

MARRIAGE AND FAMILY THERAPY PROGRAM HANDBOOK

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

Revised Fall 2024

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Important Dates and Program Events Fall 2023 - Summer 2024

Caution: All dates below are subject to change. Other program and departmental dates and deadlines are found in the Master's Degree Handbook, the Graduate Studies Bulletin, and the UNL graduate studies website. It is your responsibility to make sure all deadlines are observed.

August 26, 2024	Fall semester begins
August 28, 2024	Staff meeting (held every other Wednesday) from 12-1pm
September 6, 2024	New MFT Student Orientation
September 18, 2024	First years start front desk/phones/etc.
October 21 & 22, 2024	Clinic closed for Fall Break
October 26, 2024	NAMFT Fall Conference (typically held in Omaha)*
November 27-29, 2024	Clinic closed for Thanksgiving Break
December 23, 2024-January 5, 2025	Clinic closed for Winter Break
January 21, 2025	Spring Semester begins
February 13 & 14, 2025	M.S. in MFT Applicant Interview Days
March/April 2025 (TBD)	NAMFT Spring Conference*
March 16-22, 2025	Clinic closed for Spring Break
April 1, 2025	1 st Year all practicum placement applications are due
April 14, 2025	1 st Year <u>Practicum Placement Interview</u>
May 18-May 25, 2025	Clinic closed for Semester Break
June - Aug 2024	Transfer of cases from 2 nd year to 1 st year cohort
August 15, 2025	Graduation
August 16-24th	Clinic closed for Semester Break

Core MFT Faculty Contact Information

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Helpful Websites

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

Student Resources

- Big Red Resilience and Well-being: <https://resilience.unl.edu/>
- Center for Advocacy Response and Education: <https://care.unl.edu/>
- Gender and Sexuality Center: <https://gsc.unl.edu/>
- Husker Pantry: <https://pantry.unl.edu/>
- Legal Services: <https://asun.unl.edu/student-legal-services/>
- Library Services: <https://libraries.unl.edu/>
- On-Campus Mental Health:
 - Counseling and Psychology Services (Open to all UNL students) <https://caps.unl.edu/>
 - Counseling and School Psychology Clinic (offers a sliding fee scale): <https://cehs.unl.edu/cspc/>
- Professional Clothing: The Career Closet in the College of Business: <https://business.unl.edu/promo/career-closet/>
- Services for Students with Disabilities: <https://www.unl.edu/ssd/content/accommodations>
- Tax Assistance: <https://vita.unl.edu/signup/>
- Writing Center: <https://www.unl.edu/writing/>

Purpose of Student Handbook

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

UNL's MFT Program

Accreditation

The UNL/MFT program is fully accredited with the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) through the American Association for Marriage and Family Therapy. The MS program in MFT at UNL received Candidacy status in 1990 and was granted accreditation by the COAMFTE in 1993. The program has been continuously accredited by the COAMFTE since 1993. Our most recent renewal of accreditation was granted in 2017 for a period of seven years, with the current reaccreditation process occurring May 2017-May 2024.

Program Mission

The mission of the University of Nebraska's Marriage and Family Therapy Master's program is to train ethical, systemic, and attachment- and trauma-informed clinicians who practice culturally responsive, inclusive, and affirmative care by integrating theory, research, knowledge, and service.

Diversity Statement

Following the AAMFT ethical code includes subscribing to an ethic of non-discrimination. Being non-discriminatory means embodying cultural humility and responsiveness, affirmation and inclusive beliefs about and towards clients with marginalized identities (e.g. Black, Indigenous, and People of Color [BIPOC]; Lesbian, Gay, Bisexual, Transgender, Queer, Nonbinary, Asexual, and all people marginalized on the basis of sexual orientation, gender identity and gender expression [LGBTQIA+]; disabled person, immigrants, refugees, and asylum seekers; people of varying socio-economic statuses; religious and ethnic minorities, etc.). Embodying non-discrimination and culturally responsive, affirmative and inclusive practice translate to believing that there is not anything inherently wrong, unhealthy, less than, deviant, sinful, or non-normative about marginalized persons, relationships, and family structures. Sexual orientation and gender identity change efforts (e.g., conversion therapy) are harmful, unethical practices that are not compatible with the AAMFT Code of Ethics.

Becoming therapists that embody cultural humility and responsiveness, as well as holding affirmative and inclusive beliefs towards marginalized persons and families is a lifelong endeavor. Our program helps developing therapists cultivate a mindset of curiosity, humility, and accountability when exploring self-of-therapist issues that relate to biases, discriminatory beliefs, societal systems of oppression, and other beliefs/behaviors which may impede the therapeutic process. Issues of diversity are woven into every course, and all members of the MFT program are expected to continually learn about diversity issues and their impact on individuals, couples, families, and communities.

Program Goals and Student Learning Outcomes

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

The goals and student learning outcomes (SLOs) are below. Courses which attend to each learning outcome are provided in parenthesis:

Goal #1: The program will train students to apply knowledge of systemic and relational principles, theories, and research to practice evidence-based practice of therapy with individuals, couples, and families.

SLO #1: Students will be able to translate knowledge of the profession such as incorporating systemic and relational theories, assessment, and diagnosis into case conceptualizations and treatment plans that guide interventions. (CYAF 951, CYAF 952, CYAF 954, CYAF 955, CYAF 997)

SLO #2: Students will be able to demonstrate the ability to identify and evaluate peer-reviewed research with the intention of applying knowledge, utilizing evidence-based practices, diagnosing, and implementing interventions with diverse populations and social structures. (CYAF 97, CYAF 865, CYAF 863, CYAF 870, CYAF 997)

Goal #2: The program will prepare culturally responsive, inclusive, and affirmative students who can create a therapeutic environment which attends to components of diversity, power, and privilege in mental health treatment.

SLO #3: Students will be able to demonstrate how issues of diversity including, but not limited to, gender identity, gender expression, sexual orientation, sexuality, ethnicity, race, culture, spirituality, socioeconomic status, power, and privilege inform and influence clinical work, including case conceptualizations, treatment plans, interventions, etc. (CYAF 870, CYAF 997)

SLO #4: Students will be able to demonstrate awareness of self of the therapist inclusive of cultural humility, and the ability to recognize and address how these issues relate to clients, clinical work, and professional development. (CYAF 846, CYAF 956, CYAF 870, CYAF 997)

Goal 3: The program will prepare students who have the professional identity of a marriage and family therapist and know the importance of, and have the ability to, maintain compliance with ethical, legal, and professional standards in the practice of marriage and family therapy.

SLO #5: Students will be able to demonstrate the ability to understand, explain, and implement knowledge of ethical clinical practice, including the AAMFT non-discrimination ethical standard, with individuals, couples, and families. (CYAF 953, CYAF 997)

SLO #6: Students will be able to demonstrate ethical and legally compliant documentation of clinical work including confidentiality forms, consent forms, case conceptualizations, treatment plan, and progress notes. (CYAF 997)

Through a variety of baseline, formative, and summative measures conducted throughout the program, students will be evaluated on their achievement of learning outcomes which help them to meet programmatic goals. These measures include coursework and signature assignments. **In order to graduate, students must meet 6th semester clinical competencies as outlined on the ECC.**

[A map of the Goals, Student Learning Outcomes, Assignments and Target Passing Rates can be found in Appendix J.](#)

Who's Who?

Over the course of the program you will interact with faculty, clinical supervisors on and off campus, and administration. Sometimes one person has all three of those roles. The following is provided to help you know who is who, and who to go to when you have specific questions.

1. **Core MFT Faculty.** Core MFT faculty are the faculty responsible for the MFT program. Current core faculty are Dr. Hanson, Dr. Coburn, and Dr. Parra. Core faculty meet regularly to discuss the program, student success, and issues. Core faculty also teach the majority of the MFT-specific courses.
2. **Non-core Faculty**
 - a. **Adjunct Faculty.** Adjunct faculty are highly qualified doctoral-level MFTs who the university hires to teach a class. Adjunct faculty provide the program feedback through emails and conversations. They are invited to MFT faculty meetings as needed.
 - b. **Non-MFT Faculty.** At times you may take a course from a non-MFT faculty member. Courses that are not MFT-specific (e.g. elective courses, one of the research courses, etc.) are taught by non-MFT faculty. MFT faculty communicate with these professors as needed.
3. **The Program Director.** The program director is responsible for data collection, making sure the program is held to COAMFTE's accreditation standards, and is over supervising curriculum development and changes. If you have a question about the program you may contact the program director. The current program director is Dr. Hanson-Bradley.
4. **The Clinic Coordinator.** The clinic coordinator is responsible for managing the clinic (e.g. making deposits, ordering supplies, making sure the electronic health care record is working, providing training on clinic policies, etc.). If you have a question about the clinic, you may contact the clinic coordinator. The current acting clinic coordinator is Dr. Hanson-Bradley.
5. **The Department Chair.** The department chair is over the Child, Youth, and Family Studies Department. The chair regularly meets with the program director to discuss program needs. If you have a concern that is not addressed by faculty, the program director, or the clinic coordinator, you can reach out to the department chair (see the grievance policy for more information). The current department chair is Dr. Mike Merten.
6. **Academic Advisors.** Academic advisors will help you identify courses needed for graduation. They might also help you organize your thesis process (if you choose to write a thesis). Academic advisors can also be helpful in helping you identify additional resources (e.g. CAPs, academic resources, etc.).
7. **Practicum Clinical Supervisors.** Practicum clinical supervisors are the faculty members who teach CYAF 997 and follow all Couple and Family Clinic clients. They may or may not be an AAMFT Approved Supervisor. Only supervision provided by an AAMFT Approved Supervisor may count towards the 100 required supervision hours. When in doubt talk with the CYAF 995 professor, the program director, or the clinic coordinator.
8. **Off-Campus Clinical Supervisors.** Off-campus clinical supervisors provide clinical supervision for clients seen at off-campus placements. They may, or may not be an AAMFT Approved Supervisor. When in doubt, talk with the CYAF 997 professor, the program director, or the clinic coordinator.

Communities of Interest and Programmatic Feedback

As a student of the MFT program, you are a member of one of our Communities of Interest (COIs). The program regularly solicits feedback from our COIs to inform programmatic changes. Feedback is solicited from students during bi-weekly student staff meetings, through cohort representatives, as well as an anonymous end of the semester Cohort Survey. [Information gathered during the cohort check-ins and via](#)

[the survey](#) are used to evaluate resources, policies, and procedures in place to assist students in meeting the program learning outcomes. The cohort representatives will attend one faculty meeting each month. Representatives provide a way for students to give real-time feedback, while the anonymous surveys encourage students to provide faculty feedback with full confidentiality. Feedback from these surveys will be reviewed by all faculty each semester with a full review at the start of each fall semester. During the every-other-week student staff meeting the program director and/or clinic coordinator will relay how feedback has been considered and about any resulting changes.

Other communities of interest include non-core faculty, graduates of the program, and off-site supervisors (e.g. Mourning Hope, UNL Housing, etc.). Information is solicited from these groups regularly and they may attend MFT faculty meetings, have ongoing conversations with MFT faculty, or receive a yearly newsletter discussing program changes and improvements.

The COI assessment plan can be found in Appendix K: Plan for Assessing Outcome-Based Educational Achievement.

Early in the Program

Acknowledgement of Program Licensing Limitations

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

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

Procedure for Verifying Completion of Degree Requirements

The Office of Graduate Studies publishes a list of forms and a schedule of deadlines at their web site: <https://www.unl.edu/gradstudies/academics/program-steps/masters>. It is **your** responsibility to make sure that these forms are filled out correctly and that all deadlines are met. Please note important dates prior to beginning the program.

In order to graduate, you must:

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

CYAF and MFT program.

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

Required Books

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

Kupfer, D. J, First, M. B., & Regier, D. A. (2022) *Diagnostic and statistical manual of mental disorders, V-TR* (5th Ed.). Washington, DC: American Psychiatric Association. ISBN 978-0890425756

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th Ed.). Washington, DC: American Psychological Association. ISBN: 143383216X

Program Overview: Academics, Expectations, and Timelines

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

Program Time Commitment

Clinical training programs are inherently demanding in terms of time and commitment. In the MFT program at UNL you can anticipate dedicating roughly 40 hours per week for the duration of the program to preparing for classes, attending classes, participating in program and clinic meetings, and engaging in practicum experiences. Many students choose to have assistantships on top of these commitments.

As a program we encourage the practice and implementation of self-care including engaging in mindfulness practices; seeking support from faculty, family, and friends, and potentially your own therapist; learning when to prioritize professional and personal demands; developing compassion for self and others; and cultivating a learning and growth mindset. The process of becoming a therapist is like learning any new skill where practice, failure, feedback, and more practice is expected. Allowing yourself to be a beginner can help eliminate some of the anxiety of learning something new.

The Program at a Glance

Students must complete a Memorandum of Courses (MOC) that outlines 53 credits of approved course work. Students must obtain a B grade or better on 800-level courses with an undergraduate counterpart and a C grade or better on 800-level courses without an undergraduate counterpart and on 900-level courses. **Students must meet course cut-offs or higher on all assignments used to measure the student learning outcomes (see Appendix J).** Grading criteria in courses taught by MFT faculty members reflect, among other things, achievement of expected student learning outcomes as defined in the course syllabi and the Evaluation of Clinical Competencies.

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

1. Learn and follow all Couple and Family Clinic policies and procedures noted in this manual and in the Couple and Family Therapy Clinic Policies and Procedures Manual.
2. Participate in the management of the Couple and Family Clinic throughout the duration of your program study.

3. Obtain student membership in the American Association for Marriage and Family Therapy and the Nebraska Association for Marriage and Family Therapy.
4. Obtain professional liability coverage by October of your first year and maintain liability coverage throughout the remainder for your program.
5. Demonstrate clinic readiness by receiving at least an 80% or higher on identified student learning outcome assessments (See Appendix J)
6. Complete the Practicum Readiness Interview prior to beginning practicum.
7. Successfully complete a 12-month practicum (minimum).
8. Obtain at least 400 hours. A minimum of 300 hours must be direct client contact hours, at least 150 of which must be relational. For licensure in the State of Nebraska, students must complete at least 150 relational hours. Students may use up to 100 “alternative hours” to meet the 400 hour requirement. Alternative hours can be: watching a session live behind the mirror, and receiving supervision from a non-AAMFT supervisor. Most students complete over 300 hours of client contact prior to meeting sixth semester clinical competencies.
9. Obtain a combination of live, group, video, and individual supervision totaling 100 hours. At least 50 hours must include observational data (e.g. live, video, audio).
10. Demonstrate clinical competency in conducting relational therapies by meeting or exceeding the competency standard identified in the student learning outcomes.
11. 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.
12. Demonstrate competence in documenting therapy and appropriately maintaining client files (See the Clinic Policy and Procedure Handbook).
13. Receive satisfactory evaluations from external practicum supervisors throughout your 12-month clinical placement.
14. If completing a thesis, present your research or other scholarly work during a Brown Bag Seminar scheduled by the department of CYAF.
15. Successfully defend a thesis (Option A) or complete requirements for Option B.
16. Complete the required number of academic units (Option A = 56-59; Option B = 53).
17. Following completion of each practicum, complete the cohort survey.

Semester 1-6: Demonstration of Clinical Competencies

Competency as a marriage and family therapist is determined through supervision, observation of clinical work, and participation in simulated client situations. Supervision and observation of clinical work are on-going. Supervisors at the CFC and off-site placements complete an evaluation of student performance in clinical work at the end of each semester in which you work with clients. The Evaluation of Clinical Competency is described in greater detail in the syllabi for CYAF 997. These evaluations are designed to reflect your progress toward achievement of expected outcomes identified by the program faculty. At the end of the semester, you will receive feedback that will help you to make plans for achieving clinical competency.

Over the duration of the program, you will have multiple experiences learning about and working with diverse, marginalized, and/or underserved communities. Experiences include:

1. During your first year you will have a first-year clinical experience helping run groups at a community, or campus organization. You will receive training for this placement at the beginning of each fall semester.
2. All students will see clients at the Couple and Family Clinic (CFC). The majority of clients at the CFC are uninsured and/or low-income who would otherwise not be able to access services. The CFC also serves several communities in rural Nebraska. Many of the clients at the CFC may be members of marginalized populations (e.g. LGTBQ+, people of color, low SES, immigrants/refugees, etc.).
3. Students also have the opportunity to learn about diverse, marginalized, and/or underserved communities through coursework and conference attendance. All students will take an Ally

training through UNL's LGTBQA+ Center.

4. The MFT program may participate in university and community events that promote diversity.

A final evaluation of competency occurs in the final summer term (semester 6). The result of this final evaluation will be a determination that the competency requirements have been met based on the Evaluation of Clinical Competencies **and** that a minimum of 400 hours, at least 300 must be face-to-face (150 hours of those hours must be completed with couples or families). Most students complete over 300 face-to-face hours prior to meeting sixth semester clinical competencies.

Semesters 1 and 2: Orientation to the Program and Clinical Readiness

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

Students will begin developing a range of competencies in their first and second semester courses (e.g. 951, 952, 953, 954, 955, and 870) and will be evaluated for clinical readiness. When making decisions about your readiness, the faculty consider (among other things): a) your performance in classes and understanding of material, b) their observations of your interactions and professionalism with your peers, faculty, and others, c) your knowledge of Nebraska law governing the practice of marriage and family therapy, and d) your knowledge of and adherence to the AAMFT Code of Ethics, and e) your performance in CYAF 955(2nd semester) and the summer section of CYAF 997 (3rd semester). You must receive a grade of 80% or greater in both course evaluations of student learning outcomes in order to receive a practicum placement and register for practicum Fall of your second year.

The faculty make the final decision regarding your personal and professional readiness for practicum and the selection of a practicum site. Students are required to interview for all practicum sites. This includes filling out applications and sending letters of intent to each practicum site. Practicum interviews will happen by April 15. Following site interviews, you will also participate in a Practicum Readiness Interview. 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 C. 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 the program director and clinic coordinator 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.
 - Knowledge of Nebraska laws and statutes governing mental health practice
 - Ability to make decisions using ethical decision-making principles and models
 - Ability to accept and respond to supervision
 - Potential for client management
2. Does the site match your interests and abilities?
3. Will the placement widen your experiences in MFT?
4. Will you be able to reach your personal and professional goals at the site?
5. Does this site best fit your needs when other students' needs are considered?

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

Semester 2: Memorandum of Courses

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

You may obtain a copy of the MOC from the Office of Graduate Studies (<https://www.unl.edu/gradstudies/academics/program-steps/masters>). The following information and tips will help you fill out the MOC.

- You must indicate which Option you are using to complete the degree.
 - ✓ Select Option A if you are completing a thesis.
 - ✓ Select Option B if you are not completing a thesis and plan on pursuing a practice-based or professional career in which the master's degree provides suitable training. This option contains 9 credits of electives which may, or may not, comprise a minor.
- Indicate that your Major is Child, Youth and Family Studies.
- If you are using Option B for your degree AND would like to complete a Minor area of study, list the department of the minor. If you are using either Options A or using Option B with 9 elective credits or using Option B and pursuing the MedFT certificate leave this line blank.
- Indicate that your Specialization is Marriage and Family Therapy.
- Courses listed under Courses to Remove Deficiencies do not count toward the 53 credits required for the degree. Do not list courses used to meet provisional status requirements. The only courses listed here would be a statistics class if you didn't have one as an undergraduate or a development class if you didn't have 18 undergraduate credits of social science coursework.
- Under Proposed Program of Studies list the required courses for the degree beginning on the left column. You may need to spill over on to the right column. That is fine, but list the courses used to meet the Option requirement last on the right column.

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

Semester 3-6: Clinical Practicum

An important part of the MFT program is the year-long clinical practicum. Practicum includes both registration in a four-term sequence of CYAF 997: Advanced Practicum in Family Therapy and clinical experience. After successfully demonstrating clinical competence in semesters 1 and 2 and after completing your practicum readiness interview, you will be admitted into the clinical component of the MFT program, and your conditional admission status will be ended.

The practicum requirement includes an on-campus clinic experience. The on-campus experience requires you to maintain a case load of at least four active clients at the Couple and Family Clinic, receive individual and group supervision as scheduled (including live supervision), maintain client files, and attend to administration issues.

The external experience will require you to maintain a case load sufficient to provide 8-10 client contact hours per week, receive a minimum of one hour of supervision per week (this may be provided by MFT faculty and/or site supervisors), and attend to administrative work and coordination with other

agency personnel if applicable. Practicum placement at an external site may allow 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 may be presented to the faculty for consideration, but ultimately may not be adopted). Each student will complete a practicum readiness interview with MFT faculty during their second semester.

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

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

Additional Semesters of CYAF 997: Practicum in Family Therapy

- If the student has not met the relational therapy competency requirement and completed at least 400 hours (including a minimum of 300 face-to-face hours with at least 150 relational hours) they will be required to take additional practica.
- If the student has earned a grade lower than a B in any of their practicum courses, they will be required to enroll in additional practica.
- If the student has failed to meet clinical competencies as outlined in the ECC, they may be required to take additional practica. Decisions about additional practica will be made by the faculty and discussed with the student on an individual basis.

Curriculum Changes

Should the program need to make curriculum changes, the program will follow the UNL CEHS Program and Curriculum Process which can be found here:

https://cehs.unl.edu/documents/cehs/2022.06.30_UNL%20CEHS%20Program%20and%20Curriculum%20Processes.pdf At a minimum faculty will discuss the proposed changes with department faculty and staff. Review the Graduate and Professional Catalog, and have the proposed change reviewed by the CYAF Graduate Education Committee and proposed during a department faculty meeting.

Clinical and Supervision Hours

The University of Nebraska-Lincoln requires at least 400 hours. At least 300 must be face-to-face and at least 150 of those hours must be relational (for licensure in Nebraska). Students may count up to 100 alternative hours. Alternative hours include sitting behind the mirror and watching a full session, and receiving supervision from a non-AAMFT approved supervisor. Most students complete well over 400 hours prior to meeting clinical competencies needed for graduation.

Direct client contact is defined to mean face-to-face (therapist and client) therapeutic intervention from a relational perspective. For purposes of this definition, face-to-face means meeting in the same physical location as the client or meeting through approved videoconferencing. A treatment session conducted over the telephone may be counted as direct client contact only if it is a) scheduled in advance and of extended duration (more than just a check-in or to schedule an appointment; there must be treatment

administered for it to count), or b) as a substitute for a session that was scheduled over videoconferencing that was not able to be held because of technological failure. Assessment is counted as direct client contact if it is more than clerical in nature and focus (e.g., you are assessing functioning and not just collecting information).

The following activities do not count as direct client contact: telephone contact (other than calls of extended duration), case planning, observing therapy (except as part of a team; see following section for [team procedures](#)), record keeping, travel, administrative activities, consultation with community members or professionals, workshops or trainings, 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.

Due to client cancellations and no-shows, it will be necessary for you to schedule 4-6 clients per week at the [Couple and Family Clinic](#) and 9-10 clients per week at the off-campus site.

In addition to the 400 hour minimum requirement (a minimum of 300 face-to-face hours, 150 must be relational), you must also [demonstrate competency in couple and family therapy](#). Competency in couple and family therapy are achieved by:

1. Meeting or exceeding the standards of competency that have been identified by the MFT faculty. Assessment of competency will be determined through faculty observation and evaluation of clinical skills in simulated and/or actual client situations. The competency standards and the criteria on which students will be evaluated are found in the [Evaluation of Clinical Competencies](#) document.
2. Obtaining a minimum of 150 hours of direct client contact with couples, families or other relational dyads (two or more people with a pre-existing relationship) physically present in the therapy room (these hours are recorded as relational).
 - a. Group therapy hours do not count as relational hours unless it is 1) a couple or family group or 2) a group of individuals who have lived together for a sufficient period of time for relational dynamics to be evident in their day-to-day interaction with one another, and in which these dynamics are addressed in therapy.

Students will not be allowed to graduate unless completion of the clinical contact hour (including the relational competency) and supervision hour requirements have been documented appropriately. Students who have not completed the clinical hours and/or supervision hours and/or met sixth semester clinical competency requirements by the last day of their final semester/term of practicum will not be cleared for graduation and will be required to take an additional semester of practicum.

Tips for completing the clinical contact hour requirements.

- a. In order to obtain the hours necessary to demonstrate clinical competencies, a student should aim to schedule 10-12 client contact hours each week (a combination of practicum and off-site placement) of the twelve-month practicum. This number allows flexibility for cancellations and no-shows, and it will help you obtain the minimum 300 hours required for graduation as well as alternative hours as needed, as well as additional hours as you seek to meet sixth semester clinical competencies. Although it is natural to want to ease into clinical work, students may need to increase their caseloads quickly (e.g., within one month) to avoid falling behind. The longer it takes to build up a caseload, the heavier the

caseload will need to be later on to average eight to ten hours a week. Likewise, students often want to offload their caseloads early in the program. All students are required to see clients until they graduate.

- b. Students should take into consideration cancellations and no-shows when setting their caseloads. For example, a therapist who wants eight-ten hours a week should probably schedule 12-15 clients cases a week.
- c. Students will need to average 2-3 relational hours a week to obtain at least 150 hours during the 12 months practicum. It is recommended that students get a caseload of three to five relational cases a week as soon as possible. (Note: In the past, some students have gotten their overall caseloads up quickly, but did not get at least five relational hours a week during the first few months. Many of these students were delayed in graduating because they had not met the relational hour requirement).
- D. Students who find it difficult to get relational hours may: 1) Do co-therapy 2) Conduct one and one-half hour sessions with relational cases (this is an option *only* when it is informed by treatment needs). 3) When working with individuals, explore inviting significant others into therapy who play a role in the problem or who may play a role in the solution to the problem.

Supervision Hours

You are required to obtain a minimum of 100 hours of supervision (or a 4:1 client hour to supervision hour ratio) from an AAMFT Approved Supervisor or AAMFT Supervisor Candidate. Fifty of those hours must include raw data (e.g. live, video, audio). This supervision must happen on a consistent and regular basis while you are clinically active. This will be obtained via a combination of individual supervision where video of your sessions *must* be brought into the supervisory sessions, group, and live supervision experiences (with no more than eight students present at a time). In special circumstances, audio-only review may be substituted for the video-review of session material, but this must be approved in advance by your supervisor. Most students acquire considerably more supervision hours than are required from an AAMFT approved supervisor or candidate. You may also receive ongoing and consistent supervision from non-AAMFT approved supervisor or candidate. While these supervision hours will not count toward the 100 needed to graduate, they will teach you site policy and protocol, and enrich your learning experience.

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

Please refer to the Couple and Family Therapy Policy and Procedure manual for more specific guidelines on Telehealth and Tele-supervision.

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

It is not uncommon for personal issues to become prominent in students as they begin conducting therapy or taking course work. Personal issues impacting the provision of treatment may also be addressed in supervision. However, *supervision is not psychotherapy*. Supervision should always focus on students’

clinical work and didactic or personal issues raised in supervision should be connected to how they are playing out in the therapist's clinical work.

It will be common for student's to receive additional supervision from none AAMFT approved or equivalent supervisors. **These hours of supervision will not count towards the 100 hours need to graduate but** offer a great benefit to clinical students. If you have a question about supervision, please talk to the program director or clinic coordinator.

Supervision needs between semesters or academic breaks (e.g Fall Break, Spring Break, etc.) will be provided as needed. Students will be notified of the supervisor on-call prior to all breaks. Should you have a question about who the supervisor is please contact the program director.

Tracking Supervision and Therapy Hours

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

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

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

At the end of each month, you must make sure your supervision and therapy spreadsheet is complete. This form provides the program with important information that is used to evaluate and plan your clinical training, assess the status and needs of our clinic, and to document adherence to AAMFT standards.

The supervision and therapy spreadsheet tallies clinical contact hours and supervision hours (by type and mode). These categories are defined as:

CLINICAL CONTACT HOURS

Hours where you were the therapist, co-therapist, or member of a treatment team. These are **face-to-face** hours only!

SUPERVISION TYPE

INDIVIDUAL:

Hours in which you meet with an AAMFT approved supervisor or equivalent alone or with no more than one other supervisee or when your AAMFT approved supervisor or equivalent is observing you in a live session.

GROUP:

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

SUPERVISION MODES

LIVE:	The supervisor observes your actual session. A live supervision session would also count for the appropriate number of clinical contact hours since you were doing therapy while you were being supervised.
VIDEO:	The use of previously recorded sessions or segments of sessions in your supervision.
CASE:	The use of <u>client files</u> and case materials in an oral presentation during supervision.

Special Circumstances in Counting Client Contact and Supervision Hours

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

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

Students observing someone else's clinical work may receive credit for group supervision provided that 1) at least one supervisor is present with the students, 2) there are **no more than eight** 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.

Does It Count?

Client Hours

Were you in the room, or meeting via telehealth, and actively engaged with the clients in therapy or as part of an in-room reflecting team?

No

Were you watching a live session?

No

This does not count as a client hour

Yes

This counts as an alternative client hour

Yes

This counts as client hour

Were there relatives, people who live together, or people who have an ongoing relationship in the session together?

No

This does not count as a relational client hour

Yes

This does count as a relational client hour

Supervision Hours

Were you meeting with an AAMFT approved supervisor to discuss client cases or self-of-the-therapist issues in relation to a case?

No

Were you meeting with a non-AAMFT approved supervisor to discuss a client case??

No

This does not count as supervision

Yes

This counts as an alternative supervision

Yes

This counts as supervision

Did the supervisor sit behind the mirror with you during a case or while you were conducting therapy? Or did the supervisor review video/audio?

No

This does not count as observable supervision

Yes

This does count as observable supervision

Evaluating Student Progress

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

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

How Information about Students is Used

As part of our attempts to assess student learning and to use outcome data in a way that leads toward program improvement, information about students and student achievement will be collected and stored within an Excel file. This information will be kept only until it is systematically examined in a way that leads toward program improvement. In general, student achievement data that is narrative in form (e.g., scores and feedback on course assignments) as well as data that summarizes student achievement through numbers, grades or by aggregating student achievement feedback (e.g., clinical contact and supervision hours, aggregate summaries of performance measures, and client assessment data) will be kept. This information will be used to evaluate the effectiveness of our learning and assessment activities and to make plans for improvement. This data will be used to evaluate student progress across cohorts and program improvement across time. Identifying information that ties individual students to this data will be kept confidential.

Semester 1-6: Cohort Survey

Students are given an anonymous survey to complete at the end of each semester of the program. The purpose of this survey is to provide faculty the opportunity to assess student perception of program climate and functioning. Data from these surveys are used by faculty to make ongoing improvements to the program. Faculty review this data each semester during a MFT faculty meeting. If program problems are identified, faculty will discuss and then address the outcome with students either during a clinic staff meeting, during the fall/spring semester cohort check-ins, or via email or a message in Teams.

Semester 1-6: Cohort Representative

Each cohort will elect one student each academic year to attend the first MFT faculty meeting of each month. The cohort representative will regularly gather information from cohort members and bring issues, concerns, and challenges to the MFT faculty meeting. Cohort representatives will email the program director a list of agenda items during the last week of each month. It is expected that the cohort representative will represent their cohort, not themselves. Representatives may be asked to provide feedback on the outcome-based learning objective assessments.

Semester 3-6: Supervisor Evaluations

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

important because the off-campus site supervisor's evaluation is necessary for determining your final grade for the semester in practicum. You will be emailed the link to the [Evaluation of Clinical Competencies](#) form during each 997 Practicum Course, you will need to forward this on to your UNL practicum instructor as well as your off-site supervisor (AAMFT approved supervisors and non-AAMFT supervisor). In the ECC you will have the opportunity to formally provide feedback to the program about your on-campus, and off-campus supervisors. You may also address problems or concerns with the program director, your 997 professor, or your academic advisor. Information shared in the ECC or through conversations will be used to address issues, improve supervisor/supervisee relationships, and improve the clinical experience for current and future students.

Post-Graduation: Continued Contact with the Program:

As part of our ongoing program assessment process, the Program Director will collect and store your current contact information upon graduation from the program. This information will not be shared with outside sources but will be used to continually assess student graduation outcomes, including but not limited to: licensure status, current employment, continued professional identification as an MFT, and licensing examination pass status. This information will be collected from you one year post graduation, and every other year thereafter. We ask that you update the Program Director should changes in your contact information occur.

Student Conduct

Adherence to the AAMFT Code of Ethics

Whenever you are practicing therapy, you must follow the AAMFT ethical codes. These are general professional guidelines subscribed to by members of AAMFT. Copies of the Code of Ethics are included in your AAMFT membership packet, as well as in [Appendix F](#) of this manual. Please read them carefully, understand them completely, and follow them meticulously. Your understanding of the AAMFT Code of Ethics will be evaluated in CYAF 953. Adherence to the AAMFT Code of Ethics will be evaluated by your supervisors at the FRC and your off-campus clinical placement and by the MFT faculty in courses, as appropriate. See the course syllabi and the Outcomes-Based [Evaluation of Competencies](#) document for additional information about how understanding and adherence to the AAMFT Code of Ethics is evaluated.

Following the AAMFT ethical code includes subscribing to an ethic of non-discrimination. Being non-discriminatory means embodying cultural humility and responsiveness, affirmation and inclusive beliefs about and towards clients with marginalized identities (e.g., Black, Indigenous, and People of Color (BIPOC); Lesbian, Gay, Bisexual, Transgender, Queer, Nonbinary, Asexual and all people marginalized on the basis of sexual orientation, gender identity and gender expression (LGBTQIA+); Disabled persons, Immigrants, refugees, and asylum seekers; people of varying socio-economic statuses; religious and ethnic minorities). Embodying non-discrimination and culturally responsive, affirmative and inclusive practice translates to believing that there is not anything inherently wrong, unhealthy, less than, deviant, sinful, or non-normative about marginalized persons, relationships, and family structures. Sexual orientation and gender identity change efforts (e.g., conversion therapy) are harmful, unethical practices that are not compatible with the AAMFT code of ethics.

Complaints of ethical violations are a serious matter. Depending on the severity of the complaint, a student may receive a remediation plan and/or there may be an investigation into the violation. During this time students may be suspended from practicum or continuation in the program until the investigation is completed. Ethical violations may result in dismissal from the program. Any complaints involving violation of federal antidiscrimination guidelines will be referred to the office of Equity, Access, and Diversity Programs. Also, complaints of ethical violations will be forwarded to the Ethics Committee of the American Association for Marriage and Family Therapy. A finding by the AAMFT Ethics Committee which recommends suspension or revocation of membership shall be grounds for dismissal from the MFT

Program. Any complaints of ethical violations should be directed to the MFT Program Director.

Membership of AAMFT

The MFT course of study consists of 53 credit hours. The curriculum fulfills the educational and practicum requirements for clinical membership in the American Association for Marriage and Family Therapy. Students are required to maintain membership of AAMFT for the duration of their time at the MFT program. In addition to AAMFT membership, students will be asked to provide proof of liability insurance in CYAF 955 and each section of CYAF 997.

Membership of NAMFT

Students are strongly encouraged to be student members of the Nebraska Association for Marriage and Family Therapy and to participate in local NAMFT conferences and events.

Clinic Dress Code

The following dress code applies to sessions with clients, as well as when you observe therapy sessions.

Purpose:

The purpose of this dress code policy is to ensure that all students participating in the clinical training program present themselves in a manner that is professional, respectful, and inclusive. This policy is designed to accommodate diverse backgrounds, cultures, identities, and personal expressions while maintaining a standard of professionalism that aligns with the values of our clinical training program.

General Guidelines:

1. **Professionalism:** Students are expected to dress in a manner that reflects the seriousness and importance of the clinical environment. Attire should be clean, neat, and appropriate for a healthcare setting.
2. **Cultural and Religious Expression:** Students are encouraged to express their cultural and religious identities through their clothing. This includes, but is not limited to, wearing religious garments such as hijabs, turbans, yarmulkes, or cultural attire. All such expressions are welcome as long as they adhere to general safety and hygiene standards required in the clinical environment.
3. **Gender Inclusivity:** Students are free to dress in a manner that aligns with their gender identity or gender expression. This includes the choice of clothing traditionally associated with any gender. Discrimination or harassment based on clothing choices will not be tolerated.
4. **Comfort and Accessibility:** Students should wear clothing that allows them to perform their duties comfortably and safely. Accommodations will be made for students with disabilities or medical conditions requiring specific attire or modifications.
5. **Identification:** Students must wear their identification badges visibly at all times while in the clinical setting. This is for the safety and security of both students and clients.
6. **Prohibited Items:**
 - Clothing with language, imagery, or symbols associated with hate speech or groups.
 - Clothing that is excessively revealing or could be deemed inappropriate for a clinical setting (e.g., shorts, excessively low-cut tops).
 - Strong perfumes or colognes that could affect individuals with sensitivities or allergies.
 - Items that may pose a safety risk, such as dangling jewelry.
 - Clothing that is ripped or stained.

7. ****Personal Hygiene:**** Students are expected to maintain good personal hygiene, including regular grooming and the maintenance of clean clothing.

8. ****Flexibility and Feedback:**** This dress code policy is meant to be flexible and inclusive. Students are encouraged to provide feedback on the policy to ensure it continues to meet the needs of a diverse student body. Requests for reasonable accommodations related to dress code should be directed to the program coordinator.

Resources for free business clothing at UNL: the UNL Business college, The Lavender Closet

Conclusion:

Our program values diversity and inclusivity and believes that a respectful and professional appearance supports the well-being and dignity of both students and clients. This dress code policy is intended to balance individual expression with the professional standards required in clinical training. Issues will be addressed as needed.

If Problems Arise

Unsuccessful Progress Toward Completion of the Program

The clinical faculty have a responsibility to you, the program, the Commission on Accreditation, and the profession to evaluate on an ongoing basis the appropriateness of your role as a marriage and family therapy trainee and the progress you are making toward the goal of developing the conceptual, ethical, and practice skills you will need to engage in independent practice.

Students in the MFT program will be dismissed from the program if they demonstrate they are not making successful progress toward the completion of the program. The program faculty have established the Practicum Readiness Interview as a scheduled mechanism for evaluating your progress in the program near the end of your second semester. You may be dismissed from the program as a result of the Practicum Readiness Interview. However, evaluations of your progress will be ongoing throughout the program. You may be dismissed from the program at any time for the following reasons:

1. Failure to maintain the established grade point average and other academic standards (see the Graduate Bulletin).
2. Failure to make satisfactory academic progress toward the degree.
3. Failure to meet semester 1 and 2 clinical competencies.
4. Violations of AAMFT Code of Ethics.
5. Failure to complete time limits for the degree as set by the MFT program, the Department (CYAF), the College (CEHS), and the Graduate School.
6. Failure to make satisfactory progress in clinical skills. This includes but is not limited to failure to seek supervision, failure to follow supervisor directives, and failure to maintain client files in a timely manner.
7. Failure to achieve satisfactory clinical competency as evidenced by substandard ratings on any specific competency for multiple semesters or by the expected graduation date on the ECC device.
8. Failure to resolve personal and interpersonal issues which interfere with the delivery of satisfactory services to clients.

Faculty regularly consult about student progress, noting strengths, concerns, and potential problems. If a problem or concern, including a student's failure to reach established target scores for student learning objective measures, is identified the following process will be followed:

1. The student will be notified via email and asked to schedule a meeting to discuss the

concern/problem.

2. A meeting with one or more faculty will occur and notes from the meeting will be documented.
3. If needed, a written remediation plan will be outlined and implemented. The student, as well as the program director, will receive the plan. Remediation plans will be tailored to the student's individual needs.
4. If the student fails to make satisfactory progress toward resolution of the problem or concern as outlined within the remediation plan, 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 Concerns and Grievances

As a student, you are entitled to have a process whereby you can express a concern (e.g., advisor not available or unresponsive, lack of academic support resources, etc.) or grieve a decision made about a grade or faculty member or departmental decision that you believe negatively impacts your progress towards your degree. Grievances may also be filed in instances of discrimination, harassment, or Title IX violation.

The first step in handling any concern or grievance is to discuss the matter with the concerned individual. If this step is unproductive or, in your judgment, inappropriate, then the following list will help you determine who you might approach:

- 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 off-site 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 Graduate Chair or 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 Department Graduate Chair or 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: 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.

The official Graduate School policy on grade appeals and appeals of general academic matters related to student programs, can be found in the Graduate College Policy Handbook
https://graduate.unl.edu/facstaff/Graduate_College_Policy_Handbook-19_20_AY.pdf

If the concern specifically concerns discrimination or harassment you may contact the Institutional Equity and Compliance (<https://www.unl.edu/equity/>) And/or file a report via this form:
https://cm.maxient.com/reportingform.php?UnivofNebraskaSystem&layout_id=116

Grievances or concerns, communication about the grievances or concerns, as well as any outcome will be documented and kept on file with the program. If needed, copies of all documentation will be submitted to the student file, kept on an encrypted drive.

Personal Psychotherapy

The faculty recognize the value of psychotherapy and *strongly encourage* students to participate in their own personal psychotherapy. The faculty reserves the right to suggest, and in some cases, require personal psychotherapy as part of a remediation plan for students. Students may request a list of available psychotherapy resources from the Program Director or from their advisor. It is inappropriate for students to receive psychotherapy from fellow students and from program faculty or supervisors.

The Couple and Family Therapy Clinic

Couple and Family Clinic Policies and Procedures

The MFT program's Couple and Family Clinic (CFC) has available the use of the Family Resource Center (FRC). The FRC is a facility designed for comprehensive clinical training. The CFC has five therapy rooms all of which have audio/video observation capability, one room is also a play therapy room. Three observation rooms are located in the building as well. The policies and procedures governing the use of the CFC at the FRC are found in The Policies and Procedures of the Couple and Family Clinic Handbook. This handbook will need to be studied and followed carefully.

CITI and HIPAA Training

Upon entry into the program all students are required to complete CITI training in Social/Behavioral Research and a HIPAA course for clinicians. These training must be completed within the first 8 weeks of the semester and a certificate of completion must be submitted to the program director to be added to your student file.

Management of the Couple and Family Clinic

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

Staff meetings. Attendance at staff meetings, scheduled by the Clinic Coordinator or Program Director, is required for all students. These meetings are designed to ensure the smooth running of the clinic and to give everyone time to discuss matters that may be pertinent to being supportive colleagues and keeping the clinic as efficient as possible. Issues of client management, scheduling, safety, marketing, best

business practices, and clinic and program operation are discussed. Inservice presentations may occasionally be scheduled during this time. Staff meeting attendance is required by all students. The Program Director and/or Clinic Coordinator chairs these meetings.

Student Clinic Duties

Assigned time at the clinic. To manage the clinic on a day-to-day basis, to preserve client and therapist safety, and to support one another in clinical work, each 1st year student will be assigned to spend one hour each week at the clinic. The student should be available in the reception area to answer phones, check the shared email, interact with clients, check chart documentation, and be a resource for student therapists. Students can use this time to study, update client files and clinic paperwork, prepare for clients, contact referral sources, etc. However, the primary responsibility of the therapist is to be available for therapists and clients. The Clinic Coordinator will create a schedule of assigned times the first week of each semester.

Rotating answering voicemail responsibility. Each student will be assigned a week on a rotating basis during which they will be responsible for answering messages off the answering machine, scheduling clients, and returning calls. Each student will have this responsibility 2-3 times a year. The Clinic Coordinator or Program Director 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 or Program Director must be notified of the trade in writing.

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

Client Files

The Couple and Family Clinic utilizes TheraNest, an Electronic Health Record system, to maintain client files. Documentation of therapy and client file maintenance are graduation competencies. You must keep all client files up to date. Progress Notes, Assessment Summaries, Treatment Planning Summaries, Discharge Summaries, and other documents to be filed in the client files must be completed on an authorized UNL computer and signed by your supervisor in a timely manner. Make sure correspondence about cases supervised is documented. Detailed information about maintaining client files is presented in CYAF 955 and continued in other clinical courses as well as through regular staff meetings with the Clinic Coordinator and Program Director. File Audits are completed by the practicum supervisor each semester to ensure timely and ethical documentation standards are being met. Failure to follow the client file policy may result in a plan for remediation and may require extra semester of CYAF 997.

Technology Requirements

Our students must have regular access to a computer which has internet access. Many courses detail assignments and submission of work via UNL's Canvas program, and regular assessments are completed and recorded through Qualtrics. Currently, three computers and eight laptops with internet access are provided to students within the clinic for the use of maintaining client files on our Electronic Health Records (EHR) system. MFT students also have access to a graduate students space in the Human Sciences Building where they may access TheraNest. HIPAA compliancy training is provided via CITI during the first semester of the program to ensure client confidentiality. Students are NOT to access the EHR system on personal computers or other non-program approved devices. Violation of this policy may result in failure of CYAF 997, staying and extra semester, or a remediation plan. Supervision and student clinical evaluation regularly occur through the utilization of the Couple and Family Clinic's electronic recording system. Students are expected to meet HIPAA expectations when saving client's recorded sessions onto the clinic cloud drive (e.g. a restricted SharePoint file).

Students can find the University Computer Use Policy here; <https://www.unl.edu/computer-use-policies/>

Telehealth

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

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

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

Teletherapy Policies and Procedures

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

For clinic-specific guidelines please see the Couple and Family Policy and Procedure Manual.

Appendix A: MFT Graduate Student Checklist

This form is for student records only

Student Name: _____

Date Entered the Program _____

Marriage and Family Therapy Program Requirements.

Requirement	Completed Date
Turn in therapy observation log	
Membership in AAMFT	
Complete CITI Training in Social/Behavioral Research and HIPAA	
Professional liability insurance (typically through AAMFT)	
Practicum Readiness Interview	
12-month consecutive months in practicum	
400 clinic hours. 300 must be direct client contact hours (at least 150 relational)	
100 total hours of supervision: At least 50 hours include observable data (e.g. live, video, audio recording)	
Competency in relational therapies <input type="checkbox"/> at least 150 relational hours	
Competency in Cultural Sensitivity	
Competency in Documentation	
Competency in Ethics and Clinical Decision Making	
Competency in Client Management	
Competency in Professionalism	
Competency in Psychopathology	
Competency in Rural Mental Health Care	
Competency in Using Technology as a Treatment Delivery Medium	
Appropriately close all client files at FRC	
Successfully defend a thesis, completion of a minor, or 9 elective credits	

Appendix B: Course Sequence and Curriculum Areas

**University of Nebraska-Lincoln, Department of Child, Youth and Family Studies
Marriage and Family Therapy Specialization**

Course Requirements

Required Core Courses

CYAF 97: Marriage and Family Therapy Clinical Readiness	0 credits
CYAF 951: Theoretical Foundations of Marital and Family Therapy	3 credits
CYAF 952: Psychopathology and Dysfunctional Interactions	3 credits
CYAF 953: Issues and Ethics for Family Professionals	3 credits
CYAF 954: Clinical Assessment	3 credits
CYAF 955: Clinical Family Therapy I	3 credits
CYAF 956: Couples and Sex Therapy	3 credits
CYAF 865: Research Design/CYAF 863: Youth Professional as Consumers of Research	3 credits
CYAF 870: Multicultural Competencies in Mental Health Treatment	3 credits
CYAF 846: Addiction & Families*	3 credits
CYAF 997: Advanced Practicum in Family Therapy (3 credits for fall/spring semesters; 4 credits for each summer semesters)	14 credits

Total Core Credits 41 credits

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

Individual Development and Family Relations Electives:

In consultation with their academic advisor and with the approval of the MFT faculty, students must select three credits of coursework focusing on individual and family development. These credits must include content that addresses development across the life-span and from an ecological and/or systemic perspective. The suggested course is EDPS 988: Lifespan Development (taught during 3-week summer session)

Total Development Elective Unit 3 credits

Thesis, Minor, Selected Program of Study, or Certificate

Depending on the master's degree option chosen, students complete either a thesis (Option A) or non-thesis (Option B) track.

If you choose Option A, you are required to take CYAF 865 and one data analysis course. Examples include: EDPS 900K Qualitative Approaches to Educational Research; EDPS 859 Statistical Methods, EDPS 941: Intermediate Statistics Experimental Methods, EDPS 942 Intermediate Statistics Correlation Methods. EDPS 941 & 942 require EDPS 859 as a prerequisite. You must also take at least 6 credits of CYAF 899 Thesis. Please see CYAF's GFHWB Handbook for additional details about a thesis.

If you choose Option B, you will take 9 elective credits.

Total Thesis or Option B Credits 9-12 credits

Total Credits in Specialization 53 credits

Courses by Option

* *Students are encouraged to have taken at least one undergraduate-level course in human*

development prior to enrolling in the program.

Option A – Thesis	Credits	Option B – No Thesis	Credits
CYAF 951: Theoretical Foundations of Marital and Family Therapy	3	CYAF 951: Theoretical Foundations of Marital and Family Therapy	3
CYAF 952: Psychopathology and Dysfunctional Interactions	3	CYAF 952: Psychopathology and Dysfunctional Interactions	3
CYAF 870: Multicultural Competencies in Mental Health Treatment	3	CYAF 870: Multicultural Competencies in Mental Health Treatment	3
CYAF 846: Addictions and Families *	3	CYAF 846: Addictions and Families *	3
CYAF 955: Clinical Family Therapy I	3	CYAF 955: Clinical Family Therapy I	3
CYAF 956: Couple and Sex Therapy	3	CYAF 956: Couple and Sex Therapy	3
CYAF 953: Issues and Ethics for Family Professionals	3	CYAF 953: Issues and Ethics for Family Professionals	3
CYAF 954: Clinical Assessment	3	CYAF 954: Clinical Assessment	3
CYAF 997: Advanced Practicum in Family Therapy	14	CYAF 997: Advanced Practicum in Family Therapy (4 Credits)	14
CYAF 865: Research Design	3	CYAF 863: Youth Professionals as Consumers of Research	3
EDPS 988: Lifespan Development	3	EDPS 988: Lifespan Development	3
One Data Analysis Classes	3	Elective 1	3
		Elective 2	3
Thesis Credits	6	Elective 3	3
Total Credits	53	Total Credits	53

Sample Course Schedule

Option A – Thesis Took stats in undergrad	Thesis Timeline	Option B – Non-Thesis
1 st Fall <ul style="list-style-type: none"> • CYAF 951: MFT Theories • CYAF 952: Psychopath • CYAF 870: Culture • CYAF 865: Research 	Discuss thesis committee	1 st Fall <ul style="list-style-type: none"> • CYAF 951: MFT Theories • CYAF 952: Psychopath • CYAF 870: Culture • CYAF 846: Addictions
1 st Spring <ul style="list-style-type: none"> • CYAF 953: Ethics • CYAF 954: Assessment • CYAF 955: Family Therapy • One data analysis course 	Form thesis committee and conduct preliminary research to formulate topic	1 st Spring <ul style="list-style-type: none"> • CYAF 953: Ethics • CYAF 954: Assessment • CYAF 955: Family Therapy • CYAF 956: Sex Therapy
1 st Summer	Write proposal	1 st Summer

<ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) • EDPS 988: Lifespan • CYAF 899: Thesis (3 credits) 		<ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) • EDPS 988: Lifespan • *Elective 1
<p>2nd Fall</p> <ul style="list-style-type: none"> • CYAF 997: Prac • CYAF 846: Addictions • Additional data analysis course if needed 	<p>Complete proposal (chapters 1-3), proposal meeting with committee, obtain IRB, analyze data</p>	<p>2nd Fall</p> <ul style="list-style-type: none"> • CYAF 997: Prac • CYAF 863: Research • Elective 1 or 2
<p>2nd Spring</p> <ul style="list-style-type: none"> • CYAF 997: Prac • CYAF 956: Sex Therapy • CYAF 889: Thesis (3 credits) 	<p>Finish thesis (chapters 4 -5), defend thesis</p>	<p>2nd Spring</p> <ul style="list-style-type: none"> • CYAF 997: Prac • Elective 2 or 3
<p>2nd Summer</p> <ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) 	<p>Deposit Thesis (this must be done last semester of program)</p>	<p>2nd Summer</p> <ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) • Elective 3 (if did not finish electives during 2nd spring)

Appendix C: Practicum Placement Interview Form

PRACTICUM EVALUATION INTERVIEW FORM

Name _____

Instructions: This form is to be completed by each student. The student must turn in this form to the Program Director or Clinic Coordinator with these sections completed at least one week prior to the scheduled Practicum Evaluation Interview. Data collected from course work and the evaluation of clinical competencies will be used by faculty to help determine appropriate placements for each student.

I. ASSESSMENT OF CURRENT ABILITIES

- A. What are your strengths as a therapist?

- B. What are your weaknesses as a therapist?

II. PRACTICUM GOALS

- A. What are your professional goals for practicum?

- B. What are your personal goals for practicum?

III. Indicate three possible placement sites that you are interested in and how each placement site will help you reach your personal and professional goals:

Appendix D: Final Exam Report

Option B Comprehensive Examination Requirement

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

Procedure for Option B Students

- 1) The Final Examination Report Form must be filed at least four weeks prior to the date of the oral exam or by the date specified on the calendar of deadlines.
 - i. The Final Examination Report Form is found at the following address:
<https://www.unl.edu/gradstudies/academics/program-steps/masters>
 - ii. Complete Parts 1 through 4 and submit to your advisor for their signature
 - iii. Verify that your advisor sends the form to the department graduate director and the graduate school via Terri Eastin
- 2) Upon successful oral presentation, the CYAF 997 instructor informs the MFT program director, who forwards a memo (can be email) to: Teri Eastin, Graduate Studies, that all requirements for the comprehensive exam have been met.

Filling out the Final Examination Report

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

Students are responsible for meeting all deadlines and graduation requirements specified by Graduate Studies. Please see <https://cehs.unl.edu/secd/moc-degree-completion/> for additional information. These instructions are provided as a guide to completing the Final Examination Report form. Students should consult with their advisor if they have any questions.

Part 1: Student and Program Information

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

Students completing a master's thesis should check "Option A". Those completing a recognized minor will take 9 elective credits and should check "Option B".

Your Major is Child, Youth, and Family Studies. Indicate a minor, if you have one. This needs to be a minor offered through courses taken at UNL that are outside of the CYAF department.) Indicate your Specialization as Marriage and Family Therapy. Indicate your expected graduation date.

Part 2: Written Comprehensive Examination

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

Part 3: Examination Procedure Approved

All students, regardless of Option, will need the signatures of their Major Advisor and the Chair of the Graduate Committee of CYAF. Students under Option B who elect to complete a minor will need the

signature of the representative from the Minor department.

Part 4: Final Oral Examination

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

Those under Options B should leave this Part blank.

Part 5: Thesis

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

Appendix E: AAMFT Code of Ethics

PREAMBLE

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

Honoring Public Trust

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

Commitment to Service, Advocacy and Public Participation

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

Seeking Consultation

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

Ethical Decision-Making

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

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Aspirational Core Values

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice.

The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

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

STANDARD I: RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

1.1 Non-Discrimination

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

1.2 Informed Consent

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

1.3 Multiple Relationships

Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to

avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others

Sexual intimacy with current clients or with known members of the client's family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others

Sexual intimacy with former clients or with known members of the client's family system is prohibited.

1.6 Reports of Unethical Conduct

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

1.7 Abuse of the Therapeutic Relationship

Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making

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

1.9 Relationship Beneficial to Client

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

1.10 Referrals

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

1.11 Non-Abandonment

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

1.12 Written Consent to Record

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

1.13 Relationships with Third Parties

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

STANDARD II: CONFIDENTIALITY

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

2.1 Disclosing Limits of Confidentiality

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

2.2 Written Authorization to Release Client Information

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

2.3 Client Access to Records

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

2.4 Confidentiality in Non-Clinical Activities

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

2.5 Protection of Records

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

2.6 Preparation for Practice Changes

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

2.7 Confidentiality in Consultations

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

STANDARD III: PROFESSIONAL COMPETENCE AND INTEGRITY

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

3.1 Maintenance of Competency

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

3.2 Knowledge of Regulatory Standards

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

3.3 Seek Assistance

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

3.4 Conflicts of Interest

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

3.5 Maintenance of Records

Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.6 Development of New Skills

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

3.7 Harassment

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

3.8 Exploitation

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

3.9 Gifts

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

3.10 Scope of Competence

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

3.11 Public Statements

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

3.12 Professional Misconduct

Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the

abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV: RESPONSIBILITY TO STUDENTS AND SUPERVISEES

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation

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

4.2 Therapy with Students or Supervisees

Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees

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

4.4 Oversight of Supervisee Competence

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

4.5 Oversight of Supervisee Professionalism

Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees

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

4.7 Confidentiality with Supervisees

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

4.8 Payment for Supervision

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

STANDARD V: RESEARCH AND PUBLICATION

Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Institutional Approval

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

5.2 Protection of Research Participants

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

5.3 Informed Consent to Research

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

5.4 Right to Decline or Withdraw Participation

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

5.5 Confidentiality of Research Data

Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

5.6 Publication

Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work

Marriage and family therapists do not accept or require authorship credit for a publication based from student's research, unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on student research should be determined

in accordance with principles of fairness and justice.

5.8 Plagiarism

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

5.9 Accuracy in Publication

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

STANDARD VI: TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

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

6.1 Technology Assisted Services

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

6.2 Consent to Treat or Supervise

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

6.3 Confidentiality and Professional Responsibilities

It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation

Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice

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

6.6 Training and Use of Current Technology

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

STANDARD VII: PROFESSIONAL EVALUATIONS

Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services

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

7.2 Testimony in Legal Proceedings

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

7.3 Competence

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

7.4 Informed Consent

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

7.5 Avoiding Conflicts

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

7.6 Avoiding Dual Roles

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

7.7 Separation of Custody Evaluation from Therapy

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

7.8 Professional Opinions

Marriage and family therapists who provide forensic evaluations avoid offering professional opinions

about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service

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

7.10 Familiarity with Rules

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

STANDARD VIII: FINANCIAL ARRANGEMENTS

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

8.1 Financial Integrity

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

8.2 Disclosure of Financial Policies

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

8.3 Notice of Payment Recovery Procedures

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

8.4 Truthful Representation of Services

Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

8.5 Bartering

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

8.6 Withholding Records for Non-Payment

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

STANDARD IX: ADVERTISING

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

9.1 Accurate Professional Representation

Marriage and family therapists accurately represent their competencies, education, training, and

experience relevant to their practice of marriage and family therapy in accordance with applicable law.

9.2 Promotional Materials

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

9.3 Professional Affiliations

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

9.4 Professional Identification

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

9.5 Educational Credentials

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

9.6 Employee or Supervisee Qualifications

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

9.7 Specialization

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

9.8 Correction of Misinformation

Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

Legal and Ethics Consultations

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

Appendix F: National Examination and Licensure

National Licensing Examination

For licensure, you must pass the national exam. If you will be licensed in Nebraska, you can take the exam as soon as you graduate. If you will be practicing outside of Nebraska, you will want to check with the state in which you are seeking licensure to determine when you can take the exam for licensure in that state. The program has purchased National Licensing Exam study materials that you can check out. These are located in the student work room. But please note, the National Exam is constantly evolving, and the clinic's exam materials may not be the most up-to-date version. Also, the National Exam's Candidate's Handbook includes all public domain information about the content of the exam, and is available at www.amftrb.org It is a very useful structure for review and study. We also recommend the practice exam offered by AMFTRB (Association of Marital and Family Therapy Regulatory Boards). It's comprised of "retired" items from the exam, very affordable, and offers candidates a feel for the computer-based testing format. It's also available through the AMFTRB website.

Licensing

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

Appendix G: Examples of M.S. Options A & B

Policies

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

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

Which option do I choose?

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

Option A: Thesis

Option A is typically chosen by students who intend on pursuing a career in research. Your thesis would be a foundational research experience that will enable you to pursue further research endeavors, especially during your doctoral education. Students must complete two advanced statistics or qualitative research courses plus 6 hours of thesis credits. Please review the GFHWB Handbook from the CYAF department for a thesis timeline.

Option B: Minor or Elective Credits

Option B requires students to satisfactorily complete the 42 credits of required coursework plus an approved minor, or selection of elective credits of no less than 9 credits. Minor courses must be taken from Departments outside of Child, Youth and Family Studies. Students choosing Option B with a minor will complete a minimum of 53 credits to be eligible for graduation. Students should consult with their academic advisor in selecting a minor which complements their career goals. Examples of minors commonly completed by students include Educational Psychology and Communication Studies. Other minors may include but are not limited to Gerontology, Business Administration, Psychology, Sociology, Biological Sciences, etc.

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

Independent Study

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

The independent study process includes:

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

Your proposal should include:

- a. Your name
 - b. Name of Faculty Adviser
 - c. Semester of Independent Study
 - d. Number of Credit Hours you are seeking
 - e. Project Description
 - i. Include goals and learning objectives
 - f. Evaluation
 - i. Describe how your faculty adviser will evaluate your independent study
 - g. Timeline for Independent Study Completion
 - i. Include due dates for all meetings, assessments (e.g. papers, presentations, etc.), and other important timeline dates
3. Once your proposal has been approved, students must complete a contract. This can be obtained through the CYAF department.
 4. Students must obtain a My Red permission code from the CYAF department to enroll in an independent study course in MyRed.

Final Exam Report

Early in your final semester, you will fill out a Final Exam Report (Appendix D) that will be submitted to the graduate school prior to graduation.

Option A – Thesis Took stats in undergrad	Option A – Thesis Did not take stats in undergrad	Thesis Timeline	Option B – Non-Thesis
1 st Fall <ul style="list-style-type: none"> • CYAF 951: MFT Theories • CYAF 952: Psychopath • CYAF 870: Culture • CYAF 865: Research 	1 st Fall <ul style="list-style-type: none"> • CYAF 951: MFT Theories • CYAF 952: Psychopath • CYAF 865: Research • EDPS 859: Stats 	Discuss thesis committee	1 st Fall <ul style="list-style-type: none"> • CYAF 951: MFT Theories • CYAF 952: Psychopath • CYAF 870: Culture • CYAF 846: Addictions
1 st Spring <ul style="list-style-type: none"> • CYAF 953: Ethics • CYAF 954: Assessment • CYAF 955: Pre-prac • EDPS 941: Stats 	1 st Spring <ul style="list-style-type: none"> • CYAF 953: Ethics • CYAF 954: Assessment • CYAF 955: Pre-prac • EDPS 941: Stats 	Form thesis committee and conduct preliminary research to formulate topic	1 st Spring <ul style="list-style-type: none"> • CYAF 953: Ethics • CYAF 954: Assessment • CYAF 955: Pre-prac • CYAF 956: Sex Ther
1 st Summer <ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) • EDPS 988: Lifespan • CYAF 899: Thesis (3 credits) 	1 st Summer <ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) • EDPS 988: Lifespan • CYAF 899: Thesis (3 credits) 	Write proposal	1 st Summer <ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) • EDPS 988: Lifespan • *Elective 1

<p>2nd Fall</p> <ul style="list-style-type: none"> • CYAF 997: Prac • CYAF 846: Addictions • EDPS 942: Stats 	<p>2nd Fall</p> <ul style="list-style-type: none"> • CYAF 997: Prac • CYAF 846: Addictions • CYAF 870: Culture • EDPS 942: Stats 	<p>Complete proposal (chapters 1-3), proposal meeting with committee, obtain IRB, analyze data</p>	<p>2nd Fall</p> <ul style="list-style-type: none"> • CYAF 997: Prac • CYAF 863: Research • Elective 1 or 2
<p>2nd Spring</p> <ul style="list-style-type: none"> • CYAF 997: Prac • CYAF 956: Sex Ther • CYAF 889: Thesis (3 credits) 	<p>2nd Spring</p> <ul style="list-style-type: none"> • CYAF 997: Prac • CYAF 956: Sex Ther • CYAF 889: Thesis (3 credits) 	<p>Finish thesis (chapters 4 - 5), defend thesis</p>	<p>2nd Spring</p> <ul style="list-style-type: none"> • CYAF 997: Prac • Elective 2 or 3
<p>2nd Summer</p> <ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) 	<p>2nd Summer</p> <ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) 	<p>Deposit Thesis (this must be done last semester of program)</p>	<p>2nd Summer</p> <ul style="list-style-type: none"> • CYAF 997: Prac (4 credits) • Elective 3 (if did not finish electives during 2nd spring)

Appendix H: Evaluation of Clinical Competencies

The Evaluation of Clinical Competencies

Assessment Plan

The evaluation of clinical competency will be used to establish baseline, benchmarks and proficiency of MFT clinical competencies. The instrument will be used as part of the evaluative process for the clinical skills course as well as an ongoing evaluation of student clinical skill development. Each student is to be evaluated within the last 2 weeks of each semester. The evaluation is to be filled out by the on- and off-campus supervisor and the therapist-in-training. These 3 evaluations per semester will be used to individually guide supervisor feedback and student focus.

Aggregate data will be used to identify trends in conceptual and practical skill development. The program will then use the data to make program changes that will strengthen the quality of training provided.

Evaluator Instructions

The following rating scale will be used to assess each student's clinical competency of the program's student learning outcomes (SLO) semesters 3-6. Each student, and each of their supervisors (on- and off-campus) will complete this evaluation of clinical competence.

Students will be ranked on a four-point scale ranging from 0-3 for student learning outcomes one through six (off-campus supervisor please select N/A if you did not observe the skill). Students are expected to meet each semester's minimum competence score. If a student falls below the minimal competence, faculty will meet with the student and develop a plan to increase competence.

At the end of each semester, the practicum supervisor will review the student's self-evaluation and the off-campus supervisor's evaluation and render a competency grade based on all information. The practicum supervisor will meet with each student to review results.

Use the following scale to rank each student learning outcome:

Score	Interpretation	Examples
N/A	Was not observed	
0	Student is unable to demonstrate competence. Consistent with being a student in their 2 st or 3 rd semester.	
1	Student needs supervisor to guide 75% or more of clinical tasks to meet student learning outcomes, consistent with a student in their 3 rd or 4 th semester.	Student mostly relies on supervisor to help apply theory to case conceptualization, sometimes missing major concepts and interventions. Student comes to supervisor with specific questions related to client safety and ethical issues.
2	Student needs supervisor to guide 50%-74% of clinical tasks to meet student learning outcomes, consistent with being a student in their 4 th or 5 th semester of the	Student requires some support in using theory to conceptualize cases.

	program.	Student is able to identify some areas of strengths and areas in which growth is needed.
3	Student needs supervisor to guide 25%-49% of clinical tasks to meet student learning outcomes, consistent with being a student in their 5 th or 6 th semester of the program.	<p>Student is able to work collaboratively with supervisor in use of theory to conceptualize cases.</p> <p>Student can identify issues that require additional supervision or additional knowledge.</p> <p>Student is able to identify areas of strengths and areas in which growth is needed.</p>

Once each student learning outcome has received a score, add the total score, then divide by 11. This will give you the semester average score.

Students should score the following semester average score to meet clinical competence:

- Semester 3 Minimum competence = 1
- Semester 4 Minimum competence = 1.5
- Semester 5 Minimum competence = 2
- Semester 6 Minimum competence = 2.5

Evaluation of Clinical Competency Evaluation Form

1. Student Name: _____
2. Supervisor Name and Location: _____
3. Student’s Semester in Program: _____
4. Upon completion of this survey, the student has completed ____ face to face hours.
5. ____ have been relational hours.
6. The student has completed ____ supervision hours.
7. ____ hours have included raw data (i.e., live session, video, audio).

Goal #1: The program will train students to apply knowledge of systemic and relational principles, theories, and research to practice, evidence-based practice of therapy with individuals, couples, and families.

SLO #1 Students will be able to translate knowledge of the profession such as incorporating systemic and relational theories, assessment, and diagnosis into case conceptualizations and treatment plans that guide interventions.

- **Theory Score:** _____
- **Assessment Score:** _____
- **Diagnosis Score:** _____
- **Case Conceptualizations Score:** _____

- **Treatment Plan Score:** _____
- **Interventions Score:** _____

SLO #1 Definitions

This learning outcome focuses on students' ability to apply theoretical knowledge to practical situations within the profession of Marriage and Family Therapy (MFT). It means that students will be able to:

- 1. Translate Knowledge:** *Take what they have learned about the profession, including theories, assessment techniques, and diagnostic criteria, and apply it in real-world scenarios.*
- 2. Systemic and Relational Theories:** *Use frameworks that consider individuals within the context of their relationships and systems (such as family, social, and cultural systems).*
- 3. Assessment and Diagnosis:** *Understand and use tools and techniques to assess clients' needs, and diagnose issues based on professional standards.*
- 4. Case Conceptualization:** *Develop a coherent understanding of a client's issues, considering their relational and systemic context.*
- 5. Treatment Plans:** *Create structured plans that outline goals and strategies for therapy based on their understanding of the case.*
- 6. Guide Interventions:** *Use these plans to direct specific therapeutic actions and approaches to address clients' needs effectively.*

In essence, this means that students should be able to integrate theoretical knowledge with practical skills to develop comprehensive treatment approaches for clients.

SLO #2: Students will be able to demonstrate the ability to identify and evaluate peer-reviewed research with the intention of applying knowledge, utilizing evidence-based practices, diagnosing, and implementing interventions with diverse populations and social structures.

Total Score on SLO #2: _____

SLO #2 Definitions

This learning outcome emphasizes students' ability to critically engage with research and use it to inform their clinical practice. Specifically, it means that students will be able to:

- 1. Identify and Evaluate Peer-Reviewed Research:** *Locate, review, and assess research published in academic journals, ensuring its quality, validity, and relevance to their field.*
- 2. Apply Knowledge:** *Integrate findings from research into their understanding of therapeutic practices and client needs.*
- 3. Utilize Evidence-Based Practices:** *Employ therapeutic methods and interventions that are supported by scientific research and proven to be effective.*
- 4. Diagnosing:** *Use research-informed approaches to accurately assess and diagnose clients' presenting issues.*
- 5. Implementing Interventions:** *Apply research-backed strategies and techniques to guide their therapeutic interventions with clients.*
- 6. Work with Diverse Populations and Social Structures:** *Adapt their research-informed practices to effectively address the needs of clients from various backgrounds, cultures, and social contexts.*

Overall, this outcome focuses on students' ability to bridge the gap between research and practice, ensuring they are informed by the latest findings and able to adapt their approaches to meet the needs of diverse clients.

Goal #2: The program will prepare culturally responsive, inclusive, and affirmative students who can create a therapeutic environment which attends to components of diversity, power, and privilege in mental health treatment.

SLO # 3: Students will be able to demonstrate how issues of diversity including, but not limited to, gender identity, gender expression, sexual orientation, sexuality, ethnicity, race, culture, spirituality, socioeconomic status, power, and privilege inform and influence clinical work, including case conceptualizations, treatment plans, interventions, etc.

- **Total Score on SLO #3:** _____

SLO #3 Definitions

This learning outcome highlights the importance of students' awareness of diversity and its impact on their clinical practice. Specifically, it means that students will be able to:

1. **Demonstrate Awareness of Diversity:** *Recognize and understand how various aspects of diversity, such as gender identity, gender expression, sexual orientation, ethnicity, race, culture, spirituality, socioeconomic status, power, and privilege, shape individuals' experiences.*
2. **Inform Clinical Work:** *Integrate this understanding into their approach to therapy, ensuring that they consider how these diverse factors affect clients' needs and perspectives.*
3. **Case Conceptualizations:** *Develop a holistic understanding of clients' presenting issues, considering how diverse identities and backgrounds may influence their challenges and strengths.*
4. **Treatment Plans:** *Create personalized and culturally sensitive treatment plans that acknowledge and respect the unique contexts of clients' lives.*
5. **Interventions:** *Choose and adapt therapeutic strategies that are appropriate and effective for clients from different backgrounds, ensuring that interventions are inclusive and respectful of clients' diverse experiences.*

Overall, this outcome emphasizes the need for students to be culturally competent, recognizing how factors of identity and social context influence the therapeutic process and adjusting their practice accordingly to better serve clients from all backgrounds.

SLO #4 Students will be able to demonstrate awareness of self of the therapist inclusive of cultural humility, and the ability to recognize and address how these issues relate to clients, clinical work, and professional development.

Description: Students will show a willingness and ability to explore, both within classroom and clinical settings, how their own experiences, values, beliefs, and various contextual factors impact the decisions they make as a therapist (self-of-therapist). It is expected that students are not only willing to explore these factors but are capable of making meaningful changes when self-of-the-therapist factors contraindicate client care or treatment.

- **Total Score on SLO #4:** _____

SLO #4 Definitions

This learning outcome emphasizes the importance of self-awareness and cultural humility in a therapist's professional growth and practice. Specifically, it means that students will be able to:

1. **Demonstrate Awareness of Self:** *Reflect on their own identities, values, biases, and experiences as therapists and understand how these aspects impact their work with clients.*
2. **Cultural Humility:** *Approach their interactions with clients with an attitude of openness and respect, recognizing that they do not have complete knowledge of the client's experiences and cultural background.*
3. **Recognize and Address Impact on Clients:** *Be aware of how their own perspectives and cultural assumptions might influence their understanding of clients and adjust their approach to be more client-centered and respectful of clients' unique experiences.*
4. **Relate to Clinical Work:** *Use this self-awareness to improve the therapeutic relationship, ensuring that their personal views do not create barriers to effective communication or understanding.*
5. **Professional Development:** *Continuously work on their personal growth and learning as therapists, recognizing the importance of ongoing self-reflection, cultural competence, and the willingness to address areas where their biases will impact their practice.*

Overall, this outcome emphasizes the need for therapists to be introspective and humble, understanding the importance of their own cultural background and biases while striving to provide equitable and respectful care to all clients.

Goal 3: The program will prepare students who have the professional identity of

a marriage and family therapist and know the importance of, and have the ability to, maintain compliance with ethical, legal, and professional standards in the practice of marriage and family therapy.

SLO #5: Students will be able to demonstrate the ability to understand, explain, and implement knowledge of ethical clinical practice, including the AAMFT non-discrimination ethical standard, with individuals, couples, and families.

- **Total Score on SLO #5:** _____

SLO #5 Definitions

This learning outcome focuses on students' competence in applying ethical standards in their clinical practice. Specifically, it means that students will be able to:

1. **Understand Ethical Clinical Practice:** Gain a thorough knowledge of the principles, guidelines, and standards that govern ethical behavior in therapy, including those set by professional organizations like the American Association for Marriage and Family Therapy (AAMFT).
2. **Explain Ethical Standards:** Clearly articulate these ethical principles and guidelines, including the rationale behind them, to clients, peers, and other stakeholders.
3. **Implement Knowledge of Ethics:** Apply these ethical guidelines consistently in their therapeutic work, ensuring that their decisions and actions align with professional standards.
4. **AAMFT Non-Discrimination Ethical Standard:** Specifically uphold the AAMFT's commitment to non-discrimination, ensuring they provide fair and respectful treatment regardless of clients' race, ethnicity, gender identity, sexual orientation, religion, socioeconomic status, or other characteristics.
5. **Work with Individuals, Couples, and Families:** Apply these ethical principles in a variety of therapeutic contexts, tailoring their approach to ensure ethical practice when working with diverse individuals, couples, and family systems.

Overall, this outcome emphasizes students' ability to integrate ethical standards into their practice, ensuring that they conduct therapy in a manner that is respectful, non-discriminatory, and aligned with professional guidelines.

SLO #6: Students will be able to demonstrate ethical and legally compliant documentation of clinical work including confidentiality forms, consent forms, case conceptualizations, treatment plan, and progress notes.

- **Total Score on SLO #6:** _____

SLO #6 Definitions

This learning outcome focuses on students' ability to maintain proper documentation standards in their clinical practice, ensuring that they adhere to both ethical and legal requirements. Specifically, it means that students will be able to:

1. **Demonstrate Ethical Documentation:** Maintain records that reflect a commitment to professional ethical standards, ensuring that clients' rights and dignity are respected throughout the documentation process.
2. **Legally Compliant Documentation:** Follow legal requirements and standards related to record-keeping in clinical practice, ensuring that their documentation meets state and federal regulations.
3. **Confidentiality Forms:** Properly complete and store forms that protect client privacy, ensuring that clients are informed of their rights to confidentiality and how their information will be handled.
4. **Consent Forms:** Accurately document clients' informed consent for treatment, including their understanding of therapeutic practices, risks, benefits, and their right to withdraw consent.
5. **Case Conceptualizations:** Create clear and thorough records of their understanding of a client's issues, using theoretical frameworks to guide their assessment and planning.
6. **Treatment Plans:** Develop and document structured plans that outline goals, strategies, and therapeutic interventions, ensuring that these plans are both clear and aligned with clients' needs.
7. **Progress Notes:** Maintain accurate and timely records of each session's progress, including the interventions used, clients' responses, and any changes in treatment.

Overall, this outcome emphasizes the importance of proper documentation practices in clinical work, ensuring that records are accurate, thorough, and aligned with both ethical standards and legal requirements.

Total Survey Score: _____

Total Survey Score divided by 11: _____

Please use this space to provide additional information about any of the above student learning outcomes. Please note challenges, issues, and concerns. As well as areas where the student may exceed expectations.

Appendix I: Limitations of MFT Degree From UNL

MFT Program Degree Portability Acknowledgements

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

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

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

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

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

If you have questions, please email the Program Director.

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

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

Printed Name

Signature

Date Signed

Appendix J: Goals, Student Learning Outcomes, Measures, and Targets

At a Glance

Goals, Student Learning Outcomes, Measures, and Targets

Institutional Mission: In summary, the three missions of the University of Nebraska-Lincoln are 1) teaching, 2) research, and 3) service with respect and understanding of cultural diversity in all aspects of society including diverse student body, faculty, and staff.

Program Mission: The mission of the University of Nebraska-Lincoln's Marriage and Family Therapy Master's program is to train ethical, systemic, and attachment- and trauma-informed clinicians who practice culturally responsive, inclusive, and affirmative care by integrating theory, research, knowledge, and service.

Goal 1: The program will train students to apply knowledge of systemic and relational principles, theories, and research to practice, evidence-based practice of therapy with individuals, couples, and families.

Goal 2: The program will prepare culturally responsive, inclusive, and affirmative students who can create a therapeutic environment which attends to components of diversity, power, and privilege in mental health treatment.

Goal 3: The program will prepare students who have the professional identity of a marriage and family therapist and know the importance of, and have the ability to, maintain compliance with ethical, legal, and professional standards in the practice of marriage and family therapy

SLO #1: Students will be able to translate knowledge of the profession such as incorporating systemic and relational theories, assessment, and diagnosis into case conceptualizations and treatment plans that guide interventions.

SLO #2: Students will be able to demonstrate the ability to identify and evaluate peer-reviewed research with the intention of applying knowledge, utilizing evidence-based practices, diagnosing, and implementing interventions with diverse populations and social structures.

SLO #3: Students will be able to demonstrate how issues of diversity including, but not limited to, gender identity, gender expression, sexual orientation, sexuality, ethnicity, race, culture, spirituality, socioeconomic status, power, and privilege inform and influence clinical work, including case conceptualizations, treatment plans, interventions, etc.

SLO #4: Students will be able to demonstrate awareness of self of the therapist inclusive of cultural humility, and the ability to recognize and address how these issues relate to clients, clinical work, and professional development.

SLO #5: Students will be able to demonstrate the ability to understand, explain, and implement knowledge of ethical clinical practice, including the AAMFT non-discrimination ethical standard, with individuals, couples, and families.

SLO #6: Students will be able to demonstrate ethical and legally compliant documentation of clinical work including confidentiality forms, consent forms, case conceptualizations, treatment plan, and progress notes.

Measures: a) CYAF 951 Mini National Exam 40/50; b) CYAF 952 Diagnostic Report 80/100; c) CYAF 954 Intake report 80/100; d) CYAF 955 Final Part 1 7/9 & Final Part 2 45/57; e) CYAF 997 Theory of Therapy Paper Section 1 20/30, Final Case Presentation SLO 1 6/9, Evaluation of Clinical Competencies SLO 1 semester competence.

Measures: a) CYAF 97 Telehealth Training Modules; b) CYAF 865 Research Proposal 160/200 or CYAF 863 Quantitative Final 40/50 and Qualitative Final 40/50; c) CYAF 870 Final Part 1 20/25; d) CYAF 997 Final Case Presentation SLO 2 4/6, Evaluation of Clinical Competencies SLO 2 semester competence.

Measures: a) 870 Final Assignment Part 1b 20/25; b) CYAF 997 Theory of Therapy Paper Section 2 3/6, Final Case Presentation SLO 3 2/3, Evaluation of Clinical Competencies SLO 3 semester competence.

Measures: a) CYAF 956 Shoebox Assignment 48/60; b) CYAF 870 Final Assignment Part 2 40/50; c) CYAF 846. Abstinence Presentation 80/100; d) CYAF 997 Theory of Therapy Paper Section 5 4/6, Final Case Presentation SLO 4 4/6, Evaluation of Clinical Competencies SLO 4 semester competence.

Measure: a) CYAF 953 Clinical Qualifying Exam Part 1 and 2 80/100; b) CYAF 997 Theory of Therapy Paper Section 4 2/3, Final Case Presentation SLO 5 2/3, Evaluation of Clinical Competencies SLO 5 semester competence.

Measure: a) CYAF 997 Evaluation of Clinical competencies SLO6 semester competence.

Target: 80% of students will meet minimum required scores

Target: 80% of students will meet minimum required scores

Target: 80% of students will meet minimum required scores

Target: 80% of students will meet minimum required scores

Target: 80% of students will meet minimum required scores

Target: 80% of students will meet minimum required scores

Goals, Student Learning Outcomes, Measures, and Targets

Institutional Mission: In summary, the three missions of the University of Nebraska-Lincoln are 1) teaching, 2) research, and 3) service with respect and understanding of cultural diversity in all aspects of society including diverse student body, faculty, and staff.						
Program Mission: The mission of the University of Nebraska-Lincoln's Marriage and Family Therapy Master's program is to train ethical, systemic, and attachment- and trauma-informed clinicians who practice culturally responsive, inclusive, and affirmative care by integrating theory, research, knowledge, and service.						
	Goal 1: The program will train students to apply knowledge of systemic and relational principles, theories, and research to practice, evidence-based practice of therapy with individuals, couples, and families.		Goal 2: The program will prepare culturally responsive, inclusive, and affirmative students who can create a therapeutic environment which attends to components of diversity, power, and privilege in mental health treatment.		Goal 3: The program will prepare students who have the professional identity of a marriage and family therapist and know the importance of, and have the ability to, maintain compliance with ethical, legal, and professional standards in the practice of marriage and family therapy.	
Course	SLO #1	SLO #2	SLO #3	SLO #4	SLO #5	SLO #6
	Measurement, Item, Score Target	Measurement, Item, Score Target	Measurement, Item, Score Target	Measurement, Item, Score Target	Measurement, Item, Score Target	Measurement, Item, Score Target
CYAF 97: Marriage and Family Therapy Clinical Readiness		Measurement of Knowledge: Completion of Telehealth training with BHECN. Score: certificate of completion. Students must pass all quizzes with 80% in order to complete the training. This standard has been set by BHECN. Target: 100% of students will complete the telehealth training and submit certificates of completion.				
Course	SLO #1	SLO #2	SLO #3	SLO #4	SLO #5	SLO #6
CYAF 951:	Measurement of					

<p>Theoretical Foundations of Marriage and Family Therapy</p>	<p>knowledge: Student will complete a mini-national exam which covers systemic, strategic, structural, experiential, intergenerational and psychodynamic, cognitive-behavioral, solution-based, narrative, and collaborative theories. Students must earn at least 40/50 points in order to pass. Students who do not pass with at least 40/50 point may retake the exam once before a remediation plan will be created.</p> <p>Target: 80% of students will complete exam with at least an 80% (40/50 points).</p>					
<p>Course</p>	<p>SLO #1</p>	<p>SLO #2</p>	<p>SLO #3</p>	<p>SLO #4</p>	<p>SLO #5</p>	<p>SLO #6</p>
<p>CYAF 952: Psychopathology and Dysfunctional</p>	<p>Measurement of Knowledge: Students will write a</p>					

Interactions	<p>diagnostic report based on a memoir. Students must pass with 80/100 points.</p> <p>Target: 80% of students will pass the diagnostic report with at least an 80% (80/100 points)</p>					
CYAF 953: Issues and Ethics for Family Professionals					<p>Measurement of Knowledge: Clinical Qualifying Exam Parts 1 and 2. Students must pass with 80/100 points.</p> <p>Target: 80% of students will pass with at least an 80% (80/100 points)</p>	
CYAF 954: Measurement in Family Therapy	<p>Measurement of Knowledge: Students present a Treatment Progress Monitoring Presentation. Students must pass with 80/100 points.</p> <p>Target: 80% of students will pass the diagnostic report with at least an 80% (80/100 points)</p>					
Course	SLO #1	SLO #2	SLO #3	SLO #4	SLO #5	SLO #6
CYAF 955: Clinical Family Therapy	<p>Measurement of Knowledge: Two-part final paper that assesses theory, case</p>					

	conceptualization, Measurement, diagnosis, and treatment planning. Students must earn 7/9 points on Part 1 and 45/57 points on Part 2. Target: 80% of students will pass Part 1 and Part 2 with at least 80% of the total possible points.					
CYAF 956: Couples and Sex Therapy				Measurement of Knowledge: Shoebox Assignment (students must pass with at least 48/60 points) Target: 80% of students will pass the shoebox assignment with at least 80% (48/60 points).		
Course	SLO #1	SLO #2	SLO #3	SLO #4	SLO #5	SLO #6
CYAF 865: Research Design and Methods		Measurement of Knowledge: Research Proposal (students must pass with at least 160/200 points).				

		Target: 80% of students will pass the research proposal with at least an 80% (160/200 points).				
CYAF 863: YD Youth Professionals as Consumers of Research		Measurement of Knowledge: Quantitative Methods Final (must pass with at least 40/50 points) & Qualitative Research Designs, Participants, and Data Collection Final Exam (must pass with a score of 40/50 points) Target: 80% of students will pass the quantitative final with at least 40/50 points and the qualitative final with at least 40/50 points (80% average).				
Course	SLO #1	SLO #2	SLO #3	SLO #4	SLO #5	SLO #6
CYAF 870: Systemic Treatment of Diverse Couples and Families		Measurement of Knowledge: Final Assignment Part 1b. Students must receive at least 20/25 points. Target: 80% of students will	Measurement of Knowledge: Final Assignment Part 2 (2a-2c). Students must receive at least 40/50 points. Target:	Measurement of Knowledge: Final Assignment Part 1a. Students must receive at least 20/25 points. Target: 80% of students will pass		

		pass the Final Assignment Part 1b with at least 20/25 points (80% average).	80% of students will pass the Final Assignment Part 2 with at least 40/50 points (80% average).	the Final Assignment Part 1a with at least 20/25 points (80% average).		
CYAF 846: Addictions and Families				Measurement of Knowledge: Abstinence Presentation, 80/100 points. Target: 80% of students will pass the abstinence presentation with 80/100 points.		
CYAF 997: Advanced Practicum in Family Therapy	Measurement of Knowledge: 1) Theory of Therapy Paper Semester 6. Section 1, Domains 1a-1j. Students must earn 20/30 points to pass this section. If expectations are not met, a remediation plan will be discussed. 2) Final Case Presentation Semester 6, SLO 1 Students must earn at least 6/9 points to pass this section. If expectations are not met, a remediation plan will be discussed. Target: 80% of students will pass	Measurement of Knowledge: Final Case Presentation Semester 6, SLO 2 Students must earn at least 4/6 points to pass this section. If expectations are not met, a remediation plan will be discussed. Target: 80% of students will pass Measurement of Application: Evaluation of Clinical Competencies Semesters 3-6, SLO	Measurement of Knowledge: 1) Theory of Therapy Paper Semester 6. Section 2, Domains 2a-2b. Students must earn 4/6 points to pass this section. If expectations are not met, a remediation plan will be discussed. 2) Final Case Presentation Semester 6, SLO 3 Students must earn at least 2/3 points to pass this section. If expectations are not met, a remediation plan will be discussed. Target: : 80% of students will pass	Measurement of Knowledge: 1) Theory of Therapy Paper Semester 6. Section 5, Domains 5a-5b. Students must earn 4/6 points to pass this section. If expectations are not met, a remediation plan will be discussed. 2) Final Case Presentation Semester 6, SLO 4 Students must earn at least 4/6 points to pass this section. If expectations are not met, a remediation plan will be discussed. Target: 80% of students will pass	Measurement of Knowledge: 1) Theory of Therapy Paper Semester 6 section 4. Domain 4a. Students must earn 2/3 points to pass this section. If expectations are not met, a remediation plan will be discussed. 2) Final Case Presentation Semester 6, SLO 5 Students must earn at least 2/3 points to pass this section. If expectations are not met, a remediation plan will be discussed. Target: 80% of students will pass	Measurement of Application: Evaluation of Clinical Competencies Semesters 3-6, SLO #6. Students must meet semester expectations (3 rd semester = 1; 4 th semester = 1.5; 5 th semester = 2; 6 th semester = 2.5 . If expectations are not met, a remediation plan will be discussed. Target: 80% of students will meet the minimum semester competency score

	<p>Theory of Therapy paper with 4/6 and 2/3 on the final case presentation.</p> <p>Measurement of Application: Evaluation of Clinical Competencies Semesters 3-6, SLO #1. Students must meet semester expectations (3rd semester = 1; 4th semester = 1.5; 5th semester = 2; 6th semester = 2.5 . If expectations are not met, a remediation plan will be discussed.</p> <p>Target: 80% of students will meet the minimum semester competency score</p>	<p>#2. Students must meet semester expectations. If expectations are not met, a remediation plan will be discussed.</p> <p>Target: 80% of students will meet the minimum semester competency score</p>	<p>Theory of Therapy paper with 4/6 and 2/3 on the final case presentation.</p> <p>Measurement of Application: Evaluation of Clinical Competencies Semesters 3-6, SLO #3. Students must meet semester expectations (3rd semester = 1; 4th semester = 1.5; 5th semester = 2; 6th semester = 2.5). If expectations are not met, a remediation plan will be discussed.</p> <p>Target: 80% of students will meet the minimum semester competency score</p>	<p>Theory of Therapy paper with 4/6 and 4/6 on the final case presentation.</p> <p>Measurement of Application: Evaluation of Clinical Competencies Semesters 3-6, SLO #4. Students must meet semester expectations (3rd semester = 1; 4th semester = 1.5; 5th semester = 2; 6th semester = 2.5 . If expectations are not met, a remediation plan will be discussed.</p> <p>Target: 80% of students will meet the minimum semester competency score</p>	<p>Theory of Therapy paper with 2/3 and 2/3 on the final case presentation.</p> <p>Measurement of Application: Evaluation of Clinical Competencies Semesters 3-6, SLO #5. Students must meet semester expectations (3rd semester = 1; 4th semester = 1.5; 5th semester = 2; 6th semester = 2.5 . If expectations are not met, a remediation plan will be discussed.</p> <p>Target: 80% of students will meet the minimum semester competency score</p>	
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Appendix K: Plan for Assessing the Outcome-Based Educational Achievement

Items for Review	Community of Interest and Formal Surveys for Input if Survey is Used	Date	Method
Program Mission, Goals, and Student Learning Outcomes	<p>Students: Cohort Survey</p> <p>Alumni: Graduate Survey</p> <p>Core faculty</p> <p>Non-core faculty: Join faculty meeting and/or fill out Semester Feedback Survey</p>	<p>End of fall and spring semester</p> <p>Survey sent early fall semester</p> <p>During MFT faculty meeting fall and spring semester</p> <p>During fall and spring semester</p>	<p>Program director aggregates data and shares at first fall faculty and student staff meetings, cohort representative attending faculty meetings (once a month), and annual newsletter</p> <p>Graduate survey is reviewed start of spring semester</p> <p>During weekly faculty meeting</p> <p>Non-core faculty will join faculty meetings 1-2 times during the semester in which they teach, to provide feedback. And/or they will provide feedback via the Semester Feedback Survey which will be sent each semester</p>
Graduate Achievement	<p>Core faculty</p> <p>Alumni: Graduate Survey</p>	<p>During MFT faculty meeting fall and spring semester and as needed</p> <p>Survey sent early fall semester</p>	<p>During weekly faculty meeting</p> <p>The program director aggregates data and shares at the first spring faculty and student staff meetings, and annual newsletter</p>
Student Support Services	<p>Core faculty</p> <p>Students: Cohort Survey</p>	<p>Faculty discuss as needed, and start of fall and spring semester when reviewing the Cohort Survey</p> <p>End of fall, spring, and summer semester</p>	<p>During weekly faculty meeting</p> <p>The program director aggregates data and shares at first faculty meeting and first student staff meeting (fall and spring semester),</p>

			and monthly no-agenda meeting with students.
	Students: Cohort Survey and Course Evaluations Department chair	End of Fall, spring, and summer semester; Each spring during annual evaluations or as needed	Program director aggregates data and shares at first faculty meeting each Fall/Spring. The department chair meets and evaluates each faculty every spring utilizing a specific MFT form.
Curriculum/Teaching Learning Practices	Core faculty Students: Cohort Survey	During MFT faculty meeting fall and spring semester or as needed End of all, spring, and summer semester	Weekly faculty meeting Program director aggregates data and shares at first faculty meeting each Fall/Spring, and monthly no-agenda meetings with students.
Physical resources, learning environment, technology resources, clinical resources, academic resources, student support services	Core faculty Students: Cohort Survey Administrators (e.g. department chair, dean of college, etc.)	During MFT faculty meeting fall and spring semester when discussing the Cohort Survey or as needed End of fall, spring, and summer semester Fall and spring check-in with program director, or as needed	During weekly faculty meeting Program director aggregates data and shares at first faculty meeting each Fall/Spring, and is discussed/mentioned during bi-weekly staff meetings during the fall and spring semesters. Program director meetings with department chair, or dean as needed
Off-site practicum placements	Core faculty Community supervisors	During MFT faculty meeting fall and spring semester an End of fall and spring semester	Weekly faculty meeting The program director meets with community supervisors at least once each fall and spring semester and provides feedback to core faculty.

Program leadership evaluation	Students, Core faculty, adjunct faculty, off-campus supervisors	End of spring semester	The department chair will send out the MFT Program Annual Evaluation survey via Qualtrics. The department will collect and review responses. The program director will meet with the department chair to review responses during the month of May of each year.
On- and off-campus clinical supervisor evaluation	Students: Evaluation of clinical competencies	End of each	The evaluation of clinical competencies will be sent out at the end of each semester. Data gathered about clinical supervisors will be shared within a month of the semesters end with clinical supervisors. Data will be used to improve supervisor effectiveness if needed.