POLICIES AND PROCEDURES OF THE
MARRIAGE AND FAMILY THERAPY PROGRAM

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

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Important Dates and Program Events
Fall 2008-Summer 2009

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

August 17, 2009 Starting Date for Grad Assistants
August 21, 2009 MFT Student orientation*
August 24, 2009 Fall semester begins
September 2009 (exact date TBA) Submit application to volunteer at the NAMFT fall conference
August 31, 2009 Begin weekly management of clinic
September-October 2009 (TBA) Fall conference of the NAMFT
October 1-November 4, 2009 Annual conference of the AAMFT, Sacramento, CA
November 11-14, 2009 Annual conference of the NCFR, San Francisco, CA
December 1, 2009 (exact date TBA) Submission deadline for proposals for AAMFT conference
December 31, 2009 Documentation due of 15 hours observing therapy
January 11, 2010 Submit proof of student membership in AAMFT
February 1, 2010 Assistantship application deadline for 2008-2009
Spring Term, 2010 (date TBA) Apply to volunteer at the AAMFT annual conference
April 2010 (date TBA) NAMFT Spring Conference
May 14, 2010 Clinical Qualifying Exam
June 1, 2010 (exact date TBA) Practicum Evaluation Interview
June 2009 Interview for Practicum Placement
July 27, 2010 Theory of Therapy Presentations*
July 19-30 Transfer of cases at FRC
August 2010 (exact date TBD) Begin at off-campus practicum site^*

*Attendance required at this event, even though the focus is on graduating students
^The start date is normally August 1 (or the first week of August). Students should be available the last week of July for training and case transfers at the practicum placement.
REQUIRED BOOKS

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


PURPOSE

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

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THE MARRIAGE AND FAMILY THERAPY PROGRAM

Accreditation

The UNL/MFT program is fully accredited with the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) through the American Association for Marriage and Family Therapy. 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 2004 for a period of six years.

Program Overview

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

Theory. Models of therapy derived from and congruent with systems theory are emphasized throughout the program. Because system's theory has become the common thread that ties all of family therapy together, students are expected to have a comprehensive understanding of this way of looking at relationship and psychological health and pathology. During the first semester of enrollment in the program, students are exposed to systems theory and the derivative models of therapy through a course titled *Theoretical Foundations of Marital and Family Therapy*. Theory is woven into and emphasized in all courses in the program. It is expected that this grounding will provide a foundation for understanding human health and pathology and for directing your clinical work.

Practice. We believe in learning through doing. Students begin clinical experience early in the MFT program. During their first semester in the program, students are expected to observe a minimum of 15 hours of therapy being provided at the Family Resource Center. Beginning the second semester, students take *Clinical Family Therapy I*. This pre-practicum course focuses on the development of clinical skills through role plays, the participation in clinical work as team members on cases being managed by 2nd year students, and working with clients independently in the Family Resource Center under intensive supervision. "Clinical Family Therapy II" is taken during the summer term and serves as a continuation of the pre-practicum experience. In the Fall semester of their second year, students begin their practicum-a 12 month intensive clinical training experience. In addition to continuing to see clients at the Family Resource Center, students are placed in community agencies. The community agencies provide students with varied clinical and supervision experiences. Students are expected to work at these agencies as fully functioning staff members-participating in multi-discipline staffings, inservices, and supervision. Students must complete a minimum of 500 direct client contact hours and demonstrate their competency to provide couple and family therapy prior to being approved for graduation. During all pre-practicum and practicum courses and experiences, theory is emphasized as the foundation to good clinical work. Students are challenged to think and make clinical decisions from theoretical positions.

Research. The MFT program faculty are committed to furthering the field through research. We see on-going research as integral to advancing both the profession and practice of MFT. We also feel that good clinical work must be informed by research. Consequently, both
clinical work and coursework emphasize an understanding of research methods and interpretation. MFT faculty members are actively involved in research production. Faculty research productivity benefits students in many important ways. Opportunities exist for interested students to be involved in faculty research and to conduct research on their own. Interested students may complete a research project resulting in a thesis in partial fulfillment of graduation requirements.

**Program Requirements**

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

1. Learn and follow all Family Resource Center policies and procedures (see this manual).
2. Participate in the management of the clinic at the Family Resource Center throughout the duration of your program study.
3. Observe a total of 15 hours of therapy during your first semester.
4. Obtain membership in the American Association for Marriage and Family Therapy.
5. Obtain professional liability coverage by January of your first year and maintain liability coverage throughout the remainder for your program.
6. Successfully pass the Clinical Qualifying Examination.
7. Complete the Practicum Readiness Interview prior to beginning practicum.
8. Successfully complete a 12 month practicum (minimum).
9. Obtain 500 direct client contact hours.
10. Obtain 100 total hours of supervision: 50 hours in individual and 50 hours in group supervision.
11. Demonstrate clinical competency in conducting relational therapies by exceeding the competency standard identified by the program faculty and by obtaining a minimum of 200 hours of direct client contact with couples, families or relational units; or by obtaining 250 hours of direct client contact with couples and/or families.
12. Demonstrate your ability to adhere to the Code of Ethics for the practice of marriage and family therapy as published by the American Association for Marriage and Family Therapy.
13. Demonstrate competence in documenting therapy and appropriately maintaining client files.
14. Receive satisfactory evaluations from off-campus practicum supervisors throughout your 12 month clinical placement in a community agency.
15. If completing a thesis, present your research or other scholarly work during a Brown Bag Seminar scheduled by the department of CYAF.
16. Successfully defend a thesis (Option I) or complete a minor (Option II).
17. Complete the required number of academic units (normally a minimum of 51).
18. Following completion of your practicum, complete the exit survey.

**Family Resource Center Policies and Procedures**

The MFT program has available the use of the Family Resource Center (FRC). The FRC is a facility designed for comprehensive clinical training. The FRC has four therapy rooms; three of which have audio/video observation capability, and one play therapy room. Three observation rooms are located in the building as well. The policies and procedures governing the use of the FRC are found in a three-ring binder in the student work room at the FRC. These need to be studied and followed carefully.
Management of the FRC

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

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

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

Rotating answering machine responsibility. Each student will be assigned a week on a rotating basis during which she/he will be responsible for pulling messages off the answering machine, scheduling clients, and returning calls. Each student will have this responsibility 2-3 times a year. The clinic coordinator will make these assignments. Once assigned, it is the assigned student’s responsibility to trade coverage with others if the student is unavailable. The clinic coordinator must be notified of the trade in writing.

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

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. And third, you become familiar with the theoretical approaches that are practiced by students in our program. We encourage you to watch as many different therapists as you can in meeting this requirement so that you can be exposed to diverse styles and approaches. Most of your hours should come from watching therapy live that is being provided at the FRC, but some of these hours can come from watching videotapes from our clinic library. The tapes in our library include the work of master therapists (e.g., Whitaker, Minuchin) and faculty. You must record your observation hours on the Observation of Therapy Log located in Appendix C. This log must be submitted to the Program Director by the end of your first semester. Failure to submit this log will result in you not being cleared to take 955A.

Membership in AAMFT

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

Professional Liability Coverage
AAMFT provides Professional Liability Insurance free of charge to student members. Proof of insurance must be submitted to the Director of the MFT program and to the designated agent of the practicum site at which the student is placed.

Clinical Qualifying Examination
Through the Clinical Qualifying Examination (CQE), you will be expected to demonstrate your knowledge of marriage and family therapy theory, ethics, and practice. Additional information about the CQE is found in appendix J. The CQE is taken after you complete at least two semester of coursework (minimum of 18 credits) and prior to beginning CYAF 955B. You must receive a B- or better in each of the following courses and receive permission from the MFT faculty in order for you to take the CQE.

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

Practicum Readiness Interview
The faculty make the final decision regarding your personal and professional readiness for practicum and the selection of a practicum site. In making decisions about you readiness, the faculty consider (among other things) a) your performance in classes and understanding of material, b) their observations of your interactions with your peers, faculty, and others, c) your knowledge of Nebraska law governing the practice of marriage and family therapy, d) your knowledge of and adherence to the AAMFT Code of Ethics, e) your performance in CYAF 955A and CYAF 955B (you must receive a grade of "B" or greater in both CYAF 955A and CYAF 955B in order to receive a practicum placement and register for practicum) and f) your performance on the Clinical Qualifying Examination (you must Pass all sections of the CQE in order to receive a practicum placement and register for practicum). The Practicum Readiness Interview will occur after you have completed CYAF 955A Clinical Family Therapy I and have taken the CQE (the faculty reserve the right to delay the Interview until you have received an overall grade of Pass on the CQE) and before you begin to interview at practicum sites. During the Practicum Readiness Interview you will meet with faculty to assess your readiness for practicum. To prepare yourself for the interview, carefully complete the Practicum Evaluation Interview Form in Appendix D. This form is a guide for the interview and provides faculty with important information they need in confirming your practicum placement. Submit a completed form to each faculty member one week prior to your scheduled meeting.

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

1. Do you display the qualifications and readiness for clinical training? These include, but are not limited to the following.
   - Personal and professional integrity
   - Knowledge of Nebraska laws and statutes governing mental health practice
   - Ability to make decisions using ethical decision making principles and models
   - Awareness of one’s own affective process
• Ability to accept and respond to supervision
• Potential for client management
• Maturity
• Ability to state mature motives and professional goals

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

If, in the judgment of the clinical faculty, you are not prepared to be placed at a practicum site and enroll in practicum, either the MFT faculty will help you in developing a plan of remediation or your advisor will assist you in transferring to another area of study.

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

Clinical Practicum

An important part of the MFT program is the year-long clinical practicum. Practicum includes both registration in a three term sequence of CYAF 997: Practicum in Family Therapy and clinical experience. To be eligible for this practicum, the student must pass both the Clinical Qualifying Examination and the Practicum Evaluation Interview. After successfully completing the qualifying exam and placement interview you will be admitted into the clinical component of the MFT program and your conditional admission status will be ended.

The practicum requirement includes on-campus clinic experience and an off-campus agency experience. The on-campus experience requires you to maintain a case load sufficient to provide a minimum of 4 client contact hours per week at the Family Resource Center, receive individual and group supervision as scheduled (including live supervision), maintain client files and attend to administration issues.

The off-campus agency experience requires you to maintain a case load sufficient to provide 9-10 client contact hours per week, receive a minimum of one hour of on-site supervision and attend to administrative work and coordination with other agency personnel. Practicum placement in a community agency allows you to experience how MFT is practiced outside of the academic community and provides you an opportunity to become a member of a professional staff.

The MFT faculty are responsible for securing and working out the agreement with practicum sites (possible practicum placements can be presented to the program director). During your practicum readiness interview, the faculty will approve your interview at 2-3 practicum sites. You must prepare a cover letter and resume and send them to the contact person at the practicum placements recommended/approved by the faculty. This should be done as soon as possible after the Practicum Readiness Interview. Within a week of sending materials to the practicum placement sites you should call to schedule an interview with your assigned sites. This interview is similar to a job interview. All practicum sites screen our students and have the right to reject a student we send them. Therefore, it is important that you make a good impression and convince the on-site supervisor you can benefit his or her agency.

Once you have been accepted at a site, you, the on-site supervisor, and the Director sign a practicum agreement. This contract outlines the requirements of our placement.

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

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

Additional Semesters of CYAF 997: Practicum in Family Therapy

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

Client Contact Hours

You are required to obtain a minimum of 500 direct client contact hours of therapy.
Direct client contact is defined to mean face-to-face (therapist and client) therapeutic
intervention. You must also demonstrate competency in couple and family therapy. Competency
in couple and family therapy can be achieved in one of two ways.

a. By exceeding the standards of competency that have been identified by the MFT faculty.
Assessment of competency will be determined through faculty observation and evaluation
of clinical skills in simulated and/or actual client situations. The competency standards and
the criteria on which students will be evaluated are found in Appendix J. Students who
demonstrate competency in relational therapies in this way will be required to obtain a
minimum of 200 hours of relational direct client contact (see definition in b below).

b. By obtaining a minimum of 250 hours of direct client contact with couples, families or
other relational dyads (two or more people with a pre-existing relationship) physically
present in the therapy room (these hours are recorded as relational). Group therapy hours do
not count as relational hours unless it is a couple or family group.

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

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

To obtain these hours, it will be necessary for you to see 2-3 clients per week at the
Family Resource Center and 9-10 clients per week at the off-campus site for a full year. This
12-month practicum experience usually begins in August of your second year in the program.
day of their third semester of practicum will not be cleared for graduation.

**Alternative Therapeutic Contact**

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

1. A student considering obtaining countable alternative therapeutic contact hours will discuss their ideas for this contact with their practicum supervisor.

2. Incorporating the feedback from the practicum supervisor, the student will prepare a brief (no more than one typed page) description on what they plan to count as alternative therapeutic contact. The student will include in their description a) the therapeutic nature of this contact, b) how the contact can be considered systemic and relational, c) who the clients will be and their plan for obtaining their participation (if appropriate), d) the number of hours they plan to obtain, and e) how getting this experience will assist them in their professional development.

3. The practicum supervisor will present the written description and additional information they have about the ideas to the MFT faculty during a regularly scheduled faculty meeting.

4. The MFT faculty will evaluate the appropriateness of the plan for providing the student with client contact that is systemic and relational. If approval is granted, the MFT faculty will set a maximum number of hours that can be obtained in the way proposed by the student.

5. The student’s practicum supervisor will notify the student about the MFT faculty decision.

6. The student will work with the practicum supervisor in obtaining the approved alternative therapeutic contact experience. The student will keep the practicum supervisor informed of their progress toward accumulation of alternative therapeutic contact.

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

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

Treatment team practice is the use of a treatment team consisting of 2-6 therapists in providing marriage and family therapy services to a client system and in which all therapists on the treatment team jointly and actively participate throughout the course of treatment. Treatment team practice is distinguished from co-therapy in that in the case of treatment team practice normally one therapist is in the room with the clients while the other “team members” are actively engaged in the case behind the one-way mirror. Co-therapy is not considered Alternative Contact.

**Procedures:**

1. Each treatment team will consist of one primary therapist and 2-5 team therapists.
The primary therapist will be the lead therapist in sessions and, in consultation with the team, be responsible for maintenance of case records, scheduling of the case, and all other executive tasks.

Team therapists will be responsible for active participation in the case throughout the course of treatment, including termination. Active participation includes attendance at all sessions, case planning, formulation of interventions, and involvement in the case to such a degree that the team therapist could take over the case if the primary therapist were unavailable.

Each team member (not the primary therapist) will also complete a report of the session. This report is designed to facilitate each team member’s active participation in the case and to encourage the development of clinical skills through the vicarious experience of being behind the one-way mirror. For team members in the pre-practicum stage of the program, this documentation will consist of the maintenance of a separate and complete file on the client as well as a self-assessment and reaction paper documenting what was learned at the conclusion of each session. This client file is not a permanent file for the client, but a learning tool for the student. The file and its contents are to be turned in to the student’s supervisor on termination of the case. The supervisor will ensure that the contents of the file are properly destroyed.

2. For the benefit of all students in the program, it is expected that first and second year therapists will jointly participate on treatment teams. It is not required, nor necessarily desirable, that the primary therapist be a second year student.

3. No therapist shall participate in more than five team practice cases at one time.

4. The formation of a treatment team must be approved by the each participating student’s supervisor.

5. When a therapist team consists of more than one team member and live supervision is provided, only the primary therapist may count the supervision as individual supervision. The team therapists may count the supervision as group supervision. Supervision of a team with more than one team member through the use of case materials or videotape will be counted as group supervision. Team members must be present in order to record the supervision or client contact.

6. Should a team therapist be unable to attend a session, she or he will be responsible for reviewing the videotape of the missed session and the case notes prior to the next scheduled session. But, they will not be allowed to count this as client contact. A team member must be present for the session in order to count the session as client contact. Failure to attend a session must not be taken lightly. Repeated absences will result in removal from the team and discounting of clinical contact hours and supervision hours accrued from that case.

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

a. To get the 500 client contact hours, a student must average 10 hours of client contact each week of the twelve month practicum. Although it is natural to want to ease into clinical work, students need to get their caseloads up as quickly as possible (e.g., within one month) to avoid falling too far behind. The longer it takes to build up a caseload, the heavier the caseload will need to be later on to
average 10 hours a week.

b. Students should take into consideration cancellations and no-shows when setting their caseloads. For example, a therapist who wants 10 hours a week should probably schedule 12-13 hours a week.

c. Students will need to average five relational hours a week to obtain 250 hours during the twelve months practicum. It is recommended that students get a caseload of up to at least five relational cases a week as soon as possible. (Note: In the past, some students have gotten their overall caseloads up quickly, but did not get at least five relational hours a week during the first few months. Many of these students were delayed in graduating because they had not met the relational hour requirement).

d. Students who find it difficult to get relational hours may attempt the following. 1) Do cotherapy or participate on a treatment team with therapists who are seeing couples and families. 2) Conduct one and one-half hour sessions with relational cases. 3) When working with individuals explore inviting significant others into therapy who play a role in the problem or whom may play a role in the solution to the problem.

Supervision Hours

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

What to Expect in Supervision

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

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

Recording of Supervision and Therapy Hours

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

Supervision and Therapy Log

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

**MFT Clinical Hours Report Form**

At the end of each month you must complete an MFT Clinical Hours Report Form (a template of which is found on the computer in the student work room). This form provides the program with important information that is used to evaluate and plan your clinical training, assess the status and needs of our clinic, and to document adherence to AAMFT standards.

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

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

**SUPERVISION TYPE**

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

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

**SUPERVISION MODES**

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

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

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

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

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

**Special Circumstances in Counting Client Contact and Supervision Hours**

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

- If a student is simultaneously being supervised and having direct clinical contact, the time is counted as both supervision time and direct clinical contact time.
- Even if additional students are present when a supervisor is conducting live supervision, the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision.

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

**Demonstrations of Clinical Competencies**

Competency as a marriage and family therapist is determined through supervision, observation of clinical work and participation in simulated client situations. Supervision and observation of clinical work are on-going. All students participate in a simulated client situation activity in the Spring semester of their practicum year in which they are evaluated on the competencies. Feedback and plans for continued development of competencies result from this evaluation. A final evaluation of competency occurs in the Summer term (third term of practicum) after the student has completed at least 180 direct client contact hours with couples and families. The result of this final evaluation will be either a) a determination that the competency requirement has been met (the student will still need to get at least 200 hours of direct contact with couples and families), or b) feedback on performance with the expectation that the requirement will be met by obtaining 250 hours of direct client contact with couples and families.

**AAMFT Code of Ethics**

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

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

**Client Files**

Documentation of therapy and client file maintenance are graduation competencies. You must keep all client files up-to-date. Progress Notes, Assessment Summaries, Treatment Planning Summaries, Termination Summaries, and other documents to be filed in the client files must be completed and signed by your supervisor in a timely manner. Make sure correspondence about cases is supervised. Detailed information about maintaining client files is presented in CYAF 955A and other clinical courses.

**Supervisor Evaluations**

Although evaluations of your clinical work are ongoing, both your practicum supervisor and supervisor at your site will complete a formal evaluation of your performance at the end of each semester. Your faculty supervisor will ensure that your practicum evaluation is completed on time. However, you are responsible for making sure your off-campus site supervisor completes the evaluation and returns it to the practicum supervisor prior to the last day of class during the semester in question. This is important because the off-campus site supervisor's evaluation is necessary for determining your final grade for the semester in practicum. You have been given an original of the form the site supervisor must fill out (Appendix E). Please make copies of this form and give it to your site supervisor each semester.
Thesis or Minor

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

Curriculum

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

Exit Survey

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

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

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

Unsuccessful Progress Toward Completion of the Program

The clinical faculty have a responsibility to you, the program, the Commission on Accreditation, and the profession to evaluate on an ongoing basis the appropriateness of your role as a marriage and family therapy trainee and the progress you are making toward the goal of developing the conceptual, ethical, and practice skills you will need to engage in independent practice. Students in the MFT program may be dismissed from the program if they demonstrate they are not making successful progress toward the completion of the program. The program faculty have established the Practicum Readiness Interview as 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) Violations of AAMFT Code of Ethics.
4) Failure to complete time limits for the degree as set by the MFT program, the Department (CYAF), the College (CEHS), and the Graduate School.
5) Failure to make satisfactory progress in clinical skills.
6) Failure to resolve personal and interpersonal issues which interfere with the delivery of satisfactory services to clients.

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

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

Readmission After Dismissal or Withdrawal

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

Student Grievances

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

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

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

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

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

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

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

Personal Psychotherapy

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

Medical Family Therapy Certificate

In conjunction with the University of Nebraska Medical Center a post graduate certificate is being offered in the area of "Medical Family Therapy." Information about this program can be located through a link from the department web site.
Appendix A

MFT Graduate Student Record Form
# Marriage and Family Therapy Program Requirements

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Completed Date</th>
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</thead>
<tbody>
<tr>
<td>Turn in therapy observation log</td>
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</tr>
<tr>
<td>Membership in AAMFT</td>
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</tr>
<tr>
<td>Professional liability insurance</td>
<td></td>
</tr>
<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>
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</tr>
<tr>
<td>500 direct client contact hours</td>
<td></td>
</tr>
<tr>
<td>100 total hours of supervision: 50 hours individual and 50 hours group</td>
<td></td>
</tr>
<tr>
<td>Competency in relational therapies</td>
<td></td>
</tr>
<tr>
<td>☐ Passed competency evaluation and 200 relational hours</td>
<td></td>
</tr>
<tr>
<td>☐ 250 relational hours</td>
<td></td>
</tr>
<tr>
<td>Competency in Cultural Sensitivity</td>
<td></td>
</tr>
<tr>
<td>Competency in Documentation</td>
<td></td>
</tr>
<tr>
<td>Competency in Ethics and Clinical Decision Making</td>
<td></td>
</tr>
<tr>
<td>Competency in Client Management</td>
<td></td>
</tr>
<tr>
<td>Competency in Professionalism</td>
<td></td>
</tr>
<tr>
<td>Appropriately close all client files at FRC</td>
<td></td>
</tr>
<tr>
<td>Presentation of research during a Graduate Faculty Meeting</td>
<td></td>
</tr>
<tr>
<td>Successfully defend a thesis or complete a minor</td>
<td></td>
</tr>
</tbody>
</table>

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

__________________________________________________________________________  __________________________________________________________________
Program Director                                                        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

Prerequisite Course:
Educational Psychology 859 or equivalent undergraduate or graduate statistics course. Please see your advisor to determine equivalency. A completed Prerequisite Equivalency Form must appear in your file in order to waive this requirement.

Required Core Courses:
- CYAF 951: Theoretical Foundations of Marital and Family Therapy 3 units
- CYAF 952: Psychopathology and Dysfunctional Interactions 3 units
- CYAF 953: Issues and Ethics for Family Professionals 3 units
- CYAF 954: Assessment in Family Therapy 3 units
- CYAF 955A: Clinical Family Therapy I 3 units
- CYAF 955B: Clinical Family Therapy II 3 units
- CYAF 956: Human Sexual Dysfunction 3 units
- CYAF 865: Research Design/SOCI 862: Advanced Methods of Social Research 3 units
- CYAF 989A: Innovative Approaches to Family Intervention: Collaborative Health Care 1 unit
- CYAF 989B: Innovative Approaches to Family Intervention: Pharmacology and Family Therapy 1 unit
- CYAF 989D: Innovative Approaches to Family Intervention: Group Therapy 1 unit
- CYAF 846: Addiction & Violence 3 units
- CYAF 997: Advanced Practicum in Family Therapy (3 units for 3 continuous semesters) 9 units

Total Core Units 39 units

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 a 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 Units 3 units

Thesis or Minor
Depending on the master’s degree option chosen, students complete either a thesis (Option I) or a 9 credit (minimum) minor (Option II). Students choosing Option I must take EdPsy 860: Advanced Statistical Methods or EDPS 900K: Qualitative Research and a minimum of 6 units of CYAF 899: Thesis prior to graduation. Students choosing Option II must complete an approved minor of at least 9 credits.

Total Thesis or Minor Units 9 units

Total Credit Units in Specialization 51 units
## Department of Family & Consumer Sciences
### Marriage and Family Therapy Program
### Sample Course Sequence

### Year 1

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYAF 951 Theoretical Foundations Of Marriage And Family Therapy</td>
<td>CYAF 953 Issues And Ethic For Family Professionals</td>
<td>CYAF 955B Clinical Family Therapy II</td>
</tr>
<tr>
<td>CYAF 952 Psychopathology</td>
<td>CYAF 954 Assessment In Family Therapy</td>
<td></td>
</tr>
<tr>
<td>CYAF 865 Research Design And Methodology</td>
<td>CYAF 955A Clinical Family Therapy I</td>
<td></td>
</tr>
<tr>
<td>CYAF 956 Human Sexual Dysfunction Or CYAF 989 Innovative Approaches To Family Intervention</td>
<td></td>
<td></td>
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</table>

### Year 2

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYAF 956 Human Sexual Dysfunction OR CYAF 989 Innovative Approaches To Family Intervention</td>
<td>CYAF 997 Advanced Clinical Practicum</td>
<td>CYAF997 Advanced Clinical Practicum</td>
</tr>
<tr>
<td>CYAF 997 Advanced Clinical Practicum</td>
<td>Thesis credits or Minor course</td>
<td>CYAF 899 Thesis or Minor course</td>
</tr>
<tr>
<td>CYAF 846 Addiction &amp; Violence</td>
<td>Elective Course</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Name: ______________________________________________________________________

Semester/Year Entered the MFT Program:__________________________________________

Course number/title:_____________________

Department from which course was taken: _________________________________________

Institution from which course was taken: __________________________________________

Semester and Year in which the course was taken: ___________________________________

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

___________________________________________________________________________

Student Signature         Date

___________________________________________________________________________

Advisor Signature          Date

3/15/99
Appendix C

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

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

<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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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>11.</td>
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<td>12.</td>
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<td>13.</td>
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<td>14.</td>
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<td>15.</td>
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</tbody>
</table>

______________________________________________________
Student's Signature/Date  Advisor's Signature/Date
Appendix D

Practicum Placement Forms
PRACTICUM EVALUATION INTERVIEW FORM

Name _____________________

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

I. ASSESSMENT OF CURRENT ABILITIES

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

   2. Faculty's assessment

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

   2. Faculty's assessment

II. PRACTICUM GOALS

A. What are your professional goals for practicum?

B. What are your personal goals for practicum?

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

   1. _____________________________________________________

   2. _____________________________________________________

IV. Assigned Practicum Placement

__________________________________________________________________________
Appendix E

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

The device serves several purposes, including that of evaluating therapist trainees in their first 500 hours of training. The scale is used at the experience level of the trainee. That is, "meets expectation" means 'in your experience, compared with other trainees with this level of experience and training.' We realize that this may differ from supervisor to supervisor. We have prepared an Appendix with descriptions for each skill area based on data from the Basic Family Therapy Skills Project. Please use this Appendix in evaluating your trainees.

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

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

General Guidelines Regarding Developmental Levels,

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

**Intermediate:** Between 50 or 75 hours of experience and 350 or 400 hours. The trainee is comfortable joining with clients, can structure sessions and execute session plans, and is able to provide hypotheses or direction for therapy based on theoretical concepts. The trainee can be flexible during a session, changing the session plan easily and with little confusion. The trainee can discuss cases from multiple theoretical viewpoints and evaluate both treatment and self-as-therapist progress based on clear goals. The trainee may be uneven in evaluations of therapy and self. The trainee benefits from supervision, but may appear at times to not want supervision, wanting, instead, to be allowed to work on one's own unless asking for help.

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

<table>
<thead>
<tr>
<th>Knowledge Base</th>
<th>Systems Perspective</th>
<th>Familiarity with Therapy Models</th>
<th>Self as Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficient</td>
<td>Deficient</td>
<td>Below Expectation</td>
<td>Meets Expectations</td>
</tr>
<tr>
<td>Meets Expectations</td>
<td>Meets Expectations</td>
<td>Exceed Expectations</td>
<td>Exceptional Skills</td>
</tr>
</tbody>
</table>

### Perceptual Skills

<table>
<thead>
<tr>
<th>Recognition Skills</th>
<th>Hypothesizing</th>
<th>Integration of Theory and Practice</th>
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</thead>
<tbody>
<tr>
<td>Deficient</td>
<td>Deficient</td>
<td>Deficient</td>
</tr>
<tr>
<td>Below Expectation</td>
<td>Below Expectation</td>
<td>Below Expectation</td>
</tr>
<tr>
<td>Meets Expectations</td>
<td>Meets Expectations</td>
<td>Meets Expectations</td>
</tr>
<tr>
<td>Exceed Expectations</td>
<td>Exceed Expectations</td>
<td>Exceed Expectations</td>
</tr>
<tr>
<td>Exceptional Skills</td>
<td>Exceptional Skills</td>
<td>Exceptional Skills</td>
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</table>

### Executive Skills

<table>
<thead>
<tr>
<th>Joining</th>
<th>Assessment</th>
<th>Hypothesizing</th>
<th>Communication Skills</th>
<th>Personal Skills</th>
<th>Intervention</th>
<th>Session Management</th>
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<tr>
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<td>Deficient</td>
<td>Deficient</td>
<td>Deficient</td>
</tr>
<tr>
<td>Below Expectation</td>
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<td>Below Expectation</td>
<td>Below Expectation</td>
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<tr>
<td>Meets Expectations</td>
<td>Meets Expectations</td>
<td>Meets Expectations</td>
<td>Meets Expectations</td>
<td>Meets Expectations</td>
<td>Meets Expectations</td>
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<tr>
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<td>Exceed Expectations</td>
<td>Exceed Expectations</td>
<td>Exceed Expectations</td>
<td>Exceed Expectations</td>
<td>Exceed Expectations</td>
<td>Exceed Expectations</td>
</tr>
<tr>
<td>Exceptional Skills</td>
<td>Exceptional Skills</td>
<td>Exceptional Skills</td>
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<td>Exceptional Skills</td>
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</table>

Comments:
### Professional Skills

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<th>Meets Expectations</th>
<th>Exceed Expectations</th>
<th>Exceptional Skills</th>
</tr>
</thead>
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<td>Recognition of Ethical Issues</td>
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BASIC FAMILY THERAPY SKILLS
EVALUATION DEVICE

Appendix

Conceptual Skills

Knowledge Base

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

Systems Perspective

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

Familiarity with Therapy Models

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

Self as Therapist

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

Recognition Skills

The student shows the ability to recognize hierarchies, boundaries, dynamics of triangling, family interaction, and family behavioral patterns. The trainee can also recognize gender, ethnic, cultural, and class issues in client dynamics and in therapy.

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

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

Hypothesizing

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

Integration of Theory and Practice

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

Executive Skills

Joining

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

Assessment

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

Hypothesizing

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

Interventions

The trainee demonstrates an understanding of intervention techniques by structuring interventions
that defuse violent or chaotic situations, deflect scapegoating and blaming, and interrupt negative
patterns and destructive communication cycles. The ability to intervene also includes
appropriately challenging clients on their position, explicitly structuring or directing interactions
among family members, and helping families establish boundaries. The student is able to elicit
family/client strengths and utilize them in both session discussions and homework assignments

Other interventions that illustrate skill include normalizing the problem when appropriate, helping
clients develop their own solutions to problems, giving credit for positive changes, reframing, and the
appropriately using self disclosure. The student uses theory-specific interventions appropriately and is
able to articulate rationale for these interventions.

Communication Skills

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

Personal Skills

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

Session Management

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

Professional Skills

Supervision

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

Recognition of Ethical Issues

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

Paperwork

The student maintains case file appropriately and follows clinic procedures for paperwork in a timely manner.

Professional Image

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

Professional Conduct

The student has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The student does not publicly denigrate or criticize colleagues. The student consults with professionals and others involved with cases appropriately, with appropriate signed releases, and in a professional manner, always keeping the client's welfare foremost. The trainee shows the ability to handle unexpected and crisis situations with poise and skill, using consultation when appropriate.

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

Therapy

A student skilled in evaluating therapy is able to verbalize the thoroughness of assessment, the link between theory, assessment; and hypotheses/interventions; the effectiveness of interventions; and how well the objectives of the therapy have been met in terms of both the client's goals and the therapist's perspective and analysis. The trainee can articulate aspects of the client's feedback in relation to assessment and intervention. The trainee is able to articulate links between conceptual, perceptual, interventive, and outcome data.

Self

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

Theory of Choice

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

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

**Prerequisites**
Before any student may take the comprehensive examination she/he must have completed with satisfactory grades:
- CYAF 951: Theoretical Foundations in Marital and Family Therapy
- CYAF 952: Psychopathology and Dysfunctional Interactions
- CYAF 953: Issues and Ethics for Family Professionals
- CYAF 954: Assessment in Family Therapy
- CYAF 955A: Clinical Family Therapy I.

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

**Evaluation**
Each question on the CQE is graded blindly and independently by the MFT faculty members on a basis of Pass or Fail. You pass the question if the majority of the faculty rate it a pass. Failure of one question requires a re-examination in the area of the failed question at a later time during the summer term. If a student fails two or more questions, the faculty reserve the right to require to retake the entire exam. A question can only be rewritten once. If one question is not satisfactorily rewritten or you fail more than one question on the retake, you will not be permitted to enter the MFT practicum in the fall. Examination results will be received by students through regular mail approximately two weeks after taking the exam.

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

1. **Completeness.** There is nothing more frustrating for the student and the reader than to have to retake a question because the entire question was not answered. Make sure that you have answered each question before turning in your exam.

2. **Accuracy.** Each aspect of the response needs to be accurate. This means that you will need to base your response on specific material that has been covered in your course work at UNL. We should not get the sense that your response is based primarily on
intuitive considerations. Now of course, we are not just asking for a regurgitation of course material (this should have been handled during the specific courses), rather we are looking for an integration of material. What you need to do is write your essay in such a way that you make a logical argument as to the accuracy of your response (it needs to make sense).

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

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

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

**Studying for the Examination**

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

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Appendix G
Relational Competencies
Marriage and Family Therapy Program
University of Nebraska-Lincoln

Evaluation of Clinical Competencies:
Working with Couples and Families

Rationale: Marriage and Family Therapy is an approach to mental health treatment that considers and works within the relational context. MFTs are competent in managing and working within the relational context of people’s lives.

Expected Outcomes: Students will be able to demonstrate competency in conducting couple and family therapy. Demonstration of competency will be determined either by passing the evaluation or by obtaining 250 hours of clinical experience working with couples and families. The evaluation will be of expected learner outcomes pointing to competency in couple and family therapy. The 250 hour experience requirement is the AAMFT standard. Demonstrating competency through the evaluation is preferred. Those failing to demonstrate competency through the evaluation will be expected to meet the hours of experience requirement.

Strategy of Evaluation: We have patterned this evaluation strategy after the Objective Structured Clinical Evaluations (OSCE) used in medical education. This strategy was demonstrated at the AAMFT annual conference in 2006 (Austin TX) by John K. Miller, Jeffery L. Todahl and Deanna Linville (University of Oregon). The OSCE facilitates an assessment of students’ clinical competency by placing them in a contrived, but realistic clinical situation in which they have an allotted time, typically 15-20 minutes, to demonstrate their skillfulness in assessment, intervention, and in dealing with expected clinical situations. For the UNL MFT program, standardized case vignettes are developed and other students act as the clients. Students rotate among multiple clinical situations in which they will be required to demonstrate a variety of clinical competencies. Each OSCE is videotaped for later review by MFT faculty as they complete their evaluation. Some OSCE situations will be live-observed by faculty and include a de-briefing and opportunity for feedback.

Schedule of Teaching and Evaluation is as follows:
CYAF 955: Clinical Family Therapy I. a) Students are introduced to the competencies and have opportunities to practice these competencies through role plays with vignettes similar to those encountered through the OSCE. b) Students participate in the OSCE of the second year students by acting as clients.

CYAF 997: Practicum in Family Therapy (Spring semester). At approximately mid-semester, students will participate in an evaluation of competency in family therapy through participation in an OSCE-type evaluation. First year students will act as clients, using prepared standardized case vignettes. The evaluations will occur within two consecutive, regularly scheduled CYAF 997 meeting times. Each student will rotate through three OSCE stations. A 40 minute block of time will be reserved for each station, to be spent in the following way: 20 minutes in session with the “clients,” 15 minutes debriefing and feedback with the observing faculty member, and 5 minutes moving to the next station. The purpose of this OSCE is to conduct an evaluation of student emerging competency and for students to receive feedback. “Passing” or “failing” are not outcome possibilities in this administration of the OSCE. The MFT faculty will evaluate student performance and will meet with students individually to provide feedback and to help them to develop a personalized training and supervision plan for meeting the expected level of competency.

CYAF 997: Practicum in Family Therapy (Summer Term). An OSCE-type evaluation within the first few weeks of the summer practicum. This evaluation will provide students with feedback that will help them to develop a plan for achieving the competency requirement. A final evaluation will occur once a student has obtained no fewer than 190 hours of direct client contact with couples, families and other relational units. The final evaluation will consist of the student giving to the faculty a video tape of her/his work with clients demonstrating competency. The MFT faculty reserves the right to evaluate student work through other means, e.g., live or videotaped observation of student work with actual clients. MFT faculty will evaluate student work and determine competency based on established criteria. Note that graduation-level competency (or that which would be expected at 250 hours of experience) is expected. Students meeting or exceeding the level of competency expected on graduation will not need to meet the 250 hour requirement for relational contact. All students must obtain at least 200 hours of experience working with couples and individuals, regardless of the outcome of the evaluation.

Passing the evaluation takes the place of the requirement for 250 hours of direct client contact with couples and families.

Related strategies can be found from the following sources:
List of Competencies
The following competencies have been identified by the MFT faculty as suggestive of one’s abilities to conduct couple and family therapy. You will find under each competency a list of indicators of that competency. These are things that the faculty should be able to see or hear you do that will point to your competency in this area. These will serve as the evaluation criteria.

**Competency: 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.

Evaluation criteria (from Miller, et al., 2006, University of Oregon):
1. Recognized non-productive symmetrical escalation in a timely manner.
2. Intervened in non-productive escalation in a timely manner.
3. Intervention interrupted non-productive interactions.
4. Intervention strengthened the therapeutic alliance with both partners.
5. Intervention enhanced client awareness of key processes.
6. Intervention led to in-session behavioral change.
7. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
8. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

**Competency: Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources)** (AAMFT core competency 1.3.2)

What we are looking for: MFTs recognize and work within the relational context. Decisions must be made to engage members of the relational context that will allow the therapist to be able to assess and intervene expeditiously. You should be able to demonstrate through questioning, conversation and intervention that you are attending to the relational context and that you are mobilizing it in therapy through the active engagement of its members.

Evaluation criteria:
1. Recognized the role of the client’s primary relationships in the presenting problem.
2. Determined the temporal ordering of the client’s problems.
3. Assessed the role or influence of other people on the presenting problem.
4. Assessed the likelihood of the spouse/partner’s participation in therapy.
5. Created a therapeutic conversation that leads the client to see the importance of including the spouse/partner in therapy.
6. Encouraged the client to take initiative to include the spouse/partner in therapy.
7. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
8. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

**Competency: 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.

Evaluation Criteria
1. Asked for the perspective of all family members, allowing each to talk for themselves.
2. Considered the perspectives of family members not in attendance.
3. Respected equally the perspective of each person.
4. Demonstrated that each person’s perspective informed the therapist’s conceptualization.
5. Recognized that some voices are marginalized and took steps to demarginalize them.
6. Demonstrated multidirected partiality.
7. Restated what each person says in a way that elicits understanding and agreement by the family members.
8. Summarizes multiple perspectives in a way that contributes to other family members’ increased understanding/appreciation for others’ perspectives.
9. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)

**Competency: Generate relational questions and reflexive comments** (AAMFT core competencies 4.3.4; 2.3.3; 4.2.2)

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

**Evaluation Criteria:**
1. Asked about the impact of the problem/solutions on others.
2. Asked about the perceptions of others about the problem/attempted solution.
3. Asked about the contribution of others to the problem/attempted solution.
4. Takes what the client says and presents it in light of the relational context.
5. Restates (reflects) client’s statements in a way that demonstrates a systemic understanding of the problem.
6. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
7. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

**Competency: Engage each family member in the treatment process as appropriate** (AAMFT core competencies 4.3.5; 1.3.9; 2.2.1)

What we are looking for: The therapist’s ability to recognize and match each person’s motivation for changing. Both members of the couple should be engaged in treatment despite these differences.

**Evaluation Criteria:**
1. Recognized that the individuals are at different stages of readiness for change/are different in their motivation to do something about the problem.
2. Recognize that the individuals are different in their perception of the need to do something about the problem.
3. Validated the differing perspectives about the problem and the need to do something about it.
4. Engaged each client in therapy, despite differences in motivation to produce change.
5. Negotiated a direction in treatment that allows for couple therapy to proceed.
6. Pacing and timing of the intervention matched each client’s motivation to produce change.
7. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
8. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

**Competency: Engage individuals, couples and families without becoming triangulated in dysfunctional patterns of interaction.**

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 negatively worded because we want you to be able to demonstrate that you can avoid being drawn in to the emotional system, that you can avoid siding with one person or subsystem at the expense of others. Bowen refered to this as triangulation. We want you to show us how you can stay detriangulated.

**Evaluation Criteria:**
1. Recognized attempts by family members to get the therapist to take sides.
2. Responded to attempts at triangulation by both acknowledging the person and avoiding pathological alignment.
3. Sided with each person/subsystem in the relational context in a way that demonstrates partitiality to that person/subsystem.
4. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
5. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

**Competency:** Creates situations where softening can occur. Recognizes and builds on softening.

What we are looking for: Research has found that the sign of change occurring across couple and family therapies is softening. Softening occurs when a person begins to see the perspective of the other with compassion (get definition of softening from EFT or Gottman). We want you to demonstrate your ability to recognize softening and respond to it in a way that encourages additional softening and change.

**Evaluation Criteria**
1. Demonstrates ability to help partners describe their perspectives in way that can be heard and appreciated by the other partner.
2. Demonstrates ability to recognize when softening occurs.
3. Comments on softening in a way that builds on it and contributes to change.
4. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
5. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

The following competencies are in reference to the common factors identified by Miller et al. in The Heart and Soul of Change.

**Competency:** Develops and maintains a secure therapeutic alliance with each individual in treatment as well as the system as a whole.

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.

**Evaluation Criteria**
1. Joined with each family member in a way that encouraged a working relationship.
2. Recognized when a client has disengaged and was able to reengage the client.
3. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
4. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

**Competency:** Demonstrates a model of therapy.

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. Second, the client contributions to therapy contribute to successful outcomes. We are looking for your ability to recognize these client

**Evaluation Criteria**
1. An recognized marriage and family therapy model was evident.
2. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
3. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

**Competency:** Recognizes, acknowledges and respects client contributions to the process of change.

What we are looking for: Client contributions account for a large portion of explainable variance in treatment outcomes. A
competent marriage and family therapist recognizes these unique client contributions and capitalizes on these contributions toward change.

Evaluation Criteria
1. Recognizes, acknowledges and mobilizes each persons unique competencies and strengths in a way that contributes to individual and systemic change.
2. Recognizes, acknowledges and mobilizes the unique interactional/system-wide competencies and strengths in a way that contributes to individual and systemic change.
3. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
4. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

Competency: Engenders hope.

What we are looking for: Clients need to leave each session feeling hopeful that change is possible. Therapists contribute to this feeling of hope by communicating optimism, helping clients to see themselves as resourceful, and by emphasizing client strengths.

Evaluation Criteria
1. The therapeutic conversation engendered hope.
2. Intervention demonstrated an understanding of unique client and therapist characteristics (e.g., diversity, gender, readiness for change)
3. Intervention was framed in the context of overall goals and client needs (therapeutic utility of the intervention).

The following competency should be present in every intervention/therapeutic skill and so is evaluated within other competency areas.

Competency: Deliver interventions in a way that is sensitive to the cultural and context of the client, especially when it differs from the therapist's culture and context. (see AAMFT core competency 4.3.2)
Appendix H

Theory of Therapy Paper and Presentation

(Option II Requirements for Comprehensive Examination)
Assignment and Criteria for Theory of Therapy Paper and Presentation

I. ASSIGNMENT:

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

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

b. Presentation: The 25 minute presentation typically occurs during group supervision. Students enrolled in CYAF 997 and the instructor/supervisor will attend. Other MFT faculty and students will also be invited to attend. The presentation should be scholarly and creative. Please allow time for questions. The course instructor, with input from other faculty, will assign a grade.

   You will have only 27 minutes for your presentation. Going over time may result in a reduction in grade. The focus is the demonstration of your clinical skills. Do not attempt to describe your entire theory. You don’t have enough time for that. Nor do you have enough time to present everything that is in your paper (e.g., you do not have time to teach the key principles of multiple FT theories that are being integrated; you may or may not have time to talk about your strengths and weakness—although your strengths should be evident in what you present). Your time should be used in demonstrating your clinical work. To do so, we will need to have a brief overview of your approach with an emphasis on a few key principles and techniques that are the hallmarks of your approach. Your presentation must include video of your work with clients. The video excerpts should demonstrate the principles and techniques identified in the paper. You should come prepared to describe how the excerpts demonstrate these principles and techniques.

   The 27 minute presentation might be best organized as follows.

<table>
<thead>
<tr>
<th>Time Elapsed Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction that captures the essence of the approach. It might be helpful to include something creative that communicates ownership to the approach and that captures the audience attention (make sure it is professional and not cheesy). This should also include a review of key concepts/principles that underlie the approach. (remember that we have read the paper already).</td>
</tr>
</tbody>
</table>
Introduction to first video clip (this is what you are going to see) 0:01 0:08
Video clip #1 0:03 0:11
Verbal review of first video clip (this is what you saw and how it reflects my approach) 0:01 0:12
Introduction to second video clip (this is what you are going to see) 0:01 0:13
Video clip #2 0:03 0:16
Verbal review of second video clip (this is what you saw and how it reflects my approach) 0:01 0:17
Summary/Conclusion 0:02 0:19
Questions 0:08 0:27

II. CRITERIA CHECKLIST

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

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

**Option II Comprehensive Examination Requirement**

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

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

National Examination and Licensure
National Licensing Examination

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

Licensing

Mental health practice requires state licensure. Because each state has unique licensing requirements, we suggest early in your program you become familiar with the licensing requirements of the state in which you plan to practice.