<td></td>
<td>- Identify a standard battery of assessments and methods of qualitative data collection to track client change</td>
<td>- Articulate psychometrics of the assessments used</td>
<td>- Appropriately document client progress over time.</td>
<td>- Explicitly use client progress data to inform treatment planning.</td>
<td>- Use client progress data to demonstrate efficacy of personal theory of therapy.</td>
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**Competency Components for Theory of Therapy Paper**

**Theory**

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<th>Semester 6 (Graduation) Expected Competencies</th>
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<tbody>
<tr>
<td></td>
<td>Accuracy and depth of chosen theory.</td>
<td>• Identifies areas of growth and strengths</td>
<td>• Understanding of sound theory integration practices</td>
<td>• Clear application of theory into their case examples</td>
<td>• Articulation of MFT professional identity (employer ready)</td>
</tr>
<tr>
<td></td>
<td>Identifies areas of growth and strengths</td>
<td></td>
<td>• Initial ability to integrate theoretical models</td>
<td>• Parsimony of their integrated models</td>
<td>• Accurate and thorough theory integration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Advanced understanding of their chosen purest model</td>
<td>• Inclusion of a brief clinical example demonstrating their application of their chosen model</td>
<td>• Self of therapist integrated into the model articulated professionally</td>
<td>• Consistency between personal theory and examples of clinical practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inclusion of a brief clinical example demonstrating their application of their chosen model</td>
<td>• Appropriately document client progress over the semester</td>
<td>• Inclusion of clinical example of how their treatment has changed over time</td>
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<td>• Identifies areas of growth and strengths that are tied to their theory</td>
<td>• Including client progress data to support treatment change over time.</td>
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<table>
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<tr>
<th>Evaluation Period</th>
<th>Below Semester 3 Expected Competencies</th>
<th>Semester 3 Expected Competencies</th>
<th>Semester 4 Expected Competencies</th>
<th>Semester 5 Expected Competencies</th>
<th>Semester 6 (Graduation) Expected Competencies</th>
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<td>• Describe your own culture and how it impacts your relationships with others</td>
<td>• Describe how your own culture impacts your interaction with clients in the therapy room</td>
<td>• Describe ways of using another’s cultural strength in treatment</td>
<td>• Demonstrate examples their culturally informed practice</td>
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<td>• Beginning to appreciate the value of different cultures</td>
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Appendix L: Limitations of MFT Degree From UNL
MFT Program Degree Portability Acknowledgements

Marriage and family therapy is a profession that leads to licensure in all 50 states; however, each state has its own laws and regulations about what is needed to become licensed as a MFT in that state.

Most states require coursework in specific areas, such as ethics, assessment and diagnosis, research, and family theories. Most states also require a specific number of therapy hours to be completed under supervision. Usually, some of those hours are completed as a student in training program and additional hours are completed after graduation from a training program.

Not every state will accept a degree and supervised hours earned in another state. Review license requirements in the state you intend to practice as soon as possible so that you know what may and may not be accepted across state lines. If you have questions about a specific state’s license requirements you may find a list of state licensing boards at AAMFT.org.

The coursework in this training program was designed to match the laws for licensure as a Licensed Mental Health Practitioner with a Certificate in Marriage and Family Therapy in Nebraska.

- This is the link to Nebraska’s Mental Health and Social Work Practice Page: https://dhhs.ne.gov/licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx

If you have questions, please email the Program Director.

If you have no unanswered questions, please sign. A copy will be kept in your student file. It is also recommended that you keep a copy of this form with your personal files.

_I acknowledge that I have been informed and I am aware that licensing regulations differ across states and provinces. The University of Nebraska’s program is designed to align with licensure in the state of Nebraska, which means that a degree from this program may not be portable from one state to another._

Printed Name

Signature

Date Signed