

THE

MASTER OF ARTS IN

MARRIAGE AND FAMILY THERAPY DEGREE PROGRAM

AT

LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY

(Revised August 2018)

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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 mission of the Marriage and Family Therapy Program is to educate persons with theological or spiritual commitments to become marriage and family therapists competent to practice in a diverse, multicultural, and interfaith world. We accomplish this by balancing classroom and intensive supervised experience in an on-campus counseling center and a broad range of off-campus sites.**

Marriage and Family Therapy is framed as a professional expression of the church's ministry of pastoral care and counseling. Individuals trained in the MFT 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 MFT 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, and Kentucky Board of Licensure of Marriage and Family Therapists standards.

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 become theologically and spiritually informed MFTs practicing in community settings. 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 or video recordings 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 MFT Program embody a range of differences in religious and educational background, ethnic and racial identity, gender, and sexual orientation. Students may choose to complete the concentration in Black Church Studies with their MAMFT degree.

The MFT Program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT). Graduates of the MFT Program meet all academic requirements for a Marriage and Family Therapy license in most states. MFT graduates will also qualify for AAMFT Clinical Membership.

Admission Requirements

A bachelor's degree from an accredited institution is required for admission. Personal experience, maturity, sense of ministry and aptitude, as demonstrated during an interview process, also are considered for admission. Advanced standing may be given for previous graduate degrees in selected fields.

Transfer of Credit Policy

Entering students may transfer no more than 6 semester hours from previous graduate work from an accredited educational institution under the following conditions:

1. No more than six (6) hours of MFT related credit earned from another COAMFTE accredited program may be applied to required courses in the MFT Program. Transfer of these credits requires MFT faculty review and approval.
2. No more than six hours of MFT related credit earned from a non-COAMFTE accredited program may be applied as electives in the MFT Program with approval of the MFT Program Director.
3. Students entering with graduate theological credits (no theological degree) may apply up to 6 hours of credit toward core theological requirements if classes are determined to be commensurate with MFT Program required courses as determined by the registrar in consultation with the MFT Program Director.
4. Students entering with a completed MDiv or other theological degree may:
 - a. apply six hours toward theological required courses and
 - b. enter with advanced standing in theological study.

Advanced standing allows students with a previous theological degree to substitute advanced theological course or electives for basic courses completed in another degree program.

Program Goals (PG) and Student Learning Outcomes (SLO)

Expected Program Goals and Student Learning Outcomes for the MFT Program at Louisville Seminary are as follows:

Program Goals

- PG1: To graduate students prepared with clinical and theoretical tools to provide individual, couple and family therapy as entry-level professional MFT practitioners.
- PG2: To graduate students who demonstrate cultural competence and are able to provide individual, couple and family therapy with diverse clients.
- PG3: To graduate students with an entry-level professional ability to reflect theologically/spiritually on their clinical practice in a multi-faith world.
- PG4: To graduate students with commitments to service, advocacy and public participation as an MFT.

Student Learning Outcomes

- SLO 1 Graduating students will be able to conduct evidence-based therapy with individuals, couples and families that meets entry-level professional standards.
- SLO2 Graduating students will demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice.
- SLO3 Graduating students will be able to apply an ethical framework, including but not limited to the AAMFT Code of Ethics, to make appropriate decisions in therapy, advocacy, service and public participation.
- SLO4 Graduating students will be able to use a multi-contextual approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client, client-therapist, supervisory, and broader social systems.
- SLO5 Graduating students will be able to use a clinically appropriate theological/spiritual framework in the practice of Marriage and Family Therapy.

MFT Core Competency Domains (MFTC Domains)

MFT competencies are drawn from AAMFT Guiding Principles (AAMFT Core Competencies, AMFTRB Domains). MFT competencies are demonstrated through rubrics associated with signature assignments in class and practice rubrics completed by supervisors and faculty in final evaluations.

AAMFT Core Competency Domain 1-- Foundations of Treatment: Knowledge of system concepts, skills to establish therapeutic relationships.

AAMFT Core Competency Domain 2--Clinical Assessment and Diagnosis: Skills related to activities focused on the identification of the problems and concerns to be addressed in therapy.

AAMFT Core Competency Domain 3--Treatment Planning and Case Management: Skills related to treatment planning with client/client family, managing case from intake to termination including referral and safety planning.

AAMFT Core Competency Domain 4--Therapeutic Interventions: Skills used to ameliorate clinical problems and help client/client families with desired changes.

AAMFT Core Competency Domain 5--Legal Issues, Ethics, and Professional Standards: All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.

AAMFT Core Competency Domain 6--Research Application: Use of current MFT and behavioral health research to inform evidence-based clinical practice.

LPTS Competency Domain 7--Self of Therapist: Awareness and management of personal reactions to clients and treatment process and how these impact observation, intervention and clinical outcomes.

LPTS Competency Domain 8--Theological and Spiritual Integration: Attending to pastoral, theological and spiritual dimensions of therapy and therapist-client interactions.

LPTS Competency Domain 9--Multi-Contextual Engagement and Multi-Cultural Awareness: Demonstrates multi-contextual engagement and multi-cultural awareness in other Core Competency Domains.

ACCREDITATION AND PROFESSIONAL AFFILIATION

The MFT Program is accredited by The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT). Students, clinical supervisors, and academic faculty in the MFT Program, as in all Louisville Presbyterian Theological Seminary pastoral counseling programs, are expected to assent to and abide by the AAMFT Code of Ethics. Violation of these ethics may result in disciplinary action and 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 online at www.aamft.org . For additional information, contact:

The American Association for Marriage and Family Therapy

Telephone: (703) 838-9808

E-mail: memberservice@aamft.org

Fax: (703) 838-9805

Web: www.aamft.org

LIABILITY INSURANCE

Professional liability insurance for services performed as part of the Practicum experience 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 MFT PROGRAM

Academic Requirements: The Master of Arts in Marriage and Family Therapy degree requires 70 hours of academic study. Of these, 19 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 hours are distributed over 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 and Senior Integration Experience.

Master Schematic for Three Year MAMFT Program

Year 1 – Beginning MFT Practice

<p>Key Fall Semester Classes:</p> <ul style="list-style-type: none">• Theoretical Foundation in MFT• Human Growth and Development• Practicum 1: Beginning MFT Practice <p>Key Spring Semester Classes:</p> <ul style="list-style-type: none">• Practicum 2• Ethics• Psychopathology <p>Key January or June Term Class:</p> <ul style="list-style-type: none">• Unsequenced MFT courses, elective or travel seminar.	<p>Practicum focus first year:</p> <ul style="list-style-type: none">• Basic attending skills• Basic intake and assessment• Developing therapeutic alliance• Collaboration with supervisors & colleagues• Basic intake forms, treatment plan & progress notes <p>Student Learning Assessment:</p> <ul style="list-style-type: none">• Mid-semester & end of semester• ~100 hours of client contact & completion of all expected competencies for year
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Year 2 – Therapeutic Models and Treatment Skills

<p>Key Fall Semester Classes:</p> <ul style="list-style-type: none">• Couples Therapy• Electives, unsequenced MFT courses or integrated/theological courses <p>Key Spring Semester Classes:</p> <ul style="list-style-type: none">• Practicum 3• Electives, unsequenced MFT courses or integrated/theological courses	<p>Practicum focus second year:</p> <ul style="list-style-type: none">• Clinical and Family Assessment• Treatment planning• Intervention strategies• Ethical practice <p>Student Learning Assessment:</p> <ul style="list-style-type: none">• Mid-semester & end of semester• ~300 hours of client contact & completion of all expected competencies for year
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Year 3 - Implementation & Integration

<p>Key Fall Semester Classes:</p> <ul style="list-style-type: none">• Theories of Change• Electives, unsequenced MFT courses or integrated/theological courses <p>Key Spring Semester Classes:</p> <ul style="list-style-type: none">• SIE Project• Electives, unsequenced MFT courses or integrated/theological courses <p>Key January or June Term Class:</p> <ul style="list-style-type: none">• Unsequenced MFT courses, elective or travel seminar. <p>Fall: Pass Exit Examination</p>	<p>Practicum focus third year:</p> <ul style="list-style-type: none">• Evidence-based/Theologically informed practice• Flexibility in therapeutic models• Independent integration of multicultural & spiritual factors• Completing the SIE <p>Student Learning Assessment:</p> <ul style="list-style-type: none">• Mid-semester & end of semester• > 500 hours of client contact & completion of all program required competencies
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Marriage and Family Therapy Standard Curriculum (Revised August 2018)

Theoretical Knowledge: 6 hours

PC 308-3	Theories of Change	3 rd Year – Fall
PC 317-3	Gender, Race & Class: Engaging Intersectionality	Unsequenced
PC 304-3	Theoretical Foundations of Family Therapy	1 st Year – Fall

Clinical Knowledge: 24 hours

PC 303-3	Couples Therapy: Theory & Practice	
PC 322-3	Psychopathology & Pastoral Diagnosis	1 st Year – Spring
PC 243-3	Treatment of Chemical Dependency	Unsequenced
PC 223-3	Trauma/Abuse	Unsequenced
PC 441-3	Practicum 1: Beginning MFT Practice	1 st Year – Fall
PC 442-3	Practicum 2	1 st Year - Spring
PC 443-3	Practicum 3	2 nd Year - Spring

Human Development: 6 hours

PC 408-3	Human Growth & Transformation	1 st Year – Fall
PC 307-3	Sexuality & Pastoral Practice	Unsequenced

Ethics and Professional Issues: 3 hours

PC 305-3	Professional Issues & Ethics in MFT	1 st Year – Spring
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MFT Research: 3 hours

PC 281-3	Marriage & Family Therapy Research	Unsequenced
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Integrational Studies: 22 hours

	Reflection Groups	
	Introductory Bible course (TBD)	
TF 102-3	Introduction to Theology & Ethics	
TF 112-3	History of Christian Experience I	
TF 113-3	History of Christian Experience II	

(Note: HCE I or II can be replaced with an Area B (WW) elective)

Free Electives: 6 hours

Free electives may be taken from MFT courses or other general seminary courses (including travel seminars).

Graduation Competency Assessment

PC 500-1	Senior Integration Experience
PC 501-0	MFT Exit Examination

Total Hours: 70

Note: All courses related to the MFT Program curriculum taught by MFT faculty and adjunct professors will comply with syllabus requirements in the Faculty Handbook.

APA Style:

The MFT Program requires APA style for all papers prepared by MFTs or dual degree students. Papers submitted not in APA style will not be accepted. Points will be deducted if a new submission is required because the APA style is not used.

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

- Successful completion of Practicum courses by demonstrating that competencies required by syllabi 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, including a minimum of 250 relational hours, and 100 hours of supervision).
- Successful preparation and presentation of the Senior Integration Experience (PC 500-1)
- Appropriate management of closure or transferring of all client relationships and clinical records.

Graduation Competency Assessments: Two capstone experiences are required for the completion of the MAMFT: (1) The Senior Integration Experience is included in Practicum 3 (PC 443). Students must complete a clinical project which includes a case write-up and oral presentation before a committee; (2) the MFT Exit Exam – a web-based exam designed to test graduating students' therapeutic knowledge and to be used in preparation for mental health licensure examinations. More information on these experiences can be found in Section IV of this manual.

Personal Therapy Requirement:

The Masters of Arts in Marriage and Family Therapy Program requires all Practicum 2 and 3 students to engage in personal therapy. This requirement is based upon the belief that psychotherapy is a vital component of the training and growth of psychotherapists, and that it is the professional responsibility of every therapist to identify, address, and work through personal issues that may have an impact on clinical interactions with future clients.

Students will complete a minimum of 6 hours of personal individual, couples, family, or group therapy during each year in the MFT Program. This requirement is met by seeing a licensed therapist (examples: Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Psychologist, Board Certified Psychiatrist, etc.) or MFT Associate. A completed Psychotherapy Documentation form is filed with the MAMFT office to verify completion of the personal psychotherapy requirement.

Psychotherapy hours earned prior to beginning the program are not eligible for meeting this requirement. Students are advised to plan for this requirement and to complete their hours early in their enrollment in order to finish prior to the end of the year. Monetary support for required therapy sessions and a list of therapists offering discounted services is provided through the Dean of Students Office. Students should consult with their MFT academic advisor or the MFT Program Director if they have are having problems meeting this requirement.

Self-Development: In addition to course work and supervised clinical practice, students also enter a process of professional formation. Clinical supervisors assist students in forming an identity as a MFT including how to 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, or resolve personal or relational issues.

Pastoral and Spiritual Formation: One criterion for admission to the MFT 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 participate in formation groups each semester throughout the three years of the MFT Program, as stated in the catalogue and MFT Program description (2019 and forward).
- 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 care and counseling 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.

CONCENTRATION IN BLACK CHURCH STUDIES

Students in the MFT Program may concentrate in Black Church Studies (BCS). Requirements for this concentration are listed in the Seminary Catalogue. Contact the Black Church Studies Program director for more information.

DUAL DEGREE OPPORTUNITIES

Two 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), and the Master of Arts in Marriage and Family Therapy and Master of Arts in Religion (MAMFT/MAR). Students working to fulfill both degree requirements should work closely with their academic advisor to assure the best use of their electives.

SEMINARY POLICIES

Use of Inclusive Language

In accordance with seminary policy, students are to use inclusive language in class discussions and in written and oral communication by using language representative of the whole human community in respect to gender, sexual orientation, ethnicity, age, and physical and intellectual capacities. Direct quotations from theological texts and translations of the Bible do not have to be altered to conform to this policy. In your own writing, however, when referring to God, you are encouraged to use a variety of images and metaphors, reflecting the richness of the Bible's images for God. More discussion about inclusive language can be accessed from the Academic Support Center and from the section of the LPTS web site with information for current students. Additional information is also presented in the [LPTS Student Handbook](#).

Policy Regarding Students with Learning Differences

Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center during the first two weeks of a semester (or before the semester begins) and should speak with the instructor as soon as possible to arrange appropriate adjustments. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor. Students with complaints regarding disability issues should follow the policy for dealing with complaints and grievances as described in the [Student Code of Conduct](#).

Attendance Policy

As stated in the Seminary Catalog, students are expected to attend class meetings regularly. In case of illness or emergency, students are asked to notify the instructor of their planned absence from class, either prior to the session or within 24 hours of the class session. Six or more absences (1/4 of the course) may result in a low or failing grade in the course.

Policy on Sexual Harassment

The Seminary community expects its members to treat other persons with respect and dignity and will not tolerate any form of sexual assault. Sexual activity should be explicitly agreed upon by both parties. A person has the right **at any time** to say “no” to sexual activity and for it be understood that “no” means “no”. Verbal communications of non-consent, non-verbal acts of resistance or rejection, or mental impairment of the victim due to any cause including the victim’s use of alcohol or drugs may constitute a lack of consent. The same holds whether the assailant is a stranger or an acquaintance. The use of alcohol or drugs will not be accepted as an explanation for the actions of any person charged with the violation of this policy. Wanton, unacceptable conduct will and must be addressed severely for the good of the students and the academic community.

Students or employees who violate this policy may be disciplined under the Seminar’s sexual harassment policy as well as prosecuted under Kentucky’s criminal statutes. Whether or not a criminal prosecution occurs, the Seminary retains the right to proceed with disciplinary action at any time, and need not await the disposition of any such criminal prosecution. Appropriate disciplinary action may include counseling, educational sanctions, disciplinary probation, suspension, expulsion, dismissal from employment, and referral to the proper law enforcement authorities for prosecution.

Grievance Process

Student grievance procedure for formal and informal resolutions can be found in the Governance Manual, Code of Student Conduct, Section 1.3.

MFT PROGRAM EVALUTION POLICY AND PROCEDURES

The MFT Program engages in an ongoing process of data collection and analysis to help maintain program effectiveness, provide direction for program improvement, and assure student success. The MFT Program Guidance and Evaluation below provides specific details about the Program’s cycle of assessment evaluation practices. The MFT Program Evaluation Guide is available on the seminar website and in the MFT Program administrative offices. As the Guide demonstrates, data is collected from MFT students and graduates and is used in several ways.

- At an individual level, data is used to show that students meet requirement for Student Learning Outcomes and MFT Core Competencies. Data is gathered through rubrics and evaluations. This data shows that students have met competencies to pass courses and progress through the Practicum series.
- Aggregated data from student performance in individual classes, practicum experiences, the Senior Integration Experience and Exit Examination is used to show that the

program meets benchmarks set for Student Learning Outcomes and Program Goals. Aggregated data is used to evaluate Program effectiveness and suggest areas of needed improvement.

- The Exit Interview at graduation collects qualitative data about student experiences in the Program and student perceptions of Program strengths and needed areas of change.
- Graduation rate data is used to demonstrate the Program meets benchmarks for graduation rates.
- License examination results are requested from graduates to demonstrate that the Program meets pass-rate benchmarks for the AMFTRB examination.
- Information about employment is requested from graduates to demonstrate that graduating classes meet job placement benchmarks.
- Employee surveys are conducted every three years to gather data about how employers perceive how well Program graduates were prepared for effective employment in the field. This data is used to evaluate strengths and areas of needed improvement in the Program.
- Alumni surveys are conducted every three years to gather data describing how graduates perceive their education in the Program as having prepared them as entry-level marriage and family therapists.

The Program takes great care to protect the privacy of all students and alumni when gathering, analyzing and publishing Program data. Aggregated results of data are published on the Seminary/MFT Program website, in the COAMFTE Annual Report, and are on file in the MFT Program administrative offices.

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 and rubrics which demonstrate a student has met all Student Learning Outcomes and MFT Core Competencies related to the course. 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. **Practicum Evaluation Policy.** All Practicum evaluations are based on competencies and learning outcomes described in each Practicum syllabus. As described in the syllabi for Practicum 2 and 3, a clinical and administrative evaluation is completed at the mid-point and end of each Practicum level. The evaluation is performed by the student's primary clinical supervisor in collaboration with the MFT faculty, the student's group supervisor, Clinical Director, and MFT Administrative Assistant. Clinical Supervisors will review individual Clinical Evaluation results with their supervisees within the context of supervision. In addition to mid-Practicum and final Practicum evaluations, interim student progress is reviewed by the Clinical Staff¹ in regular twice-monthly meetings.
5. **Practicum Evaluation Process (Practicum 2 and 3).**
 - a. Prior to mid-Practicum and final Practicum review dates, the following rubrics will be completed:
 - i. The **Clinical Supervisor** will complete sections 1-4 of the **Clinical & Administrative Evaluation**.
 - ii. Students will complete the **Student Self Evaluation rubric** and submit it to the MFT Office.
 - iii. (Mid Practicum Evaluation only) The **External Site Administrative Supervisor** will complete the **External Site Administrative Supervisor's Evaluation**.
 - b. At a Clinical Staff meeting designated for mid-Practicum and final Practicum evaluations, the Clinical Staff as a whole will review each student's progress using the rubrics noted in 5.a. above.
 - c. The Clinical supervisor will review the Clinical & Administrative Evaluation with the student. After the student has reviewed and signed the evaluation, the evaluation is submitted to the MFT Administrative Assistant and entered into the student's MFT file.

¹ Clinical Staff includes: MFT Program Director, Clinical Director, all MFT faculty members, all clinical supervisors, MFT Program Administrative Assistant.

- d. Based on the Clinical staff review of student progress, a pass/fail grade determination will be made. The grade will be forwarded to the Registrar by the MFT Administrative Assistant.
6. The SIE is a capstone project that demonstrates culmination of the integration of clinical and theological work and indicates that the student is clinically prepared for graduation and entry-level professional practice as a marriage and family therapist. The SIE Committee (see General Program Instructions for the SIE in Section IV of the MFT Program Manual and Practicum 3 syllabus) may determine by vote or consensus that a student's SIE receives: (1) Full Approval, (2) Conditional Approval with prescribed remediation, or (3) Not Acceptable.
7. Special clinical consultations or 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 consultations will be clearly defined, documented, and include specific recommendations from the Clinical Staff for the student, supervisor, or faculty.
8. During the third year, student must pass the MFT Program's Exit Examination. 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 and Employment

The requirements for graduation from the MFT Program meet the standards for the Board of Licensure of Marriage and Family Therapy for Associate status. Following graduation, individuals are eligible to apply for Associate status and, upon approval, to schedule a date to complete the National licensure exam. Students expecting to be licensed in other states should inform their academic advisor, the Director of the Marriage and Family Therapy Program, and the Clinical Director as early in the program as possible so advising can address any differences in state licensing laws.

Marriage and Family Therapists with Associate status and work under supervision of a Kentucky Board Approved Marriage and Family Therapy Supervisor. Requirements for licensure as a MFT in Kentucky can be found at www.MFT.KY.gov. In addition to passing the national licensure exam, Associates are required to obtain a minimum of 1,000 clinical hours and 200 supervision hours over a two-to five year period.

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 Membership

American Association for Marriage and Family Therapy (AAMFT)

Upon graduation from the MFT Program, individuals qualify for Pre-Clinical Fellow status with AAMFT. Once fully licensed, graduates qualify for status as a Clinical Fellow with AAMFT. MFT Associate therapists are encouraged to obtain clinical supervision from a state-approved supervisor that is also AAMFT approved for best clinical practice and portability of clinical status.

CONTINUATION IN THE MFT PROGRAM

- Seminary policy requires students to maintain a cumulative GPA of 2.5 or above in academic work.
 1. “When a student’s grade point average in any semester falls below the “B-” level (2.68), whether this leads to academic probation or not, a conference with his or her Faculty Advisor becomes mandatory. A brief summary of that conference will be prepared, signed by both student and advisor, and filed with the Dean of the Seminary in the student’s confidential file. Further consultation may be required, as directed by the Faculty Handbook.” (2017-2018 LPTS Catalogue, pg. 127)
 2. “Students are placed on probation if they fall behind on pace, maximum time frame or if their cumulative grade point average falls below 2.5 on a 4.0 scale. A student on probation will not be permitted to register for more than nine credit hours per semester and is required to have an academic plan while on probation. Academic probation is removed when satisfactory academic progress is met. Students will be granted no more than two semesters of probation, and failure to remove probation results in loss of candidacy and separation from the Seminary.” (2017-2018 LPTS Catalogue, pg. 127) Students on probation will not be allowed to continue in Practicum without review by and consent from the student’s academic advisor and Director of the MFT Program.
- Students must pass each Practicum course and meet all associated learning outcomes and core competencies to continue in the MFT Program.
 1. Letter grades are assigned in Practicum 1. Practicum 2 and 3 are Pass/Fail. Student Learning Outcomes, MFT Core Competency Domains, grading criteria and course requirements are contained in individual Practicum syllabi.

2. A student assessed as failing to meet learning outcomes and core competency domains in any Practicum final evaluation will receive a failing grade in Practicum and will be terminated as an MAMFT degree candidate.
3. Student progress toward clinical Student Learning Outcomes and core clinical competency domains is assessed continuously in each Practicum.
 - a. Formal clinical assessment procedures include: (1) Mid-Practicum review conducted by the MFT Program Clinical Staff and Faculty, (2) Final Practicum review conducted by the MFT Program Clinical Staff and Faculty, and (3) special review requested by the clinical supervisor, Clinical Director or MFT Program Director, and conducted by the MFT Clinical Staff and Faculty.
 - b. As a general guideline, a passing grade requires that students receive a score of “Meets Expectations” on all AAMFT Core Competency Domains and LPTS Competency Domains of the evaluative instruments.
- The Clinical Director may suspend a student’s clinical practice or participation in Practicum if that student displays egregious personal or unethical conduct or fails to comply with the policies, procedures and expectations of the MFT Program as described in the Program’s manuals.
- The MFT Program Director may initiate action for dismissal from the MFT Program any time a student displays egregious personal or unethical conduct or fails to comply with the policies, procedures and expectations of the MFT Program as described in the Program’s manuals. Procedures for dismissal in these circumstances will comply with Seminary policy.

Revised 7/2018

MFT PROGRAM PERSONNEL

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 Baptist 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., Harrison Ray Anderson Professor of Pastoral Theology 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, the importance of self-care in ministry including mindfulness practice, and engaging interfaith diversity.

Ashley A. Hicks White, Ph.D., Assistant Professor of Marriage and Family Therapy at Louisville Presbyterian Theological Seminary. Ashley is a licensed marriage and family therapist and a Member and Supervisor Candidate of the American Association for Marriage and Family Therapy. Ashley holds a Doctorate of Philosophy and a Master of Science from The Ohio University. She has worked in a number of clinical settings serving clients from diverse backgrounds including racial/ethnic minorities, LGBTQ populations, homeless and low socio-economic individuals and families. Her current research focuses on the intersection of mental health, oppression, and well-being among African Americans. Her other research interests and teaching experience include risk and resilience in adolescent development, adolescent eating disorders, trauma exposure and trauma informed care, and culturally informed care of African American, Hispanic, and immigrant youth and families.

Clinical Director

Beth Seeger Troy, MDiv., LMFT, is Clinical Director at Louisville Presbyterian Theological Seminary. Beth is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy. She is licensed in both Kentucky and Indiana and is an Ordained Teaching Elder in the Presbyterian Church (U.S.A.). Beth holds a Master of Divinity and a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary.

Clinical Supervisors

Craig Herink, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is currently in private practice in Louisville, KY. Craig is a Clinical Fellow and Approved Supervisor with the American Association for Marriage and Family Therapy. He holds a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary and a Master of Health Administration from Duke University.

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. Kent earned a Master's and Doctorate in Counseling Psychology from the University of Kentucky.

Lacey Ryan, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is currently in private practice at Creative Family Counseling in Louisville, KY. Lacey is a Clinical Fellow and Supervisor Candidate with the American Association for Marriage and Family Therapy. She holds a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary.

Nicole Y. Ward, MA, LMFT, BHP, Supervisor at Louisville Presbyterian Theological Seminary, is the owner and public speaker with Helen Paris Foundation LLC. She works in private practice as Marriage and Family Therapist. Nicole is a Clinical Member and Supervisor with the American Association for Marriage and Family Therapy. She is also a Kentucky Board Approved Supervisor. She holds a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary.

Barry G. Winstead, M.Div., MAMFT, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is a Pastoral Counselor and Clinical Director at Kilgore Samaritan Counseling Center in Louisville, Kentucky. Barry is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy. 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.

STUDENT REPRESENTATIVES

- I. **Purpose.** Student Representatives are elected by the MFT student body to provide representation of student interests to the MFT Program leadership, Seminary student governing bodies, and the broader Seminary community. Interests may include but are not limited to:
 - a. Providing feedback to the MFT Program administration and faculty about student experience in the Program,
 - b. Suggesting recommendations for Program improvement,
 - c. Communicating with the Program Director and MFT faculty about student concerns, problems or grievances, and
 - d. Coordinating MFT student interests with Seminary governance, Seminary student activities and concerns, Seminary community life.
- II. **Election of Student Representative.**
 - a. Terms, Limits and Positions
 - i. Chair, Second-, and Third-Year Rep positions are elected in April to serve for one academic year.
 - ii. First-Year Rep terms begin in October and end in May of the following Spring Semester.
 - iii. In the event that the Third-Year Rep or the Chair will be a December graduate, their position will be filled during the October election. This replacement term will begin in December and last until May to complete the academic year. Position transitions occur at the final ICC of the semester.
 - iv. Student Reps will select positions of Secretary, Vice Chair, Pastoral Care, and other positions.
 - v. There is no limit to the number of times a person can serve as a student representative.
 - b. Elections Process
 - i. Nominations
 1. Nominations can be made by any voting member of the body for any position.
 2. Candidates must agree to serve prior to being nominated.
 3. Nominations will take place starting October 1 for Fall elections and April 1 for Spring elections, to be emailed to the Student Rep Secretary.
 4. Elections will take place during the Monthly Student Meeting (held during ICC) and will take place by October 15 and April 15, as the ICC schedule allows.
 - ii. Balloting
 1. Prior to the nomination process, the Secretary will appoint one or two graduating seniors to serve as Election Officials for the election. Election

- Officials will accept absentee ballots on the day of the election and count paper ballots on the day of the election.
2. Chair position is elected first. All students vote for the Chair position.
 3. Only members of a specific cohort vote for their cohort representative.
 4. Elections are conducted on anonymous paper ballots.
 5. Balloted election is done for each position, regardless of the number of nominees.
 6. Write-in candidates will not be accepted during elections.
- iii. Requirement for Quorum: All election contests must represent a quorum ($\frac{2}{3}$) of eligible voters for the contest in question. This can be achieved with absentee voting.
 - iv. Absentee Voting: If a voter is unable to attend ICC on election day, they may submit an absentee vote by way of emailing the Election Official before or on the day of election. Absentee votes must be received before 9:30 a.m. on election day.
 1. The vote sent in by email will count in the tie breaking votes as long as the absentee voter's candidate is not eliminated.
 2. In the event of a tie and the absentee voter's candidate was eliminated, then Elections Officials will attempt to call the absentee voter. The absentee voter has 10 minutes to return the message in order to re-vote.
 3. It is the absentee voter's right to include the extent to which the absentee voter wants to be contacted in the event of a tie.
 - v. Tie Breaking:
 1. In the event of a tie, the Election officials will conduct a re-vote.
 2. In the event of another tie, equaling the 3rd vote, then
 - a. All present voters (all 3 cohorts) will vote together to decide a cohort representative.
 - b. For the chair position, third year students present will vote. If there is an even number of third year students present, then the third year representative will not vote to ensure the tie can be broken.

III. **Student Representative Positions ***

- a. Chair - The Chair is responsible for:
 - i. Scheduling and convening student rep meetings
 - ii. Convening monthly student meetings
 - iii. Representing students at faculty, administration, and LPTS student body meetings, as needed
 - iv. Structuring agendas
 - v. Facilitating processes
- b. Vice Chair – The Vice Chair is responsible for:
 - i. Representing students at faculty, administration, and LPTS student body meetings as needed
 - ii. Serving as a liaison with any working groups
 - iii. Assisting Chair as needed.

- c. Secretary – The Secretary is responsible for:
 - i. Recording minutes and filing copies with the MFT Program office
 - ii. Assisting Chair or Vice Chair as needed.
- d. Pastoral Care Liaison – The Pastoral Care Liaison is responsible for:
 - i. Receiving pastoral care concerns from students
 - ii. Coordinating care, as necessary
 - iii. Instilling positivity, building community and a culture of nurture.

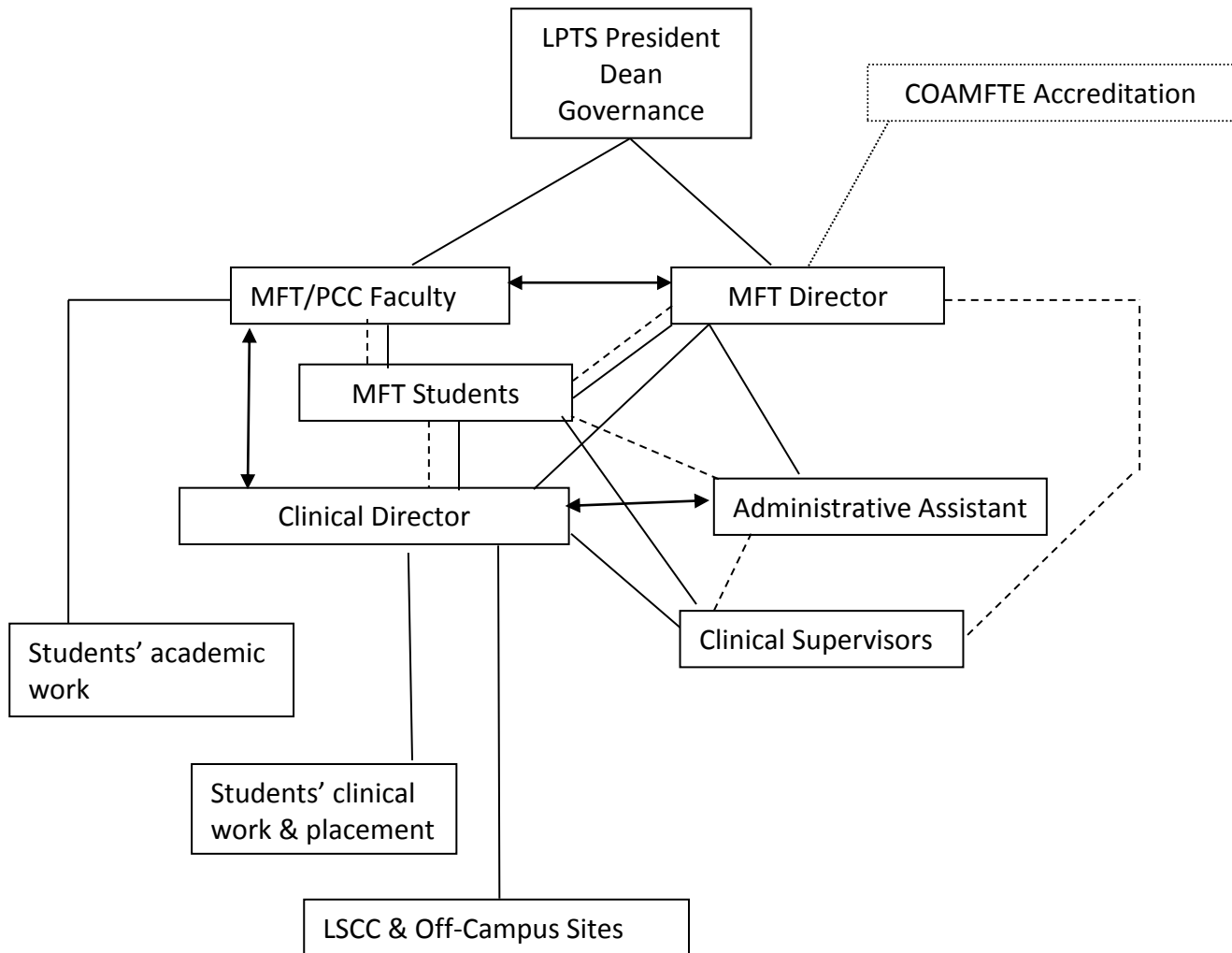
****At times Reps may ask other students to assist with these tasks in order to share leadership and facilitate leadership development. ****

IV. General Responsibilities. Student representatives will:

- a. Meet monthly with MFT students to hear, review and act on any student concerns and interests.
- b. Meet as needed to process, plan responses to or follow-up with student concerns and interests.
- c. Meet monthly for a designated section of the MFT Faculty Meeting to represent student interests, concerns, etc. with the MFT Program faculty and leadership.
- d. Meet as needed with the Program Director to represent or communicate immediate or pressing student concerns.
- e. One Student Representative will meet at least once per semester with the MFT Program Administrative Team (Program Director, Clinical Director, and Administrative Assistant) to provide feedback and coordinate student concerns/input with Program administrative functions.
- f. One Student Representative will serve on the Louisville Seminary Counseling Center's Advisory Board (meets twice yearly).
- g. Collaborate with MFT students to construct an annual agenda to further student interests, address important student concerns, consider how to improve and extend MFT student input into Seminary governance or programming, and improve community life within the MFT Program.
- h. Collaborate with the Program Director to review and revise Student Representative policies.
- i. Collaborate with the MFT Program Director and Clinical Director Training to provide student input for MFT Program and counseling center policies.

Revised 6/2016

MFT ADMINISTRATIVE STRUCTURE



- Responsibility
- - - - Communication
- ↔ Collaboration
- Guidance

Section I Forms

MAMFT Degree Worksheet

Important Definitions to Know

MFT Student Guide: Writing Case Studies and Clinical Files as a Professional Report

SIE Case Study Guide

MAMFT Worksheet (2018-2019)

Course Number	Course Name	Hours
Theoretical Knowledge		
PC 308-3	Theories of Change (3rd Year Fall)	3
PC 317-3	Gender, Race, and Class: Engaging Intersectionality	3
Clinical Knowledge		
PC 304-3	Theoretical Foundations of Family Therapy (1st Year Fall)	3
PC 322-3	Psychopathology & Pastoral Diagnosis (1st Year Spring)	3
PC 303-3	Couples Therapy: Theory & Practice	3
PC 243-3	Treatment of Chemical Dependency	3
PC 223-3	Trauma/Abuse	3
PC 441-3	Practicum 1: Beginning MFT Practice (1st Year Fall)	3
PC 442-3	Practicum 2 (Begin 1st Year Spring)	3
PC 443-3	Practicum 3	3
Human Development		
PC 408-3	Human Growth & Transformation (1st Year Fall)	3
PC 307-3	Sexuality & Pastoral Practice	3
Ethics and Professional Issues		
PC 305-3	Professional Issues & Ethics in MFT (1st Spring)	3
MFT Research		
PC 281-3	Marriage & Family Therapy Research	3
Integrational Studies		
	Reflection Groups	9
	Introductory Bible course (TBD)	3
TF 102-3	Introduction to Theology and Ethics	3
TF 112-3	History of Christian Experience I	3
TF 113-3	History of Christian Experience II	3
	HCE I or II can be replaced with an Area B (WW) Elective	
Free Electives		
	Free Elective	3
	Free Elective	3
Graduation Competency Assessment		
PC 501-0	MFT Exit Examination	0
PC 500-1	Senior Integration Experience	1

June 1, 2016

Total Hours: 70

Marriage and Family Therapy Program Important Definitions to Know

Multicultural Therapy

Multicultural Therapy, according to D. W. Sue and Torino (2005, p 3) “..can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems.” Multicultural competence as a therapist includes: (1) therapist awareness of personal assumptions, values and biases, (2) understanding the worldview of diverse clients, and (3) facility with appropriate strategies and interventions consistent with the life experiences and values of culturally different clients. (Sue & Sue 2008)

Evidence-Based Practice

Evidence- based practice (EBP) is a “...practice-friendly approach to using research to enhance family therapy” (Gehard, 2010, 133). This approach looks to research to help clinicians make decisions in therapy about care for individual clients, couples and families. Evidence-based practice will (1) look to research for information about what treatments are most effective for specific problems, (2) critically examine that research for its validity and applicability to specific cases, and (3) evaluate how effective a selected method is for specific clients, couples and families (for example, using the ORS/SRS).

Gehard, D. (2010). *Mastering competencies in family therapy*. Belmont, CA: Cengage Learning.

Sue, D.W. & Torino, G. C. (2005). Racial-cultural competence: Awareness, knowledge and skills. In R. T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling* (pp 3-18). Hoboken, NJ: Wiley.

Sue, D. W. and Sue D. (2018). *Counseling the culturally diverse: Theory and practice 5th ed*. Hoboken, NJ: Wiley.

MFT Student Guide:
Writing Case Studies and Clinical Files as a Professional Report

1. Professional reports have specific purposes:

- To document your professional
 - Observations (includes in-session observations and test/self-report instruments),
 - Conclusions (assessment outcomes, diagnoses, assessment of couple/family problems), and
 - Actions based on your observations and conclusions (treatment plan, safety plan, plan for further assessment, plan for referral etc.).
- To communicate with other professionals who may need to interact with you about your client, your observations, your conclusions and actions.
- To provide legal documentation showing that you have met professional standards
 - In how you made observations,
 - In how you based your conclusions on specific observations,
 - In how proposed actions (e.g. goals and treatment plan) are justified by your observations and conclusions.

2. Professional reports should:

- Be organized by clear subject headings that reflect central areas of care and professional standards of practice (for LPTS, see the Case Study rubric).
- Use subject headings as **boundaries**. For instance, if you are writing in Presenting Problem, address **ONLY** the presenting problem in that section. Do not stray into history, personal or family dynamics, explanations of “why,” etc.
- Demonstrate clear, concise writing saying as much as possible about observations, conclusions and actions **with as few words as possible** (rule of parsimony). Busy professional consultants do not appreciate having to sort through an “essay about therapy,” therapist musing about appropriate diagnosis or treatment options, or excessive description of what they experienced in specific sessions. Such musings and excessive description also open you to unnecessary liability. You want to represent your professional work in a clear, linear fashion—what you observed, what observations mean (conclusion and diagnoses), how conclusions lead to action.
- When possible, use therapeutic terms as a “shorthand” for what otherwise would be lengthy description of client behavior or interactions. For instance, use “observed couple detouring conflict through children,” or “parent’s passivity appeared to reinforce child’s tantrum behavior”, or “couple appeared mutually to reject bids for attention in session.”
- Use client words when possible, **BUT** select them carefully to give clients voice and illustrate something essential to your report. Do this sparingly and use as few words as possible.
- Clearly articulate **what you observe and know; do not speculate about what you cannot observe and what you do not know.**
 - Avoid speculation about causation. You can **never** know the “root cause” of a problem or be certain that particular kinds of interactions produced certain kinds of behavior or problems.

- Feel free to describe intrapersonal dynamics, interpersonal dynamics, couple and family dynamics and draw conclusions, but do this as simply and clearly as possible without excess speculation or suggesting causation.
- Be written in third person. (Exception: In sections of case studies that include theological reflection and/or countertransference issues first person is fine. Note that these reflections would never be included in a professional report sent outside of a training program like ours.
- Be written with appropriate tense—
 - past tense for events taking place before the session (“Client has worked at G.E. for the past 38 years,” or “clients reported intense conflict over the past six years of their marriage,” etc.)
 - past tense for observations made during a past session (“during the session the client was tearful,” or “therapist observed tongue thrusting and rolling hand motions typical of tardive dyskinesia,” or “client stated....”
 - present tense for things that are presently true for the client (“client is 38 years old, has three children, married, etc.)
 - future tense for expected future events, treatment goals, and intervention plans (“client plans to visit her parents next week,” or “at the end of therapy, clients will report that they are able to talk about co-parenting their children weekly without conflict over a two month period,” or “Plan: in the next session therapist will introduce Dreams within Conflict intervention,” or “therapist will administer Dyadic Adjustment Scale in the next session.”
- Be signed with your name and professional qualifications.

Marriage and Family Therapy Program SIE Case Study Guide

Student Instructions: Use the following outline to guide your work. Be sure to use the **headings and subheadings** in the order listed below. All areas are to be completed unless otherwise specified. Your report must demonstrate clear and effective writing (APA Style) and be drafted as a professional report (see Guide for Professional Report Writing). Use clear, appropriate clinical language. Your report should provide information that shows sound clinical treatment planning for specific outcomes. All case write-ups are to be submitted in 12 point Calibri Font only, using 1.5 spacing. The length of the write-up is to be as follows:

MAMFT - 8-10 pages, to include a one page case write-up summary.

Dual Degree, 10-12 pages, to include a one page case write-up summary.

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

I: Identifying Information/Description of Client

- A. Provide a one paragraph description of the client family presented. Include ages, ethnic and gender information, vocational or educational information and any other outstanding features that will help provide a picture of the context for treatment of the 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

- A. Provide a short, concise paragraph stating what the individual/couple/family perceived as the motivating factor bringing them to therapy. What does the client want to change?
- B. Client's voice is central.
- C. Presenting Problem should be closely related to the outcome goals set in IV below.

III: Clinical/Pastoral Assessment

- A. State the theoretical model that guides your assessment; also include
 - 1. the systemic framework for all individual, family, couple, and child assessments
 - 2. how do the relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors interact with assessment and diagnosis and your own social location as an observer/evaluator context
- B. **Family Assessment.** In this section briefly summarize your observations about client family behavior, self-report, and any evaluative conclusions you might note from interview data and observations. Use the following sub-headings:
 - 1. Interview Observations (for example observation of family/couple dynamics in session.)
 - 2. Relevant couple/family social history
 - 3. Couple/Family Strengths and Resources (use eco-map when possible)
 - 4. History of the problem
 - 5. Use and interpret assessment tools. **Each case must include a Genogram and Eco-map.** Other family and couple assessment tools (FACES IV, FAD, Dyadic Adjustment, Locke-Wallace, Weiss-Cerreto, Gottman tools, Prepare-Enrich, etc.) should be included based on the constellation of clients in session and Presenting Problem.
 - 6. Provide an assessment summary: What conclusions can you draw from information in 1-5 re. the relevance of:
 - Transgenerational issues: Family themes, myths, legacies, debts, scripts, etc.
 - Structural, power, and communication dynamics.
 - Information from family of origin, personal history, and relationship history.
 - Family life cycle, individual life cycle, developmental tasks, etc.
 - Gender, racial-ethnic, class, age, and other multi-cultural issues.

C. Individual Assessment and Screening. Identify and summarize results of individual assessment. Use the following subheadings:

1. Interview Observations (how the client appeared and interacted in session) and mental status (use mental status guide)
2. Relevant social, psychological, educational, vocational, spiritual history; history of the problem.
3. Client Strengths and Resources.
4. General Screening tools (report score and briefly interpret data)
 - Cross-cutting measures, SCL 90, WHODAS
5. Specific Screening tools (report score and briefly interpret data)
 - Depression Screening. List tools used, results and conclusions.
 - Substance Screening. List tools used, results and conclusions.
 - Suicide and Self-harm Screening. List tools used, results and conclusions.
 - Other formal assessment relevant to client self-presentation (Anxiety, Trauma, ADHD, Mood Disorder, etc.)
6. Spiritual/Theological Assessment. List procedures and outcomes.
7. Provide an assessment summary for individual assessment.
 - What overall clinical conclusions do you draw from interview observations, Mental Status, screening tools, etc.? Be sure to attend to systemic considerations in individual diagnosis.
 - What DSM 5/ICD 10 diagnosis is relevant (use name and ICD 10 code). Any diagnosis you make and how the client meets criteria for a diagnosis must be fully supported by information from interviews and tools above.

IV: Treatment Planning and Summary of Treatment to Date

- A. Refer to III. A above. Be sure that your treatment plan and treatment summary are consistent with the theoretical model you have chosen and shows clear attention to:
1. the systemic framework for all individual, family, couple, and child assessments,
 2. relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors,
 3. how these interact with assessment and diagnosis and your own social location as an observer/evaluator context
- B. State your treatment plan for this client family.
1. Write one or two specific, ***observable and measurable client outcome goals*** (“at the end of therapy...”).
 2. Be sure outcome goals are consistent with client/family Presenting Problem.
 3. Briefly describe your planned interventions.
- C. State your contract with the client family.
- D. Attend to research and evidence-based practice in goal setting and treatment planning.
- E. Evaluate the effectiveness of your strategy to date using data from ORS/SRS and other client report.

V: Theological Reflection

- A. Describe theological, spiritual and faith issues integral to this client family’s self-presentation.
- B. Describe how your own value system, personal belief system, personal faith and faith tradition interact with or inform your work with this client family.
- C. Include a brief statement that expresses care for the family, change, or intervention in a spiritual or theological framework.
- D. Provide a brief theological statement about how you see what you are doing to be healing and or helpful.

VI: Use of Self

Awareness of issues such as countertransference, transference, triangles, differentiation, enmeshment, the place and importance of therapist-client relationship and interaction should be evident throughout the case study. Use this section to make direct comments about specific or outstanding issues important to your case presentation and any specific concerns or actions related to therapist self-care.

PRACTICUM: CLINICAL EXPERIENCE AND PRACTICUM SITES

CLINICAL EXPERIENCE REQUIREMENTS

To complete the MFT Program, students must complete Practicum 1, 2 and 3 with a **minimum** of 500 supervised, direct client contact hours. At least 250 of the required 500 hours will be with couples, families, or other relational systems. Up to 100 hours of this clinical experience may consist of alternative hours completed through clinical observations completed in Practicum 1 and therapeutic work in Clinical Pastoral Education (CPE). 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.

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.

PRACTICUM SITES

Louisville Seminary Counseling Center (LSCC)

Louisville Seminary Counseling Center is the MFT Program's primary counseling site. LSCC is located in Nelson Hall and provides mental health services to the public year round. This center is directed by the LSCC Clinical Director and administered by the Director and MFT Administrative Assistant. LSCC does not provide therapeutic services to LPTS students, faculty, staff or their families.

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 and Louisville Presbyterian Theological Seminary. The practicum site must guarantee face to face counseling experience of adequate variety and quantity to meet the MFT Program's graduation requirements while also meeting standards to guarantee continuity of educational experience. This requirement includes obtaining access to video recording or direct observation of the student's clinical work.

An active case load at LSCC is required prior to the assignment of an off-campus site. It is expected students will spend 6-8 hours at each of their clinical settings, LSCC and off-campus sites. External assignments are made by the Clinical Director in consultation with students and the off-campus site Administrative Supervisors. All placements are reviewed at the end of each practicum course. Special review of placement may occur as warranted by circumstances or when requested by a student, clinical supervisor, or Administrative Supervisor. For clinical continuity, and as an expression of the Program's goal of graduating students with commitments

to service, advocacy and public participation, Practicum 3 students will remain in their external placement (6-8 hours) through the spring semester of the year in which they graduate. Beginning or ending at any practicum site must be in consultation with and approved by the Clinical Director.

CLINICAL PASTORAL EDUCATION (CPE)

MFT students may elect to participate in Clinical Pastoral Education (CPE) as a part of their Practicum experience. Upon the successful completion of CPE, students may apply up to 100 of these clinical hours to their required 500 supervised direct client contact hours. The 100 clinical hours obtained are distributed in equal amounts over students' remaining Practicum courses. The MFT Program does not count retroactively any CPE hours completed outside the Program. To qualify for practicum credit, MFT students must also continue to receive one hour of supervision per week from an AAMFT Approved Supervisor designated by the MFT Program Director.

Student Eligibility

MFT students are eligible to participate in CPE after completing their first full semester of Practicum. CPE is best completed between the first and second years in the MFT degree program.

Students interested in participating in CPE must meet with the Clinical Director for approval prior to beginning the application process through the Field Education Office.

CPE Unit, Academic and Clinical Credit

Students participating in CPE may earn one unit of Clinical Pastoral Education.

Students may register for three (3) hours of academic credit for CPE with the Registrar's office. Any student who chooses not to do CPE for academic credit is directly responsible for the unit fee charged by the site where he or she participates. In this case, the student must consult with the Registrar.

In order to receive clinical credit for CPE, a passing CPE final evaluation must be submitted to the MFT Office. The final evaluation will be reviewed by the Clinical Director and Director of the MFT Program.

CPE Applications

Deadlines for CPE applications are listed on the current "Field Education Calendar" (see the LPTS website). CPE application deadlines are also printed in the *Seminary Times* prior to the

due dates. The demand for summer CPE positions is extremely high. CPE applications need to be submitted by mid-October.

PLEASE NOTE: CONSIDERABLE TIME IS NEEDED TO COMPLETE THE CPE APPLICATION ESSAYS.

Payment of CPE Fees

Louisville Seminary will pay directly to the Louisville Cluster the supervision fee of \$850.00 for students taking their FIRST unit of CPE within the institutions of the Louisville Cluster. The Louisville Cluster waives the application fee for students applying through the Field Education Office.

Louisville Seminary will pay up to \$850.00 in unit fees for students taking a FIRST unit of CPE outside the Louisville Cluster. The Seminary will not pay application fees, interview fees, or LPTS course registration fees. For most out of state CPE sites, the unit cost and tuition must be paid before the CPE unit begins. The MFT Program will pay the seminary's portion of the unit fee directly to the CPE site.

The seminary does not pay the fee for a second unit of CPE.

Applying to a Center for CPE in the Louisville Cluster

After meeting with the Clinical Director regarding CPE, students interested in serving a center within the Louisville Cluster should contact the Field Education Office to obtain an application and information regarding application requirements. Applications may also be obtained on the national organization website, www.acpe.edu. While in the MFT Program, any communication about possible CPE placement must be managed through the Field Education office at LPTS and not with the CPE programs directly.

Original applications (CPE form and responses to questions) and copies of all paperwork must be submitted to the Field Education Office only. The Field Education Office will send applications to Cluster hospitals.

Applying to a Center for CPE outside the Louisville Cluster

Contact information for approved CPE sites throughout the United States is available in the Field Education Office and the national organization's website. www.acep.edu.

When a MFT student selects a CPE experience outside of the Louisville cluster, the student assumes responsibility for the following:

1. Obtaining approval from the Clinical Director and the MFT Program Director **PRIOR** to taking any step in the application process. Once approval has been obtained, the MFT Program is responsible for providing the standard unit fee of \$850.00.

2. Notifying the Field Education Office of intent to apply for a CPE position outside the Louisville Cluster **PRIOR** to submitting an application to an institution.
3. Preparing the CPE application. It is recommended that the student phone or email the institution to which they wish to apply to learn pertinent information about the program and the institution's requirements, and to introduce themselves to the director of the program. Most institutions personalize the CPE application with their logo and may prefer to have students request the institution's specific application form. Application materials may also be obtained on the website of the national organization, www.acpe.edu or in the Field Education Office.
4. Submitting the CPE application to the selected site and the MFT Program. Payments to the selected institution will not be made until there is a copy of the student's CPE application on file in the MFT Office. If course credit is desired, payment must be made to LPTS before CPE begins.
5. Completing any interview process required.
6. If approved for a CPE unit at the selected site, communicating this information to the MFT Office along with the name of the Administrative Supervisor, her or his contact information, and the total unit cost. The MFT Program will communicate with the Administrative Supervisor around what is expected by the MFT Program, including an appropriate evaluation, grade for the unit (required if taken for course credit) and processing unit fees.
7. Contracting with an AAMFT Approved Supervisor in the CPE site's area from whom the student will receive one hour weekly MFT supervision sessions. This MFT supervisor must be approved by the MFT Program's Clinical Director.
8. Funding any additional costs including course registration fee, interview fees, supervision fees, and unit fees above the standard amount.

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 AAMFT Approved Supervisors or Supervisor Candidates who have strong commitments to the importance of intensive supervision for the developing therapist. Supervision may take place in two formats, individual and group. Both forms of supervision are offered in the MFT Program.

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 client cases. The clinical supervisor is to be informed of all client contact and clinical concerns whether occurring at the on-campus site (LSCC) or at the student's off-campus site.

Group supervision is defined as weekly face-to-face meetings between a supervisor and up to 8 students for group reflection upon student presentation of cases which occurs in rotation.

Supervision

Supervisory conversations take shape through reflection upon case report and/or raw data (direct observation or video presentation) from the supervisee's practice. The boundaries of the supervisory conversation are clearly around the concrete processes of the supervisee's professional practice, self-identity, and clinical relationships. The working alliances in supervision requires reflection, particularly as problems surrounding treatment and training bring to light personal and relational challenges for the supervisee.

Conversations focus on the task of marriage and family therapy and seek to return to that practice with increased knowledge and skill. Students in off-campus practicum sites will receive various enrichment and training experiences including seminars, lectures, and administrative activities at these sites. These are a legitimate and necessary part of practicum experience but are not considered in the total clinical supervision hours.

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 100 hours of supervision is required for graduation from the MFT Program. At least 50% of all supervision will focus on raw data from the student's clinical work by means of direct observation or video recordings reviewed by the clinical supervisor.

Individual Supervision

In most cases, students will change supervisors when they progress from Practicum 2 to Practicum 3. Supervisory appointments are made by the Clinical Director. Students will ordinarily receive supervision for a minimum of one hour per week.

Group Supervision

In addition to individual supervision, all students enrolled in Practicum 2 & 3 are required to participate in the MFT Program's supervision groups 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:

- Completion of Practicum 1 and demonstration of AAMFT and LPTS Core competencies related to that course.
- Establishing ethical foundations of confidentiality and informed consent.
- Completing legal and programmatic requirements for clinical practice, such as student professional affiliation in AAMFT,
- Establishing a supervision plan reflecting the student's readiness for supervised practice and directed toward specific objectives of the practicum course.

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 MFT 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, 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 LSCC interns, clinical supervisor, administrators and staff.
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 and video recordings are to be observed only by counseling interns, post-graduate MFT interns, clinical supervisors, and MFT faculty during supervision consultation or review of records.
4. Supervisors, faculty and interns are required to excuse themselves from supervisory sessions addressing cases of clients that they know personally. Likewise, supervisors and faculty shall excuse themselves from the review of a student with whom they have a personal relationship.
5. Conversation about clinical cases is restricted to discussion in formal observation rooms and clinical case conference settings. Informal or casual discussion in hallways or other social settings is not acceptable.
6. If asked whether someone is in therapy, the proper response is to state, "Confidentiality prohibits us from discussing or disclosing any information regarding possible clients." When clients are encountered in public, care is taken to avoid personal contact or acknowledgement unless initiated by the client.
7. Disclosure of any information about a client to an outside source is only permitted when a client has submitted a signed release requesting specific information be disclosed to a named person or organization. Appropriate release forms should be included in the client's file. Any subpoenas or court orders related to a client or client file shall be immediately referred to the Clinical Director.
8. Records concerning student reviews and evaluations shall be kept under lock and key with access only by the administrative staff or to the student upon their request.

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, 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 Center Operating 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 course 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 contracts contain standardized responsibilities. Supervisors may include additional requirements as needed. Standard responsibilities include: 1. Present video recordings (raw data) or written case report during the supervisory time each week. 2. Maintain a ratio of 1 hour of supervision for every 5 hours of client contact (1:5). 3. Complete administrative paperwork in a timely fashion. 4. Follow all policies and procedures for Louisville Seminary Counseling Center.

2. Specific Measurable Goals – Goals established for Practicum may reflect one or more of the following areas, corresponding to the Practicum course syllabus. These may include:

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.)

Personal 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 academic learning, theory, theology, and use of self in the practice of therapy. This area of clinical concentration includes concern for pastoral and professional 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 – Successful completion of competencies for each Practicum course will be measured and documented by using standard rubrics included in the Practicum syllabi. Supervisors may include additional methods as needed for each Practice course. Standard methods include: A Mid-Practicum Evaluation and a Final Evaluation with Clinical Staff Review.

GROUP SUPERVISION

Group supervision provides a weekly 2 hour supervision opportunity during the fall and spring semesters for Practicum 2 and 3 students. 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 2-page written case summary including an up-to-date genogram and will present a demonstration of their work with the client(s). The demonstration

may be completed by having the client(s) attend a counseling session for direct observation during group supervision, or by presenting portions of a previously recorded counseling session. In the alternative, a case report with role play may be utilized with permission of the group supervisor. If clients will be present during the group supervisory session, the student will ensure that "Informed Consent/Limits of Confidentiality/Recording Release" form is in the client file for each client member participating in the session.

Group supervision is required throughout the Practicum series. Each supervision group consists of up to eight MFT students and 1-2 clinical supervisors. Students begin group supervision in Practicum 2. 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 Clinical Director.

Group Supervision / Individual Supervision

It is the policy of the Marriage and Family Therapy Program to integrate individual and group clinical supervision. The following procedure is followed:

1. When scheduled to present in group supervision, a student shall inform their individual clinical supervisor. Students are encouraged to talk with their clinical supervisor about which client(s) would be appropriate and might benefit from this experience, any specific concerns regarding client attendance at a live session, and client ability to manage group feedback.
2. When presenting a live case, students will video record group supervision sessions to have the opportunity for review and discussion with their individual supervisor at their next meeting.
3. Students will process group supervision sessions with their individual clinical supervisors at the individual supervision session following group supervision.
4. When a client attends group supervision for therapy, students will include this experience in their progress note.
5. Case write-ups for presentations, comments from the group supervision process, and supervisory feedback are not maintained in the client file.
6. Group supervisors will provide students with a written description of the framework and action of group supervision for the semester. A copy will be kept on file in the MFT Office. This document will outline how live supervision is to be scheduled, any theoretical framework for supervision during the semester, and any expectations for written documents to be completed by the student to prepare for group supervision.

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 accredited program is theological reflection. MFT Program Goal 3 is ***“To graduate students with an entry-level professional ability to reflect theologically/spiritually on their clinical practice in a multi-faith world.”***

Theological reflection is incorporated into academic study, clinical practice, and clinical supervision in individual and group dynamics.

PRACTICUM: EVALUATION POLICY AND PROCEDURE

A thorough evaluation of the progress of each student is made throughout each Practicum 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 MFT 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 based on standard rubrics and 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 students and clinical staff.¹ Evaluation is a mutual process. Students will also be asked to evaluate their supervisors and Practicum sites during each Practicum.

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 are defined by MFT competencies selected by the Program and described by standard Program rubrics. The three year progression through the MFT Program is as follows:

Year 1 of the MFT Program, in both academic and clinical experience, is centered on:

- Understanding the nature of the joining process, the establishment of and the impact of multicultural considers on the therapeutic alliance;
- Understanding general principles of therapeutic change;
- Understanding how the therapeutic alliance and principles of change are organized by MFT models of therapy, beginning with a focus on the Solution Focused/Brief Therapy model;
- Developing skill in and maintaining therapeutic alliance with clients in supervised practice;
- Developing basic skills in admitting clients to treatment and establishing preliminary clinical diagnosis;
- Developing basic skills in treatment planning;

¹ MFT Faculty, Clinical Supervisors, Director of MFT Program, Clinical Director, and MFT Program Administrative Assistant.

- Developing an awareness of contextual variables in therapy;
- Beginning skills in theological/spiritual reflection on clinical practice;
- Utilization of clinical supervision for enhanced understanding of foundations of clinical practice and the initial formation of the self of the therapist.

Year 2 of the MFT Program expands foundations developed in Year One. Focus of Year Two includes:

- Establishing a knowledge and practice base for clinical assessment;
- Developing effective skills for treatment planning and case management;
- Deepening and expanding knowledge of therapeutic models;
- Increased facility in applying therapeutic models in supervised evidence-based practice;
- Skill in managing clinical cases in an ethical manner from intake to termination (including administrative tasks);
- Skill in managing client feedback;
- Deepening awareness and ability to use a multicultural therapeutic framework that accounts for a broad understanding of human differences in supervised therapy;
- Ability to appropriate theological and spiritual factors critically to evaluate therapeutic models and therapy practice.

Year 3 of the MFT Program is centered on integrating knowledge and skills gained in years 1 and 2. This includes:

- Expanding knowledge and practical skill necessary to conduct multicultural, evidence-based Marriage and Family Therapy from intake to termination for a diverse population of clients and client families.
- Demonstrating a broad knowledge of Marriage and Family Therapy theory and the ability to flexibly apply theories to evidence-based practice;
- Ability to think ethically and make appropriate clinical decisions;
- Ability to use multicultural approaches and attend appropriately to religious, cultural, racial, economic, gender, and sexual orientation differences;
- Ability to recognize and respond to social justice concerns in the practice of Marriage and Family Therapy;
- Ability to use a theologically coherent, ethically responsible, and culturally sensitive spiritual integrative framework as a Marriage and Family Therapist;
- Completing all Program required practicum hours and competencies.

CRITERIA FOR FINAL PRACTICUM GRADE

- Using process and procedures described in Practicum syllabi, the Practicum 1 professor will assign a letter grade. In Practicum 2 and 3, grades of Pass or Fail will be based on the final Clinical staff review of student progress at the end of each Practicum level.
- Ordinarily, a student must receive a passing score on all clinical & administrative evaluation domains to receive a passing final grade in each Practicum. Students must also receive a Passing report from the External Site Administrator.

Psychotherapy

The MFT Program requires all students to engage in a minimum of 6 hours of personal therapy during each year in the MFT Program. Additional therapy may be recommended while in the program. Particular issues that emerge during clinical work may require attention in therapy and consultation 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 Clinical Director. A stipend is available from the Office of the Dean of Students to facilitate therapy for LPTS students.

THE PRACTICUM LOG

The Practicum Log is used to document hours accumulated in the clinical experience. The form is divided into two sections, **Report of Client Contact Hours at LSCC and the student's off-campus site** and **Report of Clinical Supervision Hours through LSCC**.

CLIENT CONTACT HOURS

Direct client contact is defined by AAMFT to be "therapist and client therapeutic meetings in the same physical location. . . Sessions with other systems, groups of individuals who do not define themselves as a couple or family, but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. A 45-minute therapy session must be counted as 45 minutes, not one hour or as a contact hour." (AAMFT Version 12 Glossary)

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.

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.

Other – Members of a systemic group attending session to address concerns related to the group. These hours do not align with the traditional definition of couple and family but are seen as systemic and interactional.

Counting 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.

Alternative Hours – Upon the successful completion of Clinical Pastoral Education, 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.

Client information needed to complete the Practicum Log

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

1. Is/Are the client(s) in session a single individual, couple, family as defined above?
2. If the client(s) is/are do not conform to the definitions for couple or family, are they members of a relational system?
2. If a group is seen, . . .
 - a. is it a group of individuals, couples, or families?
 - b. are any members of the group related as defined in couple or family above?

Examples:

A man and women who are married or living together are a "couple".

Two ladies/gentlemen who are partnered are considered a "couple".

Two roommates are considered part of a "relational system."

A child and a teacher are considered part of a "relational system."

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 MFT Program. The Program contracts with clinical supervisors who are AAMFT Approved Supervisors or Supervisor Candidates. Only supervision by these individuals are documented on the Practicum log. Supervision may occur with an individual Clinical Supervisor or in group. Supervision received at an off-campus site is not counted on the Practicum log.

Constellation of Supervision

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

Group – A group constellation for supervision occurs when 3-8 students work with a supervisor. Group supervision may include the Reflect Team process.

Types of Client Documentation Used in Supervision

Raw Data

There are three primary types of “Raw Data” documentation: 1. Video recordings of client sessions. 2. Supervisor observation of a client session as it occurs. 3. Co-therapy with a Clinical Supervisor observation of a student conducting therapy may occur through a one-way mirror, TV monitor, or in person. Audio recording is used infrequently.

Case Report

All forms of supervision NOT based on raw data is entered on the Practicum Log as “Case Report.” This type of supervision may include such activities as discussion of client documentation, review of progress notes, and treatment planning.

Supervision information needed to complete the Practicum Log

1. Individual supervision – usually meets weekly for 1 – 1.5 hours. 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; only paper documentation or was a video recording shown?

Each supervisory session may count as one type only. For example, a 1.5 hour supervision session in which a video is shown and paper document is reviewed would be recorded as a 1.5 video session only, not divided between video and documentation.

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

2. Group Supervision – These supervisory groups of 3-8 students meet for 2 hours each week during the Fall and Spring semesters. 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 have a client present for a session or may present a case write-up or a video recording.
 - c. Presenter Only: If a client family is present during Group Supervision, the presenter may count 1 hour of the session as a direct client contact hour (Single line, appropriate column) and 2 hours of supervision with “Client Present in Supervision.”

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:

Month & Year of this Record:

Student Name: Clinical Supervisor:

Report of Client Contact Hours at LSCC and _____

Direct Client Contact Hours

Constellation	Clinical Hours Completed at LSCC				Total Client Hours	
	Individual/ Individuals	Couple/ Couples	Family / Families	Other	Total Relational Hrs.	Total All Client Hrs. @ LSCC
Single						
Group of . . .						
Total Hrs. LSCC						

The first column represents the “Constellation” of the session. Constellation refers to whether the client family seen was a single (one) person/couple/family, a group of individuals/couples/families, or members of a relational system. (See definition of “Other” above.)

The three “Relational Hours” columns refer to couples, families, and others. To be “Relational Hours”, the counselor must work with more than one person in the room and the focus is relational, systemic and contextual.

There are two reporting columns for “Total Client Hours.” They are “Total Relational Hours” and “Total All Client Hours @ Site.” The relational hour total is separated out to track progress toward obtaining the 250 relational hours required for the MFT Program. “Total All Client Hours @ Site” represents all client hours - individual, couple and family - obtained at LSCC or the Off-Campus site.

Example: During the month of January, Susan saw 5 individuals, 2 couples and 1 family at LSCC. She held 2 Self-Esteem groups where no one was related and there would be no more meetings. Susan also met 1 time with a group of employees from local company around a grief issue. Her log would look like this.

Constellation	Clinical Hours Completed at LSCC				Total Client Hours	
	Individual/ Individuals	Couple/ Couples	Family / Families	Other	Total Relational Hrs.	Total All Client Hrs. @ LSCC
Single	5	2	1	1	3	8
Group of . . .	2			-----	1	3
Total Hrs. LSCC	7	2	1	1	4	11

NOTE: When considering how to count group work with individuals, determine if there are any individuals in the group that are related as defined in couple, family or relational systems. If there are related individuals present, count the group as relational (couple/family). If there are no relationships present, the group would be counted as individuals.

Supervision Hours

	Raw Data						
Setting	Client Present in Supervision	Video	Audio	Total Raw Data	Case Report	Total Supervision Hrs.: Raw Data & Case Report	Cumulative Ratio: Supervision to Client Contact
Individual/Dyad							
Group							
Cum Carry Over							
TOTAL							

In supervision, the “Setting” refers to whether supervision is received as an individual/dyad or in a group setting. Remember that the presenter during Group Supervision is receiving supervision as an individual for the entire time the group meets and time should be recorded on the individual line.

The “Client Present in Supervision,” “Video,” “Audio,” and “Case Report” columns refer to the type of presentation given. “Total Raw Data” is the sum of “Client Present,” “Video” and “Audio” supervision earned. “Total Supervision Hours” represents all supervision hours earned in the month.

In Group Supervision “Client Present...,” supervision time is reported in one of two ways depending on who presented.

1. The student making the presentation to the group can report the supervision hours in Live on the IND line under the appropriate column.
2. Members of the observing group may report the supervision hours 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 session video for review three times and a report once. She also attended Group 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 Group Supervision is equal to two hours supervision.)

	Raw Data						
Setting	Client Present in Supervision	Video	Audio	Total Raw Data	Case Report	Total Supervision (Raw Data & Case Report)	Cumulative Ratio: Supervision to Client Contact
Individual/Dyad	2	3		5	1	6	
Group	2	2		4		4	
Cum Carry Over							
TOTAL							

Cumulative Ratio: After Client Contact Hours and Clinical Supervision Hours have been totaled, the Cumulative Ratio is calculated by the MFT Administrative Assistant. A ratio of 1:5 must be maintained through the MFT Program.

Initials/Signatures:

At the bottom of the Practicum Log is a statement confirming that ORS and SRS data has been reviewed. The Clinical Supervisor's signature is required for this confirmation.

The student, the student's Clinical Supervisor, and the student's Administrative Supervisor (if the student is serving an off-campus site), must sign to complete the Practicum Log. Logs without appropriate signatures will not be accepted and hours will be counted.

PRACTICUM RECORD LOG

Month & Year of this Record: _____

Student Name: _____ Clinical Supervisor: _____

Report of Client Contact Hours at LSCC and _____

Clinical Hours Completed at LSCC						
Constellation	Relational Hours				Total Client Hours	
	Individual/ Individuals	Couple/ Couples	Family / Families	Other	Total Relational Hrs.	Total All Client Hrs. @ LSCC
Single						
Group of . . .						
Observations (Alt Hrs)						
Total Hrs. LSCC						

Clinical Hours Completed Off-Campus						
Constellation	Relational Hours				Total Columns	
	Individual / Individuals	Couple/ Couples	Family/ Families	Other	Total Relational Hrs.	Total All Client Hrs. @ Off Site
Single						
Group of . . .						
CPE (Alternative Hrs.)						
Total Hrs. Off-Campus						
OFFICE USE ONLY						
Total this Page						
Cum Carry Over						
GRAND TOTAL						

Report of Clinical Supervision Hours through LSCC

Raw Data						
Setting	Client Present in Supervision	Video	Audio	Total Raw Data	Case Report	Total Supervision (Raw Data & Case Report)
Individual/Dyad						
Group						
Cum Carry Over						
TOTAL						
						Cumulative Ratio: Supervision to Client Contact
						Office Use Only

This student's ORS and SRS data has been reviewed during clinical supervision. _____ (Clinical supervisor's initials)

Student Signature: _____

Clinical Supervisor: _____

Administrative Supervisor: _____

Definitions

Constellation of Client Contact

Single - 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 – Client Contact

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.

Other - Members of a systemic group attending session to address concerns related to the group.

Examples of relational systems: 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.

Observation Alternative Hours – 20 hours of client session observation are required for the completion of Practicum 1. Observations may be with individuals, couples or families.

Clinical Pastoral Education (CPE) Alternative Hours – Upon completion of CPE, students may apply up to 100 of these alternative clinical hours to their required 500 supervised direct client contact hours. Hours are distributed incrementally over a student’s remaining Practicum levels.

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.

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 Supervision

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.

GRADUATION

REQUIREMENTS

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

- Satisfactory completion of all Student Learning Outcomes and AAMFT and LPTS Core Competencies as listed by the Program and incorporated into class syllabi. This is demonstrated by passing grades in 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 1, 2, and 3 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). Fifty of the required 100 supervision hours must be supervision of raw counseling data presented by the student.
- Successful preparation and presentation of a “Senior Integration Experience,” a Practicum 3 capstone project.
- Completion of the MFT Exit Examination with a passing score.
- Appropriate management of client records and the discharge 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 one week before the 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. See Seminary policy for faculty approval for a student to “walk” with their class in graduation ceremony while not receiving the degree until the following May.

MFT EXIT EXAMINATION AND THE AMFTRB EXAM

To qualify for licensure, all MFT Associates must successfully complete the national Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination. The Exit Exam assesses students' knowledge in all domains required to pass the AMFTRB examination and enter professional practice (SLO 1 & 2; Program Goal 1). The Exit Exam process includes the following:

1. All graduating MFT seniors must register for the MFT Exit Exam in the semester in which they are to graduate.
2. The MFT Program contracts with an on-line testing service that prepares our Exit Examination to assess student learning and readiness for graduation in each of the AMFTRB domains. The Exit Examination also provides data that helps graduating students study toward any areas of weakness prior to taking the state licensure exam. This data will also help the Program determine if there are areas not covering adequately in the current curriculum.
3. As part of the Exit Examination process, students are provide access to study materials through the on-line testing service. These services can be extended beyond the Exit Exam—in preparation for the AMFTRB exam—for a reduced fee.

The passing grade for the Exit Examination is 70. A student who fails to score 70 or higher will be allowed to retake the exam. Any student retaking the examination will be responsible for the cost of a second administration.

A 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. Students will be responsible for the cost of additional coursework and the cost of Exit Exam administration.

SENIOR INTEGRATION EXPERIENCE – Practicum 3 Capstone Project

(See Practicum 3 Syllabus)

Preparation of the SIE Case Write-Up and Session Clips

Using the “MFT Program: Case Study Guide and Rubric: SIE and All Practicum Courses,” students will prepare a formal case study and a one-page summary of the selected client case. All areas of the rubric are to be addressed and should be labeled in the write-up. The SIE case write-up is to be submitted in 12 point Calibri Font only, using 1.5 spacing. The length of the write-up is to be as follows:

MAMFT - 8-10 pages, to include a one page case write-up summary and genogram.

Dual Degree, 10-12 pages, to include a one page case write-up summary and genogram.

While the SIE case write-up must be the student’s independent work, the student will consult with his/her current Clinical Supervisor on case selection and session clips. Priority should be given to presenting either a couple or a family. An individual client will suffice if prior approval is given by the student’s Clinical Supervisor and the seminar leaders with significant attention given to systemic formulation. The write-up must fully document the process of therapy and demonstrate how the session clips fit into the course of therapy.

Session Clips

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, provided the graduating student is shown leading the therapeutic work. The clips should demonstrate the therapist working in a systemic framework toward goals of therapy in the broader context of multiple sessions. (See “Guidelines for SIE Video Editing” at the end of this section.)

Other Documents Required

These documents should be submitted to the MFT Administrative Assistant during the course of preparation:

1. MAMFT Senior Integration Experience Committee Form – This document contains the names of the student’s SIE Committee members with their signatures indicating consent to participate in the student’s SIE committee on the designated SIE presentation date. These are to include the student’s Clinical Supervisor, Academic Advisor, and the Director of Clinical Training.
2. SIE Signature Page – Signed by all SIE consultants as acknowledgement of consultation in the preparation of the case write-up (student, Clinical Supervisor, and ASC Director) to be submitted with the final copy of the SIE Case Write-Up.

Required ASC Consultation

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 with all SIE writers.

SIE Committee Composition and Roles

The SIE Committee for a MFT student will be composed of the presenting student's Clinical Supervisor and Academic Advisor, the Director of Clinical Training, and an External Consultant secured by the MFT Program (usually an AAMFT Approved Supervisor or clinical professional not employed by the program). The committee composition for a student completing a dual degree will include these members and a member of the theology faculty selected by the presenting student.

With the exception of the Student Presenter, all 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 MFT program. The External Consultant participates with the SIE Committee in the student's final presentation and provides written feedback about the student's case study and group presentation. Based upon the presentation, the External Consultant together with other committee members, evaluates the presenter's ability to integrate theory into therapeutic interventions and process; to utilize theological reflection and critical thinking; to understand theory of choice from the field of theories and to distinguish the differences. The External Consultant prepares a written report and submits this report to the Director of the Marriage and Family Therapy Program within two weeks following the final case presentation.
- The student's **current Clinical Supervisor** will consult with the student on case selection and session clips. The Clinical Supervisor is the preliminary reviewer of the completed written case draft following review of the document from ASC and student revision. The Clinical Supervisor reviews the final SIE case write-up prior to the presentation and scores the document based on the SIE Rubric. During the student's presentation, the Clinical Supervisor makes inquiries or comments regarding the student's clinical work appropriate for an entry-level professional colleague.
- The student's **MFT 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 in participation as a member of the SIE Committee. The Faculty Advisor reviews the SIE case write-up prior to the presentation and scores the document based on the SIE Rubric. During the student's presentation, the Faculty Advisor makes inquiries or comments regarding the student's clinical work appropriate for an entry-level professional colleague.

- The **Director of Clinical Training** brings an overall picture of the student's clinical work, ICC participation, and Practicum transitions to the committee. The Director of Clinical Training reviews the SIE case write-up prior to the presentation and scores the document based on the SIE Rubric. During the student's presentation, the Director inquires or comments regarding the student's clinical work appropriate for an entry-level professional colleague.

Note: When the Director of Clinical Training serves as the Clinical Supervisor of Record for a SIE presenter, the presenter's Practicum: Level 1 or 2 clinical supervisor or MFT Program Director may serve as a member of the SIE Committee. The student has discretion in making this request.

- For dual degree students, a LPTS **non-MFT faculty member** sits on the SIE Committee. The faculty member reviews the SIE case write-up prior to the presentation and scores the document based on the SIE Rubric. During the student's presentation, the non-MFT faculty member makes inquires or comments on the student's theological, biblical, and/or ministerial thinking and practice from the perspective of the faculty member's discipline.

SIE Presentation

On the day of the presentation, the presenter has these responsibilities:

- Provide copies of a 1 page summary for the committee members to review.
- Deliver the devotional and convene the SIE Committee.
- Deliver the SIE presentation, including commentary and relevant video clips from client sessions.
- Respond to questions from committee members regarding course of treatment, clinical assessment, choice of theory, and any issues relevant to professional development, clinical competence or management of the case presented.

The student should use the "SIE Presentation Timeline" in preparing their committee presentation. (See end of this section.)

Following the student's oral presentation of their work to the SIE Committee, committee members will complete the corresponding section of the SIE Rubric. Committee members may include additional comments regarding the presentation.

The committee will briefly release the student presenter from the room to reflect on the presentation and prepare comments for student feedback, giving special attention to the presenter's readiness to enter the therapeutic community as an entry-level professional colleague. Readiness is defined as the student's ability to articulate and demonstrate (by session clips, oral presentation, written case study, and committee interaction) therapeutic style, an understanding of MFT theory presented in clinical work, interventions, critical systemic

analysis, diagnostic skill, theological reflection, and clinical summary. The committee will determine one of the following by consensus:

- 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 remedial work required to the final case write-up or additional session clips needed and provide a timeframe for completion. Supplementary material, if requested, will be prepared as an addendum to the original case write-up. Rubrics completed by committee members will be submitted to the MFT Administrative Assistant for scoring.

Within two weeks of the final committee decision date, the External Consultant will prepare a written evaluation of the student's presentation. The report will be forwarded to:

Director of Marriage and Family Therapy Program
1044 Alta Vista Road
Louisville, KY 40205

The External Consultant's report will be reviewed by the MFT Faculty and be considered when making final graduation decisions. Copies of the External Consultant's report, the SIE Committee's decision and committee members' rubrics will be forwarded to the student.

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 fourth Thursday of each month, January thru December. There are two levels of licensure in Kentucky: Marriage and Family Therapy Associate and licensed as a Marriage and Family Therapist (LMFT).

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 up-dated application can be obtained on-line (<http://mft.ky.gov/>) or by contacting:

Sandy Deaton, Board Administrator (Sandy.Deaton@Ky.Gov)
Kentucky Board of Licensure of Marriage and Family Therapists
PO Box 1360
Frankfort, KY 40602
Phone: 502 / 502-782-8809
Fax: 502 /696-4961

*** When seeking an individual to provide clinical supervision, keep in mind you must use someone "approved" by the Kentucky Board of Licensure. 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 and has been approved by the Kentucky Board of Licensure to supervise Associate therapists in Kentucky; 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.**

Prior to graduation from the MFT Program, MFT students are invited to attend informational meeting with the Director of Clinical Training and the MFT Program Administrative Assistant to review application process.

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 permit has been issued, the recipient's name is submitted to the exam service therefore making them eligible to sit for the exam. Exams are offered each month. 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 for Marriage and Family Therapy.

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

The Post-Graduate Internship is a time-limited (one-two semester), part-time appointment with the Marriage and Family Therapy Program to the Louisville Seminary Counseling Center. Interns will be directly responsible to the MFT Director of Clinical Training for all work in the MFT Program and LSCC. Interns will see clients in the Counseling Center as assigned by the Director of Clinical Training.

When possible and assigned by the Clinical Director, interns will work with MFT students as mentors, co-therapists and case consultants. Interns may participate in on-campus trainings and workshops, attend speakers and inter-disciplinary case conference, and attend and assist with Live/Group Supervision at the discretion of the Clinical Director. Post-Graduate interns will oversee the shepherding process of new students in the MFT Program in their first year. In addition to clinical work in the LSCC, 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 Interns will receive compensation for their service to the program by receiving four hours of supervision per month from the Clinical Director, MFT Program Director, or another member of the clinical staff agreed upon by the Post-Graduate Intern. Interns will be contracted 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 LSCC. Intern performance will be reviewed at mid-term of the contract and at the end of the contract by the Clinical Director. An intern may be granted a second term at the discretion of the Clinical Director and MFT Program Director.

Intern Qualifications:

- 1) Completed MAMFT Degree from LPTS within the last year.
- 2) Application and approval process for KY MFT Associate status completed.
- 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 MFT Director of Clinical Training).
- 5) Written submission of application, resume, and references, with statement of appropriate goals for completing the Post-Graduate Internship.
- 6) Successful interview with and approval by the MFT Director of Clinical Training.

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