THE

MASTER OF ARTS IN
MARRIAGE AND FAMILY THERAPY DEGREE PROGRAM

AT

LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY

(Revised August 2013)

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Louisville Presbyterian Theological Seminary

MASTER OF ARTS DEGREE IN MARRIAGE AND FAMILY THERAPY

Louisville Presbyterian Theological Seminary offers a Master of Arts in Marriage and Family Therapy (MAMFT). The purpose of the Marriage and Family Therapy (MAMFT) Degree Program is to train individuals with theological/spiritual commitments to become marriage and family therapists competent to practice in a diverse, multicultural and interfaith world. Marriage and Family Therapy is framed as a professional expression of the church's ministry of pastoral care and counseling. Individuals trained in the MAMFT program gain theoretical and practical tools to work as comprehensive mental health providers in a broad range of treatment contexts with careful attention to human, family and cultural diversity. To this end, the MAMFT program is built on a foundation of the following five Professional Marriage and Family Therapy Principles: the American Association for Marriage and Family Therapy (AAMFT) Educational Guidelines, the AAMFT Core Competencies, the AAMFT Code of Ethics, the Association of Marital and Family Therapy Regulatory Board's (AMFTRB) Examination Domains, Task Statements and Knowledge Statements, and the Commonwealth of Kentucky Statutes.

The Marriage and Family Therapy program integrates academic study and clinical experience to help students form a professional identity critically informed by religious and theological commitments and marriage and family therapy. Some begin the program expecting to expand their skills as lay ministers who will practice marriage and family therapy. Others expect to express their ordained ministry through specialized skills as a professional marriage and family therapist and will earn a M.Div. while at Louisville Seminary. The Marriage and Family Therapy Program encourages students to explore and integrate both theological and systemic traditions that mutually inform their work with people and enrich their professional identity as minister, pastoral counselor, and marriage and family therapist. Students receive individual supervision and group supervision based on direct observation, videotape, or audio tape of their clinical work. Consistent with the program's mission to train marriage and family therapists who are competent to practice in a multicultural and interfaith world, students entering the MAMFT program embody a range of differences in religious and educational background, ethnic and racial identity, gender, and sexual orientation.

Expected Program Outcomes (Goals) are:

1. **To graduate students prepared for entry level multicultural professional practice in Marriage and Family Therapy, as demonstrated by:**

   SLO 1a: Ability for all seniors to pass the seminary exit exam,
   SLO 1b: those who seek licensure, the ability to pass the national Marriage and Family Therapy Examination,

SLO 2: Ability to present and defend a video-tape and final case study that demonstrates
   a. entry-level professional competence to construct and manage treatment using appropriate methods and therapeutic behaviors in an interdisciplinary context,
   b. multicultural approach to therapy and appropriate attention to religious, cultural, racial, economic, gender, and sexual orientation differences as these are experienced in client systems, client-therapist systems, supervisory systems, and broader social systems.

SLO 3: Successful completion of all competencies required by practicum syllabi, which are informed by the five MFT Professional Principles and the Program's commitment to multicultural training.

2. To graduate students with an entry-level professional ability to reflect theologically on their work and the theories that inform their professional practice, as demonstrated by:

SLO 4: Ability to write a final theological integration statement as a part of their Senior Integration Experience that
   a. reflects a culturally sensitive theological frame that attends appropriately to diversity as these are experienced in client systems, client-therapist systems, supervisory systems, and broader social systems.
   b. is approved by the student's Senior Integration Experience Committee,

3. To graduate students who show evidence of personal formation as entry level pastoral counselors, as demonstrated by:

SLO 5: Ability to meet all AAPC membership standards

4. To graduate classes of MFT Students that embody difference, to include religious background, culture, racial and ethnic identity, gender, and sexual orientation.

ACCREDITATION AND PROFESSIONAL AFFILIATION

The Master of Arts in Marriage and Family Therapy degree program is accredited by two accrediting bodies: The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT) and The American Association of Pastoral Counselors (AAPC).

Students, clinical supervisors, and academic faculty in the Master of Arts in Marriage and Family Therapy program, as in all Louisville Presbyterian Theological Seminary pastoral counseling programs, are expected to assent to and abide by the AAPC and AAMFT Codes of Ethics. Violation of these ethics may result in disciplinary action and possible dismissal from the program.

American Association for Marriage and Family Therapy (AAMFT)
The professional organization for the field of marriage and family therapy is The American Association for Marriage and Family Therapy (AAMFT). Since 1942, AAMFT has promoted the practice of marriage and family therapy through research and education and regulated the profession through accreditation and credentialing.

Requirement: Students pursuing a MAMFT are required by the MFT Program to seek and maintain student membership in this organization. Membership applications are available through the Marriage and Family Therapy Office. For additional information, contact:

The American Association for Marriage and Family Therapy
112 S. Alfred Street
Alexandria, VA 22314
Telephone: (703) 838-9808 E-mail: memberservice@aamft.org
Fax: (703) 838-9805 Web: www.aamft.org

American Association of Pastoral Counselors (AAPC)
The professional organization for pastoral counselors is the American Association of Pastoral Counselors (AAPC). Since 1963, AAPC has promoted pastoral counseling as a discipline that integrates psychotherapy with spiritual and religious resources.

Requirement: Students pursuing a MAMFT are required by the MFT Program to seek and maintain student membership in this organization. For additional information and membership applications contact:

The American Association of Pastoral Counselors
9504A Lee Highway
Fairfax, VA 22031-2303
Telephone: (703) 385-6967 E-mail: info@aapc.org
Fax: (703) 352-7725 Web: www.aapc.org

LIABILITY INSURANCE

Since September of 1999, MFT students have not been required to maintain professional liability insurance for services performed as part of the Practicum experience. This coverage is provided as part of the seminary's insurance policy and extends to all satellites where interns are serving.

The seminary's insurance policy **does not** provide coverage for counseling or any other activity performed outside of Practicum. If you are currently providing any service for an outside organization, either free of charge or fee-based, you will need to maintain your own professional liability insurance. Student members of AAMFT are encouraged to contact the insurance company currently being endorsed by AAMFT and obtain student coverage. Students

should also be aware that applicable ethical codes, licensing laws, immigration laws, and other relevant requirements might prevent a student from providing such services outside of Practicum activities.

EDUCATIONAL REQUIREMENTS OF THE MAMFT PROGRAM

Academic Requirements: The Master of Arts in Marriage and Family Therapy degree requires 68 hours of academic study. Of these, 26 hours will be in theological and biblical studies that provide a foundation for integrational discourse and tools for exploring one's own theological tradition. The remaining 42 hours are distributed over the seven areas of study required to meet national credentializing standards in the field of marriage and family therapy. To graduate, students must complete all academic courses with a 2.5 cumulative grade point average and pass the Exit Examination with a score of 70 or higher. The standard Marriage and Family Therapy academic curriculum is listed on the following page.

Marriage and Family Therapy Standard Curriculum
(Revised April 2012)

Area I - MFT Theoretical Knowledge: 6 hours

PC 308 Theories of Change (3 hours)
PC 304 Family Therapy: Theory & Practice (*Prerequisite/Co-requisite to Practicum I)* (3 hours)

Area II – MFT Clinical Knowledge: *22 hours*

PC 303 Couples Therapy: Theory & Practice (3 hours)
PT 322 Pastoral Diagnosis & Psychopathology (3 hours)
PT 307 Sexuality & Pastoral Practice (3 hours)
PT 317 Gender, Race & Class in Pastoral Practice (3 hours)

Minimum of 10 hours from the following MFT Electives

PC 221	Group Dynamics in MFT & Congregations	PC 313	Divorced and Remarried Families
PC 223	Pastoral Care in Abusive Family Systems	PC 316	Care of Children: Clinical/Pastoral Dimensions
PC 224	Assessment/Treatment of Chem Dependency	PC 312	Brief Counseling in Congregations
PC 300	Pastoral Counseling with Individuals	PT 310	Pastoral Responses to Experiences of Aging

Area III - Individual Development and Family Relationships: 3 hours

PC 408 Human Growth and Transformation (3 hours)

Area IV - Professional Identity and Ethics: 3 hours

PC 305 Professional Issues and Ethics in MFT (3 hours)

Area V - Research: 3 hours

PC 281 Marriage and Family Therapy Research (3 hours)

Area VI - Theological Studies: *28 hours*

OT /NT 100	Scripture I & II (7 hours)	TF 113	History of Christian Experience II (3 hours)
TF 102	Faith Seeking Understanding (3 hours)	SM 101	Transforming Seminary Ed (3 hours)
TF 112	History of Christian Experience I (3 hours)	PC 105	Intro to Pastoral Counseling (3 hours)

Non-counseling elective (6 hours)

Area VII – Clinical Experience*: 0 hours*

PC 416 *Practicum I* **(Family Therapy is a prerequisite/co-requisite for this course)**
PC 417 *Practicum II*
PC 418 *Practicum III*
PC 419 *Practicum IV*

Area VIII - Elective: *3 hours unrestricted free elective*

Graduation Competency Assessment

Completion of the following: MFT Exit Examination, Senior Integration Experience

Total Hours: 68

Notes Regarding Courses:

- A student is not awarded a passing grade in *Family Therapy: Theory and Practice* or *Couples Therapy: Theory and Practice* until the student has passed the computerized final in that course with a score of at least 70%. Students are encouraged to use the exam practice CDs to study since the CDs are designed as programmed learning tools.

- All courses related to the MFT Program Curriculum taught by PCC/MFT faculty and adjunct professors will include:

    1. A clear statement of course objectives and how these relate to Student Learning Outcomes.
    2. A clear description of assignments related to Student Learning Outcomes.
    3. A clear statement of how assignment outcomes will be assessed, including assessment rubrics that will be used to determine student progress toward stated course objectives.
    4. Assessment rubrics will include, at a minimum, an assignment description, definition and description of primary dimensions of the assignment, definition of the weight given to each dimension of the assignment, and a scale used to describe/determine how well a particular assignment/dimension of assignment has been performed by the student.

Clinical Requirements: The Master of Arts in Marriage and Family Therapy clinical requirements include the following:

- Successful completion of Practicum series (I, II, III, and IV) by demonstrating that competencies required by each practicum are met and the minimum hours of counseling and supervision for each practicum are completed (total: a minimum of 500 hours of direct client contact and 100 hours of supervision).
- Active participation in Interdisciplinary Case Conference (ICC) from entry semester through semester of graduation.
- Successful preparation and defense of the Senior Integration Experience.
- Appropriate management of closure or transferring of all client records.

Self-Development: In addition to course work and supervised clinical practice, students also enter a process of professional formation. The primary supervisor will assist the student in designing experiences in conjunction with the program that will meet personal, contextual, conceptual, family, social, intellectual, and spiritual needs for growth. Often specific psychotherapy or other personal development experiences are recommended to help students cope with the stress of graduate studies, resolve current family issues, or help integrate professional growth with personal life. Personal therapy is encouraged for all students.

***Pastoral and Spiritual Formation*:** One criterion for admission to the MAMFT Program is that a student is commitment to pastoral and spiritual formation at the intersection of marriage and family therapy, theological study, and the practice of ministry (either ordained or non-ordained). While at Louisville Seminary, students are encouraged to attend to their personal life of faith and spiritual formation. To this end:

- Students will be encouraged toward creative engagement with their own faith traditions, faith groups, or denominations and local congregations.

- Students will be expected to examine their faith traditions and personal spirituality as a fundamental dimension of life which impacts and interacts with their work in counseling.

- Students will be expected to learn to articulate a theology of pastoral care, counseling, and ministry which informs their work in marriage and family therapy and which is rooted in their own faith tradition.

- Students will be expected to explore and develop a definition of "pastoral" and "ministry" consistent with their faith tradition, which will inform the delivery of marriage and family therapy services.

- Students will be expected to develop methods to bring together their personal faith tradition, theology and the practice of marriage and family therapy in a mutually informing and critical manner.

- Students will be encouraged to make participation in the faith community at Louisville Seminary a substantial part of their spiritual formation process. This may include participation in chapel services, leadership in chapel services, engaging the seminary community in critical dialogue or other activities appropriate to the student's commitments and faith tradition.

Dual Degree Opportunities

Three dual degree programs are offered at Louisville Presbyterian Theological Seminary in conjunction with the Marriage and Family Therapy Program: the Master of Arts in Divinity and Master of Arts in Marriage and Family Therapy (M.Div./MAMFT), the Master of Arts in Marriage and Family Therapy and Master of Arts in Spirituality (MS/MAMFT), and the Master of Arts in Marriage and Family Therapy and Master of Arts in Religion (MAMFT/MAR). Dual degrees require completion of the full academic and practice requirements for two professions. Students working to fulfill both degree requirements should work closely with their academic advisor to assure the best use of their electives.

POLICY ON INCLUSIVE LANGUAGE

Learning is fundamentally concerned with communication, self-expression and personal and social transformation. Learning respects individuals, their feelings, their value and worth, and their particular potential for contribution to common knowledge and community virtue. Learning is fundamentally and intentionally inclusive.

Since all learning is inherently ethical and political, and theological discourse has been traditionally patriarchal and gender exclusive, the Seminary has established a policy, in the interest of constructing an inclusive and egalitarian community, that the language (symbols, metaphors) used in our class discussions and written work shall be gender inclusive and respectful of all persons and groups as valued human creatures of God.

Racism also permeates our society and is detrimental to any learning environment. The Seminary uses language, symbols, and metaphors that honor our commitment to racial inclusiveness.

POLICY ON STUDENTS WITH DISABILITIES

Louisville Seminary does not discriminate against applicants with disabilities. The Seminary will make reasonable accommodations, as required by federal law, to provide appropriate access so that students with documented disabilities are able to study and live at the Seminary. While the Seminary does not maintain academic programs specifically for persons with disabilities, it does provide support services and accommodations to all students in all programs who need those services and have a legal entitlement to them. Enrolled students who have questions about the Seminary's policies on students with disabilities should refer them to the Office of the Dean of the Seminary.

POLICY ON SEXUAL HARASSMENT

Louisville Presbyterian Theological Seminary, in accordance with Section 703 of the Civil Rights Act of 1964 and in recognition of its role as a theological education institution of the Presbyterian Church (U.S.A.) will not condone, disregard or treat lightly incidences of sexual harassment. Furthermore, the Marriage and Family Therapy Program affirms the right to bodily and emotional integrity as well as the principle of dignity in all interactions associated with teaching, supervision and counseling within the Marriage and Family Therapy Program. Professors, students and supervisors are encouraged to enhance mutual awareness of the various and subtle forms of harassment and hold one another accountable to the highest standards of mutual respect. **The Seminary policy for responding to sexual harassment is found in the Student Handbook.**

GUIDANCE AND EVALUATION: An Overview

Evaluation of progress in the Marriage and Family Therapy Program includes eight processes:

1. Each candidate's performance at the time of initial interviewing for acceptance is recorded and discussed by MFT Screening Interview Team in making the selection of each entering class.

2. Each MFT student will be assigned an academic advisor from the MFT teaching faculty who will meet with the student during each semester of study to review that student's progress and plan for the academic period ahead. This advisor will remain available to the student throughout his or her entire course of study and shall meet formally a minimum of two times each academic year.

3. Evaluation of academic performance is reflected in class grades. This evaluation is established by the Marriage and Family Therapy Program and Seminary policies (c.f., Faculty Handbook) and is implemented in each course by individual instructors.

4. Evaluation of practicum performance and progress is completed by the student's clinical supervisor. Practicum students are evaluated according to the competencies presented in each Practicum syllabi. Students are evaluated mid-way through each practicum level and at the completion of each level.

5. Evaluation of the student's overall progress in marriage and family therapy studies will be conducted at least twice annually. This evaluation is performed in collaboration with the MFT/PCC faculty, clinical supervisors, Director of Clinical Training, and Administrative Assistant. These reviews occur during the regular bi-monthly meetings of the supervisors and faculty and reviews strengths, weaknesses, and areas of concentration needed for the student to excel in marriage and family therapy.

   All practicum evaluations will be documented, signed by both supervisor and student and entered into the student's MFT central file. Evaluation of a student's growth and effectiveness as a therapist may involve a recommendation, or even a requirement, from supervisors and faculty that the student obtain personal psychotherapy or participate in Clinical Pastoral Education (CPE). In some instances, the evaluation process may conclude the student has not met the minimum requirements required to remain in the program. At that time, the student will be so advised and dismissed from the program. The policies and procedures governing such separations and their appeal appear in the Student Handbook of the Seminary.

6. Near the end of the student's final practicum unit, which normally coincides with the approach of graduation, students will complete the Senior Integration Experience. The SIE is the culmination of the integration of clinical and theological work. The result of this evaluation is a recommendation that the student is clinically prepared for graduation and entry-level professional practice as a marriage and family therapist or a

recommendation that the student must remedy specific deficiencies prior to recommendation for graduation.

7. Special evaluations may be requested by the student, faculty, or clinical supervisor at any time during the course of study at Louisville Seminary. The purpose of such evaluations will be clearly defined, documented, and include specific recommendations for the student, supervisor, or faculty.

8. Successful completion of the Exit Exam with a score of 70 or higher. This examination demonstrates that the student has mastered the fundamental body of theoretical and practical knowledge required to pass the national MFT licensing examination and function as an entry-level marriage and family therapist.

FOLLOWING GRADUATION FROM THE MARRIAGE AND FAMILY THERAPY PROGRAM

Kentucky State Licensure, Employment and Salary

The requirements for graduation from this program meet the Commonwealth of Kentucky MFT Associate licensure requirements for academic coursework and supervised direct contact hours within a graduate degree program. Following graduation, individuals are eligible to sit for the Marriage and Family Therapy licensing examination for the Commonwealth of Kentucky. Students expecting to be licensed in other states should inform their academic advisor and the Director of the Marriage and Family Therapy Program as early in the program as possible so advising can address any differences in state licensing laws.

Upon completion of all program requirements, a graduate serving in Kentucky may obtain a Marriage and Family Therapist Associate license and work under supervision of a licensed marriage and family therapist approved by the Kentucky Board of Marriage and Family Therapists. Kentucky requires at least two years of post-graduate work under supervision to qualify as a Licensed Marriage and Family Therapist. Students who have graduated from our Marriage and Family Therapy Program have been employed in hospitals, hospice programs, private and public schools, community comprehensive care centers, residential treatment centers, churches, pastoral counseling centers, and private practice.

Professional Memberships

American Association of Pastoral Counselors (AAPC)

Graduates of the MFT Program are eligible for one additional year of Student Membership status at no cost. Graduates may also seek clinical certification as a Pastoral Counselor. Additional Information on membership and certification is available in the Marriage and Family Therapy Office or on-line at www.aapc.org.

American Association for Marriage and Family Therapy (AAMFT)

Two AAMFT membership levels are available to graduates of the MFT Program at Louisville Presbyterian Theological Seminary: Pre-Clinical Fellow (Associate) and Clinical Fellow (licensed). Pre-Clinical Fellow is granted to a graduate who is working toward state licensure. The supervision required for licensure must be by an AAMFT Approved Supervisor or a Kentucky licensed Marriage and Family Therapist who is certified by the Kentucky MFT Board as a supervisor. When state licensure has been obtained, a therapist may apply for Clinical Fellow.

DISMISSAL FROM THE MARRIAGE AND FAMILY THERAPY PROGRAM

Students will be dismissed from the program under the following conditions:

- ***Academic Probation resulting in Dismissal*** - Failure to maintain a cumulative GPA of 2.5 and above in academic work.

  Procedure

  When a student fails to maintain a 2.5 grade point average, that student is placed on academic probation by the seminary. When this occurs, a formal review committee is established. The committee will consist of the student, the student's clinical supervisor, the student's faculty advisor, and the Director of Clinical Training. The Dean of the Seminary may also participate when requested by the student or Director of the MFT Program. This committee shall

  1. Determine whether the student should be permitted to continue in clinical practicum. This decision will be reviewed at the end of each semester.

  2. Develop a remedial plan to improve the quality of the student's work and remove the academic probation status.

  3. Document a formal plan for the student to return to regular academic status with specific time lines included.

  When a student is unable to complete the remedial plan or establish the required grade average, the student will be referred to the Director of the MFT Program for action in accordance with Seminary Policy.

- ***Failure to Demonstrate Clinical Competence*** – Failure to meet core competencies in any practicum level (I-IV) will result in dismissal from the Marriage and Family Therapy Program.

Procedure

1. Passing a practicum level is assessed by the student's clinical supervisor based on the supervisor's evaluation of how the student meets the specific competencies of an assigned practicum level. Required competencies and student learning outcomes are listed on each practicum syllabus and evaluation form.

2. When a student is judged to be failing Practicum I, II, III, or IV, or when a supervisor judges that a student is not prepared to move to the next level of Practicum after the minimum required clinical hours are met, a faculty/supervisor review will be held.

    a. The review team will consist of the supervisor responsible for the evaluation, an MAMFT faculty member, the Director of Clinical Training, and the Director of the MFT Program, when requested by the Director of Clinical Training.

    b. The review team will meet with the student to evaluate her/his work in the practicum. During the meeting, the supervisor will review issues related to a failing assessment or recommendation not to pass to the next level of practicum at this time. The review will include direct clinical data (especially DVD or audio taped clinical examples requested from the student) or administrative data (drawn from the student's actual interactions with the practicum placement site) which illustrate issues that preclude continuing in supervised practice or demonstrate the student's need for more experience at their current practicum level.

    c. If a student disagrees with her/his supervisor's evaluation, he/she may petition the committee with a written request to reconsider questioned competencies and pass the student to the next practicum level. This petition must include a clear statement of areas of the evaluation with which the student disagrees and be accompanied by relevant case data (recorded and written), documentation of any relevant supervisory processes related to the questioned competency, and/or other relevant material the student wishes the committee to consider in the request.

    d. At the conclusion of the review, the team will construct a remedial document specifying actions to be taken by the student and supervisor to accomplish the student's readiness to advance in practicum placement. The goal is to produce a concrete, workable remedial plan with specific dates of intended completion upon which supervisor, student, and faculty agree. Students disagreeing with the review team's findings will follow the seminary's grievance procedure.

3. If remedial effort listed in 2 above fail, the Director of the MFT Program will convene an action committee composed of the Director, the Clinical Director, Dean of the Seminary, and the student's academic advisor. This committee will review the outcome of attempted remediation and make a final recommendation to the Dean of the Seminary for dismissal.

- ***Failure to Demonstrate Appropriate Personal / Professional Development*** - Failure to demonstrate personal maturity necessary for clinical practice, failure to adhere to basic professional standards required of marriage and family therapists, evidence of serious problems with judgment related to the use of self in therapy, or conduct resulting in serious violations of the AAMFT or AAPC code of ethics will result in dismissal from the MFT Program.

  Procedure

  1. Action is required when a supervisor, MFT Program staff member, practicum site administrator, faculty member, student peer, client or other reliable party observes (in person or on DVD) the possibility of unprofessional behavior or violation of AAPC or AAMFT codes of ethics in a counseling session, at a practicum site, or in any other Marriage and Family Therapy Program context.

  2. Supervision often confronts student difficulty with personal maturity, professional standards, use of self in therapy and ethical behavior. Learning to manage these is a regular function of supervised practice. Supervisors are responsible for helping students learn from these problems. In some cases—such as meeting professional standards or specific ethical violations--the supervisor will document both the problem and the supervisor's remedial plan and submit a copy to the Clinical Director for inclusion in the student's central MFT file.

  3. When a problem and remedial plan is filed (2 above), the supervisor will consult with the body of supervisors and faculty in a regular bi-monthly meeting. This consultation will include review of the student problem, review of the remedial plan, and consideration of any action necessary for follow-up. The supervisory group will document its conversation and collaborate with the supervisor to determine if the student should receive written feedback from the supervisor and faculty group or a verbal report only from the supervisor.

  4. The supervisor will report the results of the consultation with the student. This may be a verbal report only or verbal and written report as determined by the supervisor in collaboration with the supervisory and faculty group. Any action taken will be documented and filed in the student's central MFT file.

  5. If the student disagrees with his/her supervisor's assessment and/or the supervisor and collaborative plan, the student may petition the Director of Clinical Training for an intervention committee. Upon receiving this petition, the Director of Clinical Training will convene a committee composed of herself/himself, the clinical supervisor and the student. A formal remedial plan will be constructed with specific actions to be taken and including specific procedures and time limits for evaluation. This plan will be filed in the student's central MFT file. If the committee (including the student) cannot reach

collaborative consensus about the problem or plan, the student will be referred to the Director of the MFT Program for further action (see 8 below).

6. A student failing to complete the remedial plan will be notified of such by the Director of Clinical Training. The Director will meet with the student and inform him/her of actions to be taken in the next meeting of the clinical supervisors and MFT/PCC faculty meeting and document this in the student file.

7. At the next regularly scheduled meeting of the clinical supervisors and MFT/PCC faculty, the student's progress will be discussed along with any recommendations to revise the remedial plan (return to #4 above). If remedial efforts are unsuccessful the Director of the MFT Program will convene an action committee composed of the Director, the Clinical Director, Dean of the Seminary, and the student's academic advisor. This committee will review the outcome of attempted remediation and make a final recommendation to the Dean of the Seminary for dismissal.

8. Students may file formal complaints or grievances with the Director of the Marriage and Family Therapy Program or Dean of the Seminary following the seminary's grievance procedure at any time during the above process.

9. Some professional development issues, ethical violations and standard of practice violations are so serious that they will be referred immediately to Director of the Marriage and Family Therapy Program for action with the Dean of the Seminary. Examples include (but are not limited to): Sexual contact with a client or client family member, serious breach of confidentiality, impairment of professional judgment related to substance abuse, public misrepresentation of self, qualifications or the program, acts or threats of violence, falsification of documents or records, or other violation of the seminary's published standard of conduct.

DIRECTOR OF THE MARRIAGE AND FAMILY THERAPY PROGRAM, MFT/PCC FACULTY, DIRECTOR OF CLINICAL TRAINING, AND CLINICAL SUPERVISORS

Director of the Marriage and Family Therapy Program

Loren L. Townsend, Ph.D., is the Director of the Marriage and Family Therapy program, Henry Morris Edmonds Professor of Pastoral Ministry and Professor of Pastoral Care and Counseling at Louisville Seminary. He is an ordained American Baptist (ABCUSA) minister. Loren is a Diplomate of the American Association of Pastoral Counselors, a Clinical Fellow and Approved Supervisor by the American Association for Marriage and Family Therapy, and a licensed Marriage and Family Therapist in Kentucky. Prior to arriving at Louisville Seminary in 1996, he directed clinical training programs in Arizona and Georgia. His writing and research have focused on the integration of family therapy, spirituality and theology as these intersect in clinical practice. He directs the Don Deane program in Clinical Supervision (an AAMFT

Approved supervisor training program). Publications include *Pastoral Care with Stepfamilies; Pastoral Care in Suicide;* and *Introduction to Pastoral Counseling.*

MFT Faculty

Carol J. Cook, Ph.D., Professor of Pastoral Care and Counseling at Louisville Presbyterian Theological Seminary. Carol is a licensed marriage and family therapist, a Clinical Member and Approved Supervisor of the American Association for Marriage and Family Therapy, a licensed clinical social worker, and a Fellow in the American Association of Pastoral Counselors. Both her M.Div. and Ph.D. are from Princeton Theological Seminary. Prior to joining the faculty at LPTS, she was an adjunct professor at New Brunswick Theological Seminary and a therapist at Family Guidance Center in Princeton, New Jersey. A member of the Reformed Church in America, she has served as a contributing editor to *Perspectives: A Journal of Reformed Thought*. Her teaching and writing interests include the integration of psychology and theology, theology and the arts, gender and sexuality issues, and the importance of self-care in ministry.

Elizabeth Johnson Walker, Th.D., Professor of Pastoral Care and Counseling at Louisville Presbyterian Theological Seminary in Louisville, Kentucky since 2006. Dr. Walker is an ordained elder in the United Methodist Church and member of the Alabama West Florida Annual Conference. Her appointment in theological education is an extension ministry appointment that follows ten years in the local pasturing ministry in her Annual Conference. She is a Vietnam era disabled veteran with an honorable discharge from the United States Air Force where she served her country as an airman engineer. Dr. Walker is licensed Marriage and Family Therapist and Clinical Member of the Kentucky Association for Marriage and Family Therapy. She is Clinical Fellow and Approved Supervisor with the American Association of Marriage and Family Therapy. She is Clinical Fellow with the American Association of Pastoral Counselors (AAPC), and member of the AAPC Membership Division Leadership Team. Dr. Walker is member of the Society for Pastoral Theology (SPT), has served in various leadership roles on the SPT Steering Committee to include the role of President, and Nomination Committee Chair. Dr. Walker obtained the Doctor of Theology in Pastoral Counseling from Gammon Theological Seminary at the Interdenominational Theological Center in Atlanta, Georgia; the Master of Divinity in Professional Ministries from Candler School of Theology at Emory University; and, the Bachelor of Religion and Philosophy at Huntingdon College in Montgomery, Alabama. Her recent publication is Theological Education Volume 47, Number 1, 2012, with Frances Adeney and Duane Bidwell, *"The Mainlines New Moment: Hospitable Christian Practice in a Multireligious World."* Dr. Walker's former ministry was with Georgia Care and Counseling Center (formerly Georgia Association for Pastoral Counseling) in Decatur, Georgia where she directed two counseling sites and maintained a full clinical practice with groups, couples, families, youths, and individuals. She was Adjunct Professor at the Interdenominational Theological Center in Atlanta, Georgia.

Director of Clinical Training

Jennifer A. Schiller, LMFT, JD, is Director of Clinical Training at Louisville Presbyterian Theological Seminary and maintains a private practice in Louisville, KY. Jenny is a Clinical Fellow and Approved Supervisor with the American Association for Marriage and Family Therapy and a Member in the American Association of Pastoral Counselors and in the Association for Play Therapy. She holds a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary and a Juris Doctor degree from the University of Louisville. Jenny is a member of the Kentucky Bar Association.

Clinical Supervisors

Cindy Guertin, MA, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is the Director of Clinical Services at The Center for Women and Families where she oversees the sexual assault program and non-residential services. Cindy is a Clinical Fellow and a Supervisor Candidate with the American Association for Marriage and Family Therapy. She is also a Certified Juvenile Sex Offender Counselor and has additional training in EMDR and Trauma Informed Care.

W. Kent Hicks, Ed.D, Supervisor at Louisville Presbyterian Theological Seminary, is a licensed Psychologist with Raskin & Associates in Louisville, Kentucky. Kent is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy, a Member of the American Association of Pastoral Counselors, and a member of the American Psychological Association. He is also a member of Master Therapist Group in Family Therapy in Cincinnati, Ohio. He holds a Master of Arts and a Doctor of Education from the University of Kentucky.

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Jeff Romer, NCPsyA, LMFT, LCAC; Supervisor at Louisville Presbyterian Theological Seminary, is Clinical Director of Lutheran Family Services in Louisville, Adjunct/Assistant Professor of Marriage and Family Therapy at Webster University, and on faculty at the KY Psychoanalytic Inst. He is a Clinical Fellow and Approved Supervisor with the American Association for Marriage and Family Therapy, a Member in the American Association of Pastoral Counselors, a Certified Psychoanalyst in the NAAP, and Member Psychoanalyst in the Society of Modern Psychoanalysis. Jeff is an ordained ELCA pastor, a part time pastor at Good Shepherd, member of the Bishop's Pastoral Support Advisory Committee, and a process consultant to congregations in conflict, and family held businesses, and on the board of the Colorado Center for Modern Psychoanalytic Studies. Jeff studied at the University of Chicago Cluster of Theological Schools, the Lutheran School of Theology, the University of Illinois, George Williams College, the Alfred Adler Institute, and KY Psychoanalytic Institute.

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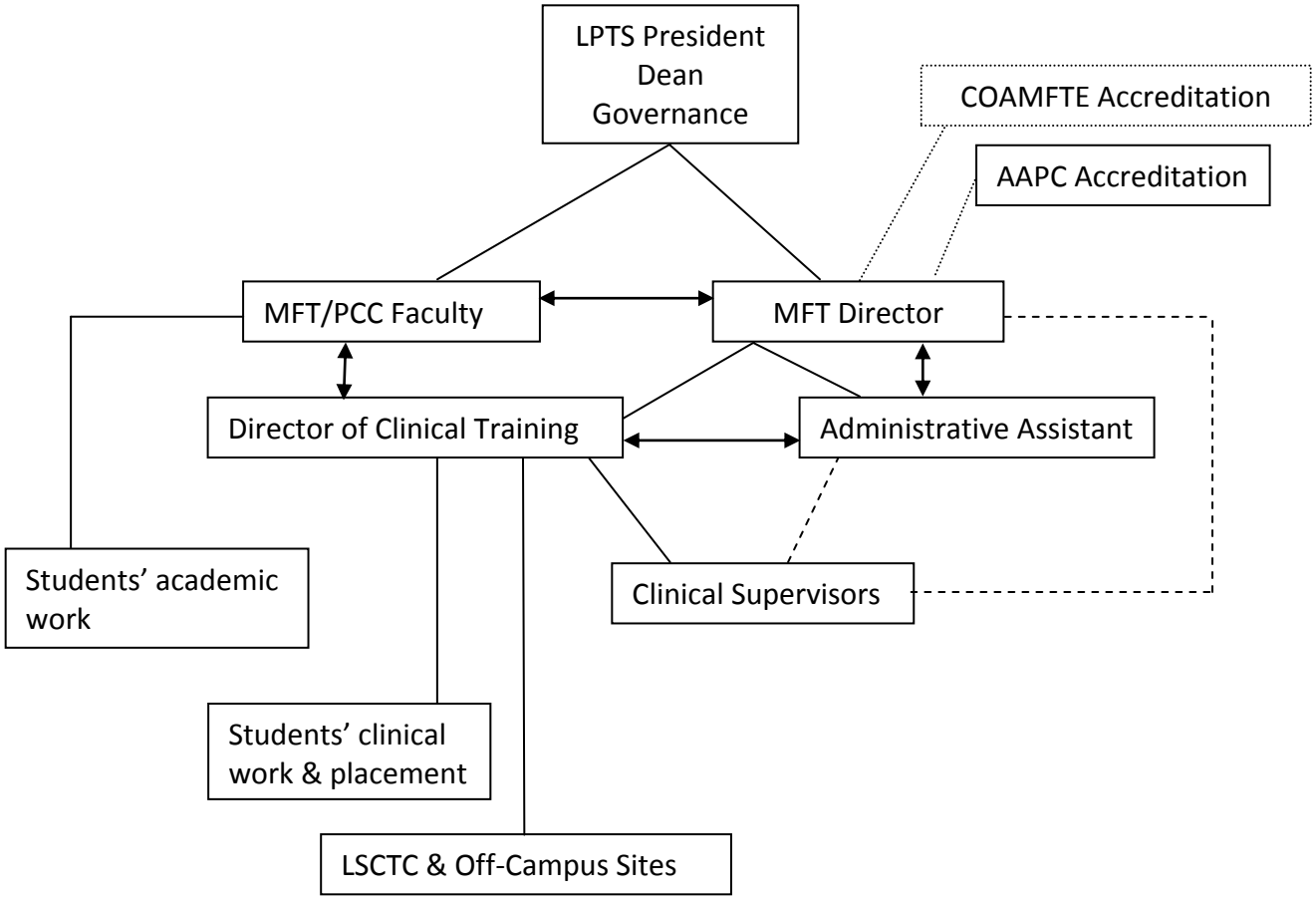
Barry G. Winstead, M.Div., MAMFT, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is a Pastoral Counselor and Marriage and Family Therapist at Jewish Physician Group, a division of KentuckyOne Healthcare in Louisville, Kentucky. Barry is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy and a Member in the American Association of Pastoral Counselors. He received a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary and a Master of Divinity in Pastoral Counseling from The Southern Baptist Theological Seminary, Louisville, Kentucky.

MFT ADMINISTRATIVE STRUCTURE



Responsibility
Communication
Collaboration
Guidance

CURRICULUM SCHEDULES AND WORKSHEETS

The following curriculum schedules and worksheets have been prepared to aid students in completing the MAMFT degree and the dual MDIV/MAMFT degree requirements. Strict adherence to the suggested curriculum schedules will help students obtain their selected degree in a timely manner. The curriculum schedules follow catalog requirements for prerequisites, course sequencing and course timing. The worksheets prepared will assist students in tracking courses completed and those still needed.

NOTE:

Students are not required to utilize the curriculum schedules as prepared. However, students who wish to complete the MAMFT program in 3 years or the MDIV/MAMFT in 4 ½ years are strongly encouraged to strictly follow them. Completion within these time frames is not possible for students who choose to veer from these schedules. Students should also be advised that certain courses required for graduation have prerequisite requirements and other restrictions. Thus, students should consult carefully the Seminary catalog in this regard, as well as confer closely with their academic advisors.

MFT Degree Worksheet

Entering Students Fall 2013; 68 Total hours

Course Number	Course Name	Hours	Semester	Grade
Area I - MFT Theoretical Knowledge		**6**	**hours**	
PC 304-3	Family Therapy: Theory & Practice	3		
PC 308-3	Theories of Change	3		
Area II - MFT Clinical Knowledge		**22**	**hours**	
PC 307-3	Sexuality & Pastoral Practice	3		
PC 303-3	Couples Therapy: Theory & Practice	3		
PT 317-3	Gender, Race, & Class in Pastoral Practice	3		
PT 322-3	Pastoral Diagnosis & Psychopathology	3		
Minimum of 10 hours from the following:		10		
PC 313-3	Divorced & Remarried Families			
PC 224-3	Assessment & Treatment of Chemical Dependency			
PC 300-3	Pastoral Counseling with Individuals			
PC 312-3	Brief Counseling in Congregations			
PC 316-3	Care of Children: Clinical & Pastoral			
PC 221-3	Group Dynamics in MFT & Congregations			
PC 223-3	Pastoral Care in Abusive Family Systems			
PT 310-3	Pastoral Responses to Experiences of Aging			
Area III - Individual Development & Family Relationships		**3**	**hours**	
PC 408-3	Human Growth & Transformation	3		
Area IV -Professional Identity & Ethics		**3**	**hours**	
PC 305-3	Professional Issues & Ethics in MFT	3		
Area V - MFT Research		**3**	**hours**	
PC 281-3	Marriage & Family Therapy Research	3		
Area VI - Theological Studies		**28**	**hours**	
OT 100-4	Scripture I	4		
NT 100-4	Scripture II	3		
TF 102-3	Faith Seeking Understanding	3		
TF 112-3	History of Christian Experience I	3		
TF 113-3	History of Christian Experience II	3		
PC 105-3	Intro. to Pastoral Counseling	3		
SM 101-3	Transforming Seminary Education	3		
	Elective non-counseling area	6		
Area VII - Clinical Experience		**0**	**hours**	
PC 416-1	Practicum I	0		
PC 417-1	Practicum II	0		
PC 418-2	Practicum III	0		
PC 419-2	Practicum IV	0		
Area VIII - Elective: unrestricted free elective		**3**	**hours**	
	Free Elective	3		
Graduation Competency Assessment				
	MFT Exit Examination	**0**		
	MFT Senior Integration Experience (SIE)	**0**		
		Total hours:	**68**	

May 21, 2013

M.Div./MAMFT Dual Degree Worksheet

124 Credits

Entering Students Fall 2013

5 - 5 1/2 Years

Course Number	Course Name	Hours	Semester	Grade
Biblical Requirements		**25**	**hours**	
OT 1004	Scripture I	4		
NT 1004	Scripture II	3		
OT 1013	Elements of Biblical Hebrew	3		
OT 1023	Intro. to Old Testament Exegesis	3		
NT 1013	Elements of Biblical Greek	3		
NT 1023	Basic New Testament Exegesis	3		
	Biblical Elective	3		
	Advanced Exegesis	3		
History, Theology, Ethics, & Religion Requirements (19-22 hrs)		**20**	**hours**	
TF 1023	Faith Seeking Understanding	3		
TF 1123	History of Christian Experience I	3		
TF 1133	History of Christian Experience II	3		
ET 1044	Core Ecclesial Tradition (3 or 4 hrs)	4		
	Core Theology Requirement	3		
	Elective--history, theology, ethics, religion (2 or 3 credits)	2		
	Elective--history, theology, ethics, religion (2 or 3 credits)	2		
Practical Theology		**61**	**hours**	
PC 1053	Introduction to Pastoral Counseling	3		
PC 3033	Couples Therapy	3		
PC 3043	Family Therapy: Theory and Practice	3		
PC 3053	Professional Issues and Ethics in MFT	3		
PC 3083	Theories of Change	3		
PC 3073	Sexuality & Pastoral Practice	3		
PC 3813	Marriage and Family Therapy Research	3		
PC 4083	Human Growth and Transformation	3		
PT 3173	Gender, Race, and Class in Pastoral Practice	3		
PT 3223	Pastoral Diagnosis and Psychopathology	3		
PW 1003	Basic Preaching	3		
PX 2003 (fall) PX 2013 (spring)	Practical Theology in Congregations (2 semesters)	6		
PW 1053	Intro. to Worship	3		
	Teaching Ministry course	3		
	Mission/Evangelism course	3		
	MFT Area II Elective (Advisor approval)	4		
	MFT Area II Elective (Advisor approval)	3		
	MFT Area II Elective (Advisor approval)	3		
	MFT Free Elective	3		
PC 4161	Practicum I	0		
PC 4171	Practicum II	0		
PC 4182	Practicum III	0		
PC 4192	Practicum IV	0		
	2 units of Field Ed	0		
	2 units of Congregational Field Ed	0		
General Seminary Requirements		**3**	**hours**	
SM 1013	Transforming Seminary Education	3		
General Electives		**15**	**hours**	
	General Elective	3		
	General Elective	3		
	General Elective	3		
	General Elective	3		
	General Elective	3		
Graduation Competency Assessment				
	MFT Senior Integration Experience (SIE)	0		
	MFT Exit Examination	0		
		Total hours:	**124**	

May 21, 2013

MAMFT Curriculum

Fall 2013-Sp2016 <u>Sample</u> Schedule (rev 7-25-13)

68 hours required; 3 year program

Term	Course Name	Hours	Total
Aug. 2013	Transforming Seminary Education	3	3
Fall 2013	Faith Seeking Understanding	3	9
	Family Therapy: Theory & Practice ***(pre or co-requisite for beginning Practicum I)***	3	
	Introduction to Pastoral Counseling	3	
January 2014	MFT Elective: *Chemical Dep* ***(next offered Jan 2016)***	3	3
Spring 2014	History of Christian Experience I	3	9
	Pastoral Diagnosis & Psychopathology (***next offered Spring 2016; prerequisite for Theories of Change)***	3	
	Sexuality & Pastoral Practice (***offered every spring***) **OR** an Elective	3	
	BEGIN PRACTICUM		
Summer 2014	MFT Elective: TBA	3	3
Fall 2014	History of Christian Experience II	3	10
	Theories of Change ***(next offered Fall 2016)***	3	
	Scripture I	4	
January 2015	MFT Elective: *Aging* ***?***	3	3
Spring 2015	Couples ***(next offered Spring 2017)***	3	9
	Gender, Race, & Class ***(next offered Spring 2017)***	3	
	Research ***(next offered Spring 2017)***	3	
Summer 2015	MFT Elective		
Fall 2015	Elective	3	9
	Professional Ethics	3	
	Human Growth & Transformation	3	
January 2016	Elective	1	1
Spring 2016	Scripture II	3	9
	Elective from non-counseling areas	3	
	Sexuality & Pastoral Practice **OR** an Elective	3	
	Total MAMFT Hours		68

PRACTICUM: CLINICAL EXPERIENCE AND PRACTICUM SITES

Every student must complete four course levels of Practicum in the MAMFT program. The prerequisite/co-requisite for beginning the clinical experience is the course *Family Therapy: Theory and Practice*. **Practicum I establishes the foundation for all further supervised clinical practice.** Through structured exercises and closely supervised counseling, students will learn basic skills necessary to continue through the practicum cycle. Practicums II-IV are designed to assist the student in skill development and professional formation.

The goal of reaching a competent level of knowledge and experience in marriage and family therapy drives both coursework and practicum experience. Moving through the Practicum cycle demands demonstrating specific core competences gained through academic and clinical work, as well as completing the minimum specified hours of supervised counseling (see Section IV, Practicum syllabi).

All students are required to establish a practical and reliable method of being contacted promptly for intake information and client care prior to the beginning of their practicum experience.

CLINICAL EXPERIENCE REQUIREMENTS

To complete the MAMFT program, students must gain a **minimum** of 500 supervised, direct client contact hours. At least 250 of the required 500 hours will be with couples or families (relational). Up to 100 hours of this clinical experience may consist of alternative therapeutic contact that is systemic and interactional. A minimum of 100 hours will be devoted to culturally diverse individuals, couples and families. It is expected that students will work with clients experiencing a wide variety of problems and representing the ethnic, cultural and economic diversity of Louisville and the surrounding area.

PRACTICUM SITES

Louisville Seminary Counseling Training Center (LSCTC)

Louisville Seminary Counseling Training Center is the MAMFT Program's primary counseling site. LSCTC is located in Nelson Hall and provides mental health services to the public year round. This training center is directed by the Director of Clinical Training and administered by the Director and Administrative Assistant/Office Manager.

Placement at Off Campus Sites

Practicum sites are selected for their ability to provide a clinical facility with safety for both clients and therapists and an educational experience that meets the standards of AAMFT, AAPC, and Louisville Presbyterian Theological Seminary. The practicum site must guarantee face to face counseling experience of adequate variety and quantity to meet the MAMFT Program's graduation requirements while also meeting standards to guarantee continuity of educational experience. This requirement includes obtaining access to DVD recording, audiotape, or direct observation of the student's clinical work.

Students entering Practicum may be assigned to an off-campus practicum site. Assignments are made by the Director of Clinical Training in consultation with the student and the Practicum site Administrative Supervisor. All placements are reviewed at the end of each practicum level. Special review of placement may occur as warranted by circumstances. Beginning a practice at or resignation from any practicum site must be in consultation with and approved by the Director of Clinical Training.

CLINICAL PASTORAL EDUCATION (CPE)

MFT students may elect to participate in Clinical Pastoral Education (CPE) as a part of their Practicum experience. A student may elect to participate in CPE after completing their first full semester of Practicum. It is suggested that CPE be taken between the first and second year in the program. Upon the successful completion of CPE, students may apply up to 100 of these alternative clinical hours to their required 500 supervised direct client contact hours. The 100 clinical hours obtained are distributed incrementally over students' remaining Practicum courses. The MAMFT program does not count retroactively any CPE hours completed outside the Program.

PRACTICUM: SUPERVISION

DEFINITIONS

Supervision in the Marriage and Family Therapy Program consists of face-to-face consultation in which an AAMFT Approved Supervisor/Supervisor Candidate and a supervisee, or supervisees, agree to engage in systemic reflection upon the concrete processes of and challenges in the practice of marriage and family therapy for the purpose of enhancing personal and professional growth. All faculty and clinical staff in the MFT program are experienced pastoral counselors and/or AAMFT Approved Supervisors or Supervisor Candidates who have strong commitments to the importance of intensive supervision for the developing therapist. Supervision takes place in two formats, individual and group. Both forms of supervision are required in each practicum experience.

Individual supervision is defined as a weekly 1 hour/1.5 hours meeting in which a clinical supervisor meets face-to-face with one student or one dyad (two students) to reflect upon each student's marriage and family therapy client cases. The clinical supervisor is to be informed of all client contact and clinical concerns whether occurring at the on-campus site (LSCTC) or at the student's off-campus site.

Group supervision is defined as face-to-face meetings between a supervisor and up to ten students for group reflection upon each student's presentation of cases which occurs in rotation.

Supervision is not psycho-education. Each supervisory conversation takes shape through reflection upon case report and/or raw data (direct observation, DVD presentation, or audio tape) from the presenting supervisee's practice. Although there is a therapeutic or personal-growth dimension to all good supervision, the boundaries of the supervisory conversation are clearly around the concrete processes of the supervisee's professional practice and relationships. The working alliances in supervision may require reflection; particularly as problems surrounding isomorphism and parallel process between treatment and training express themselves in the supervisory relationship. Reflection upon the intra-psychic and inter-personal systems involved is required. The boundary to these conversations is established around the task of making necessary systemic changes to provide effective marriage and family therapy for clients and not in search of personal or systemic change for the supervisee.

Supervision is not personal therapy; however, portions of the supervisory conversation may address any relevant matter involving the supervisee's current training and the working alliances sustaining it. These conversations focus on the task of marriage and family therapy and seek to return to that practice with increased knowledge and skill. Students in their respective practicum sites may receive various didactic enrichment and training experiences including seminars, lectures, and administrative activities. These are a legitimate and necessary

part of a practicum experience but are not considered in the required total hours of clinical supervision.

PROGRAM SUPERVISION REQUIREMENTS

Supervision is required at the ratio of 1 hour of supervision (individual or group) for every 5 hours of direct client counseling a student provides. A minimum of 125 hours of supervision is required for graduation from the MAMFT Program. At least 50% of all supervision will focus on raw data from the student's clinical work made available to the supervisor by means of direct observation, DVDs, or audiotapes.

Individual Supervision

During the Practicum series, students will typically have two supervisory appointments which are made by the Director of Clinical Training. The first clinical supervisor will oversee a student's progress through Practicum I and II. At the end of Practicum II, a new supervisor will be appointed to guide the student through the remaining two Practicum levels. Students will normally receive supervision for a minimum of one hour per week.

Group Supervision

In addition to individual supervision, all students enrolled in practicum are required to participate in the MAMFT Program's Live Supervision groups, Interdisciplinary Case Conferences (ICC), and selected training events comprising the balance of hours spent in the teaching/learning process. The variety of orientations among our faculty and clinical staff permits students to be exposed to a diversity of theoretical frameworks.

PREPARATION FOR SUPERVISION

Preparation for supervision of clinical practice is an important part of learning in the Marriage and Family Therapy Program. Generally, preparation for supervision includes:

- Establishing ethical foundations of confidentiality and informed consent.
- Completing legal and programmatic requirements for clinical practice, such as student professional affiliation in AAMFT and AAPC,
- Establishing a supervision plan reflecting the student's readiness for supervised practice and directed toward specific objectives of the practicum level.

Ethical Foundations

Confidentiality

The following are general guidelines for maintaining the confidentiality of clinical records and protecting the privacy of clients in clinical work undertaken in the MAMFT Program at LPTS. Students engaged in supervised clinical practice must adhere to the respective standards of each practicum site to which they are assigned. These guidelines are the basic standards that operate in all clinical work conducted by the program at the seminary including classroom consultation, "Live" group supervision, and various supervisory assignments accompanying the core curriculum.

1. As confidentiality of clients and their records is of prime importance, all clinical records are to be kept under lock and key with access only by appropriate persons.

2. Client session and fee payment records are to be maintained under lock and key. When these records are kept in a computer, they may be accessed only by those with authority to do so.

3. Counseling sessions are to be observed only by students in training, clinical supervisors, and those approved by clinical supervisors. All others are excluded from viewing and group supervision activity.

4. DVDs of "live" supervision, consultation sessions and other supervisory sessions that prove useful for educational purposes will be reserved and used in the teaching dimensions of the program only by signed release of such materials for educational purposes by all participating clientele.

5. Supervisors, fellow therapists, and group supervision members are required to excuse themselves from supervisory sessions addressing cases of clients that they know personally.

6. Conversation about clinical case materials is restricted to the discussion of cases in formal observation rooms and clinical case conference settings. Informal or casual discussion in hallways or other social settings is not acceptable.

7. If asked whether someone is in therapy or has been discussed in case conference, the proper response is to state, "Our policy is not to release names of any clients." When clients are encountered in public, care is taken to avoid embarrassing them with the necessity of explaining their knowledge of you as a therapist. One waits until spoken to permitting the clients to define the extent of the contact.

8. Disclosure of any information about a client to an outside source is only by that client's written permission to release this information specifically to the person requesting it.

A written request from the person stating the specific purpose and use for that information is required. Appropriate release forms should be included in the client's file.

The Marriage and Family Therapy Program adheres to guidelines established by the *Health Insurance Portability Accountability Act* (HIPAA).

What Constitutes "Informed Consent"

Prior to seeing clients in the MFT program, all students will discuss informed consent with their clinical supervisor and demonstrate their understanding of each of the following seven articles as they relate to supervised clinical practice.

1. The specific procedures to be used in therapy and their purposes.

2. The role of the therapist in treatment and his/her qualifications to offer treatment. For students this includes a full disclosure of student status and the place of supervision in client treatment. (Professional disclosure statements can be created as an exercise for students but may not be shared/offered to clients. Information regarding the supervisor's credentials will be provided only if requested by the client but will not be offered.)

3. Specific discomforts or risks to be expected in counseling.

4. Benefits **reasonably** to be expected from therapy.

5. Alternative methods of treatment for the same problem that may produce similar results.

6. The client's right to ask questions about the nature and process of therapy at any time.

7. The client's right to end therapy at any time.

(Note specific procedures outlined in the Louisville Seminary Counseling Training Manual for informed consent for therapy with minors.)

INDIVIDUAL SUPERVISION STRUCTURE AND PROCEDURE

The structure of Practicum supervision involves the submission, in writing, of a clear Supervision Contract at the beginning of each practicum level outlining specific goals for personal and professional growth, related to specific practicum objectives.

Philosophy of Contracts

Contracts between each clinical supervisor and student in practicum will ordinarily have four parts:

1. Administrative and Clinical Responsibilities – Defines the overall responsibilities of each supervisee. The forms used for Practicum I-IV contracts contain standardized responsibilities. Supervisors may include additional requirements as needed for levels II-IV. Standard responsibilities include: 1. Present raw data (videotape, DVD, or audiotape) or case report during the supervisory time each week. 2. Maintain a 1:5 ratio of supervision to client contact hours. 3. Complete administrative paperwork in a timely fashion. 4. Follow all policies and procedures for Louisville Seminary Counseling Training Center.

2. Specific Measurable Goals – Goals established for Practicum may reflect one or more of the following areas:

   Professional goals – These goals relate to particular competencies targeted for the supervisee to learn. Goals are best kept simple and definite to be effective. They normally are negotiated to express the expectations of the supervisor and the particular needs of the student and are related to the specific objectives of the practicum section. The manner in which their achievement can be accurately evaluated is of paramount importance. (Examples: a. Increase focus on assessment tools in the formulation of client diagnosis as applicable to treatment planning. b. Use resources and conduct empirical/research regarding best practices and effective treatment for specific client issues.)

   Psychological goals – These goals relate to the personal needs of both parties involved in supervision and how these needs will be met. In concrete terms they express what each person needs from the other in order to work effectively together. Effective psychological goals follow candid discussions of anything in the way of effective teamwork in the supervisory relationship.

   Integration goals – These goals relate to integrating clinical practice with theory, theology, and use of self in the practice of therapy. This area of concentration includes concern for pastoral/ministerial formation and how what the student is learning in diverse areas of the program are brought together intellectually, behaviorally, emotionally, and socially in clinical practice.

3. Specific Actions to Reach Goals – In this contract area, expectations are identified regarding what the student therapist will do to meet the goals established in the contract. Although general guidelines can be identified, naming specific actions will enable both supervisor and student to measure success in obtaining goals.

4. Method of Evaluation for Each Goal – This section establishes the criteria for measurement of successful completion of goals. The form for Practicum I-IV contracts contains standardized methods. Supervisors may include additional methods as needed for practicum levels II-IV. Standard methods include: 1. Supervisor and student will meet regularly where student will present case reports, audiotape or videotape. 2. Supervisor will observe, if possible or necessary. 3. A Mid-Practicum Evaluation will be completed. 4. A final evaluation and Clinical Staff Review will be completed at the end of each Practicum level. This evaluation may include conversation between the clinical and administrative supervisors to gain a fuller picture of the student's clinical skills demonstrated at the off-campus clinical site.

GROUP "LIVE" SUPERVISION

"Live" provides a two-hour group supervision opportunity weekly during the fall and spring semesters and once a month during the summer. In this supervision format, a selected student presents a relational case from their clinical practice for consultation and supervision. The presenting therapist will prepare a written case summary with relevant information and will present a demonstration of their work with the client(s). The demonstration may be completed by having the client(s) attend the group supervision session, or by presenting portions of a previously recorded counseling session. (For assistance in preparing the case write-up, see "How to Write an Intake Evaluation" at the end of this section). If clients will be present during the group supervisory session, the student will ensure that "Video Recording Release" form is in the client file for each client member participating in the session.

Group "Live" Supervision is required throughout the Practicum series. Each Live Supervision group consists of up to ten MFT students and an AAMFT Approved Supervisor. Students entering Practicum I are assigned to a "Live" Supervision group for the first semester. Group placements are maintained until the end of each semester when all MFT students are given opportunity to select a new group. Other group placement changes are made only for extraordinary circumstances, in consultation with the Director of Clinical Training. Spring group members continue to meet once a month during the summer.

Live Supervision / Individual Supervision

It is the policy of the Marriage and Family Therapy Program to integrate individual clinical supervision received with supervision received in Live Supervision. The following procedure assists this in happening:

1. A student shall inform their individual clinical supervisor prior to the live supervision session when scheduling a family for live supervision. Students are encouraged to talk with their clinical supervisor about which family would be appropriate and might benefit from live supervision.

2. Clinical supervisors will have access to the raw data presented in live supervision of cases for which they are responsible. Clinical supervisors are invited to live supervision sessions when possible. Students will make videotapes of live supervision sessions available to their clinical supervisors.

3. Students will process live supervision sessions with their clinical supervisors at the next supervision session following live supervision.

4. When a client attends live supervision for therapy, students will place documentation in the client's file of live supervision and a progress note reflecting this.

5. Case write-ups for presentations are not maintained in the client file.

INTERDISCIPLINARY CASE CONFERENCE

MAMFT students are required to attend Interdisciplinary Case Conference (ICC) from the time they enter the program until the close of their graduation semester. Regular attendance is a criteria for successfully completing each Practicum level. ICC is led by the Director of Clinical Training and is held each Monday morning during the fall and spring semesters. ICC augments supervisory experiences in the program through interdisciplinary presentations and student case consultations. Guest presenters enhance the range of issues and disciplinary perspectives informing clinical practice.

If a student is unable to attend ICC due to illness or emergency, the student is responsible for immediately notifying the Director of Clinical Training or the Administrative Assistant for the MFT Program. Unexcused absences from ICC of three or more sessions may lead to delay or failure of a student to progress in practicum standing. ICC does not meet during the January or summer terms.

Presentation Process

- Students who are actively seeing clients are encouraged to present client cases for collaborative discussion relating to a therapeutic issue that is the focus of a particular ICC meeting.

- Presentations (general)
    - Student presentations will include a written updated case write-up and a brief oral presentation in ICC.
    - Case write ups should be 1-2 pages in length, follow the initial case write-up format and highlight the area of ICC topic for discussion on the date of the presentation.
    - Case write-ups are to be submitted 10 days prior to the ICC date for the given topic, to receive approval from the Director of Clinical Training.

- Client names and any identifying information should be altered to protect client confidentiality.
- Copies of the case write-up will be provided by the student presenter and distributed to the ICC participants for facilitation of discussion on the topic date and shall be shredded following the presentation.
- The oral portion of the presentation shall be 5 minutes in length. The student presenter shall then be prepared to engage actively in discussion of the case and the clinical issue being presented. This shall include the opportunity to ask and to answer questions regarding the case presented.

- During fall and spring semesters, presentations will be made by guests from the Louisville area, PCC professors, or guest faculty. These presentations may focus on theological reflection, systems thinking and/or specific clinical issues or themes in the practice of marriage and family therapy, i.e. psychopharmacology, the meaning of suffering, suicide assessment, grief and loss, legal and ethical issues, and social justice.

Theological Reflection

Training in marriage and family therapy in the context of pastoral counseling and formation requires a multi-lens approach to discovery, learning, and development as a therapist. One such lens, unique to a MFT/PCC accredited program is theological reflection. One of the MAMFT Program Outcomes is ***" to graduate students with an entry-level professional ability to reflect theologically on their work and the theories that inform their professional practice, …"*** Interdisciplinary Case Conference (ICC) is a place where theological/spiritual reflection can be practiced as a collaborative and clinical learning experience, where the counseling intern can develop a beginning theological/spiritual reflection method. Theological reflection will be a regular part of ICC. To facilitate theological/spiritual reflection and development of pastoral identity, student case presentations will provide the context for discussion.

PRACTICUM: EVALUATION POLICY AND PROCEDURE

A thorough evaluation of the progress of each student is made through each clinical experience in the Marriage and Family Therapy Program at Louisville Presbyterian Theological Seminary. This includes evaluations from supervisors in clinical assignments and in all courses within the formal curriculum. These evaluations will accumulate in the student's central file for review at the time of final evaluation as graduation approaches.

CLINICAL COMPETENCE

The focus of practicum evaluation is the student's clinical competence and integration of the MFT academic body of knowledge. Evaluations are designed to give consistent feed-back of progress toward specific objectives at each stage of the student's experience. A clear picture of strengths and weaknesses is the aim of such conversations between supervisor and student. Evaluation is a mutual process. Appraisal of the supervisor's work in the supervisory experience by the student is a vital part of each evaluative conference.

EVALUATIVE STANDARDS

Clinical competence will take into account the student's personal, professional, and academic growth toward specific standards in the practice of marriage and family therapy. Standards around which evaluations are conducted throughout the entire program involve an increased sense of professional competence in a number of fundamental qualities:

1. the ability to understand, articulate and act upon a workable conceptual framework for doing marriage and family therapy.

2. a sound knowledge of literature, research, and theory involving a number of models in marriage and family therapy.

3. demonstrated ability to engage in case management, planning, and treatment from beginning to end.

4. the capacity to present one's experience both conceptually and with an understanding of raw data in supervision and to use supervision constructively to enhance professional competence.

5. the ability to operate clinically and theoretically within a multi-cultural and broader-systems framework.

6. the ability to articulate and work within a theologically informed pastoral framework that takes seriously ministry, personal belief systems and religious commitment.

7. the capacity to maintain an adequate and responsible record-keeping system.

8. adherence to the AAMFT and AAPC Codes of Ethics.

EVALUATION PROCEDURES

Mid-Practicum Review

At the mid-point of each supervisory period or Practicum course, a written Mid-Practicum Evaluation will be prepared by the student's clinical supervisor, reviewed with the student, signed, and then submitted to the Administrative Assistant for storage in the student's central MFT file. The review shall appraise the student's specific experience over the first half of the Practicum level, specifically regarding demonstration of competencies, what has been accomplished, and what needs to be done between the present and the final evaluation for the Practicum level in clear terms for all parties to understand. It is also an appropriate time to modify the working contract for supervision and self-care.

Final Practicum Evaluation

The final Practicum evaluation consists of two parts: an assessment process incorporating three-four assessment tools, and a Formal Clinical Staff Review.

1. When a student has demonstrated the competencies required for their level of Practicum, as determined by the clinical supervisor, the required assessments will be completed.

    a. The student will complete a self-assessment of their progress toward achievement of competencies, providing supportive comments as desired. The student will review their self-assessment with their clinical supervisor then submit the form to the Administrative Assistant to be included in the Formal Clinical Staff Review.
    b. Based on an assessment of the student's progress toward achievement of appropriate level competencies as demonstrated by self-reports and presentations of raw data, the clinical supervisor will complete Section 1 of the Final Practicum Evaluation.
    c. The Practicum site Administrative Supervisor will assess the student's demonstration of competencies at their clinical site and submit the assessment to the Administrative Assistant. The assessment will be included in the Formal Clinical Staff Review.
    d. For Practicum levels II and III, a formal case write-up will be prepared by the student in consultation with their clinical supervisor. A copy of the case will be included in the Formal Clinical Staff Review and a copy will be submitted to the Administrative Assistant for inclusion in the student's central file.

2. When the assessments have been completed, a Formal Clinical Staff Review of the student's progress will be held by the full clinical staff and MFT faculty. This body, which meets bi-weekly during the fall and spring semesters, will follow the student's progress across each Practicum level.

    a. The clinical supervisor will present their completed portion of the Practicum Final Evaluation form and, for Practicum II and III, the student's formal case write-up. Based on this information, the clinical supervisor will provide a verbal report regarding the student's achievements and areas of growth.
    b. The student's "Live" supervisor will present an assessment of the student's progress in group supervision.
    c. MFT/PCC faculty members, the Director of Clinical Training, and the Administrative Assistant may provide additional input regarding observations, didactic progress, or performance in clinical settings, including the Administrative Supervisor's assessment. These comments will be added to the Final Evaluation form.
    d. Specific competency achievements in the area of personal and professional growth shall be noted with the final picture of the narrative of developing strengths and weaknesses of the student. Any significant discrepancies between the supervisor's and student's assessments will also be noted.
    e. Designated signatures will be obtained.

The Final Practicum Evaluation, with completed formal review will be shared with the student during a full supervisory session. The assessments and formal evaluation will be collected and returned to the Administrative Assistant for storage in the student's central MFT file. These documents will provide a continual source of feedback to the student throughout their learning career in the program.

Remediation

As face-to-face experience in assessment and feedback grows in the supervisory experience, certain recurrent areas of weakness, needs to remedy deficiencies in performance, gaps in learning that need to be addressed, and personal issues that require attention, will be flagged and become part of the regular feedback in the supervisory process.

Although psychotherapy is not required of students, it is a valuable experience and often recommended while in the program. Particular issues that emerge may require attention and adjustment in concert with their reappearance in supervision. An appropriate list of persons who may function as psychotherapists is available from the Dean of Students. Interns may also obtain referrals from the MFT faculty, clinical supervisors and the Director of Clinical Training. A stipend is available from the Office of the Dean of Students to facilitate therapy for LPTS students.

How to Write an Intake Evaluation

(Under revision, Fall 2013)

How to Write an Intake Evaluation

Philosophy of intake evaluations.

An intake evaluation documents a foundation for treatment. It provides a logical, inferential chain that links: 1) your clinical observations, 2) selection of methods, 3) action in therapy, and 4) expected outcome. A good intake evaluation protects your client by assuring that you have the information required to design appropriate treatment. It protects you by documenting that you assessed your client adequately and justifies your approach to treatment. The intake assessment is a legal document showing that you performed your clinical responsibilities and met an adequate standard of professional practice. Most important, good intake evaluation helps you clarify your clinical reasoning provides a logic for care. Finally, good intake evaluations lets colleagues and supervisors assess your clinical thinking and help you develop your treatment logic.

Good intake evaluations are usually 2- 6 single-spaced typewritten pages long, depending on what formal clinical measures you may use and summarize. Your goal should be clarity and good information. You should write enough to establish the inferential chain and let a supervising/evaluating reader know that you know enough about the case to justify the treatment you are proposing. A good guide to writing the intake is, "If my supervisor read this, could they follow my thinking and agree with my conclusions and proposed treatment? Could I justify my treatment of this case simply by what I've written here?

Step One:

Name:
Address:
Telephone Number:
Relevant contact information (physician, emergency contact person)

Step Two: Identifying Information

This section of the intake evaluation/case study should be simple and straight-forward. It is meant to orient the reader to who your client is and their sociological context. Include basic information about your client such as: name(s), age(s), gender(s), marital status, children, family constellation, vocation, racial and ethnic identity(ies), and social class observations or self-report. Referral information is also included. The point of this section is briefly to identify your clients and cast your evaluation of their presenting problem within a family and cultural context.

Example: The Smith family consists of stepfather Larry (age 42), Lisa (age 37), Lisa's son John (12), and Lisa's daughter Michelle (7) who live in Anchorage, KY. Larry and Lisa have been married for 1 year. Larry is Asian-American, Lisa is Euro-American as are her children. Larry is an attorney, Lisa is a social-worker. John and Michelle attend private Catholic schools, though the couple reports they attend a local Methodist church. The couple and family were referred by their pastor.

Step Three: Presenting Problem

This section provides a brief statement about why the clients came to therapy. Stick as closely as possible to the *clients'* statement of why they came to therapy now. Usually, this section will include a client statement and a brief history of the problem that resulted in a call for therapy. Useful questions for this section:

- What brings you in for counseling?
- What prompted you to call for counseling?
- What made you decide to call for counseling on the day you called for an appointment?
- How long has this problem been with you?

Note: Use client statements when possible and avoid therapist theoretical interpretation. Interpretation comes *after* assessment.

Example: Larry reported that he and Lisa have been in serious conflict about rules in their home. Lisa recalls fighting with Larry and her children over chores almost every day for the past three months. This is complicated because she and Larry disagree about expectations for the children. Larry indicated that he feels Lisa does not expect enough from the children, while Lisa believes Larry expects too much. Larry stated that the kids are "rebellious and won't follow directions," while Lisa believes Larry is too "gruff" with the children. Both children reported that they fight daily about chores and don't like Larry. Lisa stated that she called for an appointment after Larry said he was "fed up with the whole mess" and stayed overnight in a motel.

Step Four: Relevant history

This section should report personal and family events that illustrate the personal/family narrative. While brief, it should include reference to social, marital, important school and vocational histories, and family landmarks that give the person/family their history. Areas of success and struggle can be named, particularly those areas that help the clinician understand the families' dominant narrative and any subjugated narratives that might be evident at intake. This section should also briefly describe how the problem developed within the families' story.

Step Five: Assessment

I. Assessment requires a preliminary theoretical consideration. Given what you know about the case ***at this point*** what theoretical approach seems appropriate to guide your assessment? (Remember, since evaluation is continuous in all forms of therapy, you can later determine that the case should be evaluated from another standpoint as well.)

- What is the appropriate "unit of analysis?"

    1. Family therapy?
    2. Couples therapy?
    3. Individual therapy?

- Given the nature of the problem what ***theoretical orientation*** appears most appropriate at this point? Remember that all models of assessment are built on theoretical assumptions. You need to have a clear rationale about *why* your selected method of assessment is appropriate for this presenting problem. You should have some rationale other than it is the only model you know. Some possible assessment schemas:

    1. Family: Structural (family maps, interview protocols, marking boundaries, assessing structural configurations); Bowenian (genogram, extensive history taking, etc.); Functional/behavioral (FAD, behavioral checklists, family roles, etc.); Strategic (assessing interactions); Solution-focused (clear, precise problem definition); Narrative (charting relative influence, landscape of meaning and action, etc.).

    2. Couples: (Most of above plus:) Gottman (assessment protocol); EFT (interviews, questionnaires, assessment of attachment styles and interactional positions).

    3. Individual: Symptom checklists, referral for individual testing, structured interview, other individual measures of temperament (MBTI) or relational functioning (FIRO-B) etc.

    4. Pastoral: Include such things as how clients express religious heritage, current commitments, faith community, concepts of God or the Holy, religious or spiritual conflicts, concerns about faith, religious spiritual strengths/resources, etc.

II. Assessment Procedure

- Implement an evaluation protocol using structured interviews, formal tools, etc. that are appropriate to your theoretical stand and the problems the client(s) is (are) reporting (i.e. genogram, Gottman evaluation tools, family map, etc.). Include additional screening tools you might believe are necessary for this particular case (for instance, the SCL 90 if you believe psychological problems may be present).

  The following screening should ALWAYS be done as a matter of course:

- ***Suicide evaluation.*** Because of the inevitable risk of harm to self or others when clients are experiencing emotional distress, therapists should ALWAYS ask about depression as part of the formal intake interview and have clients complete some form of objective depression/suicide screening.

  -Protocol: 1) Use interview and Beck or Hamilton depression scales to evaluate depressive symptoms. 2) If depressive symptoms are present, ask about suicidal thoughts. 3) If suicidal thoughts are present, complete a lethality assessment. If family therapy, ask family members about fears that others may act impulsively to harm self or others. ***Document this protocol and your conclusions.***

- ***Brief mental status evaluation*** to evaluate general psychological functioning and assess co-morbidity of problems.

  -Protocol: Use the Brief Mental Status screening tool (attached) as part of your interview guide. Make appropriate observations and ask questions so you can summarize.

- ***Drug and alcohol screening.*** Use the SMAST for brief alcohol screening. Ask direct questions about other substances (marijuana, other drugs, inhalants, etc.).

- ***For all couples:*** Remember, research suggests that about 50% of all couples presenting for couples therapy have had episodes of marital violence. ***ALWAYS*** assess for marital violence.

  -Protocol: Use the **Intimate Justice Scales** for screening or the Conflict Tactic Scales. Consider using individual interviews with both individuals to provide safety so marital violence can be reported. ***Always document your findings.***

- ***Pastoral Assessment***: Ask specific questions about religious affiliations, commitments, religious or spiritual concerns, and how the client's religious faith

is (or is not) a resource for them. Why did they choose a pastoral counselor? What do they hope they will gain by this choice? Specifically, what does the client want to happen (or not happen) in their religious life as a result of therapy?

III. Assessment Summary:

- Assessment findings must be summarized in a concise, coherent manner. Usually, this means:

    1. A brief summary (no more than one brief paragraph each) for ***each*** assessment tool you used (i.e. genogram, paper and pencil self-report inventory, CTS, screening tools, mental status review). This summary should state what each tool revealed.

    2. A brief summary (one or two short paragraphs) of your interview ***findings.*** This should *not* be a verbatim of the session. *Do* summarize relevant observations, critical comments made by the client, and your clinical impressions of the client/couple/family. Remember, this is not a creative writing project. It is a clinical summary.

    3. A brief ***pastoral*** summary that highlights *your* evaluation of religious or spiritual issues at stake for the client in therapy.

- Conclude with a one or two sentence statement of your evaluation of what this individual/couple/family needs from therapy. Part of this may be expressed as DSM IV category. While this summary is the result of your assessment is a professional statement justifying treatment, it must also be connected to actual client statements about what they want *changed* by therapy. **State what therapeutic modality is needed, justified by your assessment—e.g. individual, couples, or family therapy (pay attention to Empirically Supported Treatments).**

Step Six: Preliminary Treatment Plan

Once assessment is complete, goals can be established. Goals must be ***directly*** related to your assessment: What is(are) the problem(s) you observed in assessment? What do clients say they want? Goals ***must*** be negotiated with clients and expressed in client's words when possible.

- Establish preliminary goals. ***Goals are expectations of OUTCOME.*** Goals must be observable and measurable. They become the standard by which the success of your therapy is measured. ***Remember, goals can be revised at any time during the treatment process.***

1. State one or two (certainly no more than two) “long-term” outcome goals. This relates to the overall end result the clients want. For instance:

“At the end of therapy Larry and Lisa will report that they have established a way to manage conflict over the children’s chores that is satisfactory to both of them.”

2. State one or two short-term or intermediate goals that are easily attainable and lead to the long-term goal. New short-term goals needed to reach the long-term goal will be set when these are completed. For instance:

“At the end of one month, Larry and Lisa will report they have had at least one conversation outside of therapy about children’s chores during which neither felt blamed, condemned, or stone-walled.”

- Define an intervention to reach each short-term goal. For example:

  Goal: “At the end of one month, Larry and Lisa will report they have had at least one conversation outside of therapy about children’s chores during which neither felt blamed, condemned, or stone-walled.”

  Intervention: “Larry and Lisa will engage in couple’s therapy to learn to manage ongoing conflict about children’s chores. Therapy will assist the couple to identify and manage damaging behavior during conflict (blaming, contempt, stonewalling, etc.), establish a procedure for mediating physiological arousal and emotional flooding, and identify negative secondary reactive positions that each take during conflict. During therapy, the couple will explore and practice alternatives. Therapy will also focus on increasing positive sentimental override in the relationship by homework designed to facilitate positive and enjoyable experiences for the couple.

Step Seven: Review and Evaluation of Treatment

Set a date when therapeutic progress will be reviewed and the treatment plan revised. This evaluation will examine the preliminary goals and assess what progress has been made toward the goals. At this time, any additional information that adds to client assessment can be added; goals can be changed or renewed. This should be added to the intake as an “addendum” or “update.”

Always sign (followed by your degree and license status) and date your intake evaluation.

<u>Progress Notes</u>:

Progress notes **must** be related to the treatment plan. They provide the evidence that your assessment is appropriate, that you are working on the goals stated, and that you are being faithful to your contract with your client to work on the problems you together established in the initial evaluation. In general, progress notes should include:

1. What the clients say about their progress in treatment since the last session.
2. Your objective observation of progress the clients have made toward goals since last session.
3. A short description of intervention in *this* session. (What did you do, how did clients respond?)
4. Notation of any change needed in the treatment plan.
5. Plan for activity between sessions and/or for next session (record any homework or issues that need to be raised in next meeting).

Always sign (followed by your degree or license status) and date your progress notes.

Appendix 1

Brief Mental Status Screening

RATING SCALE

The rating scale used is:	
1 – Not present	**5 – Moderately severe**
2 – Very mild	**6 – Severe**
3 – Mild	**7 – Extremely severe**
4 - Moderate	

THOUGHT DISORDER CORE SYMPTOMS:

Conceptual disorganization
… degree to which the thought processes are confused, disconnected or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of the patient's subjective impression of his own level of functioning.

1 2 3 4 5 6 7

Hallucinatory behavior
…perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people.

1 2 3 4 5 6 7

Unusual thought content
… unusual, odd, strange, or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes.

1 2 3 4 5 6 7

THOUGHT DISORDER ASSOCIATED SYMPTOMS:

Blunted affect
… reduced emotional tone, apparent lack of normal feeling or involvement.

1 2 3 4 5 6 7

Emotional withdrawal
… deficiency in relating to the interviewer and the interview situation. Rate only degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation.

1 2 3 4 5 6 7

Suspiciousness
… belief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.

1 2 3 4 5 6 7

Grandiosity
… exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation.

1 2 3 4 5 6 7

ANXIETY-DEPRESSION CORE SYMPTOMS:

Tension
… physical and motor manifestations of tension, "nervousness," and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient.

1 2 3 4 5 6 7

Anxiety
… worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms.

1 2 3 4 5 6 7

Somatic concern
… degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have realistic basis or not.

1 2 3 4 5 6 7

Depression mood
… despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.

1 2 3 4 5 6 7

ANXIETY-DEPRESSION ASSOCIATED SYMPTOMS:

Guilt feelings
… over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety, or neurotic defenses.

1 2 3 4 5 6 7

Uncooperativeness
… evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.

1 2 3 4 5 6 7

Hostility
… animosity, contempt, belligerence, disdain for other people outside the inter-view situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety (or) somatic complaints. (Rate attitude toward interviewer under "uncooperativeness.")

1 2 3 4 5 6 7

Motor retardation
… reduction in energy level evidenced in slowed movements and speech, reduced body tone, decreased number of movements. Rate on the basis of observed behavior of the patient only; do not rate on basis of patient's subjective impression of own energy level.

1 2 3 4 5 6 7

Mannerisms and posturing
… unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here.

1 2 3 4 5 6 7

Appendix 2

Hamilton Depression Scale

Patient's Name _____

Date _____

Comments _____

_____

Instructions:

This checklist is to assist you in recording your evaluations of each patient with respect to degree of depression and pathologic condition. Please fill in the appropriate rating for each item.

0 None 1 Mild 2 Moderate 3 Severe 4 Extreme

Item	Rating
1. Depressed Mood **Sadness, hopelessness, gloomy, pessimistic, weeping, worthless. Behavior: Facies, postures, weeping voice.**	
2. Guilt Feelings **Pathologic guilt, not rationalizing, self-blame, feelings of self-reproach.**	
3. Suicide **Recurrent thoughts of death: life is empty, not worth living, isolation, suicide gestures, threats or attempts.**	
4. Initial Insomnia **Difficulty getting to sleep after going to bed.**	
5. Middle Insomnia **Difficulty staying asleep.**	
6. Delayed Insomnia **Early-morning awakening.**	
7. Work and Interest **Apathy, loss of pleasure and interest in work, hobbies, social activities, recreation, inability to obtain satisfaction, decreased performance at work and in home duties. (Do not rate fatigue or loss of energy.)**	
8. Retardation **Psychomotor: Slowing of thoughts speech, and movement.**	
9. Agitation **Psychomotor fidgeting, restlessness or pacing, clenching fists, kicking feet, wrinkling hands, biting lips, pulling hair, gesturing with arms, picking at hands and clothes.**	

Item	Rating
10. Anxiety **(Psychologic)** **Tense, unable to relax, irritable, easily startled, worrying over trivia. Phobic symptoms, apprehensive of impending doom, fear of loss of control, panic episodes.**	
11. Anxiety **(Somatic)** **Physiologic concomitants of anxiety: Effects of autonomic overactivity, "butterflies," indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency.**	
12. Loss of Appetite	
13. Anergia **Fatigability, feels tired or exhausted, loss of energy, heavy or dragging feelings in arms or legs.**	
14. Loss of Libido **Impairment of sexual performance**	
15. Hypochondriasis **Morbid preoccupation with real or imagined bodily symptoms or functions**	
16. Weight Loss **Since onset of illness or since last visit.**	
17. Loss of Insight **Denial of "nervous" illness, attributes illness to virus, overwork, climate, or physical symptoms. Does not recognize symptoms are "nervous" in origin.**	

Item	Rating
18. Diurnal Variation **Change in mood**	
19. Hypersomnia **(More Time Spent in Bed)** **Retires earlier and/or rises later than usual, not necessarily sleeping longer.**	
20. Hypersomnia **(Oversleeping)** **Sleeping more than usual.**	
21. Hypersomnia **(Napping)** **Naps, excessive daytime sleepiness**	
22. Increased Appetite **Change in appetite marked by increased food intake or excessive cravings.**	

Item	Rating
23. Weight Gain **Since onset of illness or since last visit.**	
24. Psychic Retardation **Slowness of speech and thought process, inhibition of will or feeling as if thought processes are paralyzed.**	
25. Motor Retardation **Slowness of movement and affective expression.**	

25-ITEM TOTAL	

Appendix 3

Lethality Assessment

I. Observe for signs and symptoms of depression:

A. Depressed Mood
B. Diminished interest or pleasure in activities formerly enjoyable
C. Observations by others of apathy
D. Significant weight loss or gain (+-5%)
E. Insomnia or hypersomnia
F. Psychomotor agitation or retardation
G. Fatigue or loss of energy
H. Feelings of worthlessness or excessive and inappropriate guilt
I. Diminished ability to think or concentrate, or indecisiveness
J. Thought of death

II. If depressive symptoms are present, always ask client if they have considered harming themselves or have had fantasies of escape. If possible, interview family members or close friends about the client's depression and behavior.

III. If client affirms thoughts, assess lethality. Each step represents a higher risk of suicide.

A. Client has had suicidal thoughts
B. Client has considered suicide as a legitimate option
C. Client has thought about how they might best kill themselves
D. Client has formed a distinct plan about ending their life
E. Client has the means to carry out plan (i.e. has pills, gun, etc.)
F. Client has planned when the suicide will take place
G. Client has made arrangements to carry out suicide, or has made arrangements for their death
H. Client is feeling helpless, hopeless and hapless, OR client has suddenly found new energy in making a decision to die

IV. Suicide risk is increased if any of the following factors are present:

A. Client has made a previous suicide attempt
B. Client lives alone
C. Client takes psychotropic medication
    1. Any recent change in medication?
    2. Has client discontinued medication?
D. A family member of the client has previously committed suicide
E. A close family member has recently died
F. The client uses alcohol or drugs
G. Client has a history or has recently begun self-mutilation (cutting, burning, etc.)
H. The client demonstrates any form of psychotic process

Appendix 4

Intimate Justice Scale*

Read each item below to see if it describes how your partner usually treats you. Then circle the number that best describes how strongly you agree with whether it applies to you. Circling a one (1) indicates that you do not agree at all, while circling five (5) indicates that you agree strongly. Your answers are confidential and will not be shared with your partner.

		I do not agree at all				I strongly agree
1.	My partner never admits when she or he is wrong.	1	2	3	4	5
2.	My partner is unwilling to adapt to my needs and expectations.	1	2	3	4	5
3.	My partner is more insensitive than caring.	1	2	3	4	5
4.	I am often forced to sacrifice my own needs to meet my partner's needs.	1	2	3	4	5
5.	My partner refuses to talk about problems that make him or her look bad.	1	2	3	4	5
6.	My partner withholds affection unless it would benefit her or him.	1	2	3	4	5
7.	It is hard to disagree with my partner because she or he gets angry.	1	2	3	4	5
8.	My partner resents being questioned about the way he or she treats me.	1	2	3	4	5
9.	My partner builds himself or herself up by putting me down.	1	2	3	4	5
10.	My partner retaliates when I disagree with him or her.	1	2	3	4	5
11.	My partner is always trying to change me.	1	2	3	4	5
12.	My partner believes he or she has the right to force me to do things.	1	2	3	4	5
13.	My partner is too possessive or jealous.	1	2	3	4	5
14.	My partner tries to isolate me from family and friends.	1	2	3	4	5
15.	Sometimes my partner physically hurts me.	1	2	3	4	5

***Jory, B. (2004). Journal of Marital and Family Therapy, Vol. 30, No. 1, 29-44**

Appendix 5

S**hort** M**ichigan** A**lcoholism** S**creening** Test **(**SMAST**)**[2]

Name: Date:

		Yes	No
1.	**Do you feel you are a normal drinker?**	□	□
2.	**Does your wife/husband, a parent, or other near relative ever worry or complain about your drinking?**	□	□
3.	**Do you ever feel guilty about your drinking?**	□	□
4.	**Do friends or relatives think you are a normal drinker?**	□	□
5.	**Are you able to stop drinking when you want?**	□	□
6.	**Have you ever attended a meeting of Alcoholics Anonymous?**	□	□
7.	**Has drinking ever created problems between you and your wife/husband, a parent, or other near relative?**	□	□
8.	**Have you ever gotten into trouble at work because of drinking?**	□	□
9.	**Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking?**	□	□
10.	**Have you ever gone to anyone for help about your drinking?**	□	□
11.	**Have you ever been in a hospital because of drinking?**	□	□
12.	**Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?**	□	□
13.	**Have you ever been arrested, even for a few hours, because of other drunken behavior?**	□	□
Total number of shaded checks			

Scoring:

0-1 shaded checks:	**nonalcoholic**
2 shaded checks:	**possibly alcoholic**
3 or more shaded checks	**probably alcoholic**

For patients with two or more checks in the shaded areas, an alcoholism evaluation by a substance abuse professional is recommended.

References

1. **Ewing JA. Detecting alcoholism: the CAGE questionnaire. *JAMA.* 1984; 252:1905-1907.**
2. **Selzer ML, Vinokur A, Van Rooijen L. A self-administered short Michigan alcoholism screening test (SMAST). *Journal of Studies on Alcohol.* 36;1:117-126.**

Louisville Presbyterian Theological Seminary
Practicum Description

General and Specific Objectives

All Practicum levels consist of four primary activities: clinical work at Louisville Seminary Counseling Training Center and approved off-campus sites; individual clinical supervision; group "Live" supervision; and participation in Interdisciplinary Case Conference. The objectives for Practicum will be addressed through these activities.

Practicum Level I

Practicum I is an entry level supervised clinical experience and **establishes the foundation for all further supervised clinical practice.** Practicum I introduces the practice of theological reflection. Practicum I students serve at Louisville Seminary Counseling Training Center and may be assisted to an off-campus site. Practicum I requirements include a minimum of 100 hours of counseling at a ratio of 5 client hours to 1 supervision hour. Students begin Practicum I gradually by first engaging in "Live" group supervision. Through structured exercises and mock counseling sessions, students learn basic attending skills and develop a beginning sense of self in the counseling process. When a student demonstrates appropriate skills, as assessed by the "Live" supervisor and Director of Clinical Training, the Director will appoint the student to a Clinical Supervisory for individual supervision. The student will begin closely supervised counseling practice, learning to establish therapeutic relationships and how to use supervision.

Practicum Level II

Practicum II builds on the entry-level skills of Practicum I. Students entering Practicum II have mastered basic attending skills, established a working supervisory relationship, have a beginning self-awareness in the counseling crucible, and have begun to develop basic counseling skills. Experiences in Practicum II are designed to assist students in developing the foundations for more autonomous functioning as therapists. This includes focus on specific technical procedures and skills in therapy, specific attention to the therapeutic relationship and the therapist in that relationship, developing a clear beginning model of family therapy, and solidifying pastoral identity and theological and reflective skills. While continuing to develop their clinical practice at LSCTC, Practicum II students will be assigned to off-campus practicum sites which provide opportunities for early therapists. Practicum II requires a formal case write-up as part of the final evaluative process.

Practicum Level III

Students enrolled in Practicum III are expected to develop *intermediate* level skills, extending the beginning therapy skills acquired in Practicums I and II. These skills include increased autonomy in clinical practice, good use of collegial, consultative and supervisory relationships, an increased distinction between self and other in the therapy context, and critical evaluation of motivations for counseling practice. Intermediate counseling students will sharpen interventions skills learned in Practicums I and II, while also trying new techniques under supervision. Having a firm understanding of one theoretical and theological model for developing one's own therapeutic and theological reflective style, intermediate students are expected to begin exploring the horizons of expanded models of theology and therapy while in supervision. Experiences in Practicum III are designed to assist students with: 1) treating a variety of client families and problems, 2) managing an ongoing case load, 3) developing therapeutic autonomy, 4) deepening a sense of self as therapist, and 5) a beginning consolidation of identity as a pastoral counselor and marriage and family therapist. In addition to serving at LSCTC, Practicum III students will be assigned to off-campus practicum sites which have their own administrative demands and reflections of professional standards of practice. By the end of Practicum III, students will have completed a minimum of 125 (350 total) hours of supervised clinical experience. Practicum III requires a formal case write-up as part of the final evaluative process.

Practicum Level IV

Students enrolled in Practicum IV are expected to develop *advanced* family therapy skills. These are expected to be at the entry level of professional practice, and include autonomy in clinical practice, good use of collegial, consultative and supervisory relationships, an appropriate distinction between self and other in the therapy context, and the ability to practice effectively in a clinical setting. Advanced students are expected to 1) display a solid sense of self as therapist and pastoral counselor, 2) demonstrate expertise in the basic procedures of pastoral and family counseling (observation, conceptualization and intervention), 3) demonstrate a beginning framework for an integrated personal theoretical and practical framework for therapy and development of one's own model/style for theological reflection, 4) work collegially in an interdisciplinary framework, 5) operate autonomously within a clinical/agency framework, 6) be prepared for employment or full-time residency as a pastoral counselor/family therapist. Practicum IV students will have completed a minimum of 150 (500 total) hours of supervised clinical practice. Practicum IV requires the successful completion of the *Senior Integration Experience* as part of the final evaluative process for this level and as part of the completion of the MAMFT degree program.

Samples

Following is the syllabus, contract, Mid-Practicum I Evaluation, Final Practicum I Evaluation: Self-Assessment & Clinical Supervisor Assessment. The syllabi and contract form for Practicums

II-IV are also included. Evaluations for Practicum II-IV are similar in design to Practicum I and contain objectives appropriate for each level. These forms are distributed to the student and their clinical supervisor as the student nears the mid-point or end of the Practicum level.

Practicum I

PC 416-01

Description

Practicum I is an entry level supervised clinical experience during which the student will learn basic counseling skills and procedures. Through structured exercises and beginning closely supervised counseling, students will learn basic attending skills, begin to establish therapeutic relationships, develop a beginning sense of self in the counseling process and learn how to use supervision. **Readiness for supervised clinical practice is established in Practicum I.** Practicum I includes a minimum of 100 hours of counseling at a ratio of 5 client hours to 1 supervision hour.

General and Specific Objectives

Practicum I consists of four primary activities: clinical work at Louisville Seminary Counseling Training Center and approved off-campus sites; individual clinical supervision; participation in a Live Supervision group; and participation in Interdisciplinary Case Conference. The objectives for Practicum will be addressed through these activities. The objectives for Practicum I are guided by the five Professional Marriage and Family Therapy Principles, as stated in the program description found in Section I of the MFT Manual. By the end of Practicum I, students will be able:

1. To initiate and establish a treatment relationship with clients judged as appropriate for student treatment by a supervisor. Evaluation points include the following:

    √ Responds empathically with client(s) experience
    √ Demonstrates warmth.
    √ Attends to all family members
    √ Demonstrates appropriate sense of humor
    √ Reassures client / family that problem is of real importance.
    √ Helps family define their needs.
    √ Defines treatment relationship with clients
    √ Expresses realistic expectations about therapy with family
    √ Structures session appropriately under supervision
    √ Understands joining at a beginning level and can identify this process in supervision

2. To demonstrate consistent use of basic attending skills in a counseling session. Evaluation points include the following:

   √ Appropriate verbal following of client's story and self-presentation.
   √ Uses verbal and non-verbal minimal encouragers to stimulate client's self-presentation.
   √ Uses open-ended questions to encourage client disclosure.
   √ Accurately paraphrases in session.
   √ Accurately reflects feelings in session
   √ Uses summarization appropriate in session
   √ Appropriate use of body posture & gestures in session to facilitate counseling process.

3. To demonstrate a capacity to maintain self-differentiation when exposed to intimate systems adequate to maintain a beginning treatment relationship under supervision. Evaluation points include the following:

   √ Is able to regulate own anxiety in counseling sessions without verbally or behaviorally impeding the session.
   √ Can critically self-reflect in supervision about personal issues that impede or enhance therapy effectiveness.
   √ Is willing to take responsibility for personal issues affecting sessions.
   √ Respects boundaries with clients and organizational systems under supervision.
   √ Can articulate boundary issues arising in their work and demonstrates conscious control of these under supervision.

4. To demonstrate the ability to make good use of clinical supervision. Evaluation points include the following:

   √ Is open to supervision intervening with technical skills in session.
   √ Is open to supervision intervening with use of self in a session.
   √ Is open to supervisor presenting the need for critical self-reflection about feelings, behavior or personal issues affecting sessions.
   √ Follows through on supervisory interventions.
   √ Is able to engage supervisor and ask for what is needed.

5. To observe family and individual process and articulate a beginning understanding of those processes to a clinical supervisor. Evaluation points include the following:

   √ Is able to make accurate structural observations – boundaries, generational hierarchies, etc.
   √ Can identify simple family emotional processes – triangling, fusion, cut-off, etc.

- √ Accurately identifies power structures and issues in family process
- √ Is able to translate observed family interaction in session into a process articulation

6. To develop a conceptualization of a clinical problem from a systemic viewpoint. Evaluation points include the following:

   - √ Can use one theoretical orientation to conceptualize a case.
   - √ Is able to relate in-session behaviors to a clinical theory to organize observations most of the time.
   - √ Is able to relate clinical conceptualizations to plan for therapeutic behavior with the help of a supervisor.

7. To develop a beginning awareness of multi-cultural and gender issues in evaluating cases with the assistance of supervision.

8. To develop a beginning understanding of observed processes and how they relate to client complaints and the treatment process.

9. To establish a treatment plan or strategy with the aid of a supervisor. Evaluation points include the following:

   - √ Is able to establish a clinically reasonable treatment plan that relates to observations and case conceptualization.
   - √ Can plan specific strategies for therapy.

10. To demonstrate a beginning ability to implement under supervision specific techniques or strategies in session that are directly related to the treatment plan. Evaluation points include the following:

    - √ Is able to carry out specific techniques in session that are planned in supervision.
    - √ Can evaluate effectiveness of treatment interventions under supervision.
    - √ Can relate interventions / evaluation of interventions to treatment plan and strategy.

11. To demonstrate appropriate awareness and adherence to professional ethics, legal issues and standards of professional practice appropriate to a beginning counselor. Evaluation points include the following:

    - √ Is aware of basic ethical issues for the practice of Marriage and Family Therapy – confidentiality, informed consent, boundaries in therapy, etc.
    - √ Understands basic therapeutic legal issues – duty to warn, child abuse, etc.

- √ Is able to adhere to the standard of practice appropriate to a beginning student under supervision – writes appropriate clinical records, professional and collegial collaboration, adherence to administrative procedures.

12. To demonstrate a beginning awareness of a pastoral identity as it relates to the practice of pastoral counseling. Evaluation points include the following:

- √ Is beginning to conceptualize the practice of Marriage and Family Therapy in a pastoral context.
- √ Has begun to explore personal pastoral identity in the context of "call" and its impact on persona/professional life.
- √ Is beginning to consider "what makes counseling pastoral?"

13. To demonstrate a beginning ability to think theologically about the therapeutic experience, under supervision. Evaluation points include the following:

- √ Can identify fundamental theological issues related to cases and personal experience in therapy – issues of grace, faith, etc.
- √ Is beginning to find connections between theological studies and clinical casework.

14. To complete a minimum of 100 hours of family therapy under supervision.

Methods

- ♦ All Practicum I students will be assigned a clinical supervisor who is responsible for the student's clinical work and who will evaluate the student's progress in practicum.

- ♦ All Practicum I students will serve at Louisville Seminary Counseling Training Center and/or one of its off-campus sites.
- ♦ All Practicum I students will participate in a weekly LIVE Supervision group.
- ♦ All Practicum I students will participate in Interdisciplinary Case Conferences.
- ♦ All Practicum I students will demonstrate beginning integration of didactic materials with clinical practice.

Evaluation Policy

Passing from Practicum I to Practicum II is a result of action by the clinical staff and MFT faculty based on the Practicum I Evaluation. The student's evaluation scores must be *Acceptable* for all areas.

SUPERVISION CONTRACT – Practicum Section I

Student: _____ Phone: _____

Supervisor: _____ Phone: _____

Starting Date: _____

1. Administrative and Clinical Responsibilities

Learn how to complete all necessary client paperwork, within LSCTC timeframe, including writing an acceptable treatment plan with supervisor assistance; Learn and follow LSCTC procedures and guidelines for organization of client files; Conduct therapy sessions with individuals, couples, families, and groups accepted as clients

2. Specific Measurable Goals

Demonstrate good use of clinical supervision, including individual clinical supervision, Live Supervision and Interdisciplinary Case Conference; Demonstrate a beginning understanding of professional ethical codes and standards of professional practice; Demonstrate basic listening and attending skills; Demonstrate ability to initiate and establish a treatment relationship with clients; Be able to observe family and individual processes and articulate a beginning understanding of those processes with a clinical supervisor; Maintain awareness of multicultural/ gender issues with all persons; Develop a beginning awareness of self-differentiation and maintain ability to manage one's own anxiety; Demonstrate a beginning awareness of a pastoral identity and theological reflection as it relates to the practice of pastoral counseling.

3. Specific Actions to Reach Objectives

Present client paperwork in a timely manner to clinical supervisor for review and signature. Present a minimum of 10 videotapes of 10 separate sessions from at least three different client families.

4. Method of Evaluation for Each Goal

Supervisor and student will meet regularly where student will present videotapes, audiotapes or case reports. Supervisor will observe if possible or necessary. A Mid-Practicum Evaluation and Clinical Staff Review will be completed. A final evaluation will be completed at the end of this Practicum level.

_____ _____

Student Date Supervisor Date

Mid Practicum I Evaluation

Student: _____ Date of Report: _____

Clinical Supervisor: _____ LIVE Group Supervisor: _____

Clinical Placement: _____ Administrative Supervisor: _____

Instructions

This assessment of a student's progress toward mastering Practicum I competencies should be completed at the mid-point of the level. Rate the student with the following in mind: **Acceptable** is a passing score – the student demonstrates skills commensurate with the mid-point of clinical experience. **Unacceptable** is a failing score--the student does not, or is unable to, demonstrate the skill commensurate with what one would expect at the mid-point of this supervised practice. The student's contract for Practicum I can be altered at this time to reflect any recommendations to meet deficiencies noted.

Objectives	Ratings
1. Initiates & establishes treatment relationships	**Unacceptable Acceptable**
Evaluation points include: √ Responds empathically with client(s) experience √ Demonstrates warmth. √ Attends to all family members √ Demonstrates appropriate sense of humor √ Reassures client / family that problem is of real importance. √ Helps family define their needs. √ Defines treatment relationship with clients √ Expresses realistic expectations about therapy with family √ Structures session appropriately under supervision √ Understands joining at a beginning level and can identify this process in supervision	
2. Basic attending skills	**Unacceptable Acceptable**
Evaluation points include: √ Appropriate verbal following of client's story and self-presentation. √ Uses verbal and non-verbal minimal encouragers to stimulate client's self-presentation. √ Uses open-ended questions to encourage client disclosure. √ Accurately paraphrases in session. √ Accurately reflects feelings in session √ Uses summarization appropriate in session √ Appropriate use of body posture & gestures in session to facilitate counseling process.	

Objectives	Ratings
3. Capacity to maintain self-differentiation when exposed to intimate systems, under supervision	**Unacceptable Acceptable**

Evaluation points include:

√ Is able to regulate own anxiety in counseling sessions without verbally or behaviorally impeding the session.

√ Can critically self-reflect in supervision about personal issues that impede or enhance therapy effectiveness.

√ Is willing to take responsibility for personal issues affecting sessions.

√ Respects boundaries with clients and organizational systems under supervision.

√ Can articulate boundary issues arising in their work and demonstrates conscious control of these under supervision.

4. Ability to make good use of clinical supervision	**Unacceptable Acceptable**

Evaluation points include:

√ Is open to supervision intervening with technical skills in session.

√ Is open to supervision intervening with use of self in a session.

√ Is open to supervisor presenting the need for critical self-reflection about feelings, behavior or personal issues affecting sessions.

√ Follows through on supervisory interventions.

√ Is able to engage supervisor and ask for what is needed.

5. Ability to observe and articulate family / individual process.	**Unacceptable Acceptable**

Evaluation points include:

√ Is able to make accurate structural observations – boundaries, generational hierarchies, etc.

√ Can identify simple family emotional processes – triangling, fusion, cut-off, etc.

√ Accurately identifies power structures and issues in family process

√ Is able to translate observed family interaction in session into a process articulation

6. Conceptualization of clinical problem from a system viewpoint	**Unacceptable Acceptable**

Evaluation points include:

√ Can use one theoretical orientation to conceptualize a case.

√ Is able to relate in-session behaviors to a clinical theory to organize observations most of the time.

√ Is able to relate clinical conceptualizations to plan for therapeutic behavior with the help of a supervisor.

Objectives	Ratings
7. Awareness of multi-cultural and gender issues in evaluating cases, with supervision	**Unacceptable Acceptable**
8. Understanding of observed processes and how they relate to client complaints and treatment	**Unacceptable Acceptable**
9. Establishes treatment plans under supervision	**Unacceptable Acceptable**
Evaluation points include: √ Is able to establish a clinically reasonable treatment plan that relates to observations and case conceptualization. √ Can plan specific strategies for therapy.	
10. Implementation / Technical skill	**Unacceptable Acceptable**
Evaluation points include: √ Is able to carry out specific techniques in session that are planned in supervision. √ Can evaluate effectiveness of treatment interventions under supervision. √ Can relate interventions / evaluation of interventions to treatment plan and strategy.	
11. Professional ethics, legal issues and standards of practice	**Unacceptable Acceptable**
Evaluation points include: √ Is aware of basic ethical issues for the practice of Marriage and Family Therapy – confidentiality, informed consent, boundaries in therapy, etc. √ Understands basic therapeutic legal issues – duty to warn, child abuse, etc. √ Is able to adhere to the standard of practice appropriate to a beginning student under supervision – writes appropriate clinical records, professional and collegial collaboration, adheres to admin. procedures.	
12. Pastoral Identity	**Unacceptable Acceptable**
Evaluation points include: √ Is beginning to conceptualize the practice of Marriage and Family Therapy in a pastoral context. √ Has begun to explore personal pastoral identity in the context of "call" and its impact on persona/professional life. √ Is beginning to consider "what makes counseling pastoral?"	

Objectives	Ratings
13. Beginning ability to think theologically about clients, counseling and own process	**Unacceptable Acceptable**
Evaluation points include: √ Can identify fundamental theological issues related to cases and personal experience in therapy – issues of grace, faith, etc. √ Is beginning to find connections between theological studies and clinical casework.	

14. Clinical practice, supervision & integration	
a. Student has regularly and appropriately participated in Interdisciplinary Case Conference.	**Unacceptable X Acceptable** **ICC Leader** Jenny Schiller
b. Student has regularly and appropriately participated in LIVE Supervision.	**Unacceptable Acceptable** **LIVE Leader** _____

Supervisor Comments:

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Student Comments:

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Supervisor Date Student Date

Final Practicum I Evaluation

Student's Self Assessment of Clinical Work

Student: _____ Date of Report: _____

Clinical Supervisor: _____ LIVE Group Supervisor: _____

Clinical Placement: _____ Administrative Supervisor: _____

Evaluation Procedure:

The clinical supervisor will determine when the competencies and contracted goals for Practicum I have been met. At that time, the following procedure will be followed:

1. Based on an assessment of the student's progress toward achievement of appropriate level competencies as demonstrated by self-reports and presentations of raw data, the clinical supervisor will complete Section1 of the Evaluation.
2. The student will complete a self-assessment of their progress toward achievement of competencies, providing supportive comments as desired. The student will submit their self-assessment to their supervisor to be included in the Clinical Staff formal review.
3. During a scheduled meeting of the clinical staff and MFT/PCC faculty, a formal review of the student's progress in the MFT Program will be held.
   - **a.** The clinical supervisor will present the completed Section 1 of this form and provide a verbal report regarding the student's achievements and areas of growth.
   - **b.** The student's self-assessment of achievements and identified areas of growth will be entered into the review process.
   - **c.** The student's live supervisor will present an assessment of the student's progress in group supervision.
   - **d.** MFT/PCC faculty members, Director of Clinical Training, and Administrative Assistant may provide additional input regarding observations, didactic progress, or performance in clinical settings. These comments will be added to the Final Evaluation form.
   - **e.** Achievements and areas of growth will be noted on the Final Evaluation form. Any significant discrepancies between the supervisor's and student's assessments will also be noted.
   - **f.** Designated signatures will be obtained.
4. Following the formal review, the clinical supervisor will review the completed evaluation with the student and discuss comments noted. If there are no concerns, the student and supervisor will sign the form and return it to the MFT Office. If concerns are raised, they will be reported to the Director of Clinical Training and a plan for resolution will be developed.

Self-Assessment Criteria: Evaluation is directly related to stated competencies and to *beginning* skills. **Acceptable** is a passing score – skills demonstrated are commensurate with beginning clinical experience. **Unacceptable** is a failing score – the skill and competencies expected at a beginning level have not been demonstrated.

Objectives	Ratings
1. Initiates & establishes treatment relationships	**Unacceptable Acceptable**

Evaluation points include:
- √ Responds empathically with client(s) experience
- √ Demonstrates warmth.
- √ Attends to all family members
- √ Demonstrates appropriate sense of humor
- √ Reassures client / family that problem is of real importance.
- √ Helps family define their needs.
- √ Defines treatment relationship with clients
- √ Expresses realistic expectations about therapy with family
- √ Structures session appropriately under supervision
- √ Understands joining at a beginning level and can identify this process in supervision

2. Basic attending skills	**Unacceptable Acceptable**

Evaluation points include:
- √ Appropriate verbal following of client's story and self-presentation.
- √ Uses verbal and non-verbal minimal encouragers to stimulate client's self-presentation.
- √ Uses open-ended questions to encourage client disclosure.
- √ Accurately paraphrases in session.
- √ Accurately reflects feelings in session
- √ Uses summarization appropriate in session
- √ Appropriate use of body posture & gestures in session to facilitate counseling process.

3. Capacity to maintain self-differentiation when exposed to intimate systems, under supervision	**Unacceptable Acceptable**

Evaluation points include:
- √ Is able to regulate own anxiety in counseling sessions without verbally or behaviorally impeding the session.
- √ Can critically self-reflect in supervision about personal issues that impede or enhance therapy effectiveness.
- √ Is willing to take responsibility for personal issues affecting sessions.
- √ Respects boundaries with clients and organizational systems under supervision.
- √ Can articulate boundary issues arising in their work and demonstrates conscious control of these under supervision.

Objectives	Ratings
4. Ability to make good use of clinical supervision	**Unacceptable Acceptable**

Evaluation points include:
- √ Is open to supervision intervening with technical skills in session.
- √ Is open to supervision intervening with use of self in a session.
- √ Is open to supervisor presenting the need for critical self-reflection about feelings, behavior or personal issues affecting sessions.
- √ Follows through on supervisory interventions.
- √ Is able to engage supervisor and ask for what is needed.

5. Ability to observe and articulate family / individual process.	**Unacceptable Acceptable**

Evaluation points include:
- √ Is able to make accurate structural observations – boundaries, generational hierarchies, etc.
- √ Can identify simple family emotional processes – triangling, fusion, cut-off, etc.
- √ Accurately identifies power structures and issues in family process
- √ Is able to translate observed family interaction in session into a process articulation

6. Conceptualization of clinical problem from a system viewpoint	**Unacceptable Acceptable**

Evaluation points include:
- √ Can use one theoretical orientation to conceptualize a case.
- √ Is able to relate in-session behaviors to a clinical theory to organize observations most of the time.
- √ Is able to relate clinical conceptualizations to plan for therapeutic behavior with the help of a supervisor.

7. Awareness of multi-cultural and gender issues in evaluating cases, with supervision	**Unacceptable Acceptable**

8. Understanding of observed processes and how they relate to client complaints and treatment	**Unacceptable Acceptable**

Objectives	Ratings
9. Establishes treatment plans under supervision	**Unacceptable Acceptable**

Evaluation points include:
- √ Is able to establish a clinically reasonable treatment plan that relates to observations and case conceptualization.
- √ Can plan specific strategies for therapy.

10. Implementation / Technical skill	**Unacceptable Acceptable**

Evaluation points include:
- √ Is able to carry out specific techniques in session that are planned in supervision.
- √ Can evaluate effectiveness of treatment interventions under supervision.
- √ Can relate interventions / evaluation of interventions to treatment plan and strategy.

11. Professional ethics, legal issues and standards of practice	**Unacceptable Acceptable**

Evaluation points include:
- √ Is aware of basic ethical issues for the practice of Marriage and Family Therapy – confidentiality, informed consent, boundaries in therapy, etc.
- √ Understands basic therapeutic legal issues – duty to warn, child abuse, etc.
- √ Is able to adhere to the standard of practice appropriate to a beginning student under supervision – writes appropriate clinical records, professional and collegial collaboration, adherence to administrative procedures.

12. Pastoral Identity	**Unacceptable Acceptable**

Evaluation points include:
- √ Is beginning to conceptualize the practice of Marriage and Family Therapy in a pastoral context.
- √ Has begun to explore personal pastoral identity in the context of "call" and its impact on persona/professional life.
- √ Is beginning to consider "what makes counseling pastoral?"

Objectives	Ratings
13. Beginning ability to think theologically about clients, counseling and own process	**Unacceptable Acceptable**
Evaluation points include: √ Can identify fundamental theological issues related to cases and personal experience in therapy – issues of grace, faith, etc. √ Is beginning to find connections between theological studies and clinical casework.	

Comments: Feel free to provide additional information regarding your self-assessment .

Clinical Strengths: _____

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Identified Areas of Needed Growth: _____

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General Comments: _____

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Student Date

Final Practicum I Evaluation

Clinical Supervisor's Assessment of Student Work

Student: _____ Date of Report: _____

Clinical Supervisor: _____ LIVE Group Supervisor: _____

Clinical Placement: _____ Administrative Supervisor: _____

Evaluation Procedure:

The clinical supervisor will determine when the competencies and contracted goals for Practicum I have been met. At that time, the following procedure will be followed:

1. Based on an assessment of the student's progress toward achievement of appropriate level competencies as demonstrated by self-reports, presentations of raw data, and an Administrative Supervisor evaluation, the clinical supervisor will complete Section1 of the Evaluation.
2. The student will complete a self-assessment of their progress toward achievement of competencies, providing supportive comments as desired. The student will submit their self-assessment to their supervisor to be included in the Clinical Staff formal review.
3. During a scheduled meeting of the clinical staff and MFT/PCC faculty, a formal review of the student's progress in the MFT Program will be held.
   - **a.** The clinical supervisor will present the completed Section 1 of this form and provide a verbal report regarding the student's achievements and areas of growth.
   - **b.** The student's self-assessment of achievements and identified areas of growth will be entered into the review process.
   - **c.** The student's live supervisor will present an assessment of the student's progress in group supervision.
   - **d.** MFT/PCC faculty members, Director of Clinical Training, and Administrative Assistant may provide additional input regarding observations, didactic progress, or performance in clinical settings. These comments will be added to the Final Evaluation form.
   - **e.** Achievements and areas of growth will be noted on the Final Evaluation form. Any significant discrepancies between the supervisor's and student's assessments will also be noted.
   - **f.** Designated signatures will be obtained.
4. Following the formal review, the clinical supervisor will review the completed evaluation with the student and discuss comments noted. If there are no concerns, the student and supervisor will sign the form and return it to the MFT Office. If concerns are raised, they will be reported to the Director of Clinical Training and a plan for resolution will be developed.

Section 1: Rating Scale Criteria: Evaluation is directly related to stated competencies and to *beginning* skills. **Acceptable** is a passing score – skills demonstrated are commensurate with beginning clinical experience. **Unacceptable** is a failing score – the skill and competencies expected at a beginning level have not been demonstrated.

Objectives	Ratings
1. Initiates & establishes treatment relationships	**Unacceptable Acceptable**

Evaluation points include:
- √ Responds empathically with client(s) experience
- √ Demonstrates warmth.
- √ Attends to all family members
- √ Demonstrates appropriate sense of humor
- √ Reassures client / family that problem is of real importance.
- √ Helps family define their needs.
- √ Defines treatment relationship with clients
- √ Expresses realistic expectations about therapy with family
- √ Structures session appropriately under supervision
- √ Understands joining at a beginning level and can identify this process in supervision

2. Basic attending skills	**Unacceptable Acceptable**

Evaluation points include:
- √ Appropriate verbal following of client's story and self-presentation.
- √ Uses verbal and non-verbal minimal encouragers to stimulate client's self-presentation.
- √ Uses open-ended questions to encourage client disclosure.
- √ Accurately paraphrases in session.
- √ Accurately reflects feelings in session
- √ Uses summarization appropriate in session
- √ Appropriate use of body posture & gestures in session to facilitate counseling process.

3. Capacity to maintain self-differentiation when exposed to intimate systems, under supervision	**Unacceptable Acceptable**

Evaluation points include:
- √ Is able to regulate own anxiety in counseling sessions without verbally or behaviorally impeding the session.
- √ Can critically self-reflect in supervision about personal issues that impede or enhance therapy effectiveness.
- √ Is willing to take responsibility for personal issues affecting sessions.
- √ Respects boundaries with clients and organizational systems under supervision.
- √ Can articulate boundary issues arising in their work and demonstrates conscious control of these under supervision.

Objectives	Ratings
4. Ability to make good use of clinical supervision	**Unacceptable Acceptable**

Evaluation points include:
- √ Is open to supervision intervening with technical skills in session.
- √ Is open to supervision intervening with use of self in a session.
- √ Is open to supervisor presenting the need for critical self-reflection about feelings, behavior or personal issues affecting sessions.
- √ Follows through on supervisory interventions.
- √ Is able to engage supervisor and ask for what is needed.

5. Ability to observe and articulate family / individual process.	**Unacceptable Acceptable**

Evaluation points include:
- √ Is able to make accurate structural observations – boundaries, generational hierarchies, etc.
- √ Can identify simple family emotional processes – triangling, fusion, cut-off, etc.
- √ Accurately identifies power structures and issues in family process
- √ Is able to translate observed family interaction in session into a process articulation

6. Conceptualization of clinical problem from a system viewpoint	**Unacceptable Acceptable**

Evaluation points include:
- √ Can use one theoretical orientation to conceptualize a case.
- √ Is able to relate in-session behaviors to a clinical theory to organize observations most of the time.
- √ Is able to relate clinical conceptualizations to plan for therapeutic behavior with the help of a supervisor.

7. Awareness of multi-cultural and gender issues in evaluating cases, with supervision	**Unacceptable Acceptable**

8. Understanding of observed processes and how they relate to client complaints and treatment	**Unacceptable Acceptable**

Objectives	Ratings
9. Establishes treatment plans under supervision	**Unacceptable Acceptable**

Evaluation points include:
- √ Is able to establish a clinically reasonable treatment plan that relates to observations and case conceptualization.
- √ Can plan specific strategies for therapy.

10. Implementation / Technical skill	**Unacceptable Acceptable**

Evaluation points include:
- √ Is able to carry out specific techniques in session that are planned in supervision.
- √ Can evaluate effectiveness of treatment interventions under supervision.
- √ Can relate interventions / evaluation of interventions to treatment plan and strategy.

11. Professional ethics, legal issues and standards of practice	**Unacceptable Acceptable**

Evaluation points include:
- √ Is aware of basic ethical issues for the practice of Marriage and Family Therapy – confidentiality, informed consent, boundaries in therapy, etc.
- √ Understands basic therapeutic legal issues – duty to warn, child abuse, etc.
- √ Is able to adhere to the standard of practice appropriate to a beginning student under supervision – writes appropriate clinical records, professional and collegial collaboration, adherence to administrative procedures.

12. Pastoral Identity	**Unacceptable Acceptable**

Evaluation points include:
- √ Is beginning to conceptualize the practice of Marriage and Family Therapy in a pastoral context.
- √ Has begun to explore personal pastoral identity in the context of "call" and its impact on persona/professional life.
- √ Is beginning to consider "what makes counseling pastoral?"

Objectives	Ratings
13. Beginning ability to think theologically about clients, counseling and own process	**Unacceptable Acceptable**

Evaluation points include:

√ Can identify fundamental theological issues related to cases and personal experience in therapy – issues of grace, faith, etc.

√ Is beginning to find connections between theological studies and clinical casework.

14. Clinical practice, supervision & integration	
a. Student has responsibly attended to management of case records, professional behavior at LSCTC and timely completion of administrative paperwork.	**Unacceptable Acceptable** **LSCTC Director _____**
b. Student has regularly and appropriately participated in Interdisciplinary Case Conference.	**Unacceptable Acceptable** **ICC Leader _____**
c. Student has regularly and appropriately participated in LIVE Supervision.	**Unacceptable Acceptable** **LIVE Leader _____**
d. Student has demonstrated beginning integration of didactic materials with clinical practice.	**Unacceptable Acceptable** **Clinical Supervisor _____**
e. Student has completed a minimum of 75 hours of supervised experience.	**Yes _____ No _____** **Admin. Assistant _____**

Section 2: FORMAL CLINICAL REVIEW SUMMARY

General Observations: _____

_____

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Clinical Strengths: _____

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Clinical Concerns: _____

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RECOMMENDATION

Pass to Practicum II **Yes** **No**

If no, what remediation is necessary?

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_____

Comments:

_____

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_____ _____

Supervisor Date Student Date

_____

Recorder Date

Practicum II

PC 417-01

Description

Practicum II builds on the entry-level skills of Practicum I. Students entering Practicum II have mastered basic attending skills, established a working supervisory relationship, have a beginning self-awareness in the counseling crucible, and have begun to develop basic counseling skills. Experiences in Practicum II are designed to assist students in developing the foundations for more autonomous functioning as therapists. This includes focus on specific technical procedures and skills in therapy, specific attention to the therapeutic relationship and the therapist in that relationship, developing a clear beginning model of family therapy, and solidifying pastoral identity and theological skills.

General and Specific Objectives

Practicum II consists of four primary activities: clinical work at Louisville Seminary Counseling Training Center and approved off-campus sites; individual clinical supervision; participation in a Live Supervision group; and participation in Interdisciplinary Case Conference. The objectives for Practicum II will be addressed through these activities. The objectives for Practicum II are guided by the five Professional Marriage and Family Therapy Principles, as stated in the program description found in Section I of the MFT Manual. By the end of Practicum II, students will be able:

1. To initiate and establish a therapeutic relationship with a variety of families and clients. Evaluation points include the following:

    √ Responds empathically to a wide variety of clients
    √ Is able to respond empathically to all family members.
    √ Is aware of gender and cultural differences and makes appropriate adjustments for a therapeutic relationship under supervision.
    √ Provides a clear definition of the therapeutic relationship for clients.
    √ Attends to differences of power between therapist and client/family with the help of supervision when establishing a therapeutic contract.
    √ Attends to power differences within the client family when establishing a therapeutic relationship with the help of supervision.
    √ Consistently provides good structure for sessions under supervision.
    √ Joins with all family members well in most clinical situations.
    √ Avoids offering simplistic advice or personal opinions.
    √ Explores client stories with curiosity and demonstrates patience in developing interventions.

2. To use basic attending and influencing skills appropriately and effectively in most clinical situations. Evaluation points include the following:

   √ Shows good verbal following, body posture and appropriate use of questions in most sessions.
   √ Uses summarization and paraphrasing to focus sessions and center interventions with the help of supervision.
   √ Asks questions, responds to client/family in a conversational and international way in most sessions.
   √ Varies voice (tone, volume, rate, inflection) and non-verbal behavior (posture, gestures, etc.) to connect with clients.

3. To demonstrate the ability to observe and describe simple (i.e. non-complex) client/ family processes taking place in counseling sessions with a supervisor. Evaluation points include the following:

   √ Is able to make accurate structural observations (boundaries, generational hierarchies, etc.) consistently with most families.
   √ Can identify family emotional processes (triangling, fusion, cut-off, etc.) within the immediate family and across generations independently with non-complex family systems.
   √ Can independently identify and articulate issues of differentiation as manifested in a variety of non-complex family/individual self-presentations.
   √ Accurately identifies power structures and issues in family process independently in non-complex family/individual self-presentations.
   √ Can translate non-complex family interaction in a session into a process articulation independently.
   √ At a beginning level can observe and articulate larger-systems issues as they impact family and individual process.

4. To articulate one consistent theoretical framework from which clinical observations and conceptualizations for practice are drawn. Evaluation points include the following:

   √ Is able to identify a theoretical framework with consistently influences observation, conceptualization and treatment planning.
   √ Is able accurately to articulate primary concepts, techniques and process of therapy expected from that frame of reference.
   √ Can identify sources from which theory is drawn.
   √ Is able to carry on a conversation in supervision from one theoretical perspective.

5. To organize observations of client/family processes **independently** into a **basic** explanatory conceptual framework (with beginning multi-cultural and empirical considerations) to guide treatment planning and evaluation of treatment, and begin to

conceptualize more complex cases with the aid of collegial consultation and supervision. Evaluation points include the following:

- √ Can consistently present in supervision conceptualizations of non-complex cases that makes "clinical sense" from one theoretical framework.
- √ Consistently relates observations of in-session behavior to clinical conceptualizations independently in non-complex cases.
- √ Is able to relate larger-systems issues to case conceptualization under supervision.
- √ Considers multi-cultural and gender issues with supervisor's assistance.
- √ Considers empirical information and sources to understand observations with supervisor's assistance.
- √ Uses collegial and consultative input to inform conceptualization and interpretation of observations.
- √ Is able to use formal assessment tools to inform conceptualizations under supervision and articulate a working clinical diagnosis.
- √ Is beginning to attend to family/individual's multiple realities and integrates these into case conceptualization under supervision.
- √ Can begin to formulate clinical conceptualizations for multiple problem and complex families under supervision.
- √ Is beginning to conceptualize client/family problems in a systemic, non-pathological way independently.

6. To set appropriate treatment goals independently for **uncomplicated** clinical cases utilizing **basic** observational and conceptualization skills, and begin to set appropriate treatment goals with more complex cases with the aid of collegial consultation and supervision. Evaluation points include the following:

- √ Is able to establish a reasonable treatment plan related to observations and conceptualization independently with non-complex cases.
- √ Demonstrates clear, achievable goals with clear client contracts independently with non-complex cases.
- √ Includes consideration of multi-cultural, gender related and non-dominant culture expectations when establishing a treatment plan with the help of supervision.
- √ Includes conclusions from empirical information in establishing treatment goals.
- √ Establishes ongoing assessment procedures in treatment planning.
- √ Can establish effective treatment plans with complex, multi-problem families with the help of supervision.
- √ Relates treatment plan to specific strategies from one theoretical framework independently with non-complex cases.

7. To implement **basic** intervention techniques consistent with the student's preferred theoretical frame of reference and with beginning multi-cultural and empirical

considerations independently with uncomplicated clinical cases, and begin to try new techniques as directed by a supervisor. Evaluation points include the following:

- √ Can implement basic therapeutic strategies independently with non-complex cases (i.e., can use coaching, sculpting, unbalancing, reframing, etc.) as appropriate to theoretical referent.
- √ Strategies chosen independently are consistently appropriate for treatment plan.
- √ Can evaluate the effectiveness of treatment interventions in non-complex cases effectively and consistently.
- √ Cooperates with supervisor and colleagues to extend repertoire of techniques and practices them under supervision.
- √ Accepts collegial input about effectiveness, appropriateness and skillful use of intervention techniques.
- √ Can implement basic techniques appropriately with complex and intense cases under supervision.
- √ Implements techniques with gender and multi-cultural sensitivity.

8. To demonstrate in session a **beginning** shift in self-other awareness illustrated by **increasing** ability to focus on client issues as separate from concerns with being a "good therapist" and/or being impeded by personal issues. Evaluation points include the following:

- √ Self-report and supervisor observation reveals a beginning shift away from concern for self as "good therapist" and toward awareness of client's experience in therapy.
- √ Can identify personal issues that impact specific sessions in supervision.
- √ Takes responsibility with the help of supervisor to attend to personal issues affecting sessions.
- √ Respects boundaries with clients and organizational systems in most sessions and with most clients with minimal supervision.

9. To use supervision effectively. Evaluation points include the following:

- √ Actively solicits supervisory input as an opportunity for learning.
- √ Implements supervisory directives in session appropriately.
- √ Is able to challenge own premises and biases in the context of supervision.
- √ Is able to self-reveal cultural, gender, religious, and spiritual biases in supervision and make these available to evaluation.
- √ Demonstrates an understanding and respect for multiple perspectives (clients, team, supervisor, etc.).

10. To demonstrate the ability to adhere to a code of professional ethics and the beginning ability to operate according to a professional standard of practice. Evaluation points include the following:

- √ Is aware of basic ethical issues for the practice of Marriage and Family Therapy and practices within these boundaries.
- √ Seeks consultation when unclear of ethical guidelines or behavior.
- √ Abides by basic legal duties of MFT with consultation from supervisor.
- √ Consistently conducts self in a professional and effective manner (attendance, punctuality, presentation of self).
- √ Follows clinic policy with regard to paperwork, follow-up, referral issues, etc.
- √ Carries an active caseload representative of clinic expectations.

11. To use a theological method for religious assessment of clients and for integrating clinical work, theology and personal faith under supervision. Evaluation points include the following:

    - √ Can use one theological/pastoral method to understand client process and the meaning of therapeutic intervention.
    - √ Is able to articulate theological meaning discovered at the interface of clinical work, theology and personal faith.
    - √ Is able to conduct a religious assessment of individuals/families under supervision.
    - √ Demonstrates a beginning ability to relate to/work with spiritual and religious issues in session and under supervision.

12. To define and articulate a pastoral identity as it relates to the practice of pastoral counseling. Evaluation points include the following:

    - √ Can articulate an understanding of marriage and family therapy as an expression of ministry.
    - √ Is beginning to define a personal understanding of self as minister, self as therapist.
    - √ Is beginning a process of socialization into professional identity as a pastoral counselor (i.e., AAPC process or other).
    - √ Is beginning to articulate independently a beginning understanding of integrating pastoral identity and professional practice as a marriage and family therapist.
    - √ Has some ideas about “What makes pastoral counseling pastoral?”

13. To complete a minimum of 175 hours of family therapy under supervision.

14. To complete a written case study, as described below, as part of the final Practicum Evaluation process.

    - √ The case write-up will follow the guidelines prepared for the Senior Integration Experience with one exception: Maximum length is 5 pages.

- √ The draft of the case write-up will be due to the student's clinical supervisor and the Director of Clinical Training at the mid-point of the Practicum level.
- √ Copies of the completed final case write-up will be submitted to the student's clinical supervisor, the Director of Clinical Training and the MFT Office one week prior to the formal Final Practicum Evaluation process by the clinical supervisors and faculty. The completed case write-up must be reviewed and approved by the student's clinical supervisor and the Director of Clinical Training to successfully pass this practicum level.
- √ Student performance on the case study will be reported to the clinical staff and faculty as part of the student's Final Practicum Evaluation.
- √ During a regularly scheduled clinical staff meeting, a Final Practicum Evaluation of the student's work will be processed. The supervisor will include the approved case write-up as part of the student's Final Practicum Evaluation materials.

Methods

- ♦ All Practicum II students will be assigned to a clinical supervisor who is responsible for the student's clinical work and for evaluating the student's progress in practicum.

- ♦ All Practicum II students will serve at Louisville Seminary Counseling Training Center and/or one of its off-campus sites.

- ♦ All Practicum II students will carry an on-going caseload of clients, the size of which will be negotiated with the practicum site director and individual supervisor and be written into the supervision contract.

- ♦ All Practicum II students will receive supervision at a ratio of 1 hour of supervision per 5 clinical case hours.

- ♦ Practicum II students will participate in weekly Interdisciplinary Case Conferences, weekly individual supervision and in a weekly Live Supervision group.

- ♦ All Practicum II students will demonstrate integration of didactic materials with clinical practice.

Evaluation Policy

Passing from Practicum II to Practicum III is a result of action by the clinical staff and MFT faculty based on the Practicum II Evaluation. The student's evaluation scores must be *Acceptable* in all areas.

Practicum III

PC 418-02

Description

Practicum III extends the beginning therapy skills a student has acquired in Practicums I and II. Students enrolled in Practicum III are expected to develop *intermediate* level skills including increased autonomy in clinical practice, good use of collegial, consultative and supervisory relationships, an increased distinction between self and other in the therapy context, and critical evaluation of motivations for counseling practice. Intermediate counseling students will sharpen intervention skills learned in Practicums I and II, while also trying new techniques under supervision. Having a firm understanding of one theoretical and theological model, intermediate students are expected to begin exploring the horizons of expanded models of theology and therapy while in supervision. Experiences in Practicum III are designed to assist students with: 1) treating a variety of client families and problems, 2) managing an ongoing case load, 3) developing therapeutic autonomy, 4) deepening a sense of self as therapist, and 5) a beginning consolidation of identity as a pastoral counselor and marriage and family therapist. Most Practicum III students will be assigned to practicum sites away from the Seminary that will have their own administrative demands and reflections of professional standards of practice. By the end of Practicum III, students will have completed a minimum of 125 (375 total) hours of supervised clinical experience.

General and Specific Objectives

Practicum III consists of four primary activities: clinical work at Louisville Seminary Counseling Training Center and approved off-campus sites; individual clinical supervision; participation in a Live Supervision group; and participation in Interdisciplinary Case Conference. The objectives for Practicum III will be addressed through these activities. The objectives for Practicum II are guided by the five Professional Marriage and Family Therapy Principles, as stated in the program description found in Section I of the MFT Manual. By the end of Practicum III, students will be able:

1. To establish a therapeutic relationship consistently with most families and clients who present for treatment, and independently be able to assess when supervision is needed to examine difficulties in or failure to establish a therapeutic relationship. Evaluation points include the following:

    √ Responds empathically to a wide variety of clients with non-anxious presence.
    √ Is able to respond empathically to all family members.

- √ Utilizes knowledge of gender and cultural differences in responding to clients.
- √ Negotiates a clear therapeutic contract with clients/families.
- √ Attends to differences of power **between therapist and client/family** in most families with minimal supervision when establishing a therapeutic contract.
- √ Attends to power differences **within the client family** when establishing a therapeutic relationship with most families.
- √ Consistently provides good structure for sessions with minimal supervision.
- √ Avoids offering simplistic advice or personal opinions, identifies exceptions in supervision.
- √ Explores client stories with curiosity and demonstrates patience in developing interventions.
- √ Appropriately seeks supervision when needed to assist with joining skills and therapeutic contract.

2. To demonstrate expert ability in using good attending and influencing skills independently in most clinical situations. Evaluation points include the following:

   - √ Consistently uses good verbal following and **relational** questions in sessions.
   - √ Uses summarization, paraphrasing and **process questions** to focus sessions and interventions with minimal supervision.
   - √ Consistently asks questions, responds to client/family's frame of reference and values.
   - √ Demonstrates the ability to develop and maintain themes across sessions with supervision.

3. To demonstrate the ability to observe and describe a wide variety of client/family processes taking place in counseling sessions with a supervisor. Evaluation points include the following:

   - √ Regularly makes accurate structural observations (boundaries, generational hierarchies, etc.) independently.
   - √ Can identify family emotional processes accurately (triangling, fusion, cut-off, etc.) within the immediate family and across generations with minimal supervision.
   - √ Can identify and articulate issues of differentiation in most situations with minimal supervision.
   - √ Accurately identifies power structures and issues in family process in most families independently with minimal supervision.
   - √ Can discriminate in supervision what information presented by clients' story or behavior is critical to the therapeutic process with supervision.
   - √ Can articulate larger-systems issues as they impact family and individual process.

4. To explore a variety of theoretical frameworks from which clinical observations and conceptualizations for practice are drawn with supervisory assistance and with multi-cultural and empirical awareness. Evaluation points include the following:

- √ Is able to understand observed client/family dynamics from several frames of reference to inform case conceptualization and treatment planning with the help of supervision.
- √ In Interdisciplinary Case Conference, can discuss and describe cases concisely within a systemic framework using more than one theory.
- √ In supervision, is able to articulate gender specific and multi-cultural concerns with regard to theoretical frameworks.
- √ Attends to empirical sources for informing choice of theoretical framework or theoretical understandings.
- √ Takes responsibility to read and explore theories and modalities to expand theoretical and clinical repertoire.

5. To **begin** organizing observations of client/family processes from an integrative, multi-cultural conceptual perspective utilizing a variety of empirical and theoretical frameworks with attention to the client's needs with the aid of a supervisor. Evaluation points include the following:

- √ Can present in supervision conceptualizations of a variety of cases making use of multiple theoretical explanations.
- √ Beginning spontaneously to attend to multi-cultural and gender factors in considering conceptualization and includes these in a beginning integrated model for case conceptualization with the help of a supervisor.
- √ Is beginning spontaneously to include empirical sources in a developing integrated model that informs case conceptualization with the help of supervision.
- √ Relates observations of in-session behavior to clinical conceptualizations that attend to multiple realities of clients, family members, and therapists with supervision.
- √ Is able to relate larger-systems issues to case conceptualization with minimal supervision.
- √ Regularly uses collegial and consultative input to inform conceptualization and interpretation of observations.
- √ Can flexibly choose formal assessment tools to assist conceptualization informed by multiple theoretical understandings of the case.
- √ Growing understanding of the use of working diagnosis in a non-pathological way that gives clarity to use of theoretical model of choice and interventions.
- √ Integrates the family's/individual's multiple realities into clinical decisions, summaries and conclusions under supervision.

- √ Consistently conceptualizes client/family problems in a systemic, non-pathological way independently.

6. To set appropriate treatment goals using an integrative, empirically informed, multi-cultural perspective with a variety of clients with the aid of a supervisor. Evaluation points include the following:

   - √ Is able to establish a reasonable treatment plan reflecting integrated conceptualization of complex cases under supervision.
   - √ Contracts with a variety of families/clients for clear, achievable goals with minimal supervision.
   - √ Includes gender and multi-cultural factors in establishing treatment plan.
   - √ Establishes and monitors ongoing assessment procedures in treatment planning.
   - √ Treatment plans reflect the multiple realities of clients and family members and reflect this complexity with some supervision.
   - √ Relates treatment plan to multiple and flexible strategies under supervision.

7. To expertly implement basic intervention techniques in most cases without direct supervision (to include awareness and consideration of gender, multi-cultural and empirical implications), and implement more complex integrative interventions, or try new techniques, with the aid of a supervisor. Evaluation points include the following:

   - √ Can implement basic therapeutic strategies expertly with a variety of clinical cases (i.e., can use coaching, sculpting, unbalancing, reframing, etc., as appropriate to theoretical referent).
   - √ Tries new strategies reflective of an integrative understanding of therapy under supervision.
   - √ With supervisor's help, is aware of multi-cultural and gender implications for interventions selected.
   - √ Selects interventions informed by available empirical knowledge with the help of supervision.
   - √ Takes initiative to evaluate the effectiveness of therapeutic strategies and demonstrates flexibility in adjustment.
   - √ Cooperates with supervisor and colleagues to extend repertoire of techniques and weaves them into treatment in a smooth manner.
   - √ Seeks collegial input about effectiveness, appropriateness and skillful use of intervention techniques.
   - √ Can improve and expand basic techniques with increasing complexity and generalize these to a variety of clinical applications under supervision.

8. To demonstrate in session a fluctuating self-other awareness (i.e. concerns about being a good therapist [self-focus], vs. attending to client's self-presentation as the focus of internal attention [other focus]) and know when this is happening, and attend consciously in supervision to countertransference and personal issues guided by self-reflection on counseling sessions 50% of the time. Evaluations points include the following:

- √ Self-reflects fluctuating focus on self as "good therapist" and focus on client's experience as the purpose of therapy.
- √ Identifies issues and counter-transferences impacting responses to specific client populations.
- √ Initiates work in supervision for personal and counter-transference issues.
- √ Consistently respects boundaries with clients and organizational systems.

9. To take initiative in supervision to present learning needs and can articulate specific requests for specific supervisory input for assistance with complex cases. Evaluation points include the following:

- √ Actively negotiate goals for supervision with supervisor.
- √ Weaves supervisory input into therapeutic interactions in a smooth manner.
- √ Challenges own and supervisor's premises/biases in supervision from a variety of theoretical/clinical realities.
- √ Spontaneously contributes systemic ideas to group and individual supervision sessions.
- √ Seeks a variety of supervisory consultation with awareness of supervisory strengths and client needs.

10. To demonstrate the ability to adhere to a code of professional ethics and the ability to operate according to a professional standard of practice, including managing an ongoing clinical caseload. Evaluation points include the following:

- √ Consistently practices with an awareness of and adherence to the professional ethical standards.
- √ Seeks consultation when unclear of ethical guidelines or behavior.
- √ Reflects ethical consciousness by raising ethical concerns in supervision and Interdisciplinary Case Conference.
- √ Consistently conducts self in a professional and effective manner (attendance, punctuality, presentation of self).
- √ Follows clinic policy with regard to paperwork, follow-up, referrals, etc.
- √ Carries an active caseload representative of clinic expectations.

11. To take initiative in using and expanding theological methods for religious assessment of clients and for integrating clinical work, theology and personal faith under supervision. Evaluation points include the following:

- √ Flexibly uses a theological/pastoral method to understand client process and the meaning of therapeutic intervention.
- √ Creatively seeks and articulates theological meanings discovered at the interface of clinical work, theology and personal faith.
- √ Conducts, as a matter of course, a religious assessment of individuals and families.
- √ Identifies spiritual and religious issues in session and takes initiative to integrate these into therapy under supervision.

12. To articulate a provisional definition of self as minister and pastoral counselor in the context of the practice of marriage and family therapy, and represents self as such to the professional and client public. Evaluation points include the following:

- √ Articulates an understanding of marriage and family therapy as an expression of ministry.
- √ Has established a provisional personal understanding of self as minister, pastoral counselor and therapist.
- √ Is beginning a process of socialization into professional identity as a pastoral counselor (i.e., AAPC process or other).
- √ Is beginning to articulate a self-representation that integrates pastoral identity and professional practice as a marriage and family therapist.
- √ Can articulate a vision of "What makes pastoral counseling pastoral?"

13. To complete a minimum of 125 (375 total) hours of family therapy under supervision.

14. To complete a written case study, as described below, as part of the final Practicum Evaluation process.
    - √ The case write-up will follow the guidelines prepared for the Senior Integration Experience with one exception: Maximum length is 5 pages.
    - √ The draft of the case write-up will be due to the student's clinical supervisor and the Director of Clinical Training at the mid-point of the Practicum level.
    - √ Copies of the completed final case write-up will be submitted to the student's clinical supervisor, the Director of Clinical Training and the MFT Office one week prior to the formal Final Practicum Evaluation process by the clinical supervisors and faculty. The completed case write-up must be reviewed and approved by the student's clinical supervisor and the Director of Clinical Training to successfully pass this practicum level.

- √ Student performance on the case study will be reported to the clinical staff and faculty as part of the student's Final Practicum Evaluation.
- √ During a regularly scheduled clinical staff meeting, a Final Practicum Evaluation of the student's work will be processed. The supervisor will include the approved case write-up as part of the student's Final Practicum Evaluation materials.

Methods

- ♦ All Practicum III students will be assigned to a clinical supervisor who is responsible for the student's clinical work and for evaluating the student's progress in practicum.

- ♦ All Practicum III students will serve at Louisville Seminary Counseling Training Center and/or one of its off-campus sites.

- ♦ All Practicum III students will carry an on-going caseload of clients, the size of which will be negotiated with the practicum site director and individual supervisor and be written into the supervision contract.

- ♦ All Practicum III students will receive supervision at a ratio of 1 hour of supervision per 5 clinical case hours.

- ♦ Practicum III students will participate in weekly Interdisciplinary Case Conferences, weekly individual supervision and in a weekly Live Supervision group.

- ♦ All Practicum III students will demonstrate integration of didactic materials with clinical practice.

Evaluation Policy

Passing from Practicum III to Practicum IV is a result of action by the clinical staff and MFT faculty based on the Practicum III Evaluation. The student's evaluation scores must be *Acceptable* in all areas.

Practicum IV

PC 419-02

Description

Students enrolled in Practicum IV are expected to develop *advanced* family therapy skills. These are expected to be at the entry level of professional practice, and include autonomy in clinical practice, good use of collegial, consultative and supervisory relationships, an appropriate distinction between self and other in the therapy context, and the ability to practice effectively in a clinical setting. Advanced students are expected to 1) display a solid sense of self as therapist and pastoral counselor, 2) demonstrate expertise in the basic procedures of pastoral and family counseling (observation, conceptualization and intervention), 3) demonstrate a beginning framework for an integrated personal theoretical and practical framework for therapy, 4) work collegially in an interdisciplinary framework, 5) operate autonomously within a clinical/agency framework, 6) be prepared for employment or full-time residency as a pastoral counselor/family therapist. Practicum IV students will be assigned to practicum sites away from the Seminary which will have their own administrative demands and reflections of professional standards of practice.

Practicum IV students must participate in a Live Supervision group and in Interdisciplinary Case Conference until they have completed all requirements to bring closure to Practicum IV.

1. Successfully complete *Senior Integration Experience.*
2. Complete Practicum IV contracted goals and required minimum clinical hours.
3. Successfully complete audit of all client records at Louisville Seminary Counseling Training Center (LSCTC), closing client accounts or transferring clients.
4. Erase or destroy client videotapes/DVDs.
5. Submit "Evaluation of the Supervisory Experience" to MFT Office.
6. Return LSCTC keys and badge, if applicable, to MFT Office.
7. Sign and return final evaluation for Practicum IV.
8. Submit final Practicum log to MFT Office.

General and Specific Objectives

Practicum IV consists of five primary activities: clinical work at Louisville Seminary Counseling Training Center and approved off-campus sites; individual clinical supervision; participation in a Live Supervision group; participation in Interdisciplinary Case Conference; and successful completion of the *Senior Integration Experience*. The objectives for Practicum IV will be addressed through these activities. The objectives for Practicum II are guided by the five

Professional Marriage and Family Therapy Principles, as stated in the program description found in Section I of the MFT Manual. By the end of Practicum IV, students will be able:

1. To establish a therapeutic relationship consistently in a multi-cultural context with most families and clients presenting for treatment. Evaluation points include the following:

   - √ Responds to a wide variety of clients with specific attention to multi-cultural dimensions of therapy relationships.
   - √ Is able to join with all family members in most situations.
   - √ Negotiates a clear therapeutic contract with clients/families in a manner that involves all relevant members and subsystems.
   - √ Attends to power differentials between family members and within the therapeutic system.
   - √ Discerns difficulties in establishing therapeutic contracts and seeks appropriate consultation.
   - √ Consistently provides good structure for sessions.
   - √ Affirms the complexity of human and family problems and conveys this to families appropriately.
   - √ Facilitates clients and families exploring their story with attention to constructing future intervention strategies.
   - √ Appropriately seeks supervision when needed to assist in joining with complex/multi-cultural families.

2. To demonstrate expert ability to use good attending and influencing skills independently, and provide leadership for less experienced therapists in developing these skills. Evaluation points include the following:

   - √ Expertly uses good verbal following and **relational** questions in sessions.
   - √ Shows expert skill in summarization, paraphrasing and **process questions** to focus sessions and interventions.
   - √ Regularly attends to client and family worldview, values and frame of reference with attending and influencing skills.
   - √ Demonstrates the ability regularly to develop and maintain themes across sessions.
   - √ Takes leadership in consultative groups to help less experienced therapists develop good attending and influencing skills.

3. To demonstrate the ability to observe and describe a wide variety of client/family processes in a multi-cultural context taking place in counseling sessions, and be able to describe family processes, personal dynamics and larger-systems influences on the client situation. Evaluation points include the following:

- √ Expertly makes accurate structural observations (boundaries, generational hierarchies, etc.) independently.
- √ Can identify family emotional processes accurately (triangling, fusion, cut-off, etc.) within the immediate family and across generations without supervision.
- √ Can identify and articulate issues of differentiation in most situations in a multi-cultural context.
- √ Accurately identifies power structures and issues in family process independently in most families.
- √ Can discriminate what information presented by clients' story or behavior is critical to the therapeutic process and focuses appropriately on these sources.
- √ Articulates larger-systems issues as they impact family and individual process, and uses these in planning interventions.
- √ Discerns when supervision and consultation is necessary to understand family process in a multi-cultural context, and utilizes it.

4. To define a beginning position for a personally integrated framework from which clinical observations and conceptualizations for practice are drawn. Evaluation points include the following:

   - √ Is able to understand observed client/family dynamics from several frames of reference to inform case conceptualization and treatment planning.
   - √ In Interdisciplinary Case Conference, can discuss and describe cases concisely within a systemic framework using more than one theory.
   - √ Is able to draw together in an integrated conceptual framework a variety of understandings to inform observations, case conceptualization and intervention.
   - √ Articulates the limitations inherent in single-theory approaches to therapy.

5. To organize observations of client/family processes from an integrative, multi-cultural conceptual perspective utilizing a variety of theoretical frameworks and empirical information with attention to the client's needs. Evaluation points include the following:

   - √ Can present in multidisciplinary case conferences conceptualizations of clinical work reflecting a beginning integration of theory into a personal model of therapy.
   - √ Relates observations of in-session behavior to clinical conceptualizations that attend to multiple realities of clients, family members and therapists.
   - √ Avoids simplistic explanations of client's realities and evaluates culturally bound frameworks that may be used to organize clinical observations.
   - √ Is able to relate larger-systems and multi-cultural issues to case conceptualization.
   - √ Regularly uses collegial and consultative input to inform conceptualization and interpretation of observations.

- √ Can flexibly choose formal assessment tools to assist conceptualization that under gird a developing personally integrated model of therapy and has a growing understanding of the use of working diagnosis in a non-pathological way that gives clarity to the use of theoretical model of choice and interventions.
- √ Relates interventions to specific client problems drawing from empirical and theoretical sources.
- √ Integrates the family/individual's multiple realities into clinical decisions, summaries and conclusions.
- √ Consistently conceptualizes client/family problems in a systemic, non-pathological way independently.
- √ Growing understanding of the use of working diagnosis in a non-pathological way that gives clarity to the use of theoretical model of choice and interventions.

6. To set appropriate treatment goals consistently using an integrative multi-cultural perspective that is empirically informed with a variety of clients. Evaluation points include the following:

   - √ Is able to establish a reasonable treatment plan reflecting integrated conceptualization of complex cases.
   - √ Attends to therapist-as-person issues, transference and counter-transference issues in designing treatment plans.
   - √ Contracts with the family/client for clear, achievable goals with a variety of clients.
   - √ Attends to multi-cultural and larger system issues in designing treatment plans.
   - √ Establishes and monitors ongoing assessment procedures in treatment planning.
   - √ Treatment plans reflect the multiple realities of clients and family members and reflects multi-cultural complexity.
   - √ Treatment plans show attention to an empirical knowledge base for selecting interventions (i.e., what works for what clients, under what circumstances, for what problems).
   - √ Relates treatment plan to multiple and flexible strategies.
   - √ Uses collegial and interdisciplinary consultation to establish and evaluate treatment plans.
   - √ Discerns when supervision, collaboration or consultation is needed in establishing treatment plans and seeks it out.

7. To implement a variety of critically informed (i.e. multi-culturally and empirically) intervention techniques consistent with a developing personally integrated framework of therapy with collegial input. Evaluation points include the following:

- √ Can expertly implement basic therapeutic strategies with a variety of clinical cases (i.e., can use coaching, sculpting, unbalancing, reframing, etc., as appropriate to theoretical referent).
- √ Ties strategies to an integrative understanding of therapy.
- √ Explores and implements new therapeutic techniques guided by a developing personally integrated, multi-cultural informed, and empirically founded understanding of therapy.
- √ Attends to multi-cultural and larger-system issues in treatment delivery, and expands repertoire to reflect this awareness (i.e., school contact, possible home interventions, etc.)
- √ Regularly evaluates the effectiveness of therapeutic strategies and demonstrates flexibility in adjustment.
- √ Discerns where supervision and collegial input is necessary for effectiveness and excellence in treatment delivery.
- √ Can improved and expand therapeutic learning with increasing complexity and generalize these to a variety of clinical applications.

8. To demonstrate in session a solid self-other awareness (i.e. able to discern when attention is directed toward concern with own skills and when attention is directed toward client's concerns), conscientious attention to counter transference issues, and willingness to address these in interdisciplinary case settings or supervision. Evaluation points include the following:

   - √ Has developed a good sense of self-other differentiation in therapy (i.e., can discern self-directed focus on being a "good therapist" from attending to client's treatment.
   - √ Attends conscientiously to personal issues and counter-transferences impacting responses to client families.
   - √ Accurately discerns where additional supervision or therapy is needed to protect clients and offer excellence in treatment.
   - √ Consistently respects boundaries with clients and organizational systems.

9. To define supervisory needs and take responsibility for contracting for appropriate supervision to assure excellence in client care and professional development. Evaluation points include the following:

   - √ Demonstrates appropriate autonomy with colleagues, supervisor and clinic.
   - √ Discerns when supervision is necessary for quality treatment and client welfare.
   - √ Negotiates goals for supervision attending to professional growth and excellence.
   - √ Claims a developing personally integrated model of therapy in supervision and contracts for supervision to expand this.
   - √ Is open to new ideas, techniques and skills in supervision.

- √ Contributes systemic ideas and contributions from a developing personally integrated model of therapy to group supervision sessions.
- √ Seeks supervisory consultation with awareness of supervisory strengths and their own personal/therapeutic growth needs.

10. To demonstrate the ability to adhere to a code of professional ethics and consistently to operate according to a professional standard of practice that reflects integrity and excellence. Evaluation points include the following:

    - √ Consistently practices with an awareness of and adherence to the professional ethical standards.
    - √ Seeks consultation when unclear of ethical guidelines or behavior.
    - √ Reflects ethical concern for excellence by raising ethical concerns in supervision and case conference.
    - √ Consistently conducts self in a professional and effective manner (attendance, punctuality, presentation of self) reflecting a concern for excellence in practice.
    - √ Follows clinic policy with regard to paperwork, follow-up, referral issues, etc., and seeks the highest standards of practice as reflected in these.
    - √ Carries an active caseload representative of clinic expectations.

11. To autonomously use and expand theological methods for religious assessment of clients and for integrating clinical work, theology and personal faith. Evaluation points include the following:

    - √ Flexibly uses a theological/pastoral method to understand client process and the meaning of therapeutic intervention.
    - √ Can articulate a critically evaluated method for how theology informs selection of theory and therapeutic procedure, and how behavioral sciences inform theological understandings.
    - √ Conducts as a matter of course a religious assessment of individuals and families.
    - √ Can articulate how personal faith and religious commitments are integrated effectively and critically into therapeutic sessions with a variety of clients.
    - √ Can describe and discuss critically the interfaith of personal spirituality and counseling practice.

12. To articulate a definition of self as minister and pastoral counselor in the context of the practice of marriage and family therapy, and represents self as such to the professional and client public. Evaluation points include the following:

    - √ Articulates an integrated and advanced understanding of marriage and family therapy as an expression of ministry.

- √ Has established an understanding of self as minister, pastoral counselor and therapist.
- √ Is completing a process of socialization into professional identity as a pastoral counselor (i.e., AAPC process or other).
- √ Publicly represents self in a way that integrates pastoral identity and professional practice as a marriage and family therapist.
- √ Can articulate and describe how their work as pastoral counselor/marriage and family therapist is "pastoral," and what it means to be a pastor in these vocations.

13. To complete a minimum of 125 hours (500 total hours) of supervised clinical experience.

14. To successfully complete the *Senior Integration Experience*.

Methods

- ♦ All Practicum IV students will be assigned to a clinical supervisor who is responsible for the student's clinical work and for evaluating the student's progress in practicum.
- ♦ All Practicum IV students will serve at Louisville Seminary Counseling Training Center and/or one of its off-campus sites.
- ♦ All Practicum IV students will carry an on-going caseload of clients, the size of which will be negotiated with the practicum site director and individual supervisor and be written into the supervision contract.
- ♦ All Practicum IV students will receive supervision at a ratio of 1 hour of supervision per 5 clinical case hours.
- ♦ Practicum IV students will participate in weekly Interdisciplinary Case Conferences, weekly individual supervision and in a weekly Live Supervision group.
- ♦ All Practicum IV students will successfully complete the *Senior Integration Experience* which requires a formal final case presentation and an evaluation of that presentation by an AAMFT Approved Supervisor and/or AAPC Fellow or Diplomate not associated with the LPTS program and who is unfamiliar with the student's readiness for graduation. (See "Senior Integration Experience".)

Evaluation Policy

Passing of Practicum IV is a result of action by the clinical staff and MFT faculty based on the results of the student's *Senior Integration Experience* and the Practicum IV Evaluation (scores must be *Acceptable* in all areas).

SUPERVISION CONTRACT – Practicum Section II, III, IV

Student: _____ Supervisor: _____

Contract Beginning Date: _____

1. Administrative and Clinical Responsibilities

Present raw data, audiotape or videotape during the supervisory time each week, maintaining a 1:5 ratio. Administrative paperwork will be completed in a timely fashion. Policies and procedures for Counseling Training Center will be followed.

_____

_____

2. Specific Measurable Goals

_____

_____

_____

_____

3. Specific Actions to Reach Goals (What student therapist will do)

_____

_____

_____

_____

4. Method of Evaluation for Each Goal

Supervisor and student will meet regularly where student will present case reports, audiotape or videotape. Supervisor will observe if possible or necessary. A Mid-Practicum Evaluation and Clinical Staff Review will be completed. A final evaluation will be completed at the end of the Practicum level.

_____

_____

_____

_____ _____

Student Date Supervisor Date

PRACTICUM – The Log

The Practicum Log is used to document hours accumulated in the clinical experience. The form is divided into two sections, Client Contact Hours and Supervision Hours.

CLIENT CONTACT HOURS

Direct client contact is defined by AAMFT to be "face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psychoeducation may be counted as direct client contact." (AAMFT Standard 151.01)

Constellation of Client Contact

Single – A single constellation of client contact occurs when one individual, one couple, or one family is seen in session.

Group – A group constellation of client contact occurs when a group of non-related individuals a group of couples, or a group of families is seen in session.

Standard Practicum Log Definitions

Individual - A session with a single individual or a group of non-related individuals.

Couple - Two individuals considered as intimately joined together who function socially as a unit. The word "couple" is a universal description of the link and bond between two people.

Counting Hours: Two persons ***must*** be in the counseling room. Focus is relational, systemic and contextual.

Family – A social system characterized and/or constructed by affective ties that may include biological, mutual care, or long-term household relationships formed by kinship, commitment, or legal obligation, such as foster care or institutional placement.

Counting Hours: More than one person ***must*** be in the counseling room, usually different from "couple". Focus is relational, systemic and contextual.

Cross-Cultural - When two or more individuals are gathered together, diversity exists. Each individual is a unique creation endowed with specific differences. In regards to this form, clients who are diverse from their therapist by age, ethnicity, class, sexual orientation, or physical or mental ability are considered cross-cultural.

Counting Hours: Sessions held with cross-cultural clients, as defined above, are recorded in the CC column under the appropriate heading of Individual, Couple, or Family.

Alternative Client Hours

Of the 500 clinical hours required in the MAMFT Program, 100 may count as alternative hours. These hours do not align with the traditional definition of couple and family but are seen as systemic and interactional.

Alternative- Two or more members of a systemic group attending session to address concerns related to the group.

Examples of alternative hours: A session held with a teacher and one or more students to address a classroom concern; A nurse and one member of a patient's family meeting to discuss care of the patient; Two or more employees from an institution meeting to discuss an issue.

Team Meetings – Team meetings at Practicum sites where an LPTS intern's or other team member's client is present and/or client family members are present may count as direct client contact time, at the intern's clinical supervisor's discretion.

Client information needed to complete the log

When a client is seen, the following information should be recorded for the Practicum Log.

1. Is the client an individual, a couple or a family as defined above?
2. Is the client cross-cultural to the therapist?
3. If a group is seen, is it a group of individuals, couples, or families?

Examples:
A man and women who are married are a "couple".
A man and woman who are living together are considered a "couple".
Two ladies/gentlemen who are partnered are considered a "couple".
A grandmother and grandchild are considered "family".
A man, woman and their children are considered "family".
A session with unrelated individuals is considered a "group of individuals".
A session with several couples is considered a "group of couples".

SUPERVISION HOURS

Many opportunities for supervision are available in the MAMFT Program. However, only two are documented on the Practicum Log, supervision with an individual clinical supervisor and Live Supervision. Supervision may be received at an off-campus site. However, that type of supervision is not counted on the Practicum Log.

Constellation of Supervision

Individual – An individual constellation for supervision occurs when 1-2 students work with the supervisor (clinical supervision).

Group – A group constellation for supervision occurs when 3-6 students work with the supervisor (Live Supervision).

Types of Client Documentation Used in Supervision

Raw Data - "Raw Data" documentation provides the supervisor with an oral and/or visual report of the client session. There are three types of raw data, the client present at the supervisory session (Live Supervision), videotape and audiotape.

Client Present - when the supervisor observes a student conducting therapy through a one-way mirror, TV monitor, or other observation device.

Video**/**Audio **-** When the supervisor observes/listens to a videotape/audiotape of the student conducting therapy.

Case Report **-** All form of supervision NOT based on raw data.

Supervision information needed to complete the log

1. Individual supervision – usually meets weekly for 1 hour. Sessions are held either individually or in a dyad (two persons). When meeting with a clinical supervisor, a student should document the following:

    a. How long was the session?
    b. What was presented in session; a case report, a videotape, or an audiotape?

    Note: If a dyad is meeting with a clinical supervisor and one student presents a videotape/audiotape, both should note the session as presenting a videotape/audiotape even if the second student does not present a videotape/audiotape.

2. Live Supervision – meets weekly for 2 hours. Sessions are held in a group of six with one supervisor. Students should document the following:

a. Who was the presenter? Each week, one student will present a case to the group. The student who presents information to the group may count the session as individual supervision. All other members of the group count the session as group supervision.

b. What was presented? The student presenter may present a client's file (case report), a videotape, an audiotape, or a client may come to the session (live).

Presenter Only: If a "live" client is presented, the presenter may count 1 hour of the session as a direct client contact hour (Ind line, appropriate column), in addition to the 2 hours of live supervision (Ind line).

COMPLETING THE PRACTICUM LOG

Once the information has been accumulated for a month, it can then be reported to the MFT Office. **Practicum Logs are due by the 10th of each month.** Logs received after this date may not be accepted and the hours obtained may be lost. The top of each log asks for the following information:

Student Name:
Practicum Clinical Supervisior:
Year of This Record: (enter current year)

Direct Client Contact Hours

Month	Constellation	CLIENT CONTACT HOURS								
		Indiv		Couple		Family		Relational (Add all Couple & Family hrs) 250 hrs	Total Client Hours	
		I	I-CC	C	C-CC	F	F-CC		CC Total (Add all CC columns)	Total (CC + Other columns)
JAN	IND									
	GRP									
	ALT									

The first column represents the month the hours were earned. Each Practicum log will report three months. Only one is shown here as a visual reference. The second column is "Constellation". This column holds two meanings, one for client contact and one for supervision. In client contact, it refers to whether the client seen was an individual (one) person/couple/family, a group of individuals/couples/families or an alternative couple/family.

The next three columns are divided into two columns each, one for non cross-cultural and one for cross-cultural (CC) (Example: I – individual, I-CC – individual cross-cultural)

"Relational" refers to couples and families only and means "of or arising from kinship, or where person's relationship is the object of treatment." Here a counselor must work with more than one person in the room and the focus is relational, systemic and contextual.

Total Client Hours column is also divided into two reporting columns, CC Total and Total. For CC Total, the student will add each of the CC column figures together; I-CC + C-CC + F-CC.
Total represents all figures.

Example: During the month of January, Susan saw 5 individuals, 2 couples and 1 family at the Counseling Ministry. Two of the individual clients were cross-cultural to her. She also held 2 Self-Esteem groups, both cross-cultural. Her log would look like this.

Month	Constellation	CLIENT CONTACT HOURS								
		Indiv		Couple		Family		Relational (Add all Couple & Family hrs) 250 hrs	Total Client Hours	
		I	I-CC	C	C-CC	F	F-CC		CC Total (Add all CC columns)	Total (CC + Other columns)
JAN	IND	3	2	2		1		3	2	8
	GRP		2						2	2
	ALT									

Supervision Hours

Month	Constellation	SUPERVISION HOURS						Supervisor's Signature
		Case Rpt	Live (Raw Data)	Video (Raw Data)	Audio (Raw Data)	Raw Data (Add Live, Video & Audio) 50 hrs	Total Superv Hrs 100 hrs	
JAN	IND							
	GRP							

For the purpose of visual reference, the Month and Constellation columns have been added to the Supervision Hours columns. As previously mentioned, constellation has two meanings, one for client contact and one for supervision. In supervision, constellation refers to whether the student received individual supervision or supervision in a group setting. (There is no alternative constellation for supervision.)

Case Rpt (report), Live, Video, and Audio columns refer to the type of presentation given to the supervisor. Raw Data is the total earned by the presentation of the actual client either physically being present, as in Live Supervision, or visual in a videotape, or verbal on an audiotape. Total Supervision Hours represents all supervision hours earned in the month.

Individual supervision with an LPTS clinical supervisor is reported on the "IND" (Individual) line using the appropriate column for what was presented. Live Supervision can be reported two ways depending on who presented. If the student completing the report was the presenter, the supervision hours for that presentation should be reported on the IND line in the appropriate column. If the student was not the presenter but a member of the observing group, the supervision hours would be reported on the GRP line under the appropriate column for what was presented to the group.

NOTE: If the presenter holds an actual client session before the group, the presenter may also claim 1 hour of direct client contact and report it under the appropriate Client Contact Hour column.

Example: Susan attended four sessions with her clinical supervisor during the month of January. She presented a client sessions video for review three times and a report once. She also attended Live Supervision three times, one of which she presented an actual client session. The other two she participated as part of the observing group. She watched a video of a client session and observed an actual client session. Her log looks like this. (Remember each Live Supervision is equal to two hours supervision.)

Month	Constellaiton	SUPERVISION HOURS						Supervisor's Signature
		Case Rpt	Live (Raw Data)	Video (Raw Data)	Audio (Raw Data)	Raw Data (Add Live, Video & Audio) 50 hrs	Total Superv Hrs 100 hrs	
JAN	IND	1	2	3		5	6	
	GRP		2	2		4	4	

After reporting client and supervision hours on a log, the student's LPTS clinical supervision must sign off on the hours. The Practicum Log is now complete and ready to be turned in to the MFT Office.

GRADUATION

REQUIREMENTS

To qualify for graduation, the following requirements must be met:

- Satisfactory completion of all academic courses required by the Master of Arts in Marriage and Family Therapy. (Curriculum requirements are described in the Seminary catalog and in Section I of this manual.)

- Successful completion of Practicum I, II, III, IV including a minimum of 500 supervised hours of direct client contact and 100 hours of clinical supervision. Of the 500 direct client contact hours, 250 must be relational hours (counseling with couples and/or families) and 100 hours must be with culturally diverse individuals, couples, and/or families. Fifty of the required 100 supervision hours must be supervision of raw counseling data presented by the student.

- Active participation in Interdisciplinary Case Conference from entry semester through semester of graduation.

- Successful preparation and defense of a "Senior Integration Experience."

- Completion of the MFT Exit Examination with a passing score.

- Appropriate management of the termination or transferring of all client records.

Graduation Policy
Determining Your Graduation Date

Students who receive degrees dated in May or December must complete all academic, practicum, and field education, etc. work by the end of the semester that immediately precedes their graduation date with a minimum cumulative GPA of 2.50. There is no exception to the policy.

Occasionally, a student may have some incomplete work for a May graduation. With the approval of the faculty (officers of instruction), a student may walk in the May graduation ceremony (yet receive a degree dated the following December) if the following criteria are met:

1. Student lacks no more than 6 credit hours.
2. Student's statement of faith and ministry has been completed and has been awarded a Pass grade by the reviewing faculty team.
3. Student lacks fewer than 50 practicum hours or two Field Education units by the end of the spring semester.
4. Student reasonably expects this work to be completed on or before August 30 following the May graduation ceremony in which the student is asking to participate. Students completing Practicum hours during this time must have approval of their clinical supervisor.

Students with incomplete work who want to walk at graduation in May are, themselves, responsible for requesting and obtaining the approval of the faculty. Normally, this request should be made through the student's academic advisor, and should be made in the March faculty meeting unless there are reasonable grounds for delay. Faculty may grant or reject the student's request based upon the student's academic record and/or other reasonable grounds.

MFT EXIT EXAMINATION

The MFT Exit Examination is a multiple-choice examination designed to assess:

- The student's mastery of the fundamental body of knowledge required for competence as a pastoral counselor and marriage and family therapist,
- The program's success in training marriage and family therapists, and
- The student's readiness to sit for state and national examinations.

The MFT Exit Examination is a computer generated examination and is administered in the seminary library computer lab. Seniors will be allowed two opportunities to pass the MFT Exit Exam with a passing score of 70% or higher. Seniors graduating in May must take the Exit Exam by the second week of January. Seniors graduating in December must attempt the Exit Exam by the second week of August. In the event a student fails the Exit Exam in the first attempt, the Exam may be retaken by the second week in April for May graduation or the second week of November for December graduation. Any student who fails the Exit Exam in a second administration must complete one semester of remedial study of foundational coursework before taking the Exam for a third time.

MAMFT Senior Integration Experience
Student Guide

Purpose of the Senior Integration Experience (SIE)

Graduation from the Louisville Presbyterian Theological Seminary Marriage and Family Therapy Program requires successful completion of the Senior Integration Experience (SIE). The purpose of this formal case presentation is to evaluate the student's readiness for entry-level professional practice as demonstrated by their clinical work. The SIE is completed by presenting a written case study with accompanying visual clips from client sessions to a review committee. This committee includes an External Consultant, an AAMFT Approved Supervisor not associated with the LPTS program. The SIE Committee will provide direct input on the quality of work demonstrated by the student. This information will be included in the faculty's final evaluation of students' readiness for graduation.

The Senior Integration Experience Process

The following timeline is provided to assist the student in meeting the multiple demands of the SIE process.

Timeline of MAMFT Senior Integration Experience

1. At least one semester prior to anticipated graduation **COMPLETED: ____**

   - ✓ In consultation with the Clinical Supervisor of Record and the Academic Advisor, select a Senior Integration Experience (SIE) date and time as offered by the MFT Program. (MAMFT students will reserve 1.5 hour and dual degree students will reserve 2 hours for the presentation, committee discussion, and feedback.)
   - ✓ Dual degree students contact non-MFT faculty member to sit on the SIE Committee.
   - ✓ Confirm selected SIE date by obtaining signatures of all committee members, excluding the External Consultant, and submitting the signed SIE Committee form to MFT Administrative Assistant.
   - ✓ Meet with the Director of Clinical Training to discuss graduation plans.
   - ✓ Attend SIE preparation meeting with Administrative Assistant.

2. At least 2 months before SIE presentation **COMPLETED: ____**

- ✓ While the SIE case write-up must be the student's independent work, the student will consult with his/her current Clinical Supervisor of Record on case selection and session clips. Priority should be given to presenting either a couple or a family. An individual client will suffice <u>if significant attention is given to systemic formulation</u>.
- ✓ **<u>Write-Up:</u>** Using the "Senior Integration Experience Case Study Format" and "Rubric for Evaluation of Clinical Case Write-Ups," prepare a formal case study and a one-page summary of the selected client case. The write-up must fully document the process of therapy and demonstrate how the session clips (see below) fit into the course of therapy.
- ✓ **<u>Session Clips:</u>** To accompany the SIE case study write-up, a DVD of session clips demonstrating work with the selected client family is required. A DVD showing work with a co-therapist is acceptable, as long as the student is shown leading the therapeutic work. The clips should demonstrate the therapist working toward the goals of therapy in the broader context of multiple sessions.
- ✓ Schedule consultation appointment with External Supervisor. The date should be a minimum of two weeks prior to the SIE presentation date.
- ✓ Select one LPTS faculty member <u>OR</u> one clinical supervisor, in addition to the current Clinical Supervisor of Record, to serve as a Reader for the SIE draft and submit "Reader's Selection" form to MFT Office. **(See section, *Required ASE Consultation and Selection of Additional Reader*, for further information on Reader's role and responsibilities.)**
- ✓ Submit written case draft to Academic Support Center for review and consultation. This must be completed before submitting the draft to the Clinical Supervisor of Record for review and consultation.
- ✓ Submit the completed written case draft to the Clinical Supervisor of Record for review and consultation.

<u>Attention</u>: Students may not perform a mock SIE presentation in Live Supervision. Students may present their SIE case in regular Live Supervision format.

3. At least one month prior to the SIE presentation **COMPLETED: ____**

- ✓ After making revisions as suggested by ASC and Clinical Supervisor of Record, submit the completed written case draft to selected Reader for review and consultation.

4. A minimum of two weeks before SIE presentation **COMPLETED: ____**

- ✓ Deliver <u>final</u> SIE case write-up with summary page to MFT Office. No changes may be made to the write-up after submission.

- ✓ Deliver final case write-up with summary page to External Consultant during the scheduled consultation. A DVD of selected session clips should be available. The External Consultant may request that additional information be prepared prior to the SIE presentation date. The original SIE case write-up may not be altered. Any additional requested information will be prepared by the student as an addendum to be included with the final SIE case write-up when distributed to committee members.

5. One week before SIE presentation **COMPLETED: ____**

- ✓ Deliver SIE case write-up and any addendum materials to:
    - Clinical Supervisor of Record
    - Academic Advisor
    - Director of Clinical Training
    - Selected non-MFT faculty member, for dual degree students only
- ✓ Deliver any addendum materials to MFT Administrative Assistant.
- ✓ Plan a devotional for the SIE presentation.

6. Day of final presentation **COMPLETED: ____**

- ✓ Provide a 1 page summary for the committee members to review.
- ✓ Deliver devotional and convene Senior Integration Experience Committee.
- ✓ Deliver SIE presentation supported by session clips to demonstrate the course of treatment and intervention for the client family.
- ✓ Respond to questions from committee members regarding course of treatment and any issues relevant to professional development, clinical competence or management of the case presented.

Following final presentation

- ✓ The committee will briefly release the student from the room to reflect on the presentation and prepare comments regarding the presentation giving special attention to the presenter's readiness to enter the therapeutic community as a new colleague. Readiness is defined as the student's ability to articulate and demonstrate (by session clips, written case study, and committee interaction) their therapy style, an understanding of MFT theory presented in their work, interventions, critical systemic analysis, diagnostic skill, theological reflection, and clinical summary.
- ✓ The committee will determine one of the following:
    - Full approval
    - Conditional Approval with prescribed remediation
    - Non-acceptance of the presentation with or without remedial work
- ✓ The committee will review their comments and decision with the student. If required, the committee will explain any additional information required to the final case write-up or additional session clips needed and provide a timeframe

for completion. Any additional material will be prepared as an addendum to be added to the original case write-up.

- ✓ Within two weeks of the final committee decision date, the External Consultant will prepare a written evaluation of the student's presentation reflective of the Senior Integration Experience Committee's comments and using the "Senior Integration Experience: External Consultant Report Guide." The report will be reflective of the Committee's comments and guidelines presented in "Senior Integration Experience: Committee Participation and Report." The written evaluation will be forwarded to:

  Director of Clinical Training
  1044 Alta Vista Road
  Louisville, KY 40205

- ✓ The MAMFT faculty will include the Graduation Evaluation Committee's assessment and recommendations, if any, in evaluating the student's readiness for graduation.

Required ASC Consultation and Selection of Additional Reader

While the SIE case report must be a student's independent work, it is understood that consultation regarding format and content is important. Therefore, students shall submit their case write-ups to the Academic Support Center (ASC) for review and consultation as part of the educational experience and to provide consistency over all SIE writers.

The student will also select one individual to review their work and provide feedback in addition to their Clinical Supervisor of Record. This reader will be either a LPTS faculty member OR a MFT clinical supervisor. The Reader will offer the student detailed constructive feedback, in one face-to-face meeting, regarding the entire first SIE draft submitted to them only. Consultation about the SIE report may be given in oral and/or written form at the face-to-face meeting. The Reader will refer to the *Rubric for Evaluating Clinical Case Write-Ups* as a guide for their feedback. The Reader is not to provide any further assistance following this meeting with the SIE candidate.

SIE Committee Composition and Roles

The SIE Committee is comprised of six individuals. With the exception of the Student Presenter, committee members have an active vote in the final recommendation.

- Following the timeline and guidance provided in this document, the **Student Presenter** is responsible for managing all aspects of the SIE Process.

- The **External Consultant** is contracted with the MAMFT program. The Consultant provides an external voice to the readiness of the presenter to be a professional in the fields of marriage and family therapy and pastoral counseling. The External Consultant reviews the case study write-up and session clips and consults with the student on their work prior to the SIE presentation. Based upon the presentation, the External Consultant evaluates the presenter's ability to integrate theory into therapeutic interventions and process; utilize theological reflection and critical thinking; understand theory of choice from the field of theories and distinguish the differences. The External Consultant prepares the written report, reflecting the SIE Committee's comments and decisions, and submits the report to the Director of Clinical Training within two weeks following the final case presentation.

- While the SIE report must be the student's independent work, the student's **current Clinical Supervisor of Record** will consult with the student on case selection and session clips. The Clinical Supervisor is the preliminary reviewer of the completed written case draft.

- The student's **MFT/PCC faculty advisor** provides a link between academic and clinical work. The faculty advisor brings an overall picture of the student's academic educational goals, ability, and career direction.

- The **Director of Clinical Training** brings an overall picture of the student's clinical work, ICC participation, and Practicum transitions to the committee.

  Note: When the Director of Clinical Training serves as the Clinical Supervisor of Record for a SIE presenter, the presenter's Practicum I-II clinical supervisor shall serve as a member of the SIE Committee.

- An LPTS **non-MFT/PCC faculty member** sits on the SIE Committee for dual degree students only. The faculty member reviews the SIE case write-up prior to the presentation. The faculty member comments on the student's theological, biblical, and/or ministerial thinking and practice from the perspective of the non-MFT/PCC faculty member's discipline. (For example, does the student use appropriate exegesis or hermeneutical principles in their theological reflection? Is their interpretation of religious context appropriate? Have they attended to religious symbolism in their case effectively? Have they considered the intersection of liturgy and worship in their assessment of the client or in interventions?)

MAMFT SENIOR INTEGRATION EXPERIENCE
CASE STUDY FORMAT

Format: ***Limit Case Study Write-up to no more than 8-10 pages. Use only 12 point font with 1.5 line spacing. From the prepared 8-10 page case study, prepare an additional 1 page summary of the case. Response to all six sections required.***

CAUTION: ***Protect confidentiality by disguising names and other identifying information.***

I. Identifying Information

- A. Provide a one paragraph description of the individual, couple or family presented. Include ages, ethnic and gender information, vocational or educational information and any other important details that will help provide a picture of the context for treatment of this case.

- B. Indicate how many sessions you have had with each member of the system at the time of this write-up.

II. Presenting Problem

Provide a concise summary of what the individual/couple/family perceived as the motivating factor bringing them to therapy. Also include perceptions provided by referral source and treating therapist.

III. Clinical/Pastoral Assessment

- A. Summarize your initial observations of client behavior, self-report, and any formal assessments you have done that inform your understanding of what is happening with your client (i.e. spiritual, drugs/alcohol, depression/anxiety, etc.).

- B. Include the individual's/couple's/family's genogram and summarize ***briefly*** conclusions about family emotional process and structure drawn from it; areas to address include the following:

    - relevant transgenerational issues: family themes, myths, legacies, debts, scripts, etc.
    - relevant information from family of origin, personal history and relationship history

- relevant family life cycle, individual life cycle, developmental tasks, etc.
- relevant structural, power and communication dynamics
- relevant gender, racial-ethnic, class, age and other multi-cultural issues

☐ C. Identify any legal or ethical problems or dilemmas related to this case.

☐ D. Include a working diagnosis related to symptoms presented and your rationale.

E. Briefly summarize the empirical/research information you have gained relevant to understanding or treating this case.

☐ F. Conclusion: Prepare a one-paragraph Clinical/Pastoral Assessment summary.

IV. Summary of Treatment to Date

☐ A. State your treatment plan for this individual/couple/family, including specific and measurable goals.

☐ B. State your contract with the individual/couple/family.

☐ C. Outline your treatment strategy to date.

☐ D. Evaluate the effectiveness of your strategy to date.

V. Theological Reflection

☐ A. Describe theological, spiritual and faith issues integral to this individual/ couple/family's self-presentation.

☐ B. Describe how your own value system, personal belief system, personal faith and faith tradition interact with the client's or inform your work with this individual/couple/family.

☐ C. Describe your process of theologically evaluating the theories, methods and interventions you selected to work with this individual/couple/family.

☐ D. Describe how you see your work with this individual/couple/family as pastoral or a form of ministry.

☐ E. Provide a brief theological statement about how you see what you are doing to be healing and or helpful.

VI. Outline Personal or Use of Self Issues Relevant to Your Treatment of This Case. (Countertransference, Transference, Differentiation, Enmeshment, etc.)

MAMFT Senior Integration Experience
Presentation Timeline

Below are the maximum time increments for each section of the Senior Integration Experience presentation. Section times may be shortened but times for remaining sections may not be increased as a result. Section times must be completed as described. (Not all SIEs will begin at 8 a.m.)

SIE Schedule for MAMFT Student Presenters: total time 1 hour 20 minutes

8:00 Five minute devotional
8:05 Five minute case introduction
8:10 Twenty minutes for video presentation including introduction of videos
8:30 Twenty-five minutes for questions and discussion with SIE Committee
8:55 Fifteen minutes for Committee review and discussion
9:10 Ten minutes for feedback to student
9:20 Completion of SIE

SIE Schedule for Dual Degree Student Presenters: total time 1 hour 50 minutes

8:00 Five minute devotional
8:05 Ten minute case introduction to include theological component
8:15 Twenty minutes for video presentation including introduction of video
8:35 Thirty-five minutes for questions and discussion with SIE Committee
9:10 Twenty minutes for Committee review and discussion
9:30 Twenty minutes for feedback to student
9:50 Completion of SIE

Prepared July 11, 2013

MAMFT SENIOR INTEGRATION EXPERIENCE COMMITTEE

Student: _____ Presentation Date/Time:_____

Please complete the information below and submit this form to the MFT Administrative Assistant.

Senior Integration Experience Committee Composition

External Consultant: _____

Practicum IV Supervisor: _____

PCC Faculty Advisor: _____

Director of Clinical Training: _____

Dual Degree Students Only:

* LPTS Faculty Member: _____

* LPTS Faculty Member is required for all M.Div./MAMFT dual degree students.

Louisville Seminary

MAMFT SENIOR INTEGRATION EXPERIENCE

Reader Selection

Student: _____ Presentation Date/Time: _____

Reader Description:

The Reader is selected by the MFT student to review their SIE case write-up. The Reader will offer the student detailed constructive feedback, in one face-to-face meeting, regarding the entire first SIE draft submitted to them only. Consultation about the SIE report may be given in oral and/or written form at the face-to-face meeting. The Reader will refer to the *Rubric for Evaluating Clinical Case Write-Ups* as a guide for their feedback. The Reader is not to provide any further assistance following this meeting with the SIE candidate.

I understand my role as a Reader and agree to serve in this capacity. I have received a copy of the Rubric for Evaluating the Clinical Case Write-Up.

Reader: _____

Date: _____

Louisville Seminary

Louisville Presbyterian Theological Seminary

Marriage and Family Therapy Program

Senior Integration Experience Case Write-Up

The signatures below verify this final case write-up documents the work of _____,

a current student in the Marriage and Family Therapy Program at Louisville Presbyterian Theological Seminary, and has been prepared in consultation with the following individuals:

_____	_____
MFT Student	Date
_____	_____
ASC Representative	Date
_____	_____
Clinical Supervisor	Date
_____	_____
Selected Reader	Date

Note: A signed copy of this form must accompany the Senior Integration Experience case write-up when submitted to the MFT Office in order for the work to be accepted.

Louisville Seminary

Rubric for Evaluation Clinical Case Write-Up - SIE

Categories	Levels of Quality		
	Excellent	**Acceptable**	**Marginal**
Identifying Information/Description of Client	Description is clear, concise and includes all clients present. Any outstanding features of clients are briefly described (apparent handicaps, other personal dimensions that may affect therapy).	Description is present and describes basic attributes of clients. Presents information in a logical manner.	Description is absent, excessive, disorganized, or misses important primary information.
Identifying Information Score ---------- 10 0			
Presenting Problem	Presenting Problem is identifiable, precise, and concise, and reflects clients' description of what brings them to therapy. Few wasted words; reader can quickly determine why clients came to therapy.	Presenting problem is stated in understandable terms; client's voice may not be clear, but is present. Presenting problem may be obscured by descriptions or explanations.	Presenting problem is unclear or vague; problem statement demonstrates that counselor lacks clear understanding of what brings the client to counseling.
Presenting Problem Score ---------- 10 0			
Clinical/Pastoral Assessment [1]	1. Family assessment relates directly to client presenting problem and/or history. Initial observations are clear & concise.	1. Family assessment is present with a coherent strategy that relates to client problem or history. Initial observations are included.	1. Family assessment procedures and summaries are insufficient or lack a consistent logic. Initial observations are absent or lack specificity.
	Rating for #1 ---------- 10 0		
	2. Guiding theoretical model for assessment is clear and consistent.	2. Guiding theoretical model is present but may lack specificity.	2. Theoretical model that guides assessment is either unclear or misrepresented.

[1] Assessment: Case conceptualization reflects therapist integration of assessment date with client history and presenting problem in logical language reflecting therapist's theoretical stance.

	Rating for #2 ---------- 10 0		
Clinical/Pastoral Assessment (Continued)	3. Assessment has a coherent strategy (i.e. uses clinical interview and any other useful self report instruments, and formal assessments, such as lethality assessments, screening tools, etc., that make sense for the case).	3. Assessment tools (clinical interview and other self-report instruments and formal assessments) are appropriate to the client's presenting problem.	3. Little evidence of use of assessment tools or tools are insufficient.
	Rating for #3 ---------- 10 0		
	4. Assessment reflects clear systemic analysis (attention to interactional, emotional, structural systems; awareness of circularity, system levels and rules). Genogram clearly reflects observations of family history, structure, and systemic issues.	4. Assessment includes attention to systemic analysis, including description of systemic elements, circularity, system levels or rules. Genogram is present with evidence of attention to systemic issues.	4. Assessment lacks sufficient systemic awareness. Genogram fails to provide clarity around family systems.
	Rating for #4 ---------- 10 0		
	5. Assessment write-up provides clear description of procedures, logical coherent assessment procedures used, and contains a clear summary.	5. Assessment write-up is present, with description of procedures, coherence, and a clear summary is provided.	5. Assessment write-up lacks adequate description of procedures, consistent logic, or clear summary.
	Rating for #5 ---------- 10 0		
	6. Assessment summary attends to client's social location, including: relevant structural, power and communication dynamics; and relevant gender, racial-ethnic, class, age and other multi-cultural issues.	6. Assessment summary contains basic information about client's social location, including multi-cultural issues or other relevant concerns.	6. Assessment summary contains little attention to client's social location, multi-cultural issues or other relevant concerns.
	Rating for #6		

	---------- 10 0		
	7. Assessment summary attends to religious, spiritual, theological, or meaning issues.	7. Assessment summary attends to client's spiritual and religious life in basic or limited terms.	7. Assessment summary lacks sufficient attention to religious, spiritual life or issues of meaning.
	Rating for #7 ---------- 10 0		
	8. Legal and/or ethical problems or dilemmas related to the case are identified and summarized in clear and concise language.	8. Legal and/or ethical problems or dilemmas related to the case are identified with some description provided.	8. Legal or ethical issues are poorly identified or description lacks clarity.
	Rating for #8 ---------- 10 0		
	9. Empirical/research information is summarized in clear and concise language and is relevant to the understanding or treatment of the case.	9. Empirical/research information is present with some description of connection to client case.	9. Empirical/research information is not present or does not clearly connect to client case.
	Rating for #9 ---------- 10 0		
	10. Conclusion uses specific assessment data to construct a clear and concise statement of what the "client problem" is that can be used to construct a treatment plan.	10. Conclusion uses basic assessment data to construct a statement regarding the nature of the "client problem."	10. Conclusion uses weak or no data to construct a statement regarding the nature of the "client problem."
	Rating for #10 ---------- 10 0		
	11. DSM-V diagnosis is complete, appropriate and accurate in relation to statement of "client problem."	11. DSM-V diagnosis is provided and relates to statement of "client problem."	11. DSM-V diagnosis is absent, incomplete or inappropriate in relation to statement of "client problem."
	Rating for #11 ---------- 10 0		

Clinical/Pastoral Assessment Overall Score --- 10 0			
Treatment Plan	1. Treatment Plan is clear, concise, and "doable." - Includes no more than three goals that are directly related to presenting problem and assessment findings. - Goals are specific and measurable.	1. Treatment plan is present and provides a trajectory for future treatment. - Goals are clear, measureable, and connect to presenting problem, assessment and interventions planned.	1. Treatment plan lacks coherence or clarity. - Little connection exists between problem, assessment and intervention. - Goals are not clear or measurable.
	Rating for #1 --- 10 0		
	2. The contract with the client family system is stated in clear and concise language.	2. The contract with the client family is present and stated in general terms.	2. The contract with the client family is absent, unclear or too wordy.
	Rating for #2 --- 10 0		
	3. Treatment plan reflects exemplary systemic analysis established in evaluation and follows through with appropriate and well-described systemic interventions.	3. Treatment plan includes basic systemic analysis established in evaluation with appropriate systemic interventions.	3. Treatment plan marginally reflects systemic analysis or appropriate intervention.
	Rating for #3 --- 10 0		
	4. Treatment strategy is clearly outlined with planned interventions described for each goal.	4. Treatment strategy is present with descriptions of interventions.	4. Treatment strategy is absent or fails to correspond with stated goals.
	Rating for #4 --- 10 0		
	5. Treatment plan shows clear distinction between goals (expected outcomes of therapy) and interventions (what client and/or therapist will do to accomplish goals).	5. Treatment plan includes stated goals and interventions with little confusion.	5. Treatment plan fails to distinguish between goals and interventions.

Treatment Plan (Continued)	Rating for #5 --- 10 0		
	6. Each goal statement has a way to observe and measure when a goal is met. Effectiveness of strategy is stated in clear and concise language.	6. How goals will be measured and observed is present but may lack clarity. Effectiveness of strategy is defined in general language.	6. Goal statements lack attention to observations or measures for therapy outcome. Effectiveness of strategy is absent or unclear.
	Rating for #6 --- 10 0		
Treatment Plan Overall Score --- 10 0			
Ongoing Assessment (including Evidence-Based Assessment of Client Progress)	- Shows client(s)' progress toward specific, measureable goals. - Integrates and uses SRS and ORS in evaluating client progress and revising treatment plan.	- Shows some client progress. - Use of SRS and ORS in evaluating client progress and treatment planning.	- Client progress is not evident. - SRS and ORS are not used consistently. - No evidence of ongoing treatment planning.
Ongoing Assessment Score --- 10 0			
Theological Reflection	- Theological, spiritual, and faith issues integral to the client family system & self-presentation are described in clear and concise language and demonstrate a contextually sensitive[2] theological position for understanding client experience, assessment and treatment. - Attends to therapist's own faith location, recognizes	- Theological, spiritual, and faith issues integral to the client family system & self-presentation are described and are contextually sensitive. - Attends to therapist self understanding or faith experience. - Material generated by theological reflection impacts treatment. - Description of therapeutic work with client as pastoral	- Theological, spiritual, and faith issues integral to the client family system & self-presentation are unclear or poorly described. - Lacks attention to therapist self-understanding or faith experience. - Description of therapeutic work with client as ministry is poorly written or states inadequate reflection. Therapist fails to see self as

[2] Gender, race, class, sexual orientation, differently abled, etc.

	appropriate differences with client's faith location and uses interaction to inform therapeutic work. - Shows how material generated from theological reflection impacts treatment. - Description of therapeutic work with client as pastoral ministry is clear and concise.	ministry is present. Reflects sense of therapeutic presence as ministry.	minister of healing and help.
Theological Reflection Score 10 ---------- 0			
Outline Personal or Use of Self Issues Relevant to Your Treatment of this Case	Clearly and concisely identifies and appropriately addresses issues of countertransference, transference, differentiation, enmeshment, etc.	Identifies some issues of countertransference, transference, differentiation, enmeshment, etc. with recognized attempts to address these concerns.	Inadequately recognizes issues of countertransference, transference, differentiation, enmeshment, etc. and fails to address them appropriately.
Personal or Use of Self Issues 10 ---------- 0			
Clear, effective writing	Report uses brief, well formed sentences that are direct and to the point. Each paragraph has a purpose which is accomplished with parsimony. Report has a "logical flow" that begins in a clear problem, shows how the problem is related to client history, how problem and history stimulate and guide assessment, and how assessment culminates in a treatment plan for specific outcomes.	Report is drafted with appropriate language and logical flow for each section. Information demonstrates sound clinical treatment planning for specific outcomes within the case study.	Report is too wordy trying to make a case for each section or lacks sufficient information to demonstrate good clinical logic. Organization and attention to logical flow are absent with no specificity around treatment planning for outcomes.
Writing Score 10 ---------- 0			

Senior Integration Experience

Case Write-Up Overall Score: _____

Rubric for Senior Integration Experience Presentation

Category	Levels of Quality		
	Excellent	Acceptable	Marginal
Oral Case Presentation	1. Intern description of client problem, assessment and diagnosis, treatment, plan, and treatment to date is clear and concise.	1. Intern description is present and describes basic attributes of clients. Information lacks clarity, includes extraneous data or lacks logical organization.	1. Intern description is absent, disorganized, or misses important primary information.
	Rating for #1: --- 10 0		
	2. Intern is fluent and flexible in describing theories and models of MFT used for assessment and treatment.	2. Intern can describe theories and models of MFT used for assessment and treatment, but lacks flexibility or fluency.	2. Intern is unable to describe or poorly describes theories and models of MFT used for assessment and treatment.
	Rating for #2: --- 10 0		
	3. Intern responds thoughtfully, appropriately and flexibly to questions or challenges to the case, assessment, or treatment using good clinical reasoning with the SIE evaluators.	3. Intern responds rigidly, incompletely, or in a disorganized manner to challenges to the case, assessment, or treatment using basic clinical reasoning with the SIE evaluators.	3. Intern is unable to respond to questions or challenges to the case assessment, or treatment; uses poor clinical reasoning with the SIE evaluators.
	Rating for #3: --- 10 0		
	4. Intern selection of video clips demonstrates clear connection between the therapist's description of assessment and treatment, and action in therapy.	4. Intern selection of video clips shows a marginal connection between the therapist's description of assessment and treatment, and action in therapy.	4. Intern selection of video clips shows little or no connection to therapist's description of assessment and treatment, and action in therapy.
	Rating for #4: --- 10 0		

	5. Intern orally demonstrates good ability to use her/his framework for theological or spiritual reflection on the case and elements of treatment.	5. Intern is able to speak marginally to her/his framework for theological or spiritual reflection on the case and elements of treatment.	5. Intern cannot articulate how her/his framework for theological or spiritual reflection relates to the case and elements of treatment.
	Rating for #5: --- 10 0		
Oral Presentation Overall Score			

Senior Integration Experience

Case Write-Up Total Score: _____

Oral Presentation Total Score: _____

SIE Final Score: _____

Recommendation: ( ) Full Approval
( ) Conditional Approval – remedial work required
( ) Non-Acceptance of Presentation

Revised July 2013

MAMFT Senior Integration Experience

Committee Checklist

Committee members may use this checklist as the presentation is given to note inclusion of material. Comments may be written for use in final report.

☐ Articulation and demonstration of self as therapist and pastoral counselor, including personal issues and/or countertransference issues relevant to this case:

- ☐ Recognizing gender and power issues related to "self"; multicultural and diversity issues
- ☐ Appropriate boundary setting related to "self" and client
- ☐ Development of "joining"
- ☐ Ability to recognize and address transference and countertransference issues

Comments: _____

_____

_____

☐ Articulation and demonstration of their therapy style, drawn from a broader understanding of theories:

- ☐ Case conceptualization demonstrates beginning level, integrated theory of therapy and understanding of theory of choice compared/contrasted to other theories

Comments: _____

_____

_____

☐ Articulation and demonstration of who is being treated and overall therapy including clarification of ethical and legal concerns related to overall presentation:

- ☐ Use of flexible, multicultural framework
- ☐ Use of dialogue with colleagues, supervisors, and consultant and ability to integrate where appropriate in presentation
- ☐ Consideration of larger systems issues

Comments: _____

_____

_____

☐ Articulate and demonstration of diagnostic skill related to the symptoms presented:

- ☐ Demonstration of theory of preference
- ☐ Understanding of how family or origin issues, previous relationships and losses, give meaning to the present systemic circumstances
- ☐ Patterns of behavior that create opportunities to be "stuck"
- ☐ Use of interventions
- ☐ Create opportunities for "joining," build on therapeutic alliance
- ☐ Recognition of current cluster of symptoms, what meaning clients give to the symptoms, and use of appropriate assessments and corresponding working diagnosis
- ☐ Good clinical use of observation
- ☐ Use of appropriate and adequate assessment tools
- ☐ Use of genogram and understanding of client(s) belief system (religious orientation) reflected in written material and oral presentation
- ☐ Larger systems issues and their impact on the present for client(s), including multi-cultural and community issues
- ☐ Appropriate use of interventions, carried out in a professional and personally integrated way

Comments: _____

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_____

☐ Articulation and demonstration of a defined goal and outcomes for this particular session relevant to treatment plan, interventions, and overall therapeutic goal:

- ☐ Coherent treatment plan
- ☐ Treatment plan manageable and appropriate for this particular client(s) system and issues
- ☐ Videotaping relevant to and demonstrates consistency with conceptualization and treatment plan
- ☐ Demonstration of professional appropriate boundary setting, therapist's behavior, therapist's focus (reflective of ethical codes)

Comments: _____

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☐ Articulation and demonstration of theological reflection related to the self as therapist and present client system:

- ☐ Indicates how the client(s) – individual – and systemic belief system's meaning of the problem or symptoms contribute to or hinder therapeutic progress
- ☐ Indicates how the client(s) expectations of intimacy, roles, rules, concepts of equality and power, issues of diversity, and influence of social economic factors challenge or parallel the therapist's belief system
- ☐ Integrates (and still differentiates) their own personal belief system and faith tradition

Comments: _____

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☐ Articulation and demonstration of critical thinking skills:

- ☐ Case conceptualization
- ☐ Integration of theory into clinical work and ability to articulate purpose
- ☐ Integration of presenting problem and symptom cluster(s) into larger system's issues
- ☐ Ability to self-evaluate, utilization of supervision, recognition of growing edges

Comments: _____

_____

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Articulation of clinical summary:

_____

_____

_____

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MAMFT Senior Integration Experience

Committee Recommendation with Highlighted Reflections and Comments

Student Presenter: _____ Date & Time:_____

Committee's Determination:

_____ Full Approval

_____ Conditional Approval: Student must accomplish the following _____

_____

_____ Must be completed by: _____
(Date)

_____ Non-Acceptance of Presentation

Signatures:

_____ _____
Dr. Joe Brown, External Consultant MFT/PCC Faculty Member

_____ _____
Jennifer A. Schiller, Director of Clinical Training Clinical Supervisor

Dual Degree: _____
LPTS Faculty Member

The following Committee reflections and comments will be used by External Consultant in producing the final evaluation report.

Articulation and demonstration of self as therapist and pastoral counselor, including personal issues and/or countertransference issues relevant to this case:

_____

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Articulation and demonstration of their therapy style, drawn from a broader understanding of theories:

_____

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Articulation and demonstration of who is being treated and overall therapy including clarification of ethical and legal concerns related to overall presentation:

_____

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Articulate and demonstration of diagnostic skill related to the symptoms presented:

_____

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Articulation and demonstration of a defined goal and outcomes for this particular session relevant to treatment plan, interventions, and overall therapeutic goal:

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Articulation and demonstration of theological reflection related to the self as therapist and present client system:

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Articulation and demonstration of critical thinking skills:

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Articulation of clinical summary:

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Marriage and Family Therapy Licensing

Licensing rules and regulations vary from state to state. Regulations for most states typically include a Master's degree with specific course requirements, postmaster's clinical supervision, and a licensing exam. Specific information may be obtained from each states licensing board. You may obtain a list of state contact information and web sites from AAMFT (www.aamft.org).

Licensing in Kentucky

Kentucky Revised Statues (KRS) are the legislative guidelines for MFTs. They can only be changed by the legislature and do not change often or easily.

Kentucky Administrative Regulations (KAR) are regulations set up by the Kentucky Board of Licensure of Marriage and Family Therapists as they interpret the laws.

The Kentucky Board of Licensure of Marriage and Family Therapists is responsible for enforcing the statutes and regulations governing marriage and family therapists in the Commonwealth of Kentucky, monitoring the needs of the public, licensing eligible candidates, recommending changes to the laws, and conduct formal hearings. The Board typically meets the third Thursday of each month, January thru December. There are two levels of licensure in Kentucky: Marriage and Family Therapy Associate and Licensure as a Marriage and Family Therapist.

Marriage and Family Therapy Associate

After graduation, if you wish to provide therapy in Kentucky, you must apply for a permit to practice as a Marriage and Family Therapy Associate. An application can be obtained on-line (http://mft.ky.gov/) or by contacting:

Marcia Egbert, Board Administrator (marcia.egbert@ky.gov)
Kentucky Board of Licensure of Marriage and Family Therapists
PO Box 1360
Frankfort, KY 40602
Phone: 502 / 564-3296 x 234; Fax: 502 / 696-5849

*** When seeking an individual to provide clinical supervision, keep in mind you must use someone "approved" by the Board. An "Approved supervisor" means an individual who 1.) holds a designation as an approved supervisor or supervisor in training granted by the American Association for Marriage and Family Therapy; or 2.) is licensed as a marriage and family therapist in the Commonwealth of Kentucky with a minimum of five (5) years of experience in the practice of marriage and family therapy, eighteen (18) months of which shall be as a therapist licensed in the Commonwealth of Kentucky.**

ATTENTION!!! To avoid delay of Associate Licensure approval . . .

. . . BE SURE to fill out the application completely and correctly!
. . . BE SURE to include the supervisory contract with your application!
. . . BE SURE to send your transcript with your application!

National Marriage and Family Therapy Exam – Kentucky Residents

Kentucky Marriage and Family Therapy Associates are allowed to take the national Marital and Family Therapist exam at their own discretion. Once an associate license has been issued, the recipient's name is submitted to the exam service therefore making them eligible to sit for the exam. Exam dates are provided on the Board of Licensure website ((http://mft.ky.gov/).

Professional Memberships

Following graduation, students are eligible to apply for membership in the American Association of Pastoral Counselors and the American Association for Marriage and Family Therapy.

American Association of Pastoral Counselors (AAPC)

Graduates of the MFT Program are eligible for one additional year of Student Membership status at no cost. Graduates may also seek clinical certification as a Pastoral Counselor. Information on membership and certification is available in the Marriage and Family Therapy Office or on-line at www.aapc.org.

Member – Members are individuals who support AAPC's mission to bring healing, hope, and wholeness to individuals, families, and communities. Members abide by all professional standards applicable to one's professional practice and license and pay annual dues. The primary benefit of membership is to be a formal participant in the dialogue on the integration of spirituality and one's professional practice.

American Association for Marriage and Family Therapy (AAMFT)

Graduates of the Marriage and Family Therapy Program may qualify the membership categories below. Applications and additional information can be obtained at www.aamft.org.

Pre-Clinical Fellow
An individual who has completed a master's or doctoral degree in marriage and family therapy from a regionally accredited educational institution, or an equivalent course of study, and is completing the post degree supervised clinical hours toward licensure for independent practice.

Pre-Clinical Fellows may remain in this category for a maximum of five (5) years or until they have completed Clinical Fellow membership requirements (whichever comes first). Transfer to Affiliate if not ready for Clinical Fellow membership at the end of 5 years.

Clinical Fellow
After obtaining licensure as a Marriage and Family Therapist, graduates may make application for status as a Clinical Fellow. A Clinical Fellow is the credentialed level of membership in the AAMFT. Clinical Fellows have met the rigorous standards of training in marriage and family therapy and are recognized worldwide for these standards.

MFT Post-Graduate Internship

Description

The MFT Post-Graduate Internship is a time-limited (usually one to two semesters), part-time appointment with the Marriage and Family Therapy Program to the Louisville Presbyterian Theological Seminary Counseling Training Center. Individuals selected to the internship program will be directly responsible to the Director of Clinical Training for all work in the MFT Program and LSCTC. Interns will see clients in the Counseling Training Center as assigned by the Director of Clinical Training. When possible and assigned by the Clinical Director, interns will work with MAMFT students as co-therapists and case consultants. Interns may participate in Clinical Case Conference and Live Supervision at the discretion of the Director of Clinical Training. In addition to clinical work in the LSCTC, interns will be granted access to Program resources to pursue professional goals (such as guided study for the national examination, resume development, etc.) as outlined in their application goal statement.

Post-Graduate MFT interns will not receive direct financial compensation for their counseling services and time commitment. However, interns will have access to a minimum of four hours of supervision per month (usually split between group and dyadic supervision). Similar to clinical supervisors for the MAMFT program, interns will be contracted by the Dean for specific time periods, purposes and functions specific to the Internship program's goals. Interns will be covered by LPTS malpractice insurance only for work in the LSCTC. Interns' performance will be reviewed at mid-term of the contract and at the end of the contract by the Director of Clinical Training. An intern may be granted a second term at the discretion of the Director of Clinical Training and MFT Program Director.

Intern Qualifications:

1) Completed MAMFT Degree from LPTS within the last year.
2) KY MFT Associate paperwork completed and associate license granted.
3) Current malpractice insurance in place for any work completed outside of LPTS.
4) Supervisor evaluations from LPTS MFT Program demonstrating readiness to mentor first and second year students (as assessed by the Director of Clinical Training).
5) Written statement of appropriate goals for completing the Post-Graduate Internship.
6) Successful interview with and approval by the MFT Director of Clinical Training and Program Director.

Application for internship will be submitted to the MFT Director of Clinical Training.

Prepared October 2012

Marriage and Family Therapy Program

Application for Post-Graduate Internship

Louisville Seminary Counseling Training Center

Name:

Date of Application:

Address (Street/City/State/Zip):

Phone: Email:

Graduation date from LPTS:

Associate /Pre-clinical fellow status (please check) Yes No

If yes, please indicate date obtained, if no, please indicate date anticipated:

Clinical supervisor of record and meeting times:

Amount of time available for internship (hours per week):

Hours and days available for internship:

When would you be available to begin the internship?

Length of contract term preferred (number of weeks or months):

Please indicate what interests you about the position of Post-Graduate Intern at LSCTC:

What unique talents or skills would you provide to the LSCTC and the MFT Program?

Please explain what you would hope to gain from your experience in the Internship program:

Please list three references below: a clinical reference, an academic reference, and a character or personal reference. Include phone and email contact information for each.

1. Clinical Reference:

2. Academic Reference:

3. Character/Personal Reference:

Please submit your completed application to Jennifer A. Schiller, Director of Clinical Training ♦ e-mail to jschiller@lpts.edu ♦ hard copy to Jennifer Schiller, Louisville Seminary Counseling Training Center, 1044 Alta Vista Road, Louisville, KY 40205.