

THE

MASTER OF ARTS IN
MARRIAGE AND FAMILY THERAPY DEGREE PROGRAM

AT

LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY

(Revised August 2017)

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Louisville Presbyterian Theological Seminary

MASTER OF ARTS DEGREE IN MARRIAGE AND FAMILY THERAPY

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

Marriage and Family Therapy is framed as a professional expression of the church's ministry of pastoral care and counseling. Individuals trained in the MFT Program gain theoretical and practical tools to work as comprehensive mental health providers in a broad range of treatment contexts with careful attention to human, family and cultural diversity. To this end, the MFT Program is built on a foundation of the following five Professional Marriage and Family Therapy Principles: the American Association for Marriage and Family Therapy (AAMFT) Educational Guidelines, the AAMFT Core Competencies, the AAMFT Code of Ethics, the Association of Marital and Family Therapy Regulatory Board's (AMFTRB) Examination Domains, and Kentucky Board of Licensure of Marriage and Family Therapists standards.

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

Consistent with the Program's mission to train marriage and family therapists who are competent to practice in a multicultural and interfaith world, students entering the MFT Program embody a range of differences in religious and educational background, ethnic and racial identity, gender, and sexual orientation. Students may choose to complete the concentration in Black Church Studies with their MAMFT degree.

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

Admission Requirements

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

Transfer of Credit Policy

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

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

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

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

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

Program Goals

- PG1 To graduate students prepared to provide individual, couple and family therapy as entry-level professional MFT practitioners (KY Marriage and Family Therapy Associate).
- PG2 To graduate students who demonstrate multicultural competence and are able to provide individual, couple and family therapy with diverse clients.
- PG3 To graduate students with an entry-level professional ability to reflect theologically 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 Core Competency Domains (MFTC Domains)

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

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

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

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

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

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

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

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

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

Competency Domain 9--Supervision and Collaboration: Use of supervision and collaboration to improve skills and enhance client care.

ACCREDITATION AND PROFESSIONAL AFFILIATION

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

American Association for Marriage and Family Therapy (AAMFT)

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

Requirement: Students pursuing a MAMFT are required by the MFT Program to seek and maintain student membership in this organization. Membership applications are available online at www.aamft.org . For additional information, contact:

| | | |
|--|----------------|--|
| The American Association for Marriage and Family Therapy | | |
| Telephone: | (703) 838-9808 | E-mail: memberservice@aamft.org |
| Fax: | (703) 838-9805 | Web: www.aamft.org |

LIABILITY INSURANCE

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

EDUCATIONAL REQUIREMENTS OF THE MFT PROGRAM

Academic Requirements: The Master of Arts in Marriage and Family Therapy degree requires 70 hours of academic study. Of these, 19 hours will be in theological and biblical studies that provide a foundation for integrational discourse and tools for exploring one's own theological tradition. The remaining hours are distributed over areas of study required to meet national credentialing standards in the field of marriage and family therapy. To graduate, students must complete all academic courses with a 2.5 cumulative grade point average, and pass the Exit Examination and Senior Integration Experience.

Master Schematic for Three Year MAMFT Program

Year 1 – Therapeutic Alliance & Assessment

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

Year 2 – Therapeutic Models and Treatment Skills

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|---|---|
| <p>Key Fall Semester Classes:</p> <ul style="list-style-type: none">• Couples Therapy• Electives, unsequenced MFT courses or integrated/theological courses• Practicum 2 <p>Key Spring Semester Classes:</p> <ul style="list-style-type: none">• Electives, unsequenced MFT courses or integrated/theological courses | <p>Practicum focus second year:</p> <ul style="list-style-type: none">• Clinical and Family Assessment• Treatment planning• Intervention strategies• Ethical practice <p>Student Learning Assessment:</p> <ul style="list-style-type: none">• Mid-semester & end of semester• ~300 hours of client contact & completion of all expected competencies for year |
|---|---|

Year 3 - Implementation & Integration

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|---|---|
| <p>Key Fall Semester Classes:</p> <ul style="list-style-type: none">• Theories of Change• Electives, unsequenced MFT courses or integrated/theological courses• Practicum 3 <p>Key Spring Semester Classes:</p> <ul style="list-style-type: none">• SIE Project (Practicum 3)• Electives, unsequenced MFT courses or integrated/theological courses <p>Key January or June Term Class:</p> <ul style="list-style-type: none">• Unsequenced MFT courses, elective or travel seminar. <p>Fall: Pass Exit Examination</p> | <p>Practicum focus third year:</p> <ul style="list-style-type: none">• Evidence-based/Theologically informed practice• Flexibility in therapeutic models• Independent integration of multicultural & spiritual factors• Completing the SIE <p>Student Learning Assessment:</p> <ul style="list-style-type: none">• Mid-semester & end of semester• > 500 hours of client contact & completion of all program required competencies |
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**Marriage and Family Therapy Standard Curriculum
(Revised August 2017)**

Theoretical Knowledge: 6 hours

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|----------|---|-----------------------------|
| PC 308-3 | Theories of Change | 3 rd Year – Fall |
| PC 317-3 | Gender, Race & Class: Engaging Intersectionally | Unsequenced |

Clinical Knowledge: 27 hours

| | | |
|----------|--------------------------------------|-------------------------------|
| PC 304-3 | Introduction to Family Therapy | 1 st Year – Fall |
| PC 303-3 | Couples Therapy: Theory & Practice | 2 nd Year – Fall |
| PC 322-3 | Psychopathology & Pastoral Diagnosis | 1 st Year – Spring |
| PC 105-3 | Introduction to Pastoral Counseling | Unsequenced |
| PC 243-3 | Treatment of Chemical Dependency | Unsequenced |
| PC 223-3 | Trauma/Abuse | Unsequenced |
| PC 441-3 | Practicum 1 | 1 st Year – Fall |
| PC 442-3 | Practicum 2 | 2 nd Year – Fall |
| PC 443-3 | Practicum 3 | 3 rd Year – Fall |

Human Development: 6 hours

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

Ethics and Professional Issues: 3 hours

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|----------|-------------------------------------|-------------------------------|
| PC 305-3 | Professional Issues & Ethics in MFT | 1 st Year – Spring |
|----------|-------------------------------------|-------------------------------|

MFT Research: 3 hours

| | | |
|----------|------------------------------------|-------------|
| PC 281-3 | Marriage & Family Therapy Research | Unsequenced |
|----------|------------------------------------|-------------|

Integrational Studies: 22 hours

| | | |
|----------|------------------------------------|-------------------------------|
| SM 101-3 | Transforming Seminary Education | 1 st Year - Summer |
| OT 100-4 | Scripture I | |
| NT 100-4 | Scripture II | |
| TF 102-3 | Introduction to Theology & Ethics | |
| TF 112-3 | History of Christian Experience I | |
| TF 113-3 | History of Christian Experience II | |

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

Free Electives: 6 hours

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

Graduation Competency Assessment

| | |
|----------|---|
| PC 501-0 | Senior Integration Experience (Practicum 3) |
| PC 501-0 | MFT Exit Examination |

Total Hours: 70

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

APA Style:

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

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

- Successful completion of Practicum courses by demonstrating that competencies required by syllabi are met and the minimum hours of counseling and supervision for each Practicum are completed (total: a minimum of 500 hours of direct client contact, including a minimum of 250 relational hours, and 100 hours of supervision).
- Successful preparation and presentation of the Senior Integration Experience (PC 443 Practicum 3)
- Appropriate management of closure or transferring of all client relationships and clinical records.

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

Personal Therapy Requirement:

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

Graduate students enrolled in Practicum 2 and 3 are required to complete a minimum of 6 hours of personal individual, couples, family, or group therapy during the practicum year. This requirement is met by seeing a licensed therapist (examples: Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Psychologist, Board Certified Psychiatrist, etc.) or MFT Associate. A completed Psychotherapy Documentation form is filed with the MAMFT office to verify completion of the personal psychotherapy requirement. Students are also required to maintain a journal that would describe the experience and insights gained regarding growth as a therapist. Journals will be submitted to the Practicum professor. Journal entries should not include confidential information about personal concerns revealed and addressed during the sessions or the name of the therapist being seen.

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

Self-Development: In addition to course work and supervised clinical practice, students also enter a process of professional formation. Clinical supervisors assist students in forming an identity as a MFT including how to meet personal, contextual, conceptual, family, social, intellectual, and spiritual needs for growth. Often specific psychotherapy or other personal development experiences are recommended to help students cope with the stress of graduate studies, or resolve personal or relational issues.

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

- Students will be encouraged toward creative engagement with their own faith traditions, faith groups, or denominations and local congregations.
- Students will be expected to examine their faith traditions and personal spirituality as a fundamental dimension of life which impacts and interacts with their work in counseling.
- Students will be expected to learn to articulate a theology of care and counseling which informs their work in marriage and family therapy and which is rooted in their own faith tradition.
- Students will be expected to explore and develop a definition of “pastoral” and “ministry” consistent with their faith tradition, which will inform the delivery of marriage and family therapy services.
- Students will be expected to develop methods to bring together their personal faith tradition, theology and the practice of marriage and family therapy in a mutually informing and critical manner.
- Students will be encouraged to make participation in the faith community at Louisville Seminary a substantial part of their spiritual formation process. This may include participation in chapel services, leadership in chapel services, engaging the seminary community in critical dialogue or other activities appropriate to the student’s commitments and faith tradition.

CONCENTRATION IN BLACK CHURCH STUDIES

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

DUAL DEGREE OPPORTUNITIES

Two dual degree programs are offered at Louisville Presbyterian Theological Seminary in conjunction with the Marriage and Family Therapy Program: the Master of Arts in Divinity and Master of Arts in Marriage and Family Therapy (M.Div./MAMFT), and the Master of Arts in Marriage and Family Therapy and Master of Arts in Religion (MAMFT/MAR). Students working to fulfill both degree requirements should work closely with their academic advisor to assure the best use of their electives.

SEMINARY POLICIES

Use of Inclusive Language

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

Policy Regarding Students with Learning Differences

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

Attendance Policy

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

Policy on Sexual Harassment

The Seminary community expects its members to treat other persons with respect and dignity and will not tolerate any form of sexual assault. Sexual activity should be explicitly agreed upon by both parties. A person has the right **at any time** to say “no” to sexual activity and for it to 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 Seminary’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 EVALUATION POLICY AND PROCEDURES

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

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

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

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

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

GUIDANCE AND EVALUATION: An Overview

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

1. Each candidate's performance at the time of initial interviewing for acceptance is recorded and discussed by MFT Screening Interview Team in making the selection of each entering class.
2. Each MFT student will be assigned an academic advisor from the MFT teaching faculty who will meet with the student during each semester of study to review that student's

progress and plan for the academic period ahead. This advisor will remain available to the student throughout his or her entire course of study and shall meet formally a minimum of two times each academic year.

3. Evaluation of academic performance is reflected in class grades and rubrics which demonstrate a student has met all Student Learning Outcomes and MFT Core Competencies related to the course. This evaluation is established by the Marriage and Family Therapy Program and Seminary policies (c.f., Faculty Handbook) and is implemented in each course by individual instructors.
4. **Practicum Evaluation Policy.** All Practicum evaluations are based on competencies and learning outcomes described in each Practicum syllabus. As described in all Practicum syllabi, the Practicum Professor provides an evaluation of mid-Practicum progress and assigns final Practicum grades for each student. Grades and evaluation of progress are based on detailed input from rubrics measuring student performance in clinical supervision, group supervision, administrative procedures, work at any external placement, and in the Practicum classroom (see Practicum syllabus and Practicum Evaluation Packet). Individual clinical supervisors will review individual Clinical Evaluation results with supervisees within the context of supervision. In addition to mid-Practicum and final Practicum evaluations, interim student progress is reviewed by the Clinical Staff¹ in regular twice-monthly meetings.
5. **Practicum Evaluation process.**
 - a. Prior to mid-Practicum and final Practicum review dates the following rubrics (which comprise the Practicum Evaluation Packet) will be completed and forwarded to the MFT Program Administrative Assistant:
 - i. The **Clinical Supervisors** will complete the **Clinical Evaluation rubric**. Students will complete the **Student Self Evaluation rubric**.
 - ii. The **Group Supervisor** will complete the **Group Supervision Evaluation rubric**.
 - iii. The **Director of Clinical Training and Administrative Assistant** will complete the **Administration/Practice Management Evaluation**.
 - iv. (Final Practicum Evaluation only) The **External Site Administrative Supervisor** will complete the **External Site Administrative Supervisor's Evaluation**.
 - v. The **Practicum Professor** will complete the **Classroom/Learning Evaluation** and review all evaluations forms with student.

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

- b. At a Clinical Staff meeting designated for mid-Practicum and final Practicum evaluations, the Clinical Staff as a whole will review each student's progress using the rubrics noted in 5.a. above.

The Practicum Evaluation Packet cover sheet will be completed and document faculty observation of a student's strengths, progress in specific competency domains, and any areas requiring remediation.

- c. With the exception of the clinical supervisor evaluation, all evaluations are given to the Practicum Professor to be reviewed with the student. The Clinical supervisor will review the Clinical Supervisor's evaluation with the student. After the student has reviewed and signed the evaluations, the evaluations are submitted to the MFT Administrative Assistant with the review cover sheet.
 - d. The Practicum professor will assign a grade (pass/fail) for the Practicum, informed by the rubrics included in the Practicum Evaluation Packet and Clinical Faculty recommendations documented on the cover sheet.
6. Practicum 3 students will complete the Senior Integration Experience. The SIE is the project that demonstrates culmination of the integration of clinical and theological work and indicates that the student is clinically prepared for graduation and entry-level professional practice as a marriage and family therapist. The SIE Committee (see General Program Instructions for the SIE in Section V of the MFT Program Manual and Practicum 3 syllabus) may determine by vote or consensus that a student's SIE receives: (1) Full Approval, (2) Conditional Approval with prescribed remediation, or (3) Not Acceptable.
 7. Special clinical consultations or evaluations may be requested by the student, faculty, or clinical supervisor at any time during the course of study at Louisville Seminary using the Clinical Staff Consultation and Action Form. The purpose of such consultations will be clearly defined, documented, and include specific recommendations from the Clinical Staff for the student, supervisor, or faculty.
 8. During the third year, student must pass the MFT Program's Exit Examination. This examination demonstrates that the student has mastered the fundamental body of theoretical and practical knowledge required to pass the national MFT licensing examination and function as an entry-level marriage and family therapist.

FOLLOWING GRADUATION FROM THE MARRIAGE AND FAMILY THERAPY PROGRAM

Kentucky State Licensure and Employment

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

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

Students who have graduated from our Marriage and Family Therapy Program have been employed in hospitals, hospice programs, private and public schools, community comprehensive care centers, residential treatment centers, churches, pastoral counseling centers, and private practice.

Professional Membership

American Association for Marriage and Family Therapy (AAMFT)

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

CONTINUATION IN THE MFT PROGRAM

- Seminary policy requires students to maintain a cumulative GPA of 2.5 or above in academic work.
 1. “When a student’s grade point average in any semester falls below the “B-” level (2.68), whether this leads to academic probation or not, a conference with his or her Faculty Advisor becomes mandatory. A brief summary of that conference will be prepared, signed by both student and advisor, and filed with the Dean of the Seminary in the student’s confidential file. Further consultation may be required, as directed by the Faculty Handbook.” (2016-2017 LPTS Catalogue, pg. 122)

2. “Students are placed on probation if they fall behind on pace, maximum time frame or if their cumulative grade point average falls below 2.5 on a 4.0 scale. A student on probation will not be permitted to register for more than nine credit hours per semester and is required to have an academic plan while on probation. Academic probation is removed when satisfactory academic progress is met. Students will be granted no more than two semesters of probation, and failure to remove probation results in loss of candidacy and separation from the Seminary.” (2016-2017 LPTS Catalogue, pg. 122) Students on probation will not be allowed to continue in Practicum without review by and consent from the student’s academic advisor and Director of Clinical Training.
- Students must pass each Practicum course and meet all associated learning outcomes and core competencies to continue in the MFT Program.
 1. Grades assigned in Practicum 1, 2 and 3 are Pass/Fail. Student Learning Outcomes, MFT Core Competency Domains, grading criteria and course requirements are contained in individual Practicum syllabi.
 2. A student assessed as failing to meet learning outcomes and core competency domains in any Practicum final evaluation will receive a failing grade in Practicum and will be terminated as an MAMFT degree candidate.
 3. Student progress toward clinical Student Learning Outcomes and core clinical competency domains is assessed continuously in each Practicum.
 - a. Formal clinical assessment procedures include: (1) Mid-Practicum review conducted by the MFT Program Clinical Faculty, (2) Final Practicum review conducted by the MFT Program Clinical Faculty, and (3) special review requested by the clinical supervisor, Director of Clinical Training, MFT Program Director, or Practicum Professor and conducted by the Clinical Faculty.
 - b. As a general guideline, a passing grade requires that students receive a score of “Meets Expectations” on all MFT Competency Domains of the evaluative instruments.
 - The Director of Clinical Training may suspend a student’s clinical practice or participation in Practicum if that student displays egregious personal or unethical conduct or fails to comply with the policies, procedures and expectations of the MFT Program as described in the Program’s manuals.
 - The MFT Program Director may initiate action for dismissal from the MFT Program any time a student displays egregious personal or unethical conduct or fails to comply with the policies, procedures and expectations of the MFT Program as described in the Program’s manuals. Procedures for dismissal in these circumstances will comply with Seminary policy.

Revised 8/2017

MFT PROGRAM PERSONNEL

Director of the Marriage and Family Therapy Program

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

MFT Faculty

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

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

Director of Clinical Training

Jennifer A. Schiller, LMFT, D.Min., JD, is Director of Clinical Training at Louisville Presbyterian Theological Seminary. Jenny is a Clinical Fellow and Approved Supervisor with the American Association for Marriage and Family Therapy has membership in the Association for Play Therapy. She holds a Doctor of Ministry and 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

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

W. Kent Hicks, Ed.D, Supervisor at Louisville Presbyterian Theological Seminary, is a licensed Psychologist with Raskin & Associates in Louisville, Kentucky. Kent is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy. Kent earned a Master's and Doctorate in Counseling Psychology from the University of Kentucky.

Linda Penrod Million, LMFT, DMin. Supervisor at Louisville Presbyterian Theological Seminary is Clinical Director at Personal Counseling Service, Inc. A Samaritan Counseling Center in Clarksville, Indiana. Linda is an Approved supervisor with the American Association for Marriage and Family Therapy and a Fellow with the American Association of Pastoral Counselors. Linda received her MDiv and DMin from LPTS and her MFT training from the University of Louisville. Linda is a licensed MFT in Kentucky and Indiana. She is an ordained minister (order of elder) in the United Methodist Church and has served in parish ministry for 28 years in addition of her work in counseling ministry.

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

Beth Seeger Troy, MDiv., LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is 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. 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 Y. Ward, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is owner and public speaker for Helen Paris Foundation and in private practice as Marriage and Family Therapist. 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 Clinical Director at Kilgore Samaritan Counseling Center in Louisville, Kentucky. Barry is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy. He received a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary and a Master of Divinity in Pastoral Counseling from The Southern Baptist Theological Seminary, Louisville, Kentucky.

STUDENT REPRESENTATIVES

- I. **Purpose.** Student Representatives are elected by the MFT student body to provide representation of student interests to the MFT Program leadership, Seminary student governing bodies, and the broader Seminary community. Interests may include but are not limited to:
 - a. Providing feedback to the MFT Program administration and faculty about student experience in the Program,
 - b. Suggesting recommendations for Program improvement,
 - c. Communicating with the Program Director and MFT faculty about student concerns, problems or grievances, and
 - d. Coordinating MFT student interests with Seminary governance, Seminary student activities and concerns, Seminary community life.

- II. **Election of Student Representative.**
 - a. Terms, Limits and Positions
 - i. Chair, Second-, and Third-Year Rep positions are elected in April to serve for one academic year.
 - ii. First-Year Rep terms begin in October and end in May of the following Spring Semester.
 - iii. In the event that the Third-Year Rep or the Chair will be a December graduate, their position will be filled during the October election. This replacement term will begin in December and last until May to complete the academic year. Position transitions occur at the final ICC of the semester.
 - iv. Student Reps will select positions of Secretary, Vice Chair, Pastoral Care, and other positions.
 - v. There is no limit to the number of times a person can serve as a student representative.

 - b. Elections Process
 - i. Nominations
 1. Nominations can be made by any voting member of the body for any position.
 2. Candidates must agree to serve prior to being nominated.
 3. Nominations will take place starting October 1 for Fall elections and April 1 for Spring elections, to be emailed to the Student Rep Secretary.
 4. Elections will take place during the Monthly Student Meeting (held during ICC) and will take place by October 15 and April 15, as the ICC schedule allows.
 - ii. Balloting
 1. Prior to the nomination process, the Secretary will appoint one or two graduating seniors to serve as Election Officials for the election. Election

Officials will accept absentee ballots on the day of the election and count paper ballots on the day of the election.

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

III. **Student Representative Positions ***

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

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

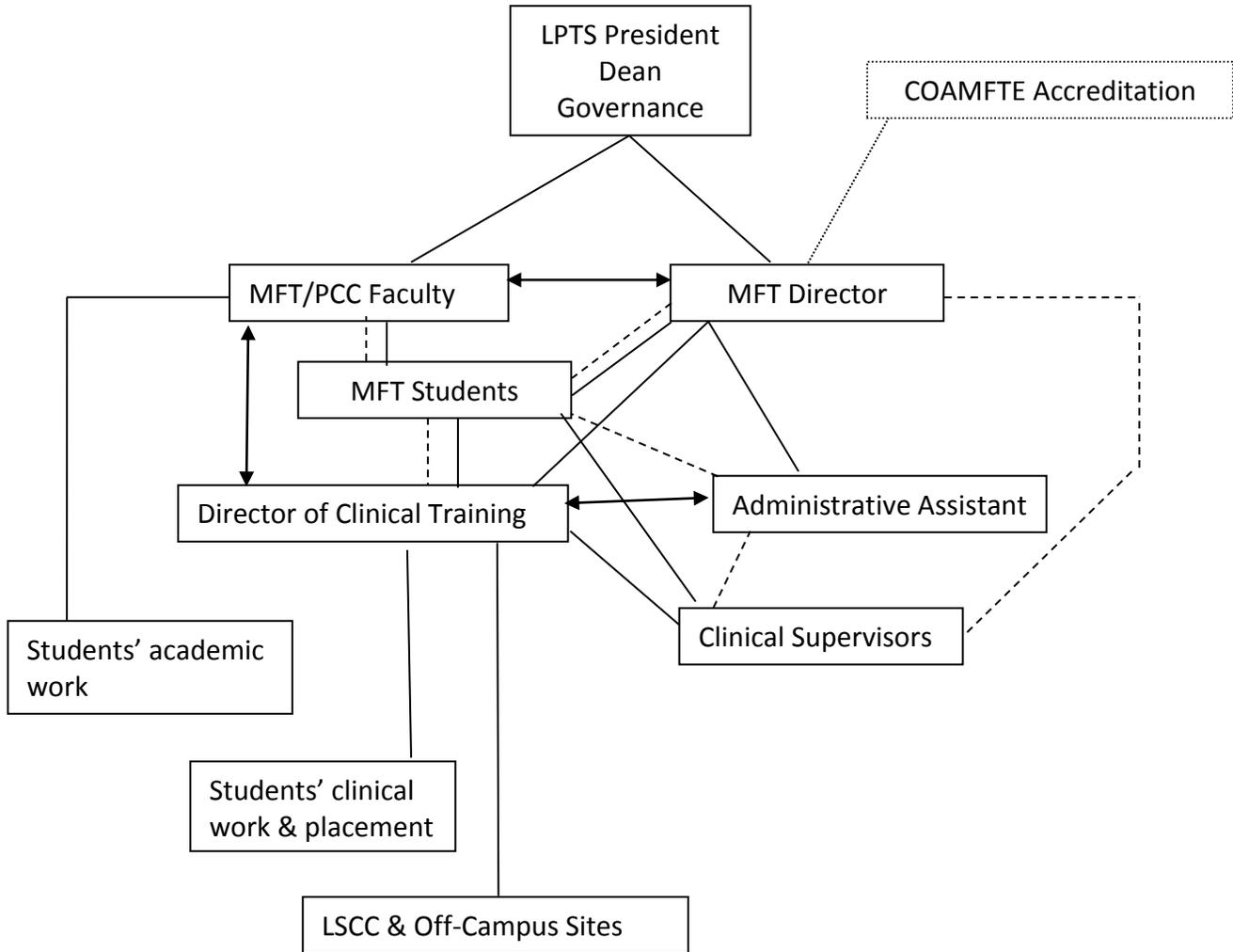
**At times Reps may ask other students to assist with these tasks in order to share leadership and facilitate leadership development. **

IV. **General Responsibilities.** Student representatives will:

- a. Meet monthly with MFT students to hear, review and act on any student concerns and interests.
- b. Meet as needed to process, plan responses to or follow-up with student concerns and interests.
- c. Meet monthly for a designated section of the MFT Faculty Meeting to represent student interests, concerns, etc. with the MFT Program faculty and leadership.
- d. Meet as needed with the Program Director to represent or communicate immediate or pressing student concerns.
- e. One Student Representative will meet at least once per semester with the MFT Program Administrative Team (Program Director, 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.

Revised 6/2016

MFT ADMINISTRATIVE STRUCTURE



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

Section I Forms

MAMFT Degree Worksheet

M.Div/MAMFT Dual Degree Worksheet

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

MFT Case Study Guide: SIE and All Practicum Courses

MFT Practicum Case Study and SIE Scoring Rubric

Important Definitions to Know

Program Assessments

PRACTICUM: CLINICAL EXPERIENCE AND PRACTICUM SITES

Every student must complete three Practicum courses in the MFT Program. Practicum 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 2 and 3 are designed to assist the student in skill development and professional formation. (See page 12 -13 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 series demands demonstrating specific core competencies gained through academic and clinical work, as well as completing the minimum specified hours of supervised counseling.

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 MFT Program, students must complete Practicum 1, 2 and 3 with a minimum of 500 supervised, direct client contact hours. At least 250 of the required 500 hours will be with couples, families, or other relational systems. Up to 100 hours of this clinical experience may consist of alternative 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 Center (LSCC)

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

Placement at Off Campus Sites

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

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

An active case load of 5 clients at LSCC is required prior to the assignment of an off-campus site. It is expected students will spend 6-8 hours at each of their clinical setting, LSCC and off-campus sites. Assignments are made by the Director of Clinical Training in consultation with students and the off-campus site Administrative Supervisors. All placements are reviewed at the end of each practicum course. Special review of placement may occur as warranted by circumstances or when requested by a student, clinical supervisor, or Administrative Supervisor. Beginning or ending at 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 courses. The MFT Program does not count retroactively any CPE hours completed outside the Program. To qualify for practicum credit, MFT students must also continue to receive one hour of supervision per week from an AAMFT Approved Supervisor designated by MFT Director of Clinical Training.

Student Eligibility

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

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

CPE Unit, Academic and Clinical Credit

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

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

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

CPE Applications

Deadlines for CPE applications are listed on the current “Field Education Calendar” (see the LPTS website). CPE application deadlines are also printed in the *Seminary Times* prior to the due dates. The demand for summer CPE positions is extremely high. CPE applications need to be submitted by mid-October.

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

Payment of CPE Fees

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

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

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

Applying to a Center for CPE in the Louisville Cluster

After meeting with the 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 for CPE outside the Louisville Cluster

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

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

1. Obtaining approval from the 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 \$850.00.
2. Notifying the Field Education Office of intent to apply for a CPE position outside the Louisville Cluster **PRIOR** to submitting an application to an institution.
3. Preparing the CPE application. It is recommended that the student phone or email the institution to which they wish to apply to learn pertinent information about the program and the institution's requirements, and to introduce themselves to the director of the program. Most institutions personalize the CPE application with their logo and may prefer to have students request the institution's specific application form. Application materials may also be obtained on the website of the national organization, www.acpe.edu or in the Field Education Office.
4. Submitting the CPE application to the selected site and the MFT Program. Payments to the selected institution will not be made until there is a copy of the student's CPE application on file in the MFT Office. If course credit is desired, payment must be made to LPTS before CPE begins.
5. Completing any interview process required.
6. If approved for a CPE unit at the selected site, communicating this information to the MFT Office along with the name of the Administrative Supervisor, her or his contact information, and the total unit cost. The MFT Program will communicate with the Administrative Supervisor around what is expected by the MFT Program, including an appropriate evaluation, grade for the unit (required if taken for course credit) and processing unit fees.
7. Contracting with an AAMFT Approved Supervisor in the CPE site's area from whom the student will receive one hour weekly MFT supervision sessions. This MFT supervisor must be approved by the MFT Program's 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 may take place in two formats, individual and group. Both forms of supervision are offered in the MFT Program.

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

Triad supervision is defined as a weekly 1.5/2 hours meeting in which a clinical supervisor meets face-to-face with three 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 (LSCC) or at the student's off-campus site.

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

Supervision

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

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

PROGRAM SUPERVISION REQUIREMENTS

Supervision is required at the ratio of 1 hour of supervision (individual or group) for every 5 hours of direct client counseling a student provides. A minimum of 100 hours of supervision is required for graduation from the MFT Program. At least 50% of all supervision will focus on raw data from the student's clinical work by means of direct observation or video recordings reviewed by the clinical supervisor.

Individual Supervision

Students typically have a different clinical supervisor for each Practicum course. 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 MFT Program's supervision groups and selected training events comprising the balance of hours spent in the teaching/learning process. The variety of orientations among our faculty and clinical staff permits students to be exposed to a diversity of theoretical frameworks.

PREPARATION FOR SUPERVISION

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

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

Ethical Foundations

Confidentiality

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

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

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

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

What Constitutes “Informed Consent”

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

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

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

INDIVIDUAL SUPERVISION STRUCTURE AND PROCEDURE

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

Philosophy of Contracts

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

1. Administrative and Clinical Responsibilities – Defines the overall responsibilities of each supervisee. The forms used for Practicum contracts contain standardized

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

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

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

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

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

3. Specific Actions to Reach Goals – In this contract area, expectations are identified regarding what the student therapist will do to meet the goals established in the contract. Although general guidelines can be identified, naming specific actions will enable both supervisor and student to measure success in obtaining goals.
4. Method of Evaluation for Each Goal – Successful completion of competencies for each Practicum course will be measured and documented by using standard rubrics included in the Practicum syllabi. Supervisors may include additional methods as needed for each Practice course. Standard methods include: A Mid-Practicum Evaluation and a Final Evaluation with Clinical Staff Review.

GROUP SUPERVISION

Group supervision provides a 2 hour supervision opportunity bi-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 2-page written case summary including an up-to-date genogram and will present a demonstration of their work with the client(s). The demonstration may be completed by having the client(s) attend a counseling session for direct observation during group supervision, or by presenting portions of a previously recorded counseling session. In the alternative, a case report with role play may be utilized with permission of the group supervisor. If clients will be present during the group supervisory session, the student will ensure that "Informed Consent/Limits of Confidentiality/Recording Release" form is in the client file for each client member participating in the session.

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

Group Supervision / Individual Supervision

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

1. When scheduled to present in group supervision, a student shall inform their individual clinical supervisor. Students are encouraged to talk with their clinical supervisor about which client(s) would be appropriate and might benefit from this experience, any specific concerns regarding client attendance at a live session, and client ability to manage group feedback.
2. When presenting a live case, students will video record group supervision sessions to have the opportunity for review and discussion with their individual supervisor at their next meeting.
3. Students will process group supervision sessions with their individual clinical supervisors at the individual supervision session following group supervision.
4. When a client attends group supervision for therapy, students will include this experience in their progress note.
5. Case write-ups for presentations, comments from the group supervision process, and supervisory feedback are not maintained in the client file.

Group Supervision Guidelines and Processes – Reflect Team Approach

Please see pages 15-21 of this section for handout regarding this topic.

PRACTICUM MEETINGS

MFT students are required to attend Practicum meetings from the time they enter the program until the close of their graduation semester. Regular attendance is a criteria for successfully completing each Practicum course. These meetings are held each Monday morning during the fall and spring semesters.

THEOLOGICAL REFLECTION

Training in marriage and family therapy in the context of pastoral counseling and formation requires a multi-lens approach to discovery, learning, and development as a therapist. One such lens, unique to a MFT accredited program is theological reflection. MFT Program Goal 3 is ***“to graduate students with an entry-level professional ability to reflect theologically on their work and the theories that inform their professional practice, ...”***

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

PRACTICUM: EVALUATION POLICY AND PROCEDURE

A thorough evaluation of the progress of each student is made throughout each Practicum in the Marriage and Family Therapy Program at Louisville Presbyterian Theological Seminary. This includes evaluations from supervisors in clinical assignments and in all courses within the formal curriculum. These evaluations, contained in each Practicum Evaluation Packet, will accumulate in the student's MFT portfolio for review at the time of final evaluation as graduation approaches.

CLINICAL COMPETENCE

The focus of Practicum evaluation is the student's clinical competence and integration of the MFT academic body of knowledge. Evaluations are based on standard rubrics and are designed to give consistent feed-back of progress toward specific objectives at each stage of the student's experience. A clear picture of strengths and weaknesses is the aim of such conversations between students and clinical staff.¹ Evaluation is a mutual process. Students will also be asked to evaluate their supervisors and Practicum sites at the end of each Practicum.

EVALUATIVE STANDARDS

Clinical competence will take into account the student's personal, professional, and academic growth toward specific standards in the practice of marriage and family therapy as reflected in the Practicum Evaluation Packet. Standards around which evaluations are conducted throughout the entire program are defined by MFT competencies selected by the Program and described by standard Program rubrics. The three year progression through the MFT Program is as follows:

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

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

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

- Developing basic skills in admitting clients to treatment and establishing preliminary clinical diagnosis;
- Developing basic skills in treatment planning;
- Developing an awareness of contextual variables in therapy;
- Beginning skills in theological/spiritual reflection on clinical practice;
- Utilization of clinical supervision for enhanced understanding of foundations of clinical practice and the initial formation of the self of the therapist.

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

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

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

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

CRITERIA FOR FINAL PRACTICUM GRADE

- Using process and procedures described in Practicum syllabi, the Practicum professor will assign a grade of Pass or Fail.
- As a general guideline, a student must receive a passing score on all evaluative instruments listed above to receive a passing final grade in each Practicum. A Failing score in more than one evaluation area (Clinical Supervisor's, External Site Administrator's, Group Supervisor's) will result in a failing grade in Practicum.
- Students in Practicum 3 must score "Full Approval" or "Conditional approval with prescribed remediation" in order to receive a passing grade in Practicum 3. Any prescribed remediation must be completed by the deadline provided by the SIE Committee, but no later than the last day of the Spring semester in which the SIE is due.

Psychotherapy

Psychotherapy is a valuable experience and often recommended while in the program. Particular issues that emerge during clinical work may require attention in therapy and consultation in supervision. An appropriate list of persons who may function as psychotherapists is available from the Dean of Students. Interns may also obtain referrals from the MFT faculty, clinical supervisors and the 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 Supervision Groups

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

1. The Reflect Team approach for a live client session is used only with the client's consent and express signed permission, in the Informed Consent form for LSCC.
2. Clients are to receive a "What to Expect When Attending the Therapeutic Group Process" prior to scheduling a session during the Reflect Team meeting.
3. If present, the 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" for further discussion at their next counseling session. Clients do not dialogue with the team. Likewise, clients do not seek to respond to "wonderings" expressed by the team.
4. 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.
5. Team members avoid offering opinions or interpretations, instead use "wondering" questions and invite multiple perspectives.
6. The team comments on all that is heard, but not all that is observed. If present, client(s) may speak about emotions on own initiative. Client privacy is valued; client should be free to not speak during the team reflection process.
7. It is preferred that client(s) and team remain separate during the reflect team process. If in the same room discussion is discouraged. Focus is on team dialogue to stimulate new thoughts and ideas.

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

A. Listening

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.
5. Team members should be silent while observing the client session, video, or interview.

B. Responding

1. During the reflecting process the team engages in back and forth conversation.
2. Comments should be offered in a tentative, wondering manner and should be brief.
3. Comments are to be based only on what occurs in the room or session video. Comments should not be related to information provided in the therapist's case presentation, genogram, or case summary.
4. When appropriate, comments are situated in the speaker's personal experience. (e.g., "As a mother, I recognize how challenging it can be to raise a toddler.")
5. All client family members present should be responded to in the same way. Wonderings should not over focus on any one member of the client dynamic.
6. Multiple, contradictory opinions about what is going on are encouraged in looking for new meanings and perspectives regarding the client's experiences.
7. Teams avoid comments that evaluate or judge the client (or therapist) in any way, positively or negatively, as these comments are directive and not in keeping with the reflect team process.
8. 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...").
9. Following the formal reflect team process, positive comments may be offered affirming the therapeutic alliance, therapist and client progress, and specific elements of the therapeutic process that have gone well.

LPTS Reflect Team Process for Client Session

Total time: 1 hr./50 mins. – 2 hrs.

1. Reflect team arrives; rooms are set up with client session in room with one way mirror for reflecting team observation in separate space. Presenting therapist provides opening devotional followed by information to the team about the client system and whether client has requested reflections on any specific concern or area of therapy; 2 page case write-up and current client genogram are provided by the presenter. (15 min.)
2. Therapist greets the client(s) and provides an introduction to the team. Therapist and client(s) enter counseling room adjacent to reflect team room. (5 min.)
3. Therapist and client(s) have session; observed by the team in silence. (40 min.)
4. Therapist and client(s) observe and listen to the team's reflections through the one-way mirror. (20 min.)
5. Therapist and client(s) discuss the reflections of the team as reflect team listens in silence. (15 min.)
6. Therapist and client(s) close session; optional for client(s) to say goodbye to the reflect team following discussion. (5 min.)
7. Therapist and reflect team discuss how the process worked; Team to first provide input; Therapist to report on information gained and the process in general; Team may then provide additional comments and positive feedback to the therapist. (20 min.)

"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

Total Time: 1 hr./50 mins. - 2 hours

1. Therapist provides opening devotional followed by information to the team about the client system and therapist request for reflections on any specific concern; 2 page case write-up and current client genogram provided. Recorder uses white board to highlight significant information provided by therapist; include genogram or family structure information. (15 min.)
2. Interviewer asks questions of the therapist, 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. Other team members may note areas to listen for in video. If therapist requests and time permits, additional questions may be entertained from the group. (20 min.)
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 min.)
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. The “As If” process as listed below may also be used to process the client session. (20 min.)
5. Therapist and reflect team discuss how the process worked; Team to first provide input; Therapist to report on information gained and the process in general; Team may then provide additional comments and positive feedback to the therapist. (20 min.)

“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 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 select client(s) for presentation in consultation with individual clinical supervisor.
- To prepare client (s) for reflect team process as a helpful intervention to discover new perspectives and ways to move forward in therapy. Therapist provides client with “What to Expect When Attending the Therapeutic Group Process.”
- In the alternative, to select a client video to present to the group.
- To prepare a devotional for the reflect team on the presentation date.
- To prepare a 2 page case write-up and current 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.
- To offer wonderings, comments, and questions following the presentation to assist with reflection.
- 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 or “as if” reflecting process during group reflection.

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.
- In framing questions, 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.

Role of the Recorder:

- For video presentation format, to make use of whiteboard or chalkboard 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.

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, directives 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 2016*

Louisville Seminary Counseling Center

What to Expect When Attending the Therapeutic Group Process

Counseling Center clients may be invited to attend the reflect team process at Louisville Seminary Counseling Center (LSCC). Many clients find this experience to be helpful, supportive, and transformative for their process in therapy.

When attending the Reflect Team, clients have an opportunity to be introduced to members of the group which includes no more than 7 additional counseling interns with 1-2 clinical supervisors. The counseling session occurs as usual with therapist and client meeting in a LSCC counseling room. A one-way mirror allows the Reflect Team to observe the session for approximately 40 minutes. At the end of the session, the client may choose to leave or to continue with the Reflect Team process. Clients and their therapist are able to observe and listen to reflections (“wonderings”) of the Reflect Team through the one-way mirror.

After leaving the Reflect Team process, the counseling intern and client will have a few minutes to discuss the helpfulness of the process and whether any reflections were particularly valuable to the client and their progress in therapy. There is no need for clients to respond directly to the Reflect Team regarding the accuracy of their reflections. The client and their therapist will have more time to discuss the Reflect Team experience and to consider the reflections of the group at their next scheduled session. At the close of the Reflect Team process, the client and therapist may stop in the group counseling room to close the process.

Client participation in the Reflect Team process is greatly appreciated as the experience is beneficial to clients, counseling interns, and to the process of clinical supervision.

THE PRACTICUM LOG

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

CLIENT CONTACT HOURS

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

Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact.

Constellation of Client Contact

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

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

Standard Practicum Log Definitions

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

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

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

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

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

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 Log

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

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

Examples:

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

Two ladies/gentlemen who are partnered are considered a “couple”.

Two roommates are considered part of a “relational system.”

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

A grandmother and grandchild are considered “family”.

A man, woman and their children are considered “family”.

A session with unrelated individuals is considered a “group of individuals”.

A session with several couples is considered a “group of couples”.

SUPERVISION HOURS

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

Constellation of Supervision

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

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

Types of Client Documentation Used in Supervision

Raw Data

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

Case Report

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

Supervision information needed to complete the Practicum Log

1. Individual supervision – usually meets weekly for 1 – 1.5 hours. Sessions are held either individually or in a dyad (two persons). When meeting with a clinical supervisor, a student should document the following:
 - a. How long was the session?
 - b. What was presented in session; only paper documentation or was a video recording shown?

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

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

2. Group Supervision – These supervisory groups of 3-8 students meet for 2+ hours each week during the Fall and Spring semesters. Two forms of group supervision may be experienced; a. Reflect Team process (large group), b. Triad/Small group supervision. Students should document the following:

A. Reflect Team Process

1. 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.
2. 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 Group Supervision, the presenter may count 1 hour of the session as a direct client contact hour (Single line, appropriate column) and 2 hours of supervision with “Client Present in Supervision.”

B. Small Group/Triad

Hours are reported on the group supervision line under columns for Raw Data (with client present, video or audio) or Case Report (reporting on client or paperwork)

COMPLETING THE PRACTICUM LOG

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

Month & Year of this Record:

Student Name: Clinical Supervisor:

Report of Client Contact Hours at LSCC and _____

Direct Client Contact Hours

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

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

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

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

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

Supervision Hours

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

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

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

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

1. The student making the presentation to the group can report the supervision hours in Live on the IND line under the appropriate column.
2. Members of the observing group may report the supervision hours on the GRP line under the appropriate column for what was presented to the group.

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

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

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

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

Initials/Signatures:

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

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

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 1, 2, and 3 including a minimum of 500 supervised hours of direct client contact and 100 hours of clinical supervision. Of the 500 direct client contact hours, 250 must be relational hours (counseling with couples and/or families). Fifty of the required 100 supervision hours must be supervision of raw counseling data presented by the student.
- Successful preparation and defense of a “Senior Integration Experience,” a Practicum 3 capstone project.
- Completion of the MFT Exit Examination with a passing score.
- Appropriate management of client records and the discharge or transferring of all client records.

Graduation Policy Determining Your Graduation Date

Students who receive degrees dated in May or December must complete all academic, practicum, and field education, etc. work 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 AND THE AMFTRB EXAM

To qualify for licensure, all MFT Associates must successfully complete the national Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination. Our goal is to assist our graduates in preparation for this examination. To that end the MFT faculty have determined the following Exit Examination process:

1. All graduating MFT seniors must register for the MFT Exit Exam in the semester in which they are to graduate.
2. 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 not covering adequately in the current curriculum.
3. 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.

Seniors will be allowed two opportunities to pass the MFT Exit Exam with a passing score of 70% or higher. The cost of the practice materials and the first administration of the exam will be covered by the MFT Program.

In the event a student fails the Exit Exam in the first attempt, the student will be required to retake the exam at their own expense. 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. All subsequent administrations of the Exit Exam will be at the student's expense.

SENIOR INTEGRATION EXPERIENCE – Practicum 3 Capstone Project (See Practicum 3 Syllabus)

Preparation of the SIE Case Write-Up and Session Clips

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

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

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

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

Session Clips

To accompany the SIE case study write-up, a DVD of session clips demonstrating work with the selected client family is required. A DVD showing work with a co-therapist is acceptable, provided the graduating student is shown leading the therapeutic work. The clips should demonstrate the therapist working in a systemic framework toward goals of therapy in the broader context of multiple sessions. (See “Guidelines for SIE Video Editing” at the end of this section.)

Other Documents Required

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

1. MAMFT Senior Integration Experience Committee Form – This document contains the names of the student’s SIE Committee members with their signatures indicating consent to participate in the student’s SIE committee on the designated SIE presentation date. These are to include the student’s Clinical Supervisor, Academic Advisor, and the Director of Clinical Training.

2. SIE Signature Page – Signed by all SIE consultants as acknowledgement of consultation in the preparation of the case write-up (student, Clinical Supervisor, and ASC Director) to be submitted with the final copy of the SIE Case Write-Up.

Required ASC Consultation

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

SIE Committee Composition and Roles

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

With the exception of the Student Presenter, all committee members have an active vote in the final recommendation.

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

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

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

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

SIE Presentation

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

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

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

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

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

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

- Full approval
- Conditional approval with prescribed remediation
- Non-acceptance of the presentation with or without remedial work

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

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

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

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

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

Institutional Technology Department
Guidelines for SIE Video Editing

1 Thoroughly review your session recordings.

Locate the video clips you are interested in using for your project. Note the timing of the clip, in minutes and seconds within your session. It is important to know who is speaking, and what they are saying at the beginning and ending of each segment that you want to use.

2 Prepare a timing sheet

Know an approximation of the total amount of time that your video clips will run during your final presentation. Adding together the total minutes and seconds of each clip will give you an understanding of how many clips you can use.

3 Be prepared with a rough edit on paper.

Determine the order your segments will be displayed during your presentation. Knowing the order of the clips you want to use will make the process easier when compiling clips for your final presentation.

4 Come prepared to spend about two hours working on your editing.

This is amount of time the average person needs to complete this work.

5 Come prepared with the materials you will need.

Be sure you have your session recordings and two blank DVD discs with you. It is recommended that when you make your final presentation disc that you make a second copy for a backup in case of emergency.

6 Rehearse your presentation ahead of time.

When your final presentation disc is complete, it is strongly recommended that you run through your presentation, using your edited disc, in the room where your presentation will be given. This will help you feel comfortable with the equipment and how the process will work when you are giving your final presentation.

Student: _____ Date: _____

Practicum: 1 2 3 (SIE)

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**Marriage and Family Therapy Program
Case Study Guide and Rubric: SIE and All Practicum Courses**

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

Practicum 1: 5 pages

Practicum 2: 7-8 pages

Practicum 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.

I: Identifying Information/Description of Client

- A. Provide a one paragraph description of the client family presented. Include ages, ethnic and gender information, vocational or educational information and any other outstanding features that will help provide a picture of the context for treatment of the case.
- B. Indicate how many sessions you have had with each member of the system at the time of this write-up.

II: Presenting Problem

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

III: Clinical/Pastoral Assessment ¹

In all assessment procedures and interpretation be sure to (1) the theoretical model that guides your assessment; (2) context--cultural, family, gender, religious, racial, socioeconomic, etc. diversity and how these interacts with assessment and diagnosis; (3) a systemic framework for all individual, family, couple, child assessment; and (4) your own social location as an observer/evaluator.

- A. **Family Assessment.** In this section briefly summarize your observations about client family behavior, self-report, and any evaluative conclusions you might note from interview data and observations. Use the following sub-headings:
 - **Interview Observations.** For example observation of family/couple dynamics in session.
 - **Relevant couple/family social history**
 - **Couple/Family Strengths and Resources** (use eco-map when possible)

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

Student: _____

Date: _____

Practicum: 1 2 3 (SIE)

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- **History of the problem.**
- ***Use and interpret* assessment tools.** Each case must include a **Genogram and Eco-map.** **Other family and couple assessment tools (FACES IV, FAD, Dyadic Adjustment, Locke-Wallace, Weiss-Cerreto, Gottman tools, Prepare-Enrich, etc.) should be included based on constellation of clients in session and Presenting Problem.**
- **Provide an assessment summary:** What conclusions can you draw from information in 1-5? For example:
 - 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.

- B. Individual Assessment and Screening.** Identify and summarize results of individual assessment. Use the following subheadings:
- 1. Interview Observations** (how the client appeared and interacted in session) **and mental status** (use mental status guide)
 - 2. Relevant social, psychological, educational, vocational, spiritual history; history of the problem.**
 - 3. Client Strengths and Resources.**
 - 4. General Screening tools** (report score and briefly interpret data)
 - Cross-cutting measures, SLC 90, WHODAS
 - 5. Specific Screening tools** (report score and briefly interpret data)
 - Depression Screening. List tools used, results and conclusions.
 - Substance Screening. List tools used, results and conclusions.
 - Suicide and Self-harm Screening. List tools used, results and conclusions.
 - Other formal assessment relevant to client self-presentation (Anxiety, Trauma, ADHD, Mood Disorder, etc.)
 - 6. Spiritual/Theological Assessment.** List procedures and outcomes.
 - 7. Provide an assessment summary for individual assessment.**
 - What overall clinical conclusions do you draw from interview observations, Mental Status, screening tools, etc.? Be sure to attend to systemic considerations in individual diagnosis.
 - Is a DSM 5/ICD 10 diagnosis indicated? What is it (use name and ID 10 code). Any diagnosis you make and how the client meets criteria for a diagnosis must be fully supported by information from interviews and tools above.
- C. For PR 2 & 3 only: Identify any legal or ethical problems or dilemmas related to this case.
- D. For PR 3 only: Briefly summarize the empirical/research information you have gained relevant to understanding or treating this case.
- E. For PR 3 only: Conclusion: Prepare a one-paragraph Clinical/Pastoral Assessment summary.

IV: Treatment Planning and Summary of Treatment to Date

In all treatment plans be sure that you attend to (1) the theoretical model that guides your planned interventions; (2) cultural, family, gender, religious, racial, etc. diversity and how that interacts with treatment plans and your own social location as therapist; (3) a systemic framework for all individual, family, couple, child assessment; and (4) spiritual, theological and religious dimensions interacting with therapy and the treatment plan.

- A. State your treatment plan for this client family.
 - Write one or two specific, ***observable and measurable client outcome goals*** ("at the end of therapy...").
 - Be sure outcome goals are consistent with client/family Presenting Problem.
 - Briefly describe your planned interventions.
- B. State your contract with the client family.
- C. Attend to research and evidence-based practice in goal setting and treatment planning.
- D. Evaluate the effectiveness of your strategy to date using data from ORS/SRS and other client report.

Student: _____ Date: _____

Practicum: 1 2 3 (SIE)

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V: Theological Reflection

- A. Describe theological, spiritual and faith issues integral to this client family's self-presentation.
- B. Describe how your own value system, personal belief system, personal faith and faith tradition interact with or inform your work with this client family.
- C. 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 2&3 Only: Show how material generated from theological or spiritual reflection impacts treatment concerns.
- F. For PR 2&3 only: Provide a contextually sensitive² theological position for understanding client experience, assessment and treatment.
- G. For PR Level 3 only: Describe your process of theologically evaluating the theories, methods and interventions you selected to work with this client family
- H. 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.

VI: For PR 2 & 3 only:

Outline personal or use of self-issues relevant to your treatment of this case, such as countertransference, transference, differentiation, enmeshment, etc.

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

Student: _____ Date: _____

Practicum: 1 2 3 (SIE)

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**Marriage and Family Therapy Program
SIE and All Practicum Courses Scoring Rubric**

Instructions:

Domainⁱ scores are to be based on the following criteria:

- 9-10:** Exceeds Expectations for Practicum level.
- 4-8:** Meets Expectation for Practicum level. Numerical score is sensitive to variance in skill levels within an acceptable range for the Practicum level. Low scores (4-5) indicate that the student is making progress, but may need more focused attention to a particular skill or an action plan to improve skills in a particular area.
- 1-3:** Unacceptable. The student (a) has not met expectation for a particular course objective, clinical competency, or set of competencies, and/or (b) is not demonstrating acceptable progress toward objectives, SLOs or required.

Supervisor/Professor comments: Make specific observations about student strengths and needed growth.

The standard for evaluation for all Practicum 3/SIE students: Entry-level, employable professional skills.

| | |
|--|---|
| <p align="center">Competency Domain 1: Foundations of Treatment (SLO 1) <i>Overall, case study/SIE shows:</i></p> <ol style="list-style-type: none"> 1. General systems knowledge to guide initial client contact and structure an appropriate therapeutic context 2. Theoretical framework and skills to structure therapy context for multicultural, multi-religious families and individuals 3. Joining and attending skills | <p align="center">Domain Score</p> <p align="center">_____</p> |
| <p>Supervisor/Professor comments:</p> | |
| <p align="center">Competency Domain 2: Clinical Assessment and Diagnosis (SLO 2, 4, 5) <i>Case Study/SIE Sections: I. Identifying Information, II. Presenting Problem, III. Clinical Assessment</i></p> <p>Assess activities focused on the identification of the problems and concerns to be addressed in therapy.</p> <ol style="list-style-type: none"> 1. Able to conduct couple and family assessment, organize observations of client/family processes from an integrative, multicultural conceptual perspective utilizing marriage and family therapy theory. 2. Applies principles of human development, sexuality, gender development, family development. 3. Able to conduct individual assessment; demonstrates expertise in clinical observation and diagnosis when applicable. 4. Attends appropriately to risk assessment and referral. 5. Appropriate attention to pastoral/spiritual assessment. 6. Able to write effective professional client reports | <p align="center">Domain Score</p> <p align="center">_____</p> |

Student: _____ Date: _____

Practicum: 1 2 3 (SIE)

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Supervisor/Professor comments:

Competency Domain 3: Treatment Planning and Case Management (SLO 1,2,4,5)
Case Study/SIE IV. Treatment Planning and Summary of Treatment

Domain Score

1. Consistent with guiding therapy model
2. Observable and measurable goals aligned with presenting problem and related to any diagnosis
3. Goals reflect integrative, empirically informed, multicultural, spiritually integrated perspective
4. Appropriate safety plans
5. Clear contracts with clients
6. Effective and professional report writing
7. Collaboration and appropriate referral

Supervisor/Professor comments:

Competency Domain 4: Therapeutic Interventions (SLO 1, 3, 4, 5)
CASE Study/SIE IV. Treatment Planning and Summary of Treatment

Score

1. Skill in using attending, influencing, and other intervention skills
2. Utilizes a variety of techniques consistent with empirical research and multicultural considerations and the client context
3. Utilizes client feedback in therapy (ORS/SRS) to assess progress
4. Skill with wide variety of individual, couple and family constellations
5. Integrates spirituality and theological reflection

Supervisor/Professor comments:

Student: _____ Date: _____

Practicum: 1 2 3 (SIE)

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|---|----------------------------------|
| <p><u>Competency Domain 5: Legal Issues, Ethics, Professional Standards</u> (SLO 1,3,4,5)</p> <p>All aspects of Case Study/SIE that involve statutes, regulations, principles, values, and mores of MFTs.</p> <ol style="list-style-type: none">1. Knowledge of AAMFT Code of Ethics and KY statutes.2. Behavior guided by Code of Ethics and larger ethical principles.3. Management of online technology (AAMFT Standards.)4. Professional skills in managing paper and electronic records, transfer of clients and closure of practice at LSCC and external sites. | <p>Score</p> <p>_____</p> |
| <p>Supervisor/Professor comments:</p> | |
| <p><u>Competency Domain 6: Research Application</u> (SLO 1,2)</p> <p>Case Study/SIE shows use of current MFT and behavioral health research and evidence-based practice to inform assessment, treatment planning and evaluation of client/family outcome</p> | <p>Score</p> <p>_____</p> |
| <p>Supervisor/Professor comments:</p> | |
| <p><u>Competency Domain 7: Self of Therapist</u> (SLO 1,3,4,5)</p> <p>Case study/SIE shows clear and appropriate attention to:</p> <ol style="list-style-type: none">1. Boundaries, triangulation, cultural context Attention to transference and countertransference in therapy2. Self-care and stress management3. Pastoral identity and spiritual formation | <p>Score</p> <p>_____</p> |
| <p>Supervisor/Professor comments:</p> | |

Student: _____ Date: _____

Practicum: 1 2 3 (SIE)

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|---|----------------------------------|
| <p><u>Competency Domain 8: Theological and Spiritual Integration</u> (SLO 5) Attention to pastoral, theological and spiritual dimensions of therapy and therapist-client interactions:</p> <ol style="list-style-type: none">1. Ability to think theologically and pastorally about clients, intervention and work as therapist2. Skill in managing religious and spiritual content in the course of therapy3. Ability to articulate self-stand in theological and spiritual integrated therapy | <p>Score</p> <p>_____</p> |
| <p>Supervisor/Professor comments:</p> | |
| <p><u>Competency Domain 9: Supervision and Collaboration</u> (SLO 1,3,5) Uses supervision and collaboration to improve skills and enhance client care</p> <ol style="list-style-type: none">1. Seeks supervision appropriately2. Contributes to supervision by providing data and rationale for assessment, intervention, systemic understanding of therapeutic work3. Uses supervision to enhance use of self in therapy4. Works collaboratively with families, other significant persons, and professionals not present that empower clients to navigate complex systems of care | <p>Score</p> <p>_____</p> |
| <p>Supervisor/Professor comments:</p> | |

ⁱ Domains are based on AAMFT Core Competencies (2004) and revised competencies (W. North, 2017, unpublished)

Total Case Write-Up Score:

Marriage and Family Therapy Licensing

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

Licensing in Kentucky

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

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

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

Marriage and Family Therapy Associate

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

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

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

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

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

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

National Marriage and Family Therapy Exam – Kentucky Residents

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

Professional Memberships

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

American Association for Marriage and Family Therapy (AAMFT)

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

Pre-Clinical Fellow

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

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

Clinical Fellow

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

MFT Post-Graduate Internship

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

When possible and assigned by the Clinical Director, interns will work with MFT students as mentors, co-therapists and case consultants. Interns may participate in on-campus trainings and workshops, attend speakers and inter-disciplinary case conference, and attend and assist with Live/Group Supervision at the discretion of the Clinical Director. Post-Graduate interns will oversee the shepherding process of new students in the MFT Program in their first year. In addition to clinical work in the LSCC, interns will be granted access to Program resources to pursue professional goals (such as guided study for the national examination, resume development, etc.) as outlined in their application goal statement.

Post-Graduate Interns will receive compensation for their service to the program by receiving four hours of supervision per month from the Clinical Director, MFT Program Director, or another member of the clinical staff agreed upon by the Post-Graduate Intern. Interns will be contracted for specific time periods, purposes and functions specific to the Internship program's goals. Interns will be covered by LPTS malpractice insurance only for work in the LSCC. Intern performance will be reviewed at mid-term of the contract and at the end of the contract by the Clinical Director. An intern may be granted a second term at the discretion of the Clinical Director and MFT Program Director.

Intern Qualifications:

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

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