

THE

MASTER OF ARTS IN

MARRIAGE AND FAMILY THERAPY DEGREE PROGRAM

AT

LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY

(Revised August 2015)

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SIE Case Study Rubric

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Louisville Presbyterian Theological Seminary

MASTER OF ARTS DEGREE IN MARRIAGE AND FAMILY THERAPY

Louisville Presbyterian Theological Seminary offers a Master of Arts in Marriage and Family Therapy (MAMFT). **The purpose of the Marriage and Family Therapy (MAMFT) Degree Program is to train persons with theological/spiritual commitments to become marriage and family therapists competent to practice in a diverse, multicultural and interfaith world.**

Marriage and Family Therapy is framed as a professional expression of the church's ministry of pastoral care and counseling. Individuals trained in the 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 MAMFT program is built on a foundation of the following five Professional Marriage and Family Therapy Principles: the American Association for Marriage and Family Therapy (AAMFT) Educational Guidelines, the AAMFT Core Competencies, the AAMFT Code of Ethics, the Association of Marital and Family Therapy Regulatory Board's (AMFTRB) Examination Domains, and Task Statements and Knowledge Statements,

The Marriage and Family Therapy Program integrates academic study and clinical experience to help students form a professional identity critically informed by religious and theological commitments and marriage and family therapy. Some begin the program expecting to expand their skills as lay ministers who will practice marriage and family therapy. Others expect to express their ordained ministry through specialized skills as a professional marriage and family therapist and will earn a M.Div. while at Louisville Seminary. The Marriage and Family Therapy Program encourages students to explore and integrate both theological and systemic traditions that mutually inform their work with people and enrich their professional identity as minister, pastoral counselor and marriage and family therapist. Students receive individual supervision and group supervision based on direct observation 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 MFT 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.

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.

Program Outcomes (PO) and Student Learning Outcomes (SLO)

Expected Program Outcomes and Student Learning Outcomes for the Master of Arts in Marriage and Family Therapy Program at Louisville Seminary are as follows:

Program Outcomes

- PO1 To graduate students prepared to provide individual, couple and family therapy as entry-level professional MFT practitioners (KY Marriage and Family Therapy Associate).
- PO2 To graduate students who demonstrate multicultural competence and are able to provide individual, couple and family therapy with diverse clients.
- PO3 To graduate students with an entry-level professional ability to reflect theologically on their clinical practice and the theories that inform their work.

Student Learning Outcomes

- SLO1 Graduating students will be able to conduct multicultural, 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 think ethically and make appropriate clinical ethical decisions.
- SLO4 Graduating students will be able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.
- SLO5 Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.

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

ACCREDITATION AND PROFESSIONAL AFFILIATION

The Master of Arts in Marriage and Family Therapy degree 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 possible dismissal from the program.

American Association for Marriage and Family Therapy (AAMFT)

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

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

The American Association for Marriage and Family Therapy

112 S. Alfred Street

Alexandria, VA 22314

Telephone: (703) 838-9808

Fax: (703) 838-9805

E-mail: memberservice@aamft.org

Web: www.aamft.org

LIABILITY INSURANCE

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

The seminary's insurance policy **does not** provide coverage for counseling or any other activity performed outside of Practicum. If you are currently providing any service for an outside organization, either free of charge or fee-based, you will need to maintain your own professional liability insurance. Student members of AAMFT are encouraged to contact the insurance company currently being endorsed by AAMFT and obtain student coverage. Students should also be aware that applicable ethical codes, licensing laws, immigration laws, and other relevant requirements might prevent a student from providing such services outside of Practicum activities.

EDUCATIONAL REQUIREMENTS OF THE MAMFT PROGRAM

Academic Requirements: The Master of Arts in Marriage and Family Therapy degree requires 70 hours of academic study. Of these, 22 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 3 - Implementation & Integration

Key Fall Semester Classes:

- Theories of Change
- Electives, unsequenced MFT courses or integratrated/theological courses

Key Spring Semester Classes:

- Gender Race & Class or Sexuality
- SIE/Capstone
- Electives, unsequenced MFT courses or integrated/theological courses

Key January or June Term Class:

- Unsequenced MFT courses, elective or travel seminar.

Fall: Pass Exit Examination

Practicum focus third year:

- Evidence-based/Theologically informed practice
- Flexibility in therapeutic models
- Independent integration of multicultural & spiritual factors

Student Learning Assessment:

- Mid-semester & end of semester
- > 500 hours of client contact & completion of all program required competencies

Year 2 – Therapeutic Models and Treatment Skills

Key Fall Semester Classes:

- Family Assessment
- Electives, unsequenced MFT courses or integrated/theological courses

Key Spring Semester Classes:

- Couples Therapy
- Psychopathology
- Electives, unsequenced MFT courses or integrated/theological courses

Practicum focus second year:

- Clinical Assessment
- Treatment planning
- Intervention strategies
- Ethical practice

Student Learning Assessment:

- Mid-semester & end of semester
- ~300 hours of client contact & completion of all expected competencies for year

Year 1 – Therapeutic Alliance & Assessment

Key Fall Semester Classes:

- Family Therapy: Theory and Practice
- Human Growth and Development

Key Spring Semester Classes:

- Ethics)

Key January or June Term Class:

- Unsequenced MFT courses, elective or travel seminar.

Practicum focus first year:

- Basic attending skills
- Basic intake and assessment
- Developing therapeutic alliance
- Collaboration with supervisors & colleagues
- Basic intake forms, treatment plan & progress notes

Student Learning Assessment:

- Mid-semester & end of semester
- ~100 hours of client contact & completion of all expected competencies for year

Marriage and Family Therapy Standard Curriculum (Revised August 2015)

Core MFT Courses – 29 hours

PC 304	Family Therapy: Theory & Practice (3 hours)	1 st year Fall
PC 408	Human Growth and Transformation (3 hours)	1 st year Fall
PC 305	Professional Issues and Ethics in MFT (3 hours)	1 st year Spring
PC 302	Family Assessments (2 hours)	2 nd year Fall
PC 303	Couples Therapy: Theory & Practice (3 hours)	2 nd Year Spring
PC 322	Psychopathology & Pastoral Diagnosis (3 hours)	2 nd Year Spring
PC 308	Theories of Change (3 hours)	3 rd Year Fall
PC 281	Marriage and Family Therapy Research (3 hours)	
PC 307	Sexuality & Pastoral Practice (3 hrs)	
PC 317	Gender, Race, Class in Pastoral Practice (3 hrs)	

MFT Electives: 9 hours

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

Integrational Studies: 22 hours

SM 101	Transforming Seminary Ed (3 hours)
OT/NT 100	Scripture I & II (7 hours)
TF 102	Introduction to Theology & Ethics (3 hours)
TF 112	History of Christian Experience I (3 hours)
TF 113	History of Christian Experience II (3 hours)
(Note: HCE I or II can be replaced with an Area B elective)	
PC 105	Intro to Pastoral Counseling (3 hours)

Clinical Experience: 0 hours

PC 441	<i>Practicum: Level 1</i>
PC 442	<i>Practicum: Level 2</i>
PC 443	<i>Practicum: Level 3</i>

Free Electives: 9 hours

Graduation Competency Assessment: 1 hour

PC 500	Senior Integration Experience (1 hour)
-----	MFT Exit Examination

Total Hours: 70

Notes Regarding Courses:

- A student is not awarded a passing grade in *Family Therapy: Theory and Practice* or *Couples Therapy: Theory and Practice* until the student has passed the computerized final in that course with a score of at least 80%. Students are encouraged to use the exam practice CDs to study since the CDs are designed as programmed learning tools.
- All courses related to the MFT Program Curriculum taught by PCC/MFT faculty and adjunct professors will comply with syllabus requirements in the Faculty Handbook.

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

- Successful completion of Practicum levels/years by demonstrating that competencies required by each practicum are met and the minimum hours of counseling and supervision for each Practicum are completed (total: a minimum of 500 hours of direct client contact and 100 hours of supervision).
- Active participation in Interdisciplinary Case Conference (ICC) from entry semester through semester of graduation.
- Successful preparation and presentation of the Senior Integration Experience (PC 5001)
- Appropriate management of closure or transferring of all client records.

Graduation Competency Assessments: Two capstone experiences are required for the completion of the MAMFT: The Senior Integration Experience (SIE, PC 5001)), a clinical experience which includes a case write-up and oral presentation before a committee; 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 V of this manual.

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

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

- Students will be encouraged toward creative engagement with their own faith traditions, faith groups, or denominations and local congregations.
- Students will be expected to examine their faith traditions and personal spirituality as a fundamental dimension of life which impacts and interacts with their work in counseling.
- Students will be expected to learn to articulate a theology of 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). Dual degrees require completion of the full academic and practice requirements for two professions. Students working to fulfill both degree requirements should work closely with their academic advisor to assure the best use of their electives.

POLICY ON INCLUSIVE LANGUAGE

It is important to avoid divisive terms that reinforce stereotypes or are pejorative. To accomplish this, the writer must be keenly aware not to use language that leaves out part of the population, perpetuates stereotyping, or diminishes importance.

Gender specific pronouns, when gender is unknown, are of concern for writers (e.g., when a senior engineer suggests a solution, we should follow his instructions.). Additionally, gender specific pronouns should not be used when referring to God unless you are quoting from a translation of the Bible that uses a specific pronoun. Biased language is also a common problem in reference to issues of race, national origin, age, politics, religion, health and abilities, and sexual orientation. Similarly, writing inclusively, especially in reference to God, is often difficult.

All contemporary writing books contain sections on how to address this issue and the Academic Support Center at LPTS has handouts. Additional information is also presented in the LPTS Student Handbook.

POLICY ON STUDENTS WITH DISABILITIES

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

Students with complaints regarding disability issues should follow the policy for dealing with complaints and grievances as described in the Student Code of Conduct.

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 EVALAUTION POLICY AND PROCEDURES

The MFT Program engages in an ongoing process of data collection and analysis to help maintain program effectiveness and provide direction for program improvement. 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 comprehensive rubrics for each class and through practicum 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 levels, the Senior Integration Experience and Exit Examination is used to show that the program meets benchmarks set for Student Learning Outcomes and Program Outcomes. 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 comprehensive rubrics for each class 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. Evaluation of practicum performance and progress is completed by the student's clinical supervisor. Practicum students are evaluated according to the competencies presented in each Practicum syllabi. Students are evaluated mid-way through each practicum level and at the completion of each level.
5. Evaluation of the student's overall progress in marriage and family therapy studies will be conducted at t. This evaluation is performed in collaboration with the MFT faculty, clinical supervisors, Director of Clinical Training, Director of the MFT Program, and the Program Administrative Assistant. These reviews occur during the regular bi-monthly meetings of the supervisors and faculty and reviews strengths, weaknesses, and areas of concentration needed for the student to excel in marriage and family therapy.

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

6. In the last year of the MFT Program, students will complete the Senior Integration Experience. The SIE is the culmination of the integration of clinical and theological work. Passing the SIE indicates the student is clinically prepared for graduation and entry-level professional practice as a marriage and family therapist or a recommendation that the student must remedy specific deficiencies prior to recommendation for graduation.
7. Special evaluations may be requested by the student, faculty, or clinical supervisor at any time during the course of study at Louisville Seminary. The purpose of such evaluations will be clearly defined, documented, and include specific recommendations for the student, supervisor, or faculty.
8. Successful completion of the Exit Exam with a score of 70 or higher. This examination demonstrates that the student has mastered the fundamental body of theoretical and practical knowledge required to pass the national MFT licensing examination and function as an entry-level marriage and family therapist.

FOLLOWING GRADUATION FROM THE MARRIAGE AND FAMILY THERAPY PROGRAM

Kentucky State Licensure and Employment

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

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

Professional 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 licensed, graduates qualify for status as a Clinical Fellow. The supervision required for membership must be obtained from a supervisor certified by the Kentucky Board of Licensure for Marriage and Family Therapist.

DISMISSAL FROM THE MARRIAGE AND FAMILY THERAPY PROGRAM

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

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

Procedure

When a student fails to maintain a 2.5 grade point average, that student is placed on academic probation following Seminary policy. When this occurs, a formal MFT review committee is established. The committee will consist of the student, the Director of the MFT Program, the student's faculty advisor, and the Director of Clinical Training. The Dean

of the Seminary may also participate when requested by the student or Director of the MFT Program. This committee shall

1. Determine whether the student should be permitted to continue in clinical practicum. This decision will be reviewed at the end of each semester.
2. Develop a remedial plan to improve the quality of the student's academic work and remove the probation status, with specific time lines included.

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

- ***Failure to Demonstrate Clinical Competence*** – Failure to meet core competencies in any Practicum level/year will result in dismissal from the Marriage and Family Therapy Program.

Procedure

1. Passing a Practicum level is assessed by the student's clinical supervisor based on the supervisor's evaluation of how the student meets the specific competencies of an assigned practicum level. Required competencies and student learning outcomes are listed on each practicum syllabus and measured by the Practicum rubric. A student failing to meet the Practicum competencies for any level/year, will be on probationary status within the MFT Program until deficiencies are removed.
2. When a student is judged to be failing a Practicum level/year or when a supervisor judges that a student is not prepared to move to the next level of Practicum, a faculty/supervisor review will be held.
 - a. The review team will consist of the supervisor responsible for the evaluation, an MAMFT faculty member, the Director of Clinical Training, and the Director of the MFT Program, when requested by the Director of Clinical Training.
 - b. The review team will meet with the student to evaluate her/his work in the practicum. During the meeting, the supervisor will review issues related to a failing assessment or recommendation not to pass to the next level of practicum at this time. The review will include direct clinical data (especially DVD recorded clinical examples requested from the student) or administrative data (drawn from the student's actual interactions with the practicum placement site) which illustrate issues that preclude continuing in supervised practice or demonstrate the student's need for more experience at their current practicum level.
 - c. If a student disagrees with her/his supervisor's evaluation, he/she may petition the committee with a written request to reconsider questioned competencies and pass

the student to the next practicum level. This petition must include a clear statement of areas of the evaluation with which the student disagrees and be accompanied by relevant case data (recorded and written), documentation of any relevant supervisory processes related to the questioned competency, and/or other relevant material the student wishes the committee to consider in the request.

- d. At the conclusion of the review, the team will construct a remedial document specifying actions to be taken by the student and supervisor to accomplish the student's readiness to advance in practicum. The goal is to produce a concrete, workable remedial plan with specific dates of intended completion upon which supervisor, student, and faculty agree. Deficiencies must be resolved within 6 weeks of the end of the semester in which the deficiency is documented.
- e. At the end of the specified time, the committee will reconvene and determine action regarding remediation. Remediation can result in the following:
 - i. Resolving the issue within the prescribed 6 weeks and continuing full participation in Practicum and the MFT Program.
 - ii. If unsuccessful in resolving deficiencies,
 - a. A recommendation to the Director of the MFT Program that the student be required to take an administrative leave of absence to resolve problems (usually one year). Student who are unable to demonstrate resolution of deficiencies at the end of one year leave of absence will be dismissed from the program.
 - b. A recommendation to the Director of the MFT Program for dismissal. The Director of the MFT Program will convene an action committee composed of the Director, the Director of Clinical Training, the Dean of the Seminary, and the student's academic advisor. This committee will review the outcome of attempted remediation and make a final recommendation for dismissal.

Students disagreeing with the review team's findings will follow the Seminary's grievance procedure.

- 3. Reinstatement from leave of absence – to be reinstated from an administrative leave of absence related to failure to meet Practicum competencies, the student must present evidence to the Director of the MFT Program and Director of Clinical Training demonstrating that deficiencies or issues impeding clinical learning that produced the remedial plan and leave of absence have been resolved.

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

Director of the Marriage and Family Therapy Program

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

Director of Clinical Training

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

Clinical Supervisors

Shawwna Anderson, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is Associate Director of Clinical Services (Residential) and Clinical Specialist at Home of the

Innocents in Louisville. Shawwna 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 and a Master of Divinity from Louisville Presbyterian Theological Seminary.

Cindy Guertin, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is Director of Clinical Services for the Center for Women and Families, Louisville, KY. Cindy 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.

Craig Herink, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is currently in private practice in Louisville, KY. Craig is a Clinical Fellow and Supervisor Candidate with the American Association for Marriage and Family Therapy and a Member in the American Association of Pastoral Counselors. 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, Durham, NC.

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

Linda Penrod Million, LMFT, D.Min., Supervisor at Louisville Presbyterian Theological Seminary, is Clinical Director at Personal Counseling Service, Inc. A Samaritan Center in Clarksville, IN. Linda is an Approved Supervisor with the American Association for Marriage and Family Therapy, a Fellow with the American Association of Pastoral Counselors, and an ordained minister in the United Methodist Church. She holds a Doctor of Ministry from Louisville Presbyterian Seminary, a Master of Divinity from Louisville Presbyterian Seminary, and a Master of Arts from the University of Louisville.

Marie S. Ruf, LMFT, LCSW, Supervisor at Louisville Presbyterian Theological Seminary, is currently in private practice in Louisville, KY. Marie is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy and a Member in the American Association of Pastoral Counselors. She holds a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary and a Master of Science in Social Work from the University of Louisville.

Beth Seeger Troy, MDiv., LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is Assistant Clinical Director at Personal Counseling Service, Inc., A Samaritan Center in Clarksville, IN. Beth is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy and a Member of the American Association of Pastoral

Counselors. 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.

Nicole Ward, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is owner and public speaker for Helen Paris Foundation and a contracted Marriage and Family Therapist for Jefferson County Public Schools Youth Services Centers. Nicole is a Clinical Member 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.

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

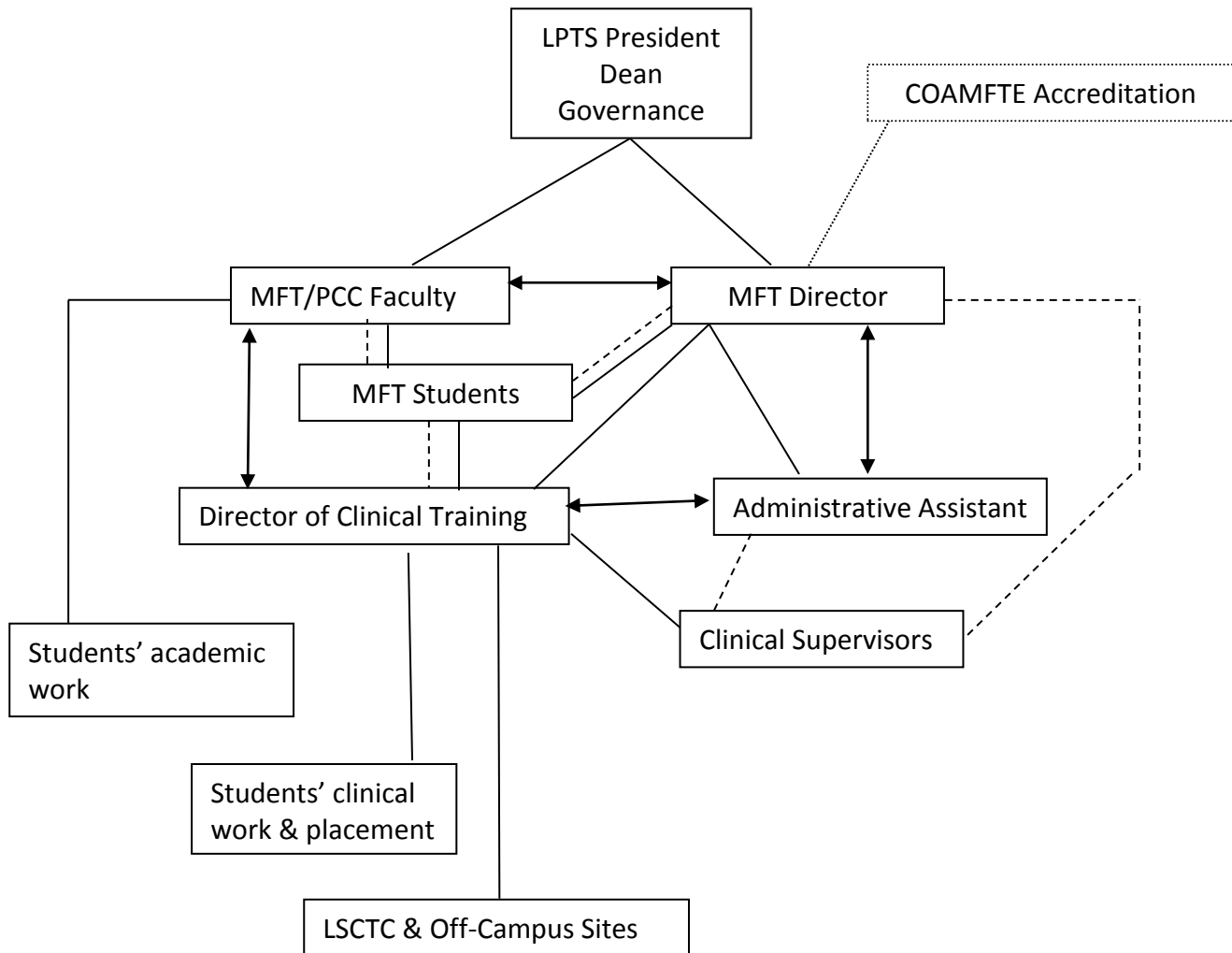
STUDENT REPRESENTATIVES

- 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.** Each MFT Program cohort of students (year 1, year 2, year 3) will elect one student representative each September to represent their cohort. Term of office is one year. Representatives may be elected to more than one term.
- III. **Student Representative Chair.** Each year elected student representatives will select one of their members to serve as Chair. The Chair is responsible for:
 - a. Scheduling meetings of the Student Representatives,
 - b. assuring meetings are recorded in minutes,
 - c. Keeping files of minutes and filing copies with the MFT Program office, and
 - d. Scheduling MFT Faculty meeting time for Student Representatives to provide feedback to the MFT Faculty.
- IV. **Student Representatives job description.** 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, Director of Clinical Training, 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 Director of Clinical Training to provide student input for MFT Program and counseling center policies.

Created 7/2015

MFT ADMINISTRATIVE STRUCTURE



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

CURRICULUM SCHEDULES AND WORKSHEETS

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

NOTE:

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

MAMFT Worksheet (2015-2016)

Course Number	Course Name	Hours	Term	Earned Hrs
Core MFT Courses		29		
PC 304-3	Family Therapy: Theory & Practice (1st Year Fall)	3		
PC 408-3	Human Growth & Transformation (1st Year Fall)	3		
PC 305-3	Professional Issues & Ethics in MFT (1st Year Spring)	3		
PC 302-2	Family Assessment (2nd Year Fall)	2		
PC 303-3	Couples Therapy: Theory & Practice (2nd Year Spring)	3		
PC 322-3	Psychopathology & Pastoral Diagnosis (2nd Year Spring)	3		
PC 308-3	Theories of Change (3rd Year Fall)	3		
PC 307-3	Sexuality & Pastoral Practice	3		
PC 317-3	Gender, Race, & Class: Engaging Intersectionality	3		
PC 281-3	Marriage & Family Therapy Research	3		
MFT Electives		9		
	MFT Elective	3		
	MFT Elective	3		
	MFT Elective	3		
Integrational Studies		22		
SM 101-3	Transforming Seminary Education	3		
OT 100-4	Scripture I	4		
NT 100-4	Scripture II	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 Elective)			
PC 105-3	Introduction to Pastoral Counseling	3		
Clinical Experience		0		
PC 441-0	MFT Practicum: Level 1	0		
PC 442-0	MFT Practicum: Level 2	0		
PC 443-0	MFT Practicum: Level 3	0		
Free Electives		9		
	Elective	3		
	Elective	3		
	Elective	3		
Graduation Competency Assessment		1		
PC 500-1	MFT Senior Integration Experience (3rd Year Spring)	1		
	MFT Exit Examination	0		

July 8, 2015

Total Hours: 70

MDiv/MAMFT Worksheet (2015-2016)

Course Number	Course Name	Hours	Term	Earned Hrs
Biblical Requirements		25		
OT 100-4	Scripture I	4		
NT 100-4	Scripture II	3		
OT 101-3	Elements of Biblical Hebrew	3		
OT 102-3	Intro. to Old Testament Exegesis	3		
NT 101-3	Elements of Biblical Greek	3		
NT 102-3	Basic New Testament Exegesis	3		
	Biblical Elective	3		
	Advanced Exegesis (in original language)	3		
History, Theology, Ethics, & Religion Requirements (19-22 hrs)		20		
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		
ET 104-4, 105-4, 106-3 or 108-3	Core Ecclesial Tradition (3 or 4 hrs)	4		
	Core Theology Requirement	3		
	Elective--history, theology, ethics, religion (2 or 3 credits)	2		
	Elective--history, theology, ethics, religion (2 or 3 credits)	2		
Practical Theology		59		
PC 105-3	Introduction to Pastoral Counseling	3		
PC 302-2	Family Assessment	2		
PC 303-3	Couples Therapy	3		
PC 304-3	Family Therapy: Theory and Practice	3		
PC 305-3	Professional Issues and Ethics in MFT	3		
PC 308-3	Theories of Change	3		
PC 307-3	Sexuality & Pastoral Practice	3		
PC 381-3	Marriage and Family Therapy Research	3		
PC 408-3	Human Growth and Transformation	3		
PC 317-3	Gender, Race, and Class: Engaging Intersectionality	3		
PC 322-3	Psychopathology & Pastoral Diagnosis	3		
PW 100-3	Basic Preaching	3		
PX 200-3 (fall) PX 201-3 (spring)	Practical Theology in Congregations (2 semesters)	6		
PW 105-3	Introduction to Worship	3		
	Teaching Ministry course	3		
	Mission/Evangelism course	3		
	MFT Elective	3		
	MFT Elective	3		
	MFT Elective	3		
PC 441-0	MFT Practicum: Level 1	0		
PC 442-0	MFT Practicum: Level 2	0		
PC 443-0	MFT Practicum: Level 3	0		
	2 units of Field Ed	0		
	2 units of Congregational Field Ed	0		
General Seminary Requirements		3		
SM 101-3	Transforming Seminary Education	3		
General Electives		18		
	General Elective	3		
	General Elective	3		
	General Elective	3		
	General Elective	3		
	General Elective	3		
	General Elective	3		
Graduation Competency Assessment		1		
PC 500-1	MFT Senior Integration Experience	1		
	MFT Exit Examination	0		

July 8, 2015

Total Hours: 126

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.

LPTS MFT Program Assessment Guide

(Revised 7/7/15)

II. Overview: Measurement Tools & Data Used by Program				
Measure	Instrument	Data Collected	Timeline	Use
Senior Integration Experience (PC 5001)	Senior Integrative Experience Rubrics (written and oral)	Quantitative data: (1) Written and Oral rubrics show student's level of performance on all Program SLOs and mastery of associated MFT Core Competencies; (2) Oral rubric show student's level of performance collaborating with colleagues on case consult.	Last semester of student's MFT Program	SIE aggregated rubric scores analyzed each May by MFT Program to inform Program Outcome conclusions and to identify areas of Program strength and needed improvement.
External Consultant Report	External consultant report	Qualitative data: External consultant presents formal report of response to aggregated SIE write-ups, committee responses and student performance. Identifies trends and themes, strengths and weaknesses in aggregated data from SIE presentations.	Presented to the MFT Director in May of each year.	Reviewed by the MFT Faculty in May of each year.
Key Course Rubrics	Comprehensive Rubric for each class	Quantitative data: Intermediate scores for student progress toward SLOs and MFT Core Competencies.	Rubric data for each key course aggregated by professors and submitted to Program Director.	Ongoing assessment: (1) Program Director reviews aggregated data to evaluate student progress toward SLOs and MFT Core Competencies.

LPTS MFT Program Assessment Guide

(Revised 7/7/15)

Measure	Instrument	Data Collected	Timeline	Use
Key Course Rubrics (continued)				(2) MFT Program Director and/or professor identifies student learning issues to be discussed in MFT Faculty meetings and Supervisor meetings.
Practicum Rubrics & Evaluations	Comprehensive Rubric and Supervision Evaluation	<p>(1) Quantitative data: Practicum case write-ups and supervisor evaluations demonstrate student progress toward SLOs and MFT Core Competencies related to Practicum (PC 441, 442, 443).</p> <p>(2) Qualitative data: Supervisor evaluation of individual student's progress toward SLOs and MFT Core Competencies presented in Supervisors' meeting for additional input from Live Supervision and coursework.</p>	<p>(1) Level One students (PC 441) are evaluated in August of each year.</p> <p>(2) Level Two students (PC 442, 443) are evaluated in July of each year.</p> <p>(3) Level Three students (PC 443 & 5001) are evaluated through the SIE and practice evaluation series in the last semester of their program.</p>	<p>(1) Periodic assessment of student progress toward all Practicum related SLOs and MFT Core Competencies.</p> <p>(2) Data used by MFT Faculty and Supervisors Group for intermediate and ongoing assessment of strengths and weaknesses of practicum placement sites and students' practicum experience.</p>
Student Evaluation of Supervisor	Supervisor Evaluation	<p>(1). Quantitative data: Students rate supervisors on key supervisory qualities and practices.</p> <p>(2). Qualitative data: Students provide narrative response to their experience of their supervisor and process of supervision.</p>	Administered by the registrar to each student registered for PC 441, 442, 443 at the end of each semester.	<p>(1) Results of supervisor evaluations are presented to the MFT Program Director and Director of Clinical Training at the end of each semester.</p> <p>(2) Results are provided to individual supervisors at their annual evaluation (June of each year).</p>

LPTS MFT Program Assessment Guide

(Revised 7/7/15)

Measure	Instrument	Data Collected	Timeline	Use
Student Evaluation of Supervisor (continued)				(3) Results are used by Program Director and Director of Clinical Training to evaluate supervisor effectiveness
Student Evaluation of Practicum Site	Practicum Site Evaluation	Quantitative and qualitative data describing experience at specific practicum sites.	Administered annually by the MFT Program Administrative Assistant	Results are provided to the Director of Clinical Training and the MFT Program Director to quality assurance at practicum sites.
Exit Examination	Exit Examination	Quantitative data: (1) Student scores show level performance on specific SLOs and MFT Core Competencies related to central MFT theory and practice; (2) Readiness for AMFTRB examination.	Administered in the final semester of the student's MFT Program	Aggregated Exit Examination data used to (1) Assess cohort's mastery of MFT theory and completion of SLOs and selected Core Competencies; (2) Data to assess Program Outcomes; (3) Data to assess cohort readiness for AMFTRB examination; (4) Identify Program strengths and areas needing improvement MFT theory, practice and preparing students for AMFTRB examination.

LPTS MFT Program Assessment Guide

(Revised 7/7/15)

Measure	Instrument	Data Collected	Timeline	Use
Course Student Evaluations	Course Evaluations administered by the Registrar's office	Quantitative and qualitative data assessing students' experience of specific classes and support services.	Administered at the end of each semester by the registrar. Results: (1). presented to each instructor at the end of each semester. (2) Aggregated results presented to Director of MFT Program annually.	(1) Feedback to professors about student experience (2) Data for faculty review (see Faculty Handbook) (3) Specific items used to assess Faculty Outcomes (4) Data evaluating IT support (5) Data evaluating services of the Academic Support Center
Senior Exit Interview	Senior Exit Interview Questionnaire	Qualitative data related to student experience of the MFT Program, focused on perceived strengths and weaknesses of the program.	Administered two weeks before graduation .	Aggregated data is presented to MFT Faculty in June of each academic year to enhance program effectiveness and identify strengths and weaknesses of the program related to students' experience and perceptions.
Alumni Survey	Alumni Survey	Quantitative data: (1) Student opinion of MFT Program's effectiveness in preparing for professional practice; (2) Assess alumni needs as a Community of Interest (continuing education, etc.).	Administered every three years during the summer .	To assess program effectiveness and Program Outcomes.

PRACTICUM: CLINICAL EXPERIENCE AND PRACTICUM SITES

Every student must complete three levels/years of Practicum in the MAMFT program. Practicum: Level 1 establishes the foundation for all further supervised clinical practice. Through structured exercises and closely supervised counseling, students will learn basic skills necessary to continue through the practicum cycle. Practicum: Levels 2 and 3 are designed to assist the student in skill development and professional formation. (See page 11 -12 of this section for a specific focus description for each year.)

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

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

CLINICAL EXPERIENCE REQUIREMENTS

To complete the MAMFT program, students must gain a **minimum** of 500 supervised, direct client contact hours. At least 250 of the required 500 hours will be with couples, families, or other relational systems. Up to 100 hours of this clinical experience may consist of alternative therapeutic completed through 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.

PRACTICUM SITES

Louisville Seminary Counseling Training Center (LSCTC)

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

Placement at Off Campus Sites

Practicum sites are selected for their ability to provide a clinical facility with safety for both clients and therapists and an educational experience that meets the standards of AAMFT and

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

Students entering Practicum may be assigned to an off-campus practicum site. An active case load of 5 clients at LSCTC 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 sites, LSCTC and off-campus sites. Assignments are made by the Director of Clinical Training in consultation with the student and the Practicum site Administrative Supervisor. All placements are reviewed at the end of each practicum level. Special review of placement may occur as warranted by circumstances. Beginning a practice at or resignation from any practicum site must be in consultation with and approved by the Director of Clinical Training.

CLINICAL PASTORAL EDUCATION (CPE)

MFT students may elect to participate in Clinical Pastoral Education (CPE) as a part of their Practicum experience. 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 levels. The MAMFT program does not count retroactively any CPE hours completed outside the Program. To qualify for practicum credit, MFT students must also receive one hour of supervision per week from an AAMFT Approved Supervisor designated by MFT Program Clinical 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 MAMFT degree program.

Students interested in participating in CPE must meet with the Director of Clinical Training for approval prior to beginning the application process.

CPE Unit and Academic Credit

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

Students may register for three (3) hours of academic credit 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.

CPE Applications

Deadlines for CPE applications are listed on the current “Field Education Calendar” (on 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. These 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 \$750.00 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 \$750.00 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 in the Louisville Cluster

After meeting with the Director of Clinical Training 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. Contacting individual Louisville hospitals for CPE information is prohibited.

The original application (CPE form and responses to questions) and a copy of all paperwork must be submitted to the Field Education Office. The Field Education Office will send applications to Cluster hospitals. Contacting individual Louisville hospitals with a CPE application is prohibited.

Applying to a Center 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 Director of Clinical Training **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 \$750.00.
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 Director of Clinical Training.
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 takes place in two formats, individual and group. Both forms of supervision are required in each practicum level/year.

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

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

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

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

PROGRAM SUPERVISION REQUIREMENTS

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

Individual Supervision

During the Practicum series, students will typically have a different clinical supervisor for each of the three Practicum levels/years. Supervisory appointments are made by the Director of Clinical Training. 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 are required to participate in the MAMFT Program's Live Supervision groups, Interdisciplinary Case Conferences (ICC), and selected training events comprising the balance of hours spent in the teaching/learning process. The variety of orientations among our faculty and clinical staff permits students to be exposed to a diversity of theoretical frameworks.

PREPARATION FOR SUPERVISION

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

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

Ethical Foundations

Confidentiality

The following are general guidelines for maintaining the confidentiality of clinical records and protecting the privacy of clients in clinical work undertaken in the MAMFT Program at LPTS.

Students engaged in supervised clinical practice must adhere to the respective standards of each practicum site to which they are assigned. These guidelines are the basic standards that operate in all clinical work conducted by the program at the seminary including classroom consultation, “Live” group supervision, and various supervisory assignments accompanying the core curriculum.

1. As confidentiality of clients and their records is of prime importance, all clinical records are to be kept under lock and key with access only by appropriate persons.
2. Client session and fee payment records are to be maintained under lock and key. When these records are kept in a computer, they may be accessed only by those with authority to do so.
3. Counseling sessions are to be observed only by students in training, clinical supervisors, and those approved by clinical supervisors. All others are excluded from viewing and group supervision activity.
4. DVDs of “live” supervision, consultation sessions and other supervisory sessions that prove useful for educational purposes will be reserved and used in the teaching dimensions of the program only by signed release of such materials for educational purposes by all participating clientele.
5. Supervisors, fellow therapists, and group supervision members are required to excuse themselves from supervisory sessions addressing cases of clients that they know personally. Likewise, supervisors shall excuse themselves from the review of a student with whom they have a personal relationship.
6. Conversation about clinical case materials is restricted to the discussion of cases in formal observation rooms and clinical case conference settings. Informal or casual discussion in hallways or other social settings is not acceptable.
7. If asked whether someone is in therapy or has been discussed in case conference, the proper response is to state, “Our policy is not to release names of any clients.” When clients are encountered in public, care is taken to avoid embarrassing them with the necessity of explaining their knowledge of you as a therapist. One waits until spoken to permitting the clients to define the extent of the contact.
8. Disclosure of any information about a client to an outside source is only by that client’s written permission to release this information specifically to the person requesting it. A written request from the person stating the specific purpose and use for that information is required. Appropriate release forms should be included in the client’s file.

9. Records concerning student reviews, remedial plans and assessments shall be kept under lock and key with access only by the administrative staff.

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

What Constitutes “Informed Consent”

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

1. The specific procedures to be used in therapy and their purposes.
2. The role of the therapist in treatment and his/her qualifications to offer treatment. For students this includes a full disclosure of student status and the place of supervision in client treatment. (Professional disclosure statements can be created as an exercise for students but may not be shared/offered to clients. Information regarding the supervisor’s credentials will be provided only if requested by the client but will not be offered.)
3. Specific discomforts or risks to be expected in counseling.
4. Benefits **reasonably** to be expected from therapy.
5. Alternative methods of treatment for the same problem that may produce similar results.
6. The client’s right to ask questions about the nature and process of therapy at any time.
7. The client’s right to end therapy at any time.

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

INDIVIDUAL SUPERVISION STRUCTURE AND PROCEDURE

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

Philosophy of Contracts

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

1. Administrative and Clinical Responsibilities – Defines the overall responsibilities of each supervisee. The forms used for Practicum contracts contain standardized responsibilities. Supervisors may include additional requirements as needed. Standard responsibilities include: 1. Present DVD 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 Training Center.
2. Specific Measurable Goals – Goals established for Practicum may reflect one or more of the following areas, appropriate to the year/level of Practicum. 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.)

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

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

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

4. Method of Evaluation for Each Goal – Successful completion of competencies for each Practicum level/year will be measured and documented by using standard rubrics included in the Practicum syllabi. Supervisors may include additional methods as needed for each Practice level/year. Standard methods include: A Mid-Practicum Evaluation and a Final Evaluation with Clinical Staff Review.

GROUP “LIVE” SUPERVISION

“Live” provides a two-hour group supervision opportunity weekly during the fall and spring semesters. In this supervision format, a selected student presents a relational case from their clinical practice for consultation and supervision. The presenting therapist will prepare a written case summary with relevant information and will present a demonstration of their work with the client(s). The demonstration may be completed by having the client(s) attend the group supervision session, or by presenting portions of a previously recorded counseling session. 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 “Live” Supervision is required throughout the Practicum series. Each Live Supervision group consists of up to ten MFT students and a clinical supervisor. Students entering Practicum are assigned to a “Live” Supervision group for the first semester. Group placements are maintained until the end of each semester when all MFT students are given opportunity to select a new group. Other group placement changes are made only for extraordinary circumstances, in consultation with the Director of Clinical Training.

Live Supervision / Individual Supervision

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

1. A student shall inform their individual clinical supervisor prior to the live supervision session when scheduling a family for live supervision. Students are encouraged to talk with their clinical supervisor about which family would be appropriate and might benefit from live supervision.
2. Clinical supervisors will have access to the raw data presented in live supervision of cases for which they are responsible. Clinical supervisors are invited to live supervision sessions when possible. Students will make videotapes of live supervision sessions available to their clinical supervisors.
3. Students will process live supervision sessions with their clinical supervisors at the next supervision session following live supervision.

4. When a client attends live supervision for therapy, students will place documentation in the client's file of live supervision and a progress note reflecting this.
5. Case write-ups for presentations are not maintained in the client file.

Live Supervision Guidelines and Processes – Reflect Team Approach

Please see pages 15-20 of this section for handout regarding this topic.

INTERDISCIPLINARY CASE CONFERENCE

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

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

Presentation Process

- Students who are actively seeing clients are encouraged to present client cases for collaborative discussion relating to a therapeutic issue that is the focus of a particular ICC meeting.
- Presentations (general)
 - Student presentations will include a written updated case write-up and a brief oral presentation in ICC.
 - Case write ups should be 1/2 page in length.
 - Highlight the area of ICC topic for discussion on the date of the presentation.
 - Case write-ups are to be submitted 1 week prior to the ICC date for the given topic, to receive approval from the Director of Clinical Training.
 - Client names and any identifying information should be altered to protect client confidentiality.
 - Copies of the case write-up will be provided by the student presenter and distributed to the ICC participants for facilitation of discussion on the topic date and shall be shredded following the presentation.
 - The oral portion of the presentation shall be 5 minutes in length. The student presenter shall then be prepared to engage actively in discussion of the case and the

clinical issue being presented. This shall include the opportunity to ask and to answer questions regarding the case presented.

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

Theological Reflection

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

PRACTICUM: EVALUATION POLICY AND PROCEDURE

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

CLINICAL COMPETENCE

The focus of Practicum evaluation is the student's clinical competence and integration of the MFT academic body of knowledge. Evaluations are 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 supervisor and student. Evaluation is a mutual process. Appraisal of the supervisor's work in the supervisory experience by the student is a vital part of each evaluative conference.

EVALUATIVE STANDARDS

Clinical competence will take into account the student's personal, professional, and academic growth toward specific standards in the practice of marriage and family therapy. Standards around which evaluations are conducted throughout the entire program 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 therapeutic alliance and how client and therapist characteristics contribute to an effective therapeutic alliance;
- Understanding general principles of therapy-related change;
- Understanding how the therapeutic alliance and principles of change are organized by MFT models of therapy;
- Developing skill in establishing and maintaining therapeutic alliance in supervised practice;
- Developing basic skills in admitting clients to treatment and establishing a preliminary treatment plan.
- Developing an awareness of contextual variables in therapy;
- Beginning skills in theological/spiritual reflection on clinical practice.

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.

EVALUATION PROCEDURES

Mid-Practicum Review

At the mid-point of each Practicum level/year, a written Mid-Practicum Evaluation will be prepared by the student's clinical supervisor, reviewed with the student and signed. The outcome of the Mid-Practicum Evaluation will be reported to the clinical staff and faculty in a regular meeting, then submitted to the Administrative Assistant for storage in the student's central MFT file. The review shall appraise the student's specific experience over the first half

of the Practicum level, specifically regarding demonstration of competencies, what has been accomplished, and what needs to be done between the present and the final evaluation for the Practicum level in clear terms for all parties to understand. It is also an appropriate time to modify the working contract for supervision and self-care. The outcome of the Mid-Practicum Review will be reported to the clinical supervisory staff and faculty during a regular meeting.

At this time, a draft of the case write-up is due for Practicum: Level 1 and 2 students. See Practicum Case Write-Up policy and process below.

Final Practicum Evaluation

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

1. When a student has demonstrated the competencies required for their level of Practicum, as determined by the clinical supervisor, the required assessments will be completed.
 - a. The student will complete a self-assessment of their progress toward achievement of competencies, providing supportive comments as desired. The student will review their self-assessment with their clinical supervisor then submit the form to the Administrative Assistant to be included in the Formal Clinical Staff Review.
 - b. Based on an assessment of the student's progress toward achievement of appropriate level competencies as demonstrated by self-reports and presentations of raw data, the clinical supervisor will complete Section 1 of the Final Practicum Evaluation.
 - c. The Practicum site Administrative Supervisor will assess the student's demonstration of competencies at their clinical site and submit the assessment to the Administrative Assistant. The assessment will be included in the Formal Clinical Staff Review.
 - d. For all Practicum levels/years, a formal case write-up will be prepared by the student in consultation with their clinical supervisor (SIE in Level 3). A copy of the case will be included in the Formal Clinical Staff Review and a copy will be submitted to the Administrative Assistant for inclusion in the student's central file.
2. When the assessments have been completed, a Formal Clinical Staff Review of the student's progress will be held by the full clinical staff and MFT faculty. This body, which meets bi-weekly during the fall and spring semesters, will follow the student's progress across each Practicum level.
 - a. The clinical supervisor will present their completed portion of the Practicum Final Evaluation form and the student's formal case write-up with completed rubric. Based on this information, the clinical supervisor will provide a verbal report regarding the student's achievements and areas of growth.
 - b. The student's "Live" supervisor will present an assessment of the student's progress in group supervision.

- c. MFT/PCC faculty members, the Director of Clinical Training, and the Administrative Assistant may provide additional input regarding observations, didactic progress, or performance in clinical settings, including the Administrative Supervisor's assessment. These comments will be added to the Final Evaluation form.
- d. Specific competency achievements in the area of personal and professional growth shall be noted with the final picture of the narrative of developing strengths and weaknesses of the student. Any significant discrepancies between the supervisor's and student's assessments will also be noted.
- e. Designated signatures will be obtained.

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

Practicum Level Formal Case Write-up - Timeline

A formal case write-up is required for each level of Practicum. Each case write-up must contain specific content based on appropriate Practicum level objectives stated in the document *Case Study Guide and Rubric for SIE and All Practicum Levels*. Two due dates, mid-level and final, have been designated for formal case write-ups completed for Practicum levels 1 and 2. Due dates for the formal case write-up required for Practicum: Level 3, the Senior Integration Experience (SIE), are determined by SIE course instructors in conversation with students and the External Consultant.

Processes & Due Dates

All Practicum case write-ups, including the SIE, will be reviewed based on the *Case Study Guide and Rubric for SIE and All Practicum Levels*. Case write-ups are to be completed in consultation with the student's clinical supervisor and may include consultation with other approved individuals as listed below.

Practicum: Level 1

Due Dates: Mid-level draft due last week of April; Final write-up due last week of July

Reviewed by: Clinical Supervisor and MFT Program Director or MFT faculty member as appointed by the Director.

Scored by: MFT Program Director (or designated faculty member) in consultation with the student

A draft of the Practicum: Level 1 case write-up is due to the student's clinical supervisor no later than the last week in April, the mid-point of the Practicum experience. The student's clinical supervisor will review the write-up to determine accuracy of client description and case progress and make suggestions for revision. During a Clinical Staff Meeting in May, the clinical

supervisor will report on the case write-up draft completion as part of the student's Mid-Practicum Level review.

The Practicum: Level 1 final case write-up is due to the Director of the MFT Program (or designated MFT faculty member) by the last week of July for review and scoring, in conversation with the student using the *Case Study Guide and Rubric for SIE and All Practicum Levels*. The final write-up and scored rubric will be part of the student's Practicum: Level 1 Final Evaluation and presented during the Clinical Staff meeting in August. The write-up and scored rubric will be submitted to the MFT Office for the student's MFT portfolio. If the student's case write-up does not achieve a score of "Expected" or better, a remedial plan will be created following MFT Program policy.

Practicum: Level 2

- Due Dates:** Mid-level draft due last week of January; Final write-up due last week of July
- Reviewed by:** Clinical Supervisor and Director of Clinical Training, or MFT clinical staff member appointed by the Director.
- Scored by:** Director of Clinical Training (or designated clinical staff member) in conversation with the student

A draft of the Practicum: Level 2 case write-up is due to the student's clinical supervisor no later than the last week in January, the mid-point of the Practicum experience. The student's clinical supervisor will review the write-up to determine accuracy of client description and case progress and make suggestions for revision. During a Clinical Staff Meeting in February, the clinical supervisor will report on the case write-up draft completion as part of the student's Mid-Practicum Level review.

The Practicum: Level 2 final case write-up is due to the Director of Clinical Training (or designated Clinical Staff Member) no later than the last week of June for review and scoring in conversation with the student using the *Case Study Guide and Rubric for SIE and All Practicum Levels*. The final write-up and scored rubric will be part of the student's Practicum: Level 2 Final Evaluation process and presented during the Clinical Staff meeting in July. The write-up and scored rubric will be submitted to the MFT Office for the student's MFT portfolio. If the student's case write-up does not achieve a score of "Expected" or better, a remedial plan will be created following MFT Program policy.

Practicum: Level 3

- Due Dates:** Determined during Senior Integration Experience (SIE) course
- Reviewed by:** Appropriate individuals named in SIE course syllabus
- Scored by:** SIE Committee

For process, refer to *Senior Integration Experience* course syllabus.

Remediation

As face-to-face experience in assessment and feedback grows in the supervisory experience, certain recurrent areas of weakness, needs to remedy deficiencies in performance, gaps in learning that need to be addressed, and personal issues that require attention, will be flagged and become part of the regular feedback in the supervisory process. Students who fail to meet Practicum competencies (or are in danger at mid-year) will be referred for a remedial process (described in Section I, page 12-13).

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

LPTS Reflect Team Approach For MFT Live Supervision Group

Team Guidelines (adapted from Tom Anderson, 1991, 1995)

1. Reflect team approach for a live client session is used only with the client's express signed permission. For a video presentation or role play reflect team with no client present, no additional client consent is required.
2. If present, client is invited to listen but not required to listen to the team responses. When listening, clients are informed to focus on comments that "strike a chord."
3. Team members comment on a specific event or statement in the conversation and then wonder or are curious about this. These wonderings should be sufficiently unusual to generate new perspectives.
4. Team members avoid offering opinions or interpretations, instead use "wondering" questions and invite multiple perspectives.
5. Team comments on all that is heard, but not all that is observed. Allow client, if present, to speak about emotions only if client initiates. Client privacy is valued; client should be free to not speak.
6. Family and team to remain separate when client family is present. If in the same room, should not engage in discussion. Focus is on inner dialogue of all participants to stimulate new thoughts and ideas.
7. All to listen for what is appropriately unusual. Avoid what is too common or too unusual.

3 Primary Tasks of the Team: (adapted from Narrative Reflecting Team Practices, Freedman & Combs, 1996)

1. Attend to story details for thorough understanding.
2. Listen for differences and events that do not fit the dominant problem-saturated narrative (exception language).
3. Notice beliefs, ideas, or contexts that support the dominant problem-saturated narrative.
4. Maintain awareness of cultural differences and areas of diversity that may impact therapeutic process or client acceptance of feedback.

Guidelines for the reflecting team (modified):

1. During the reflecting process the team engages in back and forth conversation.
2. Team members should not talk to each other while observing the client session, video, or interview.
3. Comments should be offered in a tentative manner.
4. Comments are to be based only on what occurs in the room or session video.
5. When appropriate, comments are situated in the speaker's personal experience.
6. All client family members present should be responded to in the same way.
7. Reflections by team members should be kept short.

Additional guidelines:

*Multiple, contradictory opinions about what is going on are encouraged in looking for new meanings and perspectives regarding the client's experiences.

* Teams avoid comments that evaluate or judge the client (or therapist) in any way, positively or negatively.

*Teams focus on offering reflections, observations, questions, or comments that are clearly owned by the person making them. (e.g. "As I listened, I was wondering...").

LPTS Reflect Team Process for Client Session

1. Reflect team arrives; rooms are set up with client session in room with one way mirror for reflecting team observation in separate space. Therapist provides opening devotional followed by information to the team about the client system and whether client has requested reflections on any specific concern; 2 page case write-up and client genogram provided.
(15 minutes)
2. Therapist greets the client family and introduces the family to the reflect team members and then therapist and client(s) enter counseling room adjacent to reflect team room.
(5 minutes)
3. Therapist and client family have session time; observed by the team in silence
(40 minutes)
4. Therapist and family reverse sound and lights to observe and listen to the team's reflections; alternative would allow therapist and client family to enter the reflect space for in person responses. (see "As If" process below for alternative)
(20 minutes)
5. Therapist and family return sound and lights to counseling space and discuss the reflections of the team.
(15 minutes)
6. Optional for client family to say goodbye to the reflect team following discussion.
(5 minutes)
7. Therapist and reflect team discuss how the process worked; team to first provide input to the therapist and therapist to then have time to respond about additional information gained and the process in general.
(20 minutes)

"As If" Reflecting Option:

In the "As if" reflecting process team members speak or reflect "as if" they are members of the client's system engaged with the problem.

These members of the system can include family members, friends, co-workers, teachers, classmates, medical personnel, legal personnel, etc. and do not need to be present in the counseling dynamic to be included.

LPTS Reflect Team Process for Video or Role Play Presentation

1. Therapist provides opening devotional followed by information to the team about the client system and whether therapist is requesting reflections on any specific concern; 2 page case write-up and client genogram provided. Recorder uses white board to highlight significant information provided by therapist; may include genogram or family structure information.
(15 minutes)
2. Interviewer reviews therapist summary of client and session information, seeking to expand knowledge of the client issue, family structure, and therapeutic framework/MFT theory, interventions, and client progress. Recorder uses white board to record additional helpful information gained.
(20 minutes)
3. Video of client session; observed by the team in silence. If no video is available, a role play may be provided with reflect team members providing the roles of therapist and client family members in a mock client session.
(45 minutes)
4. Team reflections; focus on what was heard that illuminates the client problem, the therapeutic relationship, and use of theory to open up new wonderings and perspectives. Interviewer and recorder to resume roles when requested by the presenting therapist as helpful to discussion and understanding. The “As If” process as listed below may also be used to process the client session.
(20 minutes)
5. Therapist responds by highlighting additional information gained from the team reflections and comments regarding the process.
(20 minutes)

“As If” Reflecting Option:

In the “As if” reflecting process team members speak or reflect “as if” they are members of the client’s system engaged with the problem.

These members of the system can include family members, friends, co-workers, teachers, classmates, medical personnel, legal personnel, etc. and do not need to be present in the counseling dynamic to be included.

Roles of Reflect Team Participants

Role of the Client:

- To participate in a therapy session with the therapist as if in the usual course of therapy.
- To remain open to reflections provided by the team and to be willing to explore how wonderings, questions and considerations may allow therapeutic progress.

Role of the Presenter:

- To prepare client (s) for reflect team process as a helpful intervention to discover new perspectives and ways to move forward in therapy.
- To have client(s) sign a release form/permission to participate in Live Supervision. In the alternative, to select a client video to present to the group.
- To prepare a 2 page case write-up and client genogram to provide to the team on the day of presentation.
- To be prepared to present information regarding the client family, clinical concern, and course of therapy to the group.
- To shred all identifying documentation following the live group session.

Role of the Reflecting Team Members:

- To listen attentively for wonderings and meaning-making questions that might open up new understanding around the client problem.
- To remain focused on the client story, therapeutic theory, interventions, and process. -Be aware of the present experience, remarking on unusual occurrences from the therapy session.
- To be aware of cultural perspectives, theoretical lenses, and family messages impacting the client concern.
- To be willing to serve as interviewer or recorder when a video is presented other than a live client session.
- To be willing to participate in role play as therapist or client to assist with reflection process.

Role of the Interviewer:

- For video presentation format, following therapist presentation of client information, to ask open-ended questions to add detail and depth to reflecting team knowledge and therapist awareness.
- To stay focused on what is meaningful and helpful to better understanding of the client family, specific clinical concern, the therapeutic relationship, MFT theory, and the work completed in therapy to date.
- Following video of client session, to continue to facilitate team discussion if requested by presenting therapist.

Role of the Recorder:

- For video presentation format, to make use of whiteboard in group room to record important information provided by the therapist regarding the client, client family, clinical concern, and therapeutic process.
- To continue to record additional information provided in response to interviewer questioning prior to viewing the client video and during team discussion if requested by the presenting therapist.

Role of the Clinical Supervisor:

- To serve as facilitator for the process.
- To remind the therapist, interviewer, recorder and reflecting team of their respective roles to keep them mindful of the process.
- To encourage open-ended questions as opposed to comment or critiques from the interviewer/reflecting team.
- To be aware of the time allowed for each segment of the presentation.

*Roles relating to therapist presenter, interviewer and recorder should rotate among members of the reflecting team in a scheduled order to allow opportunities for equal participation.

*Louisville Seminary MFT Program
J. Schiller 2014*

Practicum: Level 1 – Therapeutic Alliance and Assessment

PC 441

Description

Practicum I is an entry level supervised clinical experience during which the student will learn basic counseling skills and procedures. Through structured exercises and closely supervised counseling, students will learn basic attending skills, establish therapeutic relationships, develop a beginning sense of self as therapist and learn appropriate use of supervision. The first level of Practicum includes but is not limited to a range of 50-75 hours of counseling at a ratio of 5 client hours to 1 supervision hour.

Objectives and Expected Student Learning Outcomes

By the end of Practicum: Level 1, students will . . .	Student Learning Outcomes (SLO) & MFT Competencies (MFTC)	Assessment / Signature Assignments
1. Initiate and establish a therapeutic relationship with a minimum of 5 clients.	SLO 1: Able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. MFTC: 1.3.2 Determine who should attend therapy...and configuration 1.3.4 Explain...rules, fees, rights...confidentiality... duty to care and warn... 1.3.6 Establish & maintain ...therapeutic alliances with clients	Supervisor Review of Session video Initial phase treatment plan
2. Demonstrate consistent use of basic attending skills in counseling sessions.	SLO 1: Able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. SLO 4: Able to apply multicultural approaches to MFT and attend appropriately to religious, cultural, racial, economic, gender, and sexual orientation differences as these are experience in client systems, client-therapist systems, supervisory systems, and broader social systems. MFTC: 1.3.3 Facilitate therapeutic involvement of all...participants in treatment 1.3.9 Manage session interactions with individuals, couples & groups	Supervisor Review of Session video Progress notes ORS/SRS reports
3. Demonstrate a capacity to maintain self-differentiation when exposed to family systems adequate to maintain a beginning treatment relationship under supervision.	SLO 3: Able to think ethically and make appropriate clinical decisions MFTC: 3.4.5 Monitor personal reactions to clients and treatment processes... 4.5.2 Set appropriate boundaries, manage issue of triangulation, and develop collaborative working relationships 5.5.2 Consult with peers...supervisors if personal issues, attitudes or beliefs threaten to adversely impact work	Supervisor Review of Case report Initial case write-up Progress notes
4. Demonstrate an ability to engage with clinical supervisor and make good use of clinical supervision.	SLO 1: Able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. MFTC: 2.5.1 ...Utilize consultation and supervision effectively 5.5.2 Consult with peers...supervisors if personal issues, attitudes or beliefs threaten to adversely impact work	Regular attendance, preparation for, and participation at individual and group supervision.

	6.3.4 Determine the effectiveness of clinical practice and techniques	
5. Demonstrate a beginning awareness of issues of diversity that impact establishment of the therapeutic alliance with the assistance of supervision.	<p>SLO 1: Able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.</p> <p>SLO 4: Able to apply multicultural approaches to MFT and attend appropriately to religious, cultural, racial, economic, gender, and sexual orientation differences as these are experience in client systems, client-therapist systems, supervisory systems, and broader social systems.</p> <p>SLO 5: Able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy</p> <p>MFTC: 3.4.5 Monitor personal reactions to clients and treatment processes...</p> <p>4.1.2 Recognize strengths, limitations, and contraindications of...therapy models, including risk of harm...[and] assumptions of...dysfunction, pathogenesis, or cultural deficits</p> <p>4.3.2 Deliver interventions in a way that is sensitive to special needs of clients</p> <p>5.4.2 Monitor attitudes...personal issues...to ensure they do not impact therapy adversely or create vulnerability to misconduct</p>	<p>Case report</p> <p>Initial case write-up</p> <p>Initial phase treatment plan</p>
6. Demonstrate awareness and adherence to professional ethics, legal issues, and standards of professional practice appropriate for a beginning therapist.	<p>SLO 3: Able to think ethically and make appropriate clinical decisions consistent with the highest ethical and professional standards as entry level clinical professionals.</p> <p>MFTC: 3.4.3 Evaluate level of risks, management of risks, crises and emergencies</p> <p>5.1.1 Know...laws that apply to the practice of MFT</p> <p>5.1.2 Know professional ethics and standards of practice [for] MFT</p> <p>5.2.2 Recognize ethical dilemmas...</p> <p>5.3.4 Develop safety plans for clients who present with potential self-harm, suicide , abuse or violence</p> <p>5.3.7 Practice within defined scope of practice and competence</p>	<p>Case report</p> <p>Progress notes</p> <p>Initial and working phase treatment plans</p>
7. Demonstrate a beginning awareness of pastoral identity, as it relates to the practice of spiritually-informed marriage and family therapy.	<p>SLO 5: Able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy</p> <p>MFTC: 2.3.8 Identify client's strengths, resilience and resources</p> <p>4.3.2 Deliver interventions in a way that is sensitive to special needs of clients</p> <p>5.4.2 Monitor attitudes...personal issues...to ensure they do not impact therapy adversely or create vulnerability to misconduct</p>	<p>Case report</p> <p>Session video</p> <p>Final case write-up</p> <p>Progress notes</p>
8. Demonstrate a beginning ability to think theologically and theoretically about the therapeutic experience.	<p>SLO 2: Demonstrate a broad knowledge of Marriage and Family Therapy theory and be able flexibly to relate theories to evidence-based practice.</p> <p>SLO 5: Able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy</p> <p>MFTC: 1.1.1 Understand systems concepts, theories, and techniques ...foundational to MFT.</p> <p>1.1.2 Understand theories and techniques of individual, marital, couple, family, and group psychotherapy</p> <p>1.2.1 Recognize contextual and systemic dynamics</p>	<p>Initial case write-up</p> <p>Case report</p> <p>Working phase treatment plan</p> <p>Client diagnosis form</p>

9. Demonstrate a beginning ability to assist clients effectively through the therapeutic process.	SLO 1: Able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. MFTC: 3.2.1 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan 3.3.4 Structure treatment to meet clients' needs and...facilitate systemic change 3.3.5 Manage progression of therapy toward...goals 3.4.2 Recognize when treatment goals and plan require modification 3.5.3 Write plans and complete other case documentation in accordance with practice setting policies...and...laws 4.3.2 Deliver interventions in a way that is sensitive to special needs of clients	Complete 50-75 clinical hours Practicum log Final case write-up ORS/SRS reports
10. Demonstrate knowledge of LSCTC policies and procedures and those of other Practicum sites.	SLO 1: Able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. MFTC: 1.5.2 Complete case documentation in a timely manner and in accordance with...laws and policies 1.5.3 Develop, establish, and maintain policies for fees, payment, record keeping and confidentiality 5.1.3 Know policies and procedures of practice setting	Quarterly client file audits Benchmarks as established by agencies

Methods

- ◆ All Practicum: Level 1 students will be assigned a clinical supervisor who is responsible for the student's clinical work and who will meet with them on a weekly basis and evaluate the student's progress in practicum.
- ◆ All Practicum: Level 1 students will serve at Louisville Seminary Counseling Training Center. When deemed appropriate, Practicum: Level 1 students may serve at an additional off-campus site.
- ◆ All Practicum: Level 1 students will participate in a weekly LIVE Supervision group.
- ◆ All Practicum: Level 1 students will participate in Interdisciplinary Case Conferences.
- ◆ All Practicum: level 1 students will complete a final Practicum case write-up with a draft due at the mid-point of the level.

Evaluation Policy

Passing each level of Practicum is determined by evaluation of the clinical staff composed of MFT faculty members and the Program's clinical supervisors. Student evaluation scores must be *acceptable* in all areas to move forward to the next level of Practicum.

Student Learning Outcomes

- SLO 1** Graduating students will be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.
- SLO 2** Graduating students will demonstrate a broad knowledge of systemic theory and MFT Treatment models and flexibly apply these to evidence-based practice.
- SLO 3** Graduating students will be able to think ethically and make appropriate clinical ethical decisions.
- SLO 4** Graduating students will be able to use a multicultural approaches to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.
- SLO 5** Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.

SUPERVISION CONTRACT – Practicum: Level 1

Student: _____ Phone: _____

Supervisor: _____ Phone: _____

Starting Date: _____

1. Administrative and Clinical Responsibilities

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

2. Specific Measurable Goals

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

3. Specific Actions to Reach Objectives

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

4. Method of Evaluation for Each Goal

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

Student Date

Supervisor Date

Practicum: Level 1 – Mid-Level Evaluation

Student: _____ Date of Report: _____

Clinical Supervisor: _____ LIVE Group Supervisor: _____

Clinical Placement: _____ Administrative Supervisor: _____

Mid-Level Evaluation Procedure:

An assessment of a student's progress toward mastering Practicum: Level 1 competencies will be completed at the mid-point of the level. The date of the review will be established by the MFT Program. The following procedure will be followed:

1. Based on an assessment of the student's progress toward achievement of appropriate level competencies as demonstrated by self-reports, presentations of raw data, and a draft of the Level 1 case write-up, the clinical supervisor will complete Sections 1, 2, and 3 of **Practicum: Level 1 – Mid-Level Evaluation**.
2. During a scheduled meeting of the clinical staff and MFT faculty, a formal review of the student's progress in Level 1 will be held.
 - a. The clinical supervisor will present the completed **Practicum: Level 1 – Mid-Level Evaluation** including a report of the student's achievements and areas with deficiencies.
 - b. Active participation in Interdisciplinary Case Conference and Live Supervision will be ascertained and designated signatures obtained.
 - c. A recommendation for continuance in the program or remediation will be determined. Should remediation be the outcome of the review, a committee will be established in accordance with program policy.

Following the formal review, the clinical supervisor will review the completed evaluation with the student, discuss comments noted, and explain any remedial action, if required. The student and supervisor will sign the **Practicum: Level 1 – Mid-Level Evaluation** form and return it to the MFT Office. If appropriate, the student's contract for Practicum: Level 1 can be altered at this time to reflect any recommendations to meet deficiencies noted.

Section 1: Scoring Instructions:

Read each objective. Determine the student's success in obtaining the objective with the following in mind: 9-10 Exceeds Expectations, 6-8 Expected, 3-5 Marginal, 0-2 Unacceptable. Enter the student's numerical score in the appropriate square beside each objective.

Objectives		Score				SLO & MFTC
		Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
1.	Initiate and establish a therapeutic relationship with a minimum of 5 clients.					SLO 1 MFTC 1.3.2; 1.3.4; 1.3.6
2.	Demonstrate consistent use of basic attending skills in counseling sessions.					SLO 1; SLO 4 MFTC 1.3.3; 1.3.9
3.	Demonstrate a capacity to maintain self-differentiation when exposed to family system adequate to maintain a beginning treatment relationship under supervision.					SLO 3 MFTC 3.4.5; 4.5.2; 5.5.2
4.	Demonstrate an ability to engage with clinical supervisor and make good use of clinical supervision.					SLO 1 MFTC 2.5.1; 5.5.2; 6.3.4
5.	Demonstrate a beginning awareness of issues of diversity that impact establishment of the therapeutic alliance with the assistance of supervision.					SLO 1; SLO 4; SLO 5 MFTC 3.4.5; 4.1.2; 4.3.2; 5.4.2

Practicum: Level 1 - Mid-Level Evaluation

Objectives		Score				SLO & MFTC
		Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
6.	Demonstrate awareness and adherence to professional ethics, legal issues, and standards of professional practice appropriate for a beginning therapist.					SLO 3 MFTC 3.4.3; 5.1.1; 5.1.2; 5.2.2; 5.3.4; 5.3.7
7.	Demonstrate a beginning awareness of pastoral identity, as it relates to the practice of spiritually-informed marriage and family therapy.					SLO 5 MFTC 2.3.8; 4.3.2; 5.4.2
8.	Demonstrate a beginning ability to think theologically and theoretically about the therapeutic experience.					SLO 2; SLO 5 MFTC 1.1.1; 1.1.2; 1.2.1
9.	Demonstrate a beginning ability to assist clients effectively through the therapeutic process.					SLO 1 MFTC 3.2.1, 3.3.4; 3.3.5; 3.4.2; 3.5.3; 4.3.2
10.	Demonstrate knowledge of LSCTC policies and procedures and those of other Practicum sites.					SLO 1 MFTC 1.5.2; 1.5.3; 5.1.3
COLUMN TOTALS:						

Grand Total Score: _____ (Total of all columns)

Section 2: Draft of Formal Case Write-Up

Student has submitted the 5-page case write-up for review

Yes _____ No _____

Section 3: Comments Regarding Student's Clinical Work

Supervisor Comments: Please include general observations, clinical strengths and concerns.

Student Comments:

Practicum: Level 1 - Mid-Level Evaluation

Section 4 – Clinical practice, supervision & integration		
a.	Student has responsibly attended to management of case records, professional behavior at LSCTC and timely completion of administrative paperwork	<div>Unacceptable Acceptable</div> <div>Admin. Assistant _____</div>
b.	Student has regularly and appropriately participated in Interdisciplinary Case Conference (ICC).	<div>Unacceptable Acceptable</div> <div>ICC Leader _____</div>
c.	Student has regularly and appropriately participated in LIVE Supervision.	<div>Unacceptable Acceptable</div> <div>LIVE leader _____</div>

Supervisor

Date

Student

Date

Presentation to Clinical Staff and MFT Faculty

Date: _____

Recommendation: ____ Program continuance ____ Remediation, committee established

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Practicum: Level 1 – Final Evaluation

Clinical Supervisor's Assessment

Student: _____ Date of Report: _____

Clinical Supervisor: _____ LIVE Group Supervisor: _____

Clinical Placement: _____ Administrative Supervisor: _____

Final Evaluation Procedure:

At the end of the Practicum: Level 1 course, a formal review of the student's progress toward obtaining clinical competencies will be completed by the MFT program faculty and clinical staff. The following evaluation procedure will be followed:

1. Prior to the review, the student will complete a **Practicum: Level 1 – Student Self-Assessment**. The student will review their self-assessment with their clinical supervisor and submit the signed document to the MFT Office. This document will be included in the student's formal review.
2. One week prior to review, the student will submit their Practicum 1 formal case write-up to the Director of the MFT Program or a designated MFT faculty member. The Director/faculty member will review and score the write-up, using the **MFT Program Case Study Guide and Rubric for SIE and All Practicum Levels**. The rubric and formal case write-up will be included in the student's formal review. NOTE: If the student does not achieve a score of "Expected" or better on their case write-up rubric, a remedial plan will be created following MFT Practicum Policy.
3. Based on the student's progress toward achievement of appropriate level competencies as demonstrated by self-reports and presentations of raw data, the clinical supervisor will complete Sections 1 and 3 of the **Practicum: Level 1 – Clinical Supervisor's Evaluation**.
4. A **Practicum: Level 1 – Administrative Supervisor Evaluation** will be completed by the student's off-campus site administrative supervisor. This document will be included in the formal review.
5. The student's formal review will be held during a scheduled meeting of the clinical staff and MFT faculty. Any significant discrepancies between the supervisor's and student's assessments will also be noted.
 - a. The clinical supervisor will present the completed Sections 1 & 3 of the **Clinical Supervisor's Evaluation** regarding the student's achievements and areas of growth.
 - b. Documentation named above and other relevant material may be entered into the review process.
 - c. The student's group supervision facilitator, MFT faculty members, the Director of Clinical Training, and the Program Administrative Assistant may provide additional significant data or areas of deficiencies from observations, didactic progress, or performance in clinical settings. These comments will be added to the **Practicum: Level 1 - Clinical Supervisors' Evaluation** by the clinical supervisor.
 - d. Designated signatures will be obtained.
 - e. A recommendation for the student to pass to the next Practicum level or for remediation will be determined. Should remediation be the outcome of the review, a committee will be established in accordance with program policy.
6. Following the formal review, the clinical supervisor will share the completed evaluation with the student, discuss comments noted, and explain any remedial action, if required. The student and supervisor will sign the Final Evaluation form and return it to the MFT Office.

Section 1: Scoring Instructions:

Read each objective. Determine the student's success in obtaining the objective with the following in mind: 9-10 Exceeds Expectations, 6-8 Expected, 3-5 Marginal, 0-2 Unacceptable. Enter the student's numerical score in the appropriate square beside each objective.

Objectives		Score				SLO & MFTC
		Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
1.	Initiate and establish a therapeutic relationship with a minimum of 5 clients.					SLO 1 MFTC 1.3.2; 1.3.4; 1.3.6
2.	Demonstrate consistent use of basic attending skills in counseling sessions.					SLO 1; SLO 4 MFTC 1.3.3; 1.3.9
3.	Demonstrate a capacity to maintain self-differentiation when exposed to family system adequate to maintain a beginning treatment relationship under supervision.					SLO 3 MFTC 3.4.5; 4.5.2; 5.5.2
4.	Demonstrate an ability to engage with clinical supervisor and make good use of clinical supervision.					SLO 1 MFTC 2.5.1; 5.5.2; 6.3.4
5.	Demonstrate a beginning awareness of issues of diversity that impact establishment of the therapeutic alliance with the assistance of supervision.					SLO 1; SLO 4; SLO 5 MFTC 3.4.5; 4.1.2; 4.3.2; 5.4.2

Practicum: Level 1 - Final Evaluation – *Clinical Supervisor's Assessment*

Objectives		Score				SLO & MFTC
		Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
6.	Demonstrate awareness and adherence to professional ethics, legal issues, and standards of professional practice appropriate for a beginning therapist.					SLO 3 MFTC 3.4.3; 5.1.1; 5.1.2; 5.2.2; 5.3.4; 5.3.7
7.	Demonstrate a beginning awareness of pastoral identity, as it relates to the practice of spiritually-informed marriage and family therapy.					SLO 5 MFTC 2.3.8; 4.3.2; 5.4.2
8.	Demonstrate a beginning ability to think theologically and theoretically about the therapeutic experience.					SLO 2; SLO 5 MFTC 1.1.1; 1.1.2; 1.2.1
9.	Demonstrate a beginning ability to assist clients effectively through the therapeutic process.					SLO 1 MFTC 3.2.1, 3.3.4; 3.3.5; 3.4.2; 3.5.3; 4.3.2
10.	Demonstrate knowledge of LSCTC policies and procedures and those of other Practicum sites.					SLO 1 MFTC 1.5.2; 1.5.3; 5.1.3
COLUMN TOTALS						GRAND SCORE

Section 2: Formal Case Write-Up

Student has satisfactorily completed 5-page case write-up

Yes _____ No _____

Scored by Marriage and Family Therapy Program Director

Score: _____

Section 3: Comments Regarding Student's Clinical Work

General Observations: _____

Clinical Strengths: _____

Clinical Concerns: _____

Section 4: Clinical practice, supervision & integration		
a.	Student has responsibly attended to management of case records, professional behavior at LSCTC and timely completion of administrative paperwork.	<div>Unacceptable Acceptable</div> <div>LSCTC Director _____</div>
b.	Student has regularly and appropriately participated in Interdisciplinary Case Conference.	<div>Unacceptable Acceptable</div> <div>ICC Leader _____</div>
c.	Student has regularly and appropriately participated in LIVE Supervision.	<div>Unacceptable Acceptable</div> <div>LIVE Leader _____</div>
e.	Student has completed 50-75 hours of supervised experience.	<div>Yes _____ No _____</div> <div>Admin. Assistant _____</div>

RECOMMENDATION

Recommendation:	Program continuance	Remediation, committee established
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If remediation committee established, required remediation

Other Comments:

Supervisor

Date

Student

Date _____

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Practicum: Level 1 – Final Evaluation

Administrative Supervisor's Assessment

Student: _____ Date of Report: _____

Clinical Supervisor: _____ LIVE Group Supervisor: _____

Clinical Placement: _____ Administrative Supervisor: _____

Louisville Seminary Marriage and Family Therapy Program greatly appreciates the opportunity you have provided for the MAMFT student placed at your site. Your input gives us valuable information regarding the student's counseling services provided at your site and about our program and Practicum placements overall.

Evaluation Procedure:

Read each objective. Determine the student's success in obtaining the objective with the following in mind:

9-10 Exceeds Expectations

6-8 Expected

3-5 Marginal

0-2 Unacceptable.

Enter the student's numerical score in the appropriate square beside each objective. If an objective is not applicable to your site, please mark "NA" beside the objective.

On the final page, make any additional comments regarding how you have experienced the student's performance at your site.

Return the completed form to Becky Timerding by e-mail to btimerding@lpts.edu , by fax to 502 / 895-0319, or by mail to 1044 Alta Vista Road, Louisville, KY 40205.

The information you give through this evaluative tool will be added to other data received from the student, student's clinical supervisor, MFT faculty, the Director of Clinical Training, and the Program Administrative Assistant. All evaluations will be presented during the student's formal review.

Thank you for providing us with your assessment. If you have any questions regarding the process or use of the information, please contact our Administrative Assistant, Becky Timerding at 922-9363 or Jenny Schiller, Director of Clinical Training at 992-9364.

Practicum: Level 1 - Final Evaluation – *Administrative Supervisor*

Instructions:

Determine the student's success in obtaining the objective with the following in mind: **9-10** Exceeds Expectations, **6-8** Expected, **3-5** Marginal, **0-2** Unacceptable. Enter the student's numerical score in the appropriate square beside each objective. If an objective is not applicable to your site, please mark **"NA"** beside the objective.

Objectives		Score			
		Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)
1.	The counseling intern has completed all trainings and screenings requested by the practicum site in a timely manner.				
2.	The counseling intern has been punctual in coming to work at the Practicum site.				
3.	The counseling intern has been in attendance consistently throughout the time of service at the Practicum site and maintains the terms of the agreement established for providing care at the site.				
4.	The counseling intern notifies the Administrative Supervisor in a timely manner regarding any absences or delays.				
5.	The counseling intern is professional in appearance, dress, and demeanor.				
6.	The counseling intern works well with other staff members and personnel at the site.				
7.	The counseling intern maintains confidential client records in accordance with the policies of the site.				

Practicum: Level 1 - Final Evaluation – *Administrative Supervisor*

8.	The counseling intern completes client paperwork in a complete and timely manner.				
Objectives		Score			
		Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)
9.	The counseling intern observes confidentiality regarding client information and the course of therapy of individual clients.				
10.	The counseling intern observes all safety procedures and reports safety hazards promptly to the Administrative Supervisor.				
11.	The counseling intern connects well with the population served at the Practicum site and maintains a therapeutic relationship with clients.				
12.	The counseling intern consults regularly with their Administrative supervisor at the site regarding client needs and appropriate therapeutic care.				
13.	The counseling intern completes and presents Practicum logs and other administrative forms in a timely manner.				
14.	The counseling intern recognizes the systemic issues of family, community, and culture in addressing client needs.				
15.	The counseling intern is proactive in requesting assistance for client care from the Administrative Supervisor, as needed.				
16.	The counseling intern reflects well on the Louisville Seminary Marriage and Family Therapy Program.				

Practicum: Level 1 - Final Evaluation – *Administrative Supervisor*

COLUMN TOTALS				
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General Evaluation: Please mark your selection with an “X”.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I would recommend this student for placement or employment at another clinical site.					
I would be interested in having another MAMFT student from Louisville Seminary as a counseling intern at this Practicum site.					
Louisville Seminary provides sufficient training for student interns prior to placement at our site.					
Louisville Seminary Administrative staff maintains sufficient communication with our site.					

Comments:

General comments regarding the placement of this counseling intern at your site:

Specific strengths of this counseling intern include:

Specific areas of growth for this counseling intern include:

Additional comments:

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SUPERVISION CONTRACT – Practicum: Level 2 & 3

Student: _____ Supervisor: _____

Contract Beginning Date: _____

1. Administrative and Clinical Responsibilities

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

2. Specific Measurable Goals

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

4. Method of Evaluation for Each Goal

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

Student

Date

Supervisor

Date

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Practicum: Level 2 – Therapeutic Models and Treatment Skills

PC 442

Description

Practicum: Level 2 builds on the entry-level skills of Level I. Level 2 is designed to assist students in developing the foundation for more autonomous functioning as Marriage and Family Therapy interns at an intermediate level. This includes focus on theoretical understanding of the therapeutic process and development of specific intervention skills in therapy. In the supervised clinical experience, the student establishes treatment plans appropriate to more complex client issues and utilizes knowledge of theoretical models to assess client needs and establish the course of treatment. Practicum: Level 2 includes, but is not limited to, a range of 150-175 hours of counseling at a ratio of 5 client hours to 1 supervision hour.

Objectives and Expected Student Learning Outcomes

By the end of Practicum: Level 2, students will . . .	Student Learning Outcomes (SLO) & MFT Competencies (MFTC)	Assessment / Signature Assignments
1. Demonstrate the ability to use a specific MFT theoretical lens to observe and describe family structure, power dynamics, and processes.	SLO: 2, 4 MFTC: 1.1.1 Understand systems concepts, theories, and techniques ...foundational to MFT. 1.1.2 Understand theories and techniques of individual, marital, couple, family, and group psychotherapy 1.2.1 Recognize contextual and systemic dynamics	Case report Session video Working phase treatment plan
2. Demonstrate the ability to conceptualize a family structure using theoretical language that illuminates the client problem within the context of family and larger systems.	SLO: 1, 2, 4 MFTC: 1.1.2 Understand theories and techniques of individual, marital, couple, family, and group psychotherapy 1.3.1: Gather and review intake information...balanced attention to individual, family, community... contextual factors 2.1.1: Understand principles of...family development and processes 2.3.6...Assess family...using a genogram or other instruments	Genogram Case report Final case write-up
3. Utilize appropriate therapeutic assessment tools to complete client diagnosis and treatment planning, considering multi-cultural and diverse frameworks with the assistance of supervision.	SLO: 1, 2 MFTC: 2.1.4 Comprehend...assessment... appropriate to presenting problem... 2.1.5...Understand current models of assessment... 2.3.2 Provide assessments and deliver developmentally appropriate services... 2.3.6...Assess family...using a genogram or other instruments 4.3.2 Deliver interventions in a way that is sensitive to special needs of clients	Client diagnosis form Assessment tools Working phase treatment plan Final case write-up
4. Establish appropriate client treatment goals using observation, assessment, and conceptualization skills including client feedback and supervisory consultation.	SLO: 1, 2 MFTC: 2.1.5...Understand current models of assessment... 2.1.6 -Understand the strengths and limitations of models of assessment and diagnosis... 2.3.1...Diagnose...systemically and contextually 2.3.2 Provide assessments and deliver developmentally appropriate services... 2.4.4 Assess the therapist-client agreement of therapeutic goals and diagnosis	Client diagnosis form Working phase treatment plan Assessment tools ORS/SRS

	2.5.1 ...Utilize consultation and supervision effectively 3.2.1 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan	
5. Establish and utilize theoretically-based interventions to work toward accomplishment of client treatment goals.	SLO: 1, 2 MFTC: 3.1.1 Know which models...are most effective for presenting problems	Case report Session videos Working phase treatment plan
6. Demonstrate an increasing ability to focus on client issues as separate from therapist view of self and/or concern with own process in the therapeutic setting.	SLO: 3, 4, 5 MFTC: 4.5.2 set appropriate boundaries, manage issue of triangulation, and develop collaborative working relationships 5.4.2 Monitor attitudes...personal issues...to ensure they do not impact therapy adversely or create vulnerability to misconduct	Case report Session video Supervisor observation
7. Demonstrate effective and appropriate use of supervision to enhance understanding of self as therapist, address challenges around issues of diversity, and pastoral practice of spiritually-informed marriage and family therapy.	SLO: 2, 3, 5 MFTC: 5.2.4 Recognize when clinical supervision or consultation is necessary 5.5.2 Consult with peers...supervisors if personal issues, attitudes or beliefs threaten to adversely impact work	Case report Session video Supervisor observation
8. Demonstrate awareness of ethical and legal issues that arise in the course of therapy including establishing boundaries in the therapeutic relationship and maintaining role of self as therapist.	SLO: 1, 3 MFTC: 4.5.2 set appropriate boundaries, manage issue of triangulation, and develop collaborative working relationships 5.1.2 Know professional ethics and standards of practice [for] MFT 5.2.1 -Recognize the situations in which ethics, law, professional liability...apply	Case report Working phase treatment plan
9. Demonstrate an intermediate level of therapeutic skills as a counseling intern.	SLO: 1, 2, 3 MFTC: 1.3.2 Determine who should attend therapy...and configuration 1.3.3 Facilitate therapeutic involvement of all...participants in treatment 1.3.9 Manage session interactions with individuals, couples & groups 2.1.4 comprehend... assessment ...appropriate to presenting problem... 2.3.2 Provide assessments and deliver developmentally appropriate services... 2.3.8 Identify client's strengths, resilience and resources 5.3.7 Practice within defined scope of practice and competence	Complete 150-175 clinical hours Practicum log Final case write-up
10. Demonstrate ability to appropriately administrate developing client case load at LSCTC and other Practicum sites.	SLO 1 MFTC: 1.5.2 Complete case documentation in a timely manner and in accordance with...laws and policies 1.5.3 Develop, establish, and maintain policies for fees, payment, record keeping and confidentiality 5.1.3 Know policies and procedures of practice	Quarterly client file audits Benchmarks as established by agencies

Methods

- ◆ All Practicum students will be assigned to a clinical supervisor who is responsible for the student's clinical work and who will meet with them on a weekly basis and evaluate the student's progress in practicum.
- ◆ All Practicum students will serve at Louisville Seminary Counseling Training Center and at an additional off-campus counseling site.
- ◆ All Practicum students will participate in a weekly Live Supervision group.
- ◆ All Practicum students will attend the weekly Interdisciplinary Case Conference.
- ◆ All Practicum students will complete a final Practicum case write-up with a draft due at the mid-point of the level.

Evaluation Policy

Passing each level of Practicum is determined by evaluation of the Clinical Staff composed of MFT Faculty and Clinical Supervisors. Student evaluation scores must be *acceptable* in all areas to move forward to the next level of Practicum.

Student Learning Outcomes

- SLO 1** Graduating students will be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.
- SLO 2** Graduating students will demonstrate a broad knowledge of systemic theory and MFT Treatment models and flexibly apply these to evidence-based practice.
- SLO 3** Graduating students will be able to think ethically and make appropriate clinical ethical decisions.
- SLO 4** Graduating students will be able to use a multicultural approaches to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.
- SLO 5** Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.

Practicum: Level 3 – Implementation and Integration

PC 443

Description

Practicum: Level 3 is the advanced level of supervised clinical experience during which the student progresses to achieve entry level skills for professional practice as a Marriage and Family Therapy Associate. Advanced students are expected to display a solid sense of self as therapist and pastoral counselor, demonstrate expertise in the basic procedures of marriage and family therapy and establish an integrated theoretical framework for clinical practice. The final level of Practicum includes the accumulation of a minimum of 500 total clinical hours with a minimum of 250 relational hours at a ratio of 5 client hours to 1 supervision hour.

Objectives and Expected Student Learning Outcomes

By the end of Practicum: Level 3, students will . . .	Student Learning Outcomes (SLO) & MFT Competencies (MFTC)	Assessment / Signature Assignments
1. Establish and maintain a therapeutic relationship with a variety of clients and multidimensional family systems.	SLO 1, 2, 4, 5 MFTC: 1.1.2 Understand theories and techniques of individual, marital, couple, family, and group psychotherapy 1.3.6 Establish and maintain appropriate and productive therapeutic alliances... 4.3.2 Deliver interventions in a way that is sensitive to special needs of clients 3.3.7 Collaborate with other stakeholders...family members, other significant persons and professionals not preset	Mid-Practicum Review SIE ORS/SRS reports
2. Consistently establish appropriate treatment goals using an integrative, empirically informed, multi-cultural perspective, utilizing client feedback and supervisory consultation.	SLO 1, 2, 4, 5 MFTC: 2.1.5...Understand current models of assessment... 2.1.6 -Understand the strengths and limitations of models of assessment and diagnosis... 2.4.4 Assess the therapist-client agreement of therapeutic goals and diagnosis 3.1.1 Know which models...are most effective for presenting problems 3.2.1 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan 3.3.1 Develop measurable outcomes, treatment goals, treatment plans and aftercare plans...[with] systemic perspective 4.1.1-Comprehend a variety of individual and systemic therapeutic models...	Mid-Practicum Review SIE ORS/SRS reports
3. Organize observations of client/family processes from an integrative, multicultural conceptual perspective utilizing marriage and family therapy theory, clinical and risk assessments and empirical information appropriate for the client needs.	SLO 2, 4, 5 MFTC 1.4.1-Evaluate case for appropriateness... 2.1.1: Understand principles of...family development and processes 2.2.2 systematically integrate client report, observations...test results...to guide assessment process 2.3.1 Diagnose...systemically and contextually 2.3.6 Assess family...using a genogram or other instruments 2.4.2 Assess[own] ability to view issues and therapeutic processes systemically 3.1.1 Know which models...are most effective for presenting problems	Case report Initial case write-up Progress notes SIE Assessment tools Client diagnosis

	<p>3.3.4 Structure treatment to meet clients' needs and to facilitate systemic change</p> <p>3.4.3 Evaluate level of risks, management of risks, crises and emergencies</p>	
<p>4. Demonstrate expert ability in using attending, influencing, and other intervention skills utilizing a variety of techniques consistent with empirical research and multicultural considerations and the client context.</p>	<p>SLO 1, 3, 4, 5</p> <p>MFTC: 3.3.5: Manage...therapy toward treatment goals</p> <p>4.3.3 Reframe problems and recursive interaction patterns</p> <p>4.3.6 Facilitate clients developing and integrating solutions to problems</p> <p>4.3.10 Modify interventions that are not working to better fit treatment goals</p> <p>4.3.2 Deliver interventions in a way that is sensitive to special needs of clients</p> <p>4.4.4-Evaluate client reactions to intervention</p> <p>4.4.2-Evaluate ability to deliver interventions...</p> <p>4.5.3-Articulate rationales for interventions related to treatment...</p>	<p>Session video</p> <p>Progress notes</p> <p>Case report</p> <p>SIE ORS/SRS reports</p>
<p>5. Demonstrate a solid self-other awareness, conscientious attention to counter-transference issues and willingness to address these in supervision.</p>	<p>SLO 3, 5</p> <p>MFTC: 3.4.5...monitor personal reactions to clients and treatment processes...</p> <p>4.4.4-Evaluate client reactions to intervention</p> <p>4.5.2 Set appropriate boundaries, manage issue of triangulation, and develop collaborative working relationships</p>	<p>Case report</p> <p>SIE Supervisor observation</p>
<p>6. Demonstrate awareness and adherence to professional ethical and legal standards.</p>	<p>SLO 3, 4, 5</p> <p>MFTC: 5.1.1 Know...laws that apply to the practice of MFT</p> <p>5.1.2 Know professional ethics and standards of practice [for] MFT</p> <p>5.1.4 -Understand the process of ethical decision making</p> <p>5.2.1 -Recognize the situations in which ethics, law, professional liability...apply</p> <p>5.2.2 Recognize ethical dilemmas...</p> <p>5.2.3 Recognize when legal consultation is necessary</p> <p>5.2.4 Recognize when clinical supervision or consultation is necessary</p> <p>5.3.2 Develop/assess policies, procedures, and forms for consistency with standards of practice...</p>	<p>SIE</p>
<p>7. Define supervisory needs and take responsibility for obtaining appropriate supervision to assure clinically competent client care, personal growth, and professional development.</p>	<p>SLO: 1, 3, 5</p> <p>MFTC: 5.2.4 Recognize when clinical supervision or consultation is necessary</p>	<p>Case report</p> <p>SIE Supervisor observation</p>
<p>8. Demonstrate clear identity of self as pastoral counselor and marriage and family therapist in a spiritually informed model of practice that consistently provides client care from initial session through termination of the therapeutic process.</p>	<p>SLO 1, 5</p> <p>MFTC: 1.1.4: Understand the risks and benefits of ...family...psychotherapy</p> <p>1.3.2 Determine who should attend therapy...and configuration</p> <p>2.1.6 -Understand the strengths and limitations of models of assessment and diagnosis...</p> <p>3.1.1 Know which models...are most effective for presenting problems</p> <p>4.3.2 Deliver interventions in a way that is sensitive to special needs of clients</p> <p>4.5.1 -Respect multiple perspectives</p> <p>5.3.7 Practice within defined scope of practice and competence</p>	<p>Complete 150-175 clinical hours</p> <p>Practicum log</p> <p>Final case write-up</p>

9. Demonstrate professional administrative skills in managing discharge/transfer of clients and closure of practice at LSCTC and external practicum sites.	SLO 1 MFTC: 1.5.2 Complete case documentation in a timely manner and in accordance with...laws and policies 1.5.3 Develop, establish, and maintain policies for fees, payment, record keeping and confidentiality 5.1.3 Know policies and procedures of practice setting	Quarterly client file audits Graduation audit Benchmarks as established by agencies
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Methods

- ◆ All Practicum students will be assigned to a clinical supervisor who is responsible for the student's clinical work and who will meet with them on a weekly basis and evaluate the student's progress in practicum.
- ◆ All Practicum students will serve at Louisville Seminary Counseling Training Center and at an additional off-campus counseling site.
- ◆ All Practicum students will participate in a weekly Live Supervision group.
- ◆ All Practicum students will attend the weekly Interdisciplinary Case Conference.

Evaluation Policy

Passing each level of Practicum is determined by evaluation of the Clinical Staff composed of MFT Faculty and Clinical Supervisors. Student evaluation scores must be *acceptable* in all areas to successfully complete Practicum: Level 3 and graduation requirement in clinical experience.

Student Learning Outcomes

- SLO 1** Graduating students will be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.
- SLO 2** Graduating students will demonstrate a broad knowledge of systemic theory and MFT Treatment models and flexibly apply these to evidence-based practice.
- SLO 3** Graduating students will be able to think ethically and make appropriate clinical ethical decisions.
- SLO 4** Graduating students will be able to use a multicultural approaches to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.

SLO 5 Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.

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Student: _____

Date: _____

Practicum Level: 1 2 3 (SIE)

Rev. 8/2015

Marriage and Family Therapy Program
Case Study Guide and Rubric
for SIE and All Practicum Levels

Student Instructions: Use the following rubric to guide your work. Be sure to address every category listed below as appropriate for your Practicum Level. Please label each area of your write-up by category in the order provided. All areas are to be completed unless otherwise specified.

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:

Practicum Level 1: 5 pages

Practicum Level 2: 7-8 pages

Practicum Level 3/SIE:

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.

Reviewer Directions: Highlight or mark observations in each area. Complete rating score at the end of each category.

Scoring: 9-10 Exceeds Expectations, 6-8 Expected, 3-5 marginal, 0-2 unacceptable.

Category I: Identifying Information/Description of Client					
Description:					
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.					
	Levels of Quality				
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Category I Score:
Rubric for Category I	Description is clear, and includes identifying information and any outstanding features of all clients present, including personal dimensions that may affect therapy.	Description is present and describes basic attributes of clients. Presents information in a logical manner.	Description is excessive, disorganized, or misses important primary information.	UA	SLO 1 MFTC: 1.2.1, 1.3.1

Category II: Presenting Problem Description: Provide a concise summary of what the individual/couple/family perceived as the motivating factor bringing them to therapy. Also include perceptions provided by referral source and treating therapist.					
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Category II Score
Rubric for Category II	Presenting problem is identifiable and concise, and reflects clients' description of what brings them to therapy. Few wasted words; reader can quickly determine why clients came to therapy.	Presenting problem is stated in understandable terms; client's voice is present.	Presenting problem is unclear, vague or obscured by expressive description. Problem statement demonstrates that counselor lacks clear understanding of what brings the client to counseling.	UA	SLO 1 MFTC: 1.2.1, 1.3.1
Category III: Clinical/Pastoral Assessment ¹ Use subheadings below (and any others that might be indicated for this case) to describe: <ul style="list-style-type: none"> A. Initial Interview Observations and Results. In this section briefly summarize your initial interview(s) and <ul style="list-style-type: none"> ➤ Make observations about client/client family behavior, self-report, and any evaluative conclusions you might note from interview data and observations. ➤ Personal history / history of problem. ➤ Mental status. B. Genogram Observations and Results. In this section <u>briefly</u> summarize observations and conclusions about family emotional process, structure, interactional sequences, etc. (use language consistent with guiding MFT model) drawn from it; areas to address include the following: <ul style="list-style-type: none"> ➤ Relevant transgenerational issues: family themes, myths, legacies, debts, scripts, etc. ➤ Relevant structural, power and communication dynamics ➤ Relevant information from family of origin, personal history and relationship history ➤ Relevant family life cycle, individual life cycle, developmental tasks, etc. ➤ Relevant gender, racial-ethnic, class, age and other multi-cultural issues C. Screening and Evaluation Tool Observation and Results. Under this heading identify and summarize the results of any evidence-based assessment tools you used. For example: <ul style="list-style-type: none"> ➤ Cross-cutting Symptom Measures. List results and conclusions ➤ Depression Screening. List tools used, results and conclusions ➤ Substance Screening. List tools used, results and conclusions ➤ WHODAS results and conclusions ➤ Suicide and Self-harm Screening. List tools used, results and conclusions. ➤ Safety Plan, if indicated ➤ Dyadic Adjustment Scale (or other couple and family measures). List tools, results and conclusions. ➤ Spiritual/Theological Assessment. List procedures and outcomes. D. Systemic and Multicultural dimensions of assessment. E. Assessment Summary. Under this heading state <i>your clinical conclusion</i> about the client/couple/family. Be as clear as possible about your relational diagnosis/assessment, systemic diagnosis and assessment, multicultural assessment, spiritual/theological assessment conclusions and any individual DSM 5 diagnosis. Any diagnosis/assessment you make must be fully supported by information from interviews and tools listed above. For PR Level 2 & 3 only: Identify any legal or ethical problems or dilemmas related to this case. Include a working diagnosis related to symptoms presented and your rationale. 					

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

- F. For PR Level 3 only: Briefly summarize the empirical/research information you have gained relevant to understanding or treating this case.
- G. For PR Level 3 only: Conclusion: Prepare a one-paragraph Clinical/Pastoral Assessment summary.

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average Score for Category III
Rubric for Category III, continued	1. Family assessment relates directly to client presenting problem and/or history. Initial observations are clear & concise. Risk factors are assessed and a clear safety plan is documented, if needed.	1. Family assessment is present with a coherent strategy that relates to client problem or history. Initial observations are included. Clear attention to client risk factors and necessary safety plans.	1. Family assessment procedures and summaries are insufficient or lack a consistent logic. Initial observations are absent or lack specificity. Risk factors are not clearly addressed.	UA	SLO: 1,2,4 MFTC: 2.3.7, 2.3.8, 2.3.9, 5.3.2 Score for III.1: _____
	2. Guiding theoretical model for assessment is clear, consistent and implemented with exceptional sensitivity or nuance.	2. Guiding theoretical model for assessment is clear and consistent	2. Theoretical model that guides assessment is either unclear or misrepresented.	UA	SLO: 1,2,4 MFTC: 3.1.1, 4.1.1, 4.3.1 Score for III.2: _____
	3. Assessment has a coherent strategy (i.e. uses clinical interview and any other useful self-report instruments, and formal assessments, such as lethality assessments, screening tools, etc., that make sense for the case).	3. Assessment tools (clinical interview and other self-report instruments and formal assessments) are appropriate to the client's presenting problem.	3. Little evidence of use of assessment tools or tools are insufficient.	UA	SLO: 1,2,4 MFTC: 2.1.4, 2.1.5, 2.1.6, Score for III.3: _____
	4. Assessment summary attends to client's social location, including relevant structural, power, and communication dynamics; multi-cultural issues and other relevant concerns are thoroughly considered.	4. Assessment summary contains basic information about client's social location, including multi-cultural issues or other relevant concerns.	4. Assessment summary contains little attention to client's social location, multi-cultural issues or other relevant concerns.		SLO: 1,2,4 MFTC: 2.3.1, 2.3.8, 2.4.3 Score for III.4: _____
	5. Assessment write-up provides clear description of procedures, logical coherent assessment procedures used, and contains a clear summary.	5. Assessment write-up is present, with description of procedures, coherence, and a clear summary is provided.	5. Assessment write-up lacks adequate description of procedures, consistent logic, or clear summary.	UA	SLO: 1,2,4 MFTC: 2.2.2, 2.2.3, 2.3.1, 2.2.4, Score for III.5: _____

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
Rubric for Category III, continued	6. Assessment summary attends to religious, spiritual, theological, or meaning issues.	6. Assessment summary attends to client's spiritual and religious life in basic or limited terms.	6. Assessment summary lacks sufficient attention to religious, spiritual life or issues of meaning.	UA	SLO: 1,2,4 MFTC: 2.2.3, 2.3.8, 2.4.3, 4.3.2 Score for III.6:
	7. Conclusion uses specific assessment data to construct a clear and concise statement of what the "client problem" is that can be used to construct a treatment plan.	7. Conclusion uses appropriate assessment data to construct a statement regarding the nature of the "client problem."	7. Conclusion uses weak or no data to construct a statement regarding the nature of the "client problem."	UA	SLO: 1,2,4 MFTC: 1.4.1, 3.2.1 Score for III.7: _____
	8. DSM-5 diagnosis is complete, appropriate and accurate in relation to statement of client problem; evidence of careful and nuanced use of DSM-5 as related to systemic thinking and MFT models of practice. Includes multicultural analysis	8. DSM-5 diagnosis is provided, relates to statement of client problem; evidence of how DSM-5 diagnosis relates to systemic thinking and MFT models of practice; includes multicultural analysis.	8. DSM-5 diagnosis is absent, incomplete or inappropriate in relation to statement of client problem. Does not attend to how DSM-5 relates to systemic thinking, MFT models of practice, or multicultural analysis.	UA	SLO: 1,2,4 MFTC: 2.1.2, 2.1.4, 2.1.5, Score for III.8: _____
For PR Level 2 & 3 only	9. Assessment reflects clear systemic analysis (attention to interactional, emotional, structural systems); Genogram clearly reflects observations of family history, structure, and systemic issues.	9. Assessment includes attention to systemic analysis. Genogram is present with evidence of attention to systemic issues.	9. Assessment lacks sufficient systemic awareness. Genogram fails to provide clarity around family systems.	UA	SLO: 1,2,4 MFTC: 2.3.3, 1.3.1, 2.3.6, 2.3.7 Score for III.9: _____
For PR Level 3 only	10. Legal and/or ethical problems or dilemmas related to the case are identified, described and show excellent analysis.	10. Legal and/or ethical problems or dilemmas related to the case are identified, described and evaluated.	10. Legal or ethical issues are poorly identified or description lacks clarity.	UA	SLO: 1,2, 3, 4 MFTC: 5.1.2, 5.2.1, 5.3.7 Score for III.10: _____
For PR Level 3 only	11. Empirical/research information is clear and concise, shows evidence of exploration of alternatives, and provides rationale for use in treatment.	11. Empirical/research information is present and appropriately supports assessment and treatment decisions.	11. Empirical/research information is not present or does not clearly connect to client case.	UA	SLO: 1,2,4 MFTC: 6.3.2, 6.4.1 Score for III.11: _____

Category IV: Treatment Planning and Summary of Treatment to Date

Description:

- A. State your treatment plan for this client family, including specific and measureable **client outcome** goals (“at the end of therapy...”) with interventions outlined that relate to the MFT theory model being used.
- B. State your contract with the client family.
- C. Outline your treatment strategy to date.
- D. Evaluate the effectiveness of your strategy to date.

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average Score for Category IV
Rubric for Category IV	1. Treatment plan is clear, concise and directly related to presenting problem and assessment findings. Demonstrates exceptional sensitivity in establishing treatment plan.	1. Treatment plan is clear, concise and directly related to presenting problem and assessment findings.	1. Treatment plan lacks coherence or clarity. Little connection exists between problem, assessment and intervention.	UA	SLO: 1 MFTC: 3.3.1, 3.3.2, 3.3.5 Score for IV.1: _____
	2. The contract with the client family system is stated in clear and concise language, shows good use of collaboration with all family members, and provides a clear map for change.	2. The contract with the client family is present, appropriate, clear, and shows participation from all involved family members.	2. The contract with the client family is absent, unclear or too wordy.	UA	SLO: 1 MFTC: 3.2.1, 3.3.1 Score for IV.2: _____
	3. Treatment plan reflects exemplary systemic and multicultural analysis established in evaluation and a well-described systemic interventions for each therapeutic goal.	3. Treatment plan includes appropriate systemic and multicultural analysis established in evaluation with systemic interventions for established goals.	3. Treatment plan marginally reflects systemic analysis or appropriate intervention for therapeutic goals.	UA	SLO: 1 MFTC: 3.3.1, 3.3.4, Score for IV.3: _____
	4. Treatment plan shows clear distinction between goals (expected outcomes of therapy) and interventions (what client and/or therapist will do to accomplish goals).	4. Treatment plan shows clear distinction between goals and interventions.	4. Treatment plan fails to distinguish between goals and interventions.	UA	SLO: 1 MFTC: 3.3.5, 3.4.1 Score for IV.4: _____
	(Category continued below.)				

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
Rubric for Category IV, continued	5. The treatment plan includes 2 or 3 clear, measurable goals directly related to client problem and contract, and states how progress toward goals will be measured and observed. Exceptional attention to client context and multicultural variables.	5. The treatment plan includes 2 or 3 clear, measurable goals directly related to client problem and contract, and states how progress toward goals will be measured and observed. Appropriate attention to client context and multicultural variables.	5. Goal statements lack attention to observations or measures for therapy outcome. Effectiveness of strategy is absent or unclear. Does not attend well to client context or multicultural variables.	UA	SLO: 1 MFTC: 3.3.5, 3.4.1, 4.3.1, Score for IV.5: <hr/>
	6. Therapist shows exceptional ability to accurately evaluate client progress by effective use of client feedback (MyOutcomes.com), observable progress toward goals, and history of ongoing assessment and treatment planning and revision.	6. Therapist is able to accurately evaluate client progress by effective use of client feedback (MyOutcomes.com), observable progress toward goals, and history of ongoing assessment and treatment planning and revision.	6. Client progress is not evident or is unclear. Little evidence of effective use of client feedback, observable progress toward goals, or ongoing treatment planning and revision.	UA	SLO: 1 MFTC: 4.2.1, 4.3.1, 4.3.10, 4.4.3, 4.4.4 Score for IV.6: <hr/>
For PR Level 3 only	7. Demonstrates excellent use and integration of research and evidence-based practice	7. Demonstrates use and integration of research and evidence-based practice	7. Little evidence of information from research and evidence-based practice	UA	SLO: 1 MFTC: 6.3.2, 6.4.1 Score for IV.7: <hr/>

Category V: Theological Reflection

Description:

- 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. Describe how you see your work with this client family as pastoral or a form of ministry.
- D. Provide a brief theological statement about how you see what you are doing to be healing and or helpful.
- E. For PR Level 3 only: Describe your process of theologically evaluating the theories, methods and interventions you selected to work with this client family
- F. For PR Level 3 dual degree MDiv students only: Briefly describe the hermeneutic and exegetical approach that guides your theological reflection and any use of scripture as related to the case and your interaction with clients.

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Category V Average Score
Rubric for Category V	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are described in clear, concise, and nuanced language. Write-up is exceptional.	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are described in clear and concise language.	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are present, but lack clarity or sensitivity in write-up.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.1: _____
	2. Well informed and nuanced attention to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	2. Attends to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	2. Basic or minimal attention to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.2: _____
	3. Excellent ability to articulate her or his understanding of MFT as pastoral ministry.	3. Ability to articulate a pastoral vision of MFT as pastoral ministry.	3. Marginal ability to articulate a pastoral vision of MFT as pastoral ministry.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.3: _____
For PR Level 2 & 3 only	4. Demonstrates exceptional attention in constructing a contextually sensitive ² theological position for understanding client experience, assessment and treatment.	4. Demonstrates a contextually sensitive ³ theological position for understanding client experience, assessment and treatment.	4. Demonstrates some attention to contextually sensitive ⁴ theological position for understanding client experience, assessment and treatment.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.4: _____
For PR Level 2 & 3 only	5. Demonstrates excellence in relating material generated from theological or spiritual reflection to treatment concerns in a in a careful and nuanced way.	5. Demonstrates how material generated from theological or spiritual reflection impacts treatment concerns.	5. Demonstrates some ability relate theological or spiritual reflection to treatment concerns.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.5: _____
For PR 3 Dual Degree MDiv only	6. Demonstrates excellent use of critically examined hermeneutic and exegetical skills in theological reflection	6. Demonstrates use of critically examined hermeneutic and exegetical skills in theological reflection.	6. Demonstrates some or little attention to critically examined hermeneutic and exegetical skills in theological reflection	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.6: _____

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

³ Gender, race, class, sexual orientation, differently abled, etc.

⁴ Gender, race, class, sexual orientation, differently abled, etc.

Description: This topic could include countertransference, transference, differentiation, enmeshment, etc.

Category VII: Clear, Effective Writing	
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Reviewer Comments:

Reviewer: _____ **Date:** _____

-----**For Office Use Only**-----

Written Score Total : _____

PRACTICUM – The Record Log

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

CLIENT CONTACT HOURS

Direct client contact is defined by AAMFT to be “face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psycho-education may be counted as direct client contact.” (AAMFT Educational Guidelines 201.01)

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 Record 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.

Relational Systems – 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 Record 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 MAMFT Program. However, only two are documented on the Practicum Record Log, supervision with an individual clinical supervisor and Live Supervision. Supervision may be received at an off-campus site but is not counted on the Log.

Constellation of Supervision

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

Group – A group constellation for supervision occurs when 3-10 students work with the supervisor (Live Supervision).

Types of Client Documentation Used in Supervision

Raw Data

There are two primary types of “Raw Data” documentation – 1. Video recordings and 2. Supervisor observation of a client session as it occurs. The supervisor may serve as a co-therapist for the session or observe a student conducting therapy through a one-way mirror, TV monitor, or other observation device. (A third type of Raw Data, used infrequently, is audio recording.)

Case Report

All forms of supervision NOT based on raw data (recording/observation) is entered on the Practicum Record Log as “Case Report.” This type of supervision may include such activities as discussion of client documentation, progress notes, treatment plans.

Supervision information needed to complete the Practicum Record 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. Live Supervision Group – These supervisory groups of up to 10 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.

Presenter Only: If a client family is present during Live 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 RECORD LOG

Once the information has been accumulated for a month, it can then be reported to the MFT Office. **Practicum Record 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 LSCTC and _____

Direct Client Contact Hours

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

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 Relational System above.)

The three “Relational Hours” columns refer to couples, families, and members of a relational system. 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 LSCTC or the Off-Campus site.

Example: During the month of January, Susan saw 5 individuals, 2 couples and 1 family at LSCTC. 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.

Clinical Hours Completed at LSCTC						
Constellation	Relational Hours				Total Client Hours	
	Individual/ Individuals	Couple/ Couples	Family / Families	Other Relational Systems	Total Relational Hrs.	Total All Client Hrs. @ LSCTC
Single	5	2	1	1	3	8
Group of . . .	2			-----	1	3
Total Hrs. LSCTC	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 Live 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 Live 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 Live Supervision three times, one of which she presented an actual client session. The other two she participated as part of the observing group. She watched a video of a client session and observed an actual client session. Her log looks like this. (Remember each Live Supervision is equal to two hours supervision.)

	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 Record 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 Record 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 LSCTC and _____

Clinical Hours Completed at LSCTC					
Constellation	Relational Hours				Total Client Hours
	Individual/ Individuals	Couple/ Couples	Family / Families	Other Relational Systems	Total Relational Hrs.
Single					
Group of . . .				-----	
Total Hrs. LSCTC					

Clinical Hours Completed Off-Campus					
Constellation	Relational Hours				Total Columns
	Individual / Individuals	Couple/ Couples	Family/ Families	Other Relational Systems	Total Relational Hrs.
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 LSCTC

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.

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

Relational Systems - 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.

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 MFT 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.)
- Completing all Student Learning Outcomes and MFT Core Competencies, demonstrated by successful completion of Practicum I, II, III, IV including a minimum of 500 supervised hours of direct client contact and 100 hours of clinical supervision. Of the 500 direct client contact hours, 250 must be relational hours (counseling with couples and/or families) and 100 hours must be with culturally diverse individuals, couples, and/or families. Fifty of the required 100 supervision hours must be supervision of raw counseling data presented by the student.
- Active participation in Interdisciplinary Case Conference from entry semester through semester of graduation.
- Successful preparation and defense of a “Senior Integration Experience” (PC 5001).
- Completion of the MFT Exit Examination with a passing score.
- Appropriate management of the termination or transferring of all client records.

Graduation Policy

Determining Your Graduation Date

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

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

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

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

MFT EXIT EXAMINATION

To qualify for licensure, all MFTs must successfully complete the national Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination. Our goal is to help our graduates be as fully prepared as possible for this examination at the time of graduation. We expect that students will take the AMFTRB exam as soon as they are eligible after graduation. To that end the MFT faculty have decided the following Exit Examination process:

1. The MFT Exit Examination is an on-line database closely tied to the AMFTRB examination process. Questions on the Exit Examination resemble the kinds of questions and content areas found on the AMFTRB exam. This test protocol will provide content-area data for each student that helps her or him 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 we are not covering adequately in our curriculum.
2. Students have access to a national examination practice test website (1000+ questions) for a reduced fee. This website is designed to help students identify areas of needed study prior to taking the MFT Exit Exam. The practice test materials can help students prepare for the AMFTRB national exam also. Students will not be required to purchase this product in order to take the MFT Exit Examination.

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

MAMFT Senior Integration Experience *Student Guide*

PC 500

Instructors: Loren Townsend, Director of the Marriage and Family Therapy Program
Jenny Schiller, Director of Clinical Training

Seminar Description

This seminar is designed guide students through the MFT Program's Senior Integration Experience. Students expecting to graduate will meet for ***one session in the semester prior to graduation*** for a general orientation to the SIE process. Three additional seminar sessions will be scheduled for the semester in which a student expects to graduate. Seminars will focus on integrating case studies with clinical supervision, spiritual and theological integration, writing an effective integrative case study, and skills to communicate effectively in an interdisciplinary case review. The final SIE project must be completed and ready for committee action by November 1 (for December graduates) or April 1 (for spring graduates).

The Senior Integration Experience (SIE)

Graduation from the Louisville Presbyterian Theological Seminary Marriage and Family Therapy Program requires successful completion of the Senior Integration Experience (SIE). The SIE is an assessment tool that helps demonstrate that:

1. a graduating student has met specific Student Learning Outcomes (1, 2, 3, 4, 5) and associated MFT Core Competencies.
2. a graduating student's entry-level professional ability. Completing the SIE includes preparing a written case study with accompanying visual clips from client sessions and presenting this case before a review committee.

Objectives for the Seminar

<u>By the end of the seminar, students will:</u>	<u>Student Learning Outcomes (SLO) & MFT Competencies (MFTC:)</u>	<u>Assessment Signature Assignments</u>
Demonstrate entry level clinical competence as a marriage and family therapist.	SLO 1: able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. SLO 2: demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice. SLO 3: able to think ethically and make appropriate clinical ethical decisions. SLO 4: able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic,	SIE Presentation/Rubric

	gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems. MFTC: 1.2.1, 1.3.1, 1.4.1, 2.1.2, 2.3.1, 2.2.2, 2.3.1, 2.1.4, 2.2.3, 2.1.5, 2.2.4, 2.3.3, 2.1.6, 2.4.3, 2.3.6, 2.3.7, 2.3.8, 2.3.9, 3.1.1, 3.2.1, 3.3.1, 3.3.2, 3.4.1, 3.3.4, 3.3.5, 4.1.1, 4.2.1, 4.3.1, 4.3.10, 4.3.2, 4.4.3, 4.4.4, 5.1.2, 5.2.1, 5.3.7, 6.3.2, 6.4.1, 6.3.2, 6.4.1.	
Demonstrate the ability to integrate clinical practice, spirituality and theological reflection	SLO 5: able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy. MFTC: 1.2.1, 4.5.1	SIE Presentation/Rubric
Demonstrate the ability to manage case presentation and consultation in a professional context	SLO 1: able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. SLO 2: demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice.	SIE Presentation/Rubric for Oral Presentation

Seminar Requirements

Seminar Attendance and Participation

Students are expected to attend all four seminar meetings and be prepared collaboratively to discuss their progress toward completing SIE documents and supporting material. Seminar time will be used to examine the process of constructing the SIE, use of the SIE rubric, collaborative refinement of specific sections of the SIE, and personal preparation for the SIE committee meeting. Students will be expected to share progress each seminar session.

Completing the Seminar and Grade

All SIE documents and supporting material for the SIE Committee appearance must be completed and ready to submit to the Committee by the date of the last seminar meeting (see instructions below). The final step of the seminar is the student's individual SIE Committee meeting. In this meeting, the student presents her or his SIE and received a pass, fail, or revisions needed assessment. Grade for the seminar is determined by the student's individual SIE Committee as: (1) Full approval, (2) Conditional approval with prescribed remediation, or (3) Non-acceptance of the presentation with or without remedial work.

Seminar Schedule

Session 1 (usually November prior to graduation):

- General orientation to the SIE
- Review of expectations, overview of Rubric and its use

- Discussion of how to organize and prepare for SIE
- Theoretical, philosophical, and spiritual/theological orientation to SIE
- Overview of case selection for SIE

Session 2 (February):

- Review of student progress for organizing SIE
- Student presentation and peer consultation of case selection
- Peer discussion of preliminary theoretical and philosophical positions taken for SIE case study
- Discussion of rubric details related to presenting problem, clinical assessment, treatment planning and progress, spiritual and theological integration.
- Peer examination of strengths and limitations of case and presentation
- Planning for clip selection

Session 3 (March)

- Preliminary outline/draft due to instructors one week prior to seminar
- Peer discussion of outline/draft
- Peer review of case consistency and “fit” of theory, practice and clip selection
- Peer practice for basic case presentation
- Peer examination of strengths and limitations of case and presentation

Between Meeting 3 and 4: Write final draft of SIE document and submit it for ASC consultation. This step must be completed at least one week prior to Session 4. The completed and ASC reviewed document must be presented to the instructors one week before session 4.

Meeting 4 (Early April)

- Final draft of SIE documents are due
- Review of SIE Rubric
- Review of SIE Oral Presentation Rubric
- Peer review of 15 minute case presentation by each student
- Preparation for Committee appearance

General Program Instructions for the SIE

Preparation of the SIE Case Write-Up and Session Clips

Using the “Case Study Guide and Rubric,” 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 of Record on case selection and session clips. Priority should be given to presenting either a couple or a family. An individual client will suffice if significant attention is 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 toward goals of therapy in the broader context of multiple sessions.

Other Documents Required

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

1. MAMFT Senior Integration Experience Committee – due at the beginning of the semester this document contains the names of the student's SIE Committee members with their signature indicating consent to participate.
2. SIE Signature Page – Signed by participants as acknowledgement of consultation in the preparation of the case write-up (student, clinical supervisor, and ASC Director) and 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 MAMFT 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 MAMFT 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 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 of Record** will consult with the student on case selection and session clips. The Clinical Supervisor is the preliminary reviewer of the completed written case draft. The 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 makes inquiries 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.

- 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/PCC faculty member makes inquiries regarding 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 attached)

During a 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 regarding the presentation, 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 information 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.

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
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 Program
SENIOR INTEGRATION EXPERIENCE COMMITTEE COMPOSITION

Student: _____ Presentation Date/Time: _____

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

Senior Integration Experience Committee Composition

Signatures

External Consultant:

Signature not required

Practicum IV Supervisor:

PCC Faculty Advisor:

Director of Clinical Training:

Dual Degree Students Only:

* LPTS Faculty Member: _____

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



**Marriage and Family Therapy Program
SENIOR INTEGRATION EXPERIENCE CASE WRITE-UP
PREPARATION AND REVIEW**

*The signatures below verify this final case write-up documents the work of _____, a
current student in the Marriage and Family Therapy Program at Louisville Presbyterian
Theological Seminary, and has been prepared in consultation with the following individuals:*

MFT Student

Date

ASC Representative

Date

Clinical Supervisor

Date

SIE Seminar Instructor

Date

SIE Seminar Instructor

Date

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



Student: _____

Date: _____

Practicum Level: 1 2 3 (SIE)

Rev. 8/2015

Marriage and Family Therapy Program
Case Study Guide and Rubric
for SIE and All Practicum Levels

Student Instructions: Use the following rubric to guide your work. Be sure to address every category listed below as appropriate for your Practicum Level. Please label each area of your write-up by category in the order provided. All areas are to be completed unless otherwise specified.

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:

Practicum Level 1: 5 pages

Practicum Level 2: 7-8 pages

Practicum Level 3/SIE:

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.*

Reviewer Directions: Highlight or mark observations in each area. Complete rating score at the end of each category.

Scoring: 9-10 Exceeds Expectations, 6-8 Expected, 3-5 marginal, 0-2 unacceptable.

Category I: Identifying Information/Description of Client					
Description:					
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.					
	Levels of Quality				
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Category I Score:
Rubric for Category I	Description is clear, and includes identifying information and any outstanding features of all clients present, including personal dimensions that may affect therapy.	Description is present and describes basic attributes of clients. Presents information in a logical manner.	Description is excessive, disorganized, or misses important primary information.	UA	SLO 1 MFTC: 1.2.1, 1.3.1

Category II: Presenting Problem Description: Provide a concise summary of what the individual/couple/family perceived as the motivating factor bringing them to therapy. Also include perceptions provided by referral source and treating therapist.					
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Category II Score
Rubric for Category II	Presenting problem is identifiable and concise, and reflects clients' description of what brings them to therapy. Few wasted words; reader can quickly determine why clients came to therapy.	Presenting problem is stated in understandable terms; client's voice is present.	Presenting problem is unclear, vague or obscured by expressive description. Problem statement demonstrates that counselor lacks clear understanding of what brings the client to counseling.	UA	SLO 1 MFTC: 1.2.1, 1.3.1

Category III: Clinical/Pastoral Assessment ¹ Use subheadings below (and any others that might be indicated for this case) to describe: <ul style="list-style-type: none"> A. Initial Interview Observations and Results. In this section briefly summarize your initial interview(s) and <ul style="list-style-type: none"> ➤ Make observations about client/client family behavior, self-report, and any evaluative conclusions you might note from interview data and observations. ➤ Personal history / history of problem. ➤ Mental status. B. Genogram Observations and Results. In this section <u>briefly</u> summarize observations and conclusions about family emotional process, structure, interactional sequences, etc. (use language consistent with guiding MFT model) drawn from it; areas to address include the following: <ul style="list-style-type: none"> ➤ Relevant transgenerational issues: family themes, myths, legacies, debts, scripts, etc. ➤ Relevant structural, power and communication dynamics ➤ Relevant information from family of origin, personal history and relationship history ➤ Relevant family life cycle, individual life cycle, developmental tasks, etc. ➤ Relevant gender, racial-ethnic, class, age and other multi-cultural issues C. Screening and Evaluation Tool Observation and Results. Under this heading identify and summarize the results of any evidence-based assessment tools you used. For example: <ul style="list-style-type: none"> ➤ Cross-cutting Symptom Measures. List results and conclusions ➤ Depression Screening. List tools used, results and conclusions ➤ Substance Screening. List tools used, results and conclusions ➤ WHODAS results and conclusions ➤ Suicide and Self-harm Screening. List tools used, results and conclusions. ➤ Safety Plan, if indicated ➤ Dyadic Adjustment Scale (or other couple and family measures). List tools, results and conclusions. ➤ Spiritual/Theological Assessment. List procedures and outcomes. D. Systemic and Multicultural dimensions of assessment. E. Assessment Summary. Under this heading state <i>your clinical conclusion</i> about the client/couple/family. Be as clear as possible about your relational diagnosis/assessment, systemic diagnosis and assessment, multicultural assessment, spiritual/theological assessment conclusions and any individual DSM 5 diagnosis. Any diagnosis/assessment you make must be fully supported by information from interviews and tools listed above. For PR Level 2 & 3 only: Identify any legal or ethical problems or dilemmas related to this case. Include a working diagnosis related to symptoms presented and your rationale. 					
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¹ Assessment: Case conceptualization reflects therapist integration of assessment data with client history and presenting problem in logical language reflecting therapist's theoretical stance.

- F. For PR Level 3 only: Briefly summarize the empirical/research information you have gained relevant to understanding or treating this case.
- G. For PR Level 3 only: Conclusion: Prepare a one-paragraph Clinical/Pastoral Assessment summary.

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average Score for Category III
Rubric for Category III, continued	1. Family assessment relates directly to client presenting problem and/or history. Initial observations are clear & concise. Risk factors are assessed and a clear safety plan is documented, if needed.	1. Family assessment is present with a coherent strategy that relates to client problem or history. Initial observations are included. Clear attention to client risk factors and necessary safety plans.	1. Family assessment procedures and summaries are insufficient or lack a consistent logic. Initial observations are absent or lack specificity. Risk factors are not clearly addressed.	UA	SLO: 1,2,4 MFTC: 2.3.7, 2.3.8, 2.3.9, 5.3.2 Score for III.1: _____
	2. Guiding theoretical model for assessment is clear, consistent and implemented with exceptional sensitivity or nuance.	2. Guiding theoretical model for assessment is clear and consistent	2. Theoretical model that guides assessment is either unclear or misrepresented.	UA	SLO: 1,2,4 MFTC: 3.1.1, 4.1.1, 4.3.1 Score for III.2: _____
	3. Assessment has a coherent strategy (i.e. uses clinical interview and any other useful self-report instruments, and formal assessments, such as lethality assessments, screening tools, etc., that make sense for the case).	3. Assessment tools (clinical interview and other self-report instruments and formal assessments) are appropriate to the client's presenting problem.	3. Little evidence of use of assessment tools or tools are insufficient.	UA	SLO: 1,2,4 MFTC: 2.1.4, 2.1.5, 2.1.6, Score for III.3: _____
	4. Assessment summary attends to client's social location, including relevant structural, power, and communication dynamics; multi-cultural issues and other relevant concerns are thoroughly considered.	4. Assessment summary contains basic information about client's social location, including multi-cultural issues or other relevant concerns.	4. Assessment summary contains little attention to client's social location, multi-cultural issues or other relevant concerns.		SLO: 1,2,4 MFTC: 2.3.1, 2.3.8, 2.4.3 Score for III.4: _____
	5. Assessment write-up provides clear description of procedures, logical coherent assessment procedures used, and contains a clear summary.	5. Assessment write-up is present, with description of procedures, coherence, and a clear summary is provided.	5. Assessment write-up lacks adequate description of procedures, consistent logic, or clear summary.	UA	SLO: 1,2,4 MFTC: 2.2.2, 2.2.3, 2.3.1, 2.2.4, Score for III.5: _____

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
Rubric for Category III, continued	6. Assessment summary attends to religious, spiritual, theological, or meaning issues.	6. Assessment summary attends to client's spiritual and religious life in basic or limited terms.	6. Assessment summary lacks sufficient attention to religious, spiritual life or issues of meaning.	UA	SLO: 1,2,4 MFTC: 2.2.3, 2.3.8, 2.4.3, 4.3.2 Score for III.6:
	7. Conclusion uses specific assessment data to construct a clear and concise statement of what the "client problem" is that can be used to construct a treatment plan.	7. Conclusion uses appropriate assessment data to construct a statement regarding the nature of the "client problem."	7. Conclusion uses weak or no data to construct a statement regarding the nature of the "client problem."	UA	SLO: 1,2,4 MFTC: 1.4.1, 3.2.1 Score for III.7: _____
	8. DSM-5 diagnosis is complete, appropriate and accurate in relation to statement of client problem; evidence of careful and nuanced use of DSM-5 as related to systemic thinking and MFT models of practice. Includes multicultural analysis	8. DSM-5 diagnosis is provided, relates to statement of client problem; evidence of how DSM-5 diagnosis relates to systemic thinking and MFT models of practice; includes multicultural analysis.	8. DSM-5 diagnosis is absent, incomplete or inappropriate in relation to statement of client problem. Does not attend to how DSM-5 relates to systemic thinking, MFT models of practice, or multicultural analysis.	UA	SLO: 1,2,4 MFTC: 2.1.2, 2.1.4, 2.1.5, Score for III.8: _____
For PR Level 2 & 3 only	9. Assessment reflects clear systemic analysis (attention to interactional, emotional, structural systems); Genogram clearly reflects observations of family history, structure, and systemic issues.	9. Assessment includes attention to systemic analysis. Genogram is present with evidence of attention to systemic issues.	9. Assessment lacks sufficient systemic awareness. Genogram fails to provide clarity around family systems.	UA	SLO: 1,2,4 MFTC: 2.3.3, 1.3.1, 2.3.6, 2.3.7 Score for III.9: _____
For PR Level 3 only	10. Legal and/or ethical problems or dilemmas related to the case are identified, described and show excellent analysis.	10. Legal and/or ethical problems or dilemmas related to the case are identified, described and evaluated.	10. Legal or ethical issues are poorly identified or description lacks clarity.	UA	SLO: 1,2, 3, 4 MFTC: 5.1.2, 5.2.1, 5.3.7 Score for III.10: _____
For PR Level 3 only	11. Empirical/research information is clear and concise, shows evidence of exploration of alternatives, and provides rationale for use in treatment.	11. Empirical/research information is present and appropriately supports assessment and treatment decisions.	11. Empirical/research information is not present or does not clearly connect to client case.	UA	SLO: 1,2,4 MFTC: 6.3.2, 6.4.1 Score for III.11: _____

Category IV: Treatment Planning and Summary of Treatment to Date

Description:

- A. State your treatment plan for this client family, including specific and measureable **client outcome** goals (“at the end of therapy...”) with interventions outlined that relate to the MFT theory model being used.
- B. State your contract with the client family.
- C. Outline your treatment strategy to date.
- D. Evaluate the effectiveness of your strategy to date.

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average Score for Category IV
Rubric for Category IV	1. Treatment plan is clear, concise and directly related to presenting problem and assessment findings. Demonstrates exceptional sensitivity in establishing treatment plan.	1. Treatment plan is clear, concise and directly related to presenting problem and assessment findings.	1. Treatment plan lacks coherence or clarity. Little connection exists between problem, assessment and intervention.	UA	SLO: 1 MFTC: 3.3.1, 3.3.2, 3.3.5 Score for IV.1: _____
	2. The contract with the client family system is stated in clear and concise language, shows good use of collaboration with all family members, and provides a clear map for change.	2. The contract with the client family is present, appropriate, clear, and shows participation from all involved family members.	2. The contract with the client family is absent, unclear or too wordy.	UA	SLO: 1 MFTC: 3.2.1, 3.3.1 Score for IV.2: _____
	3. Treatment plan reflects exemplary systemic and multicultural analysis established in evaluation and a well-described systemic interventions for each therapeutic goal.	3. Treatment plan includes appropriate systemic and multicultural analysis established in evaluation with systemic interventions for established goals.	3. Treatment plan marginally reflects systemic analysis or appropriate intervention for therapeutic goals.	UA	SLO: 1 MFTC: 3.3.1, 3.3.4, Score for IV.3: _____
	4. Treatment plan shows clear distinction between goals (expected outcomes of therapy) and interventions (what client and/or therapist will do to accomplish goals).	4. Treatment plan shows clear distinction between goals and interventions.	4. Treatment plan fails to distinguish between goals and interventions.	UA	SLO: 1 MFTC: 3.3.5, 3.4.1 Score for IV.4: _____
	(Category continued below.)				

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
Rubric for Category IV, continued	5. The treatment plan includes 2 or 3 clear, measurable goals directly related to client problem and contract, and states how progress toward goals will be measured and observed. Exceptional attention to client context and multicultural variables.	5. The treatment plan includes 2 or 3 clear, measurable goals directly related to client problem and contract, and states how progress toward goals will be measured and observed. Appropriate attention to client context and multicultural variables.	5. Goal statements lack attention to observations or measures for therapy outcome. Effectiveness of strategy is absent or unclear. Does not attend well to client context or multicultural variables.	UA	SLO: 1 MFTC: 3.3.5, 3.4.1, 4.3.1, Score for IV.5: <hr/>
	6. Therapist shows exceptional ability to accurately evaluate client progress by effective use of client feedback (MyOutcomes.com), observable progress toward goals, and history of ongoing assessment and treatment planning and revision.	6. Therapist is able to accurately evaluate client progress by effective use of client feedback (MyOutcomes.com), observable progress toward goals, and history of ongoing assessment and treatment planning and revision.	6. Client progress is not evident or is unclear. Little evidence of effective use of client feedback, observable progress toward goals, or ongoing treatment planning and revision.	UA	SLO: 1 MFTC: 4.2.1, 4.3.1, 4.3.10, 4.4.3, 4.4.4 Score for IV.6: <hr/>
For PR Level 3 only	7. Demonstrates excellent use and integration of research and evidence-based practice	7. Demonstrates use and integration of research and evidence-based practice	7. Little evidence of information from research and evidence-based practice	UA	SLO: 1 MFTC: 6.3.2, 6.4.1 Score for IV.7: <hr/>

Category V: Theological Reflection

Description:

- 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. Describe how you see your work with this client family as pastoral or a form of ministry.
- D. Provide a brief theological statement about how you see what you are doing to be healing and or helpful.
- E. For PR Level 3 only: Describe your process of theologically evaluating the theories, methods and interventions you selected to work with this client family
- F. For PR Level 3 dual degree MDiv students only: Briefly describe the hermeneutic and exegetical approach that guides your theological reflection and any use of scripture as related to the case and your interaction with clients.

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Category V Average Score
Rubric for Category V	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are described in clear, concise, and nuanced language. Write-up is exceptional.	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are described in clear and concise language.	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are present, but lack clarity or sensitivity in write-up.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.1: _____
	2. Well informed and nuanced attention to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	2. Attends to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	2. Basic or minimal attention to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.2: _____
	3. Excellent ability to articulate her or his understanding of MFT as pastoral ministry.	3. Ability to articulate a pastoral vision of MFT as pastoral ministry.	3. Marginal ability to articulate a pastoral vision of MFT as pastoral ministry.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.3: _____
For PR Level 2 & 3 only	4. Demonstrates exceptional attention in constructing a contextually sensitive ² theological position for understanding client experience, assessment and treatment.	4. Demonstrates a contextually sensitive ³ theological position for understanding client experience, assessment and treatment.	4. Demonstrates some attention to contextually sensitive ⁴ theological position for understanding client experience, assessment and treatment.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.4: _____
For PR Level 2 & 3 only	5. Demonstrates excellence in relating material generated from theological or spiritual reflection to treatment concerns in a in a careful and nuanced way.	5. Demonstrates how material generated from theological or spiritual reflection impacts treatment concerns.	5. Demonstrates some ability relate theological or spiritual reflection to treatment concerns.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.5: _____
For PR 3 Dual Degree MDiv only	6. Demonstrates excellent use of critically examined hermeneutic and exegetical skills in theological reflection	6. Demonstrates use of critically examined hermeneutic and exegetical skills in theological reflection.	6. Demonstrates some or little attention to critically examined hermeneutic and exegetical skills in theological reflection	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.6: _____

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

³ Gender, race, class, sexual orientation, differently abled, etc.

⁴ Gender, race, class, sexual orientation, differently abled, etc.

Description: This topic could include countertransference, transference, differentiation, enmeshment, etc.

Category VII: Clear, Effective Writing

Reviewer Comments:

Date: _____

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Written Score Total : _____

Student Name: _____

SIE Date: _____

**Marriage and Family Therapy
Rubric for Senior Integrative Experience
Oral Presentation and Video Review**

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average Score
	1. Case summary: Description of client problem, assessment and diagnosis, treatment plan, treatment implementation and summary of treatment is clear, nuanced and shows exceptional attention to context and diversity.	1. Case summary: Description of client problem, assessment and diagnosis, treatment plan, treatment implementation and summary of treatment is clear and appropriate. Attends appropriately to context and diversity.	1. Case summary: Description of client problem, assessment and diagnosis, treatment plan, treatment implementation and summary of treatment is vague, unclear, inappropriate, incomplete, or fails to address central issues of context and diversity.	UA	SLO: 1, 2 Score for 1: <hr/>
	2. Discussion of case, theory: Fluent and flexible description of theories and models of MFT used for assessment and treatment; relates them with clarity to case material	2. Discussion of case, theory: Appropriately describes theories and models of MFT used for assessment and treatment, relates these effectively to case material.	2. Discussion of case, theory: Theories and models of MFT are marginally utilized, misunderstood or are inappropriately applied to case material.	UA	SLO: 1, 2 Score for 2: <hr/>
	3. Discussion of case, implementation and outcomes: Exceptionally fluent and flexible description of therapy process, therapist interventions, client feedback, and therapy outcomes.	3. Discussion of case, implementation and outcomes: Fluent and flexible description of therapy process, therapist interventions, client feedback, and therapy outcomes.	3. Discussion of case, implementation and outcomes: Basic ability to describe therapy process, therapist interventions, client feedback, and therapy outcomes. Some difficulty describing therapy processes or outcomes.	UA	SLO: 1, 2 Score for 3: <hr/>
	4. Video clips are exceptionally well selected to correlate to the case write-up and demonstrate the student's therapeutic work, theoretical framework, use of treatment planning, use of specific therapeutic techniques or interventions, use of client feedback, and client responses to treatment.	4. Video clips correlate to the case write-up and demonstrate the student's therapeutic work, theoretical framework, use of treatment planning, use of specific therapeutic techniques or interventions, use of client feedback, and client responses to treatment.	4. Video clips minimally correlate to the case write-up and/or demonstrate problems with the student's therapeutic work, theoretical framework, use of treatment planning, use of specific therapeutic techniques or interventions, use of client feedback, and client responses to treatment.	UA	SLO: 1, 2 Score for 4: <hr/>

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
	5. Professionalism in presentation: High level of professional presence in presenting and discussing case. Engages questions or challenges to the case, assessment, or treatment with openness. Thinks with colleagues critically about the case and welcomes collegial input.	5. Professionalism in presentation: Manages Committee appearance with appropriate professionalism. Responds thoughtfully, appropriately and flexibly to questions or challenges to the case, assessment, or treatment using good clinical reasoning with the SIE evaluators.	5. Professionalism in presentation: Problems with professional self-presentation. Responds rigidly, incompletely, or in a disorganized manner to challenges to the case, assessment, or treatment using basic clinical reasoning with the SIE evaluators.	UA	SLO: 1, 2 Score for 5: <hr/>
	6. In the Committee, the student is able to discuss her or his framework for theological or spiritual reflection in a nuanced way that utilizes specific theological or spiritual resources, honors the client's frame of reference, and attends carefully to multiple manifestations of diversity.	6. In the Committee, the student demonstrates good ability to explain or discuss her/his framework for theological or spiritual reflection on the case and relates these to her or his own theological stands, spiritual commitments, and understanding of diversity.	6. In the Committee, the student is able to speak marginally to her/his framework for theological or spiritual reflection on the case and elements of treatment.		SLO: 1, 2, 5 Score for 6: <hr/>

Reviewer Comments:

Reviewer: _____

Date: _____

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Senior Integration Experience

Written Score Total: _____

Oral Presentation Score Total: _____

Overall Score: _____

Revised 10/2014

MAMFT Senior Integration Experience ***Presentation Timeline***

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

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

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

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

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

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 Statutes (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 Licensure as a Marriage and Family Therapist.

Marriage and Family Therapy Associate

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

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

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

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

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

National Marriage and Family Therapy Exam – Kentucky Residents

Kentucky Marriage and Family Therapy Associates are allowed to take the national Marital and Family Therapist exam at their own discretion. Once an associate 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

Description

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

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

Intern Qualifications:

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

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

Marriage and Family Therapy Program
Application for Post-Graduate Internship
Louisville Seminary Counseling Training Center



Name:

Date of Application:

Address (Street/City/State/Zip):

Phone:

Email:

Graduation date from LPTS:

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

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

Clinical supervisor of record and meeting times:

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

Hours and days available for internship:

When would you be available to begin the internship?

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

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

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

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

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

1. Clinical Reference:

2. Academic Reference:

3. Character/Personal Reference:

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