Marriage and Family Therapy
M.A.
Program Handbook

Mount Mercy University

Revised 1/2019
Welcome Letter

Welcome to the Marriage and Family Therapy Program at Mount Mercy University.

You are about to embark on an educational journey that is intended to touch every aspect of your life while preparing you for a career or enhancing and expanding on your expertise as a Marriage and Family Therapist. The faculty members are excited to welcome you into the program and look forward to joining you on this journey.

This handbook is important to your progress in the graduate program. It introduces you to important policies and procedures, and contains useful information to guide you through coursework and other requirements for successful degree completion. Please review this information thoroughly and refer to this handbook when future questions arise. This handbook is meant to supplement the University Catalog and other Mount Mercy publications. Each of these publications is updated annually and can be found on the Mount Mercy web page.

Although written information is helpful and should be referenced to as needed, there is no substitute for personal contact. You are encouraged to seek assistance as needed from faculty and staff as you progress through the program. As Program Director for the Marriage and Family Therapy Program, I will serve as your academic advisor throughout your enrollment in the Master’s program. Doctoral students will be assigned to a specific advisor depending on their chosen area of specialization. Please know that my door is always open to you.

Sincerely,

Randy Lyle, Ph.D.

MFT Program Director
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Preface

The Mission of the MFT program at MMU is to educate and train individuals to function as competent marriage and family therapists who are able to integrate systemic thinking into their work as therapists and as members of their communities. The MFT program promotes reflective judgment, strategic communication, the common good and purposeful living through academic preparation and skills training based on the licensure requirements in Iowa and the AAMFT Core Competencies.

To accomplish this mission, the MFT program has developed three broad goals:

1. Encourage students and faculty to establish a solid identity as a marriage and family therapist.

2. Train student therapists to provide high quality marriage and family therapy services.

3. Promote the field of marriage and family therapy through active involvement in the profession and community.

These goals have direct influences on the educational outcomes that guide the curriculum and contribute to the quality of the MFT Program. The educational outcomes are described more fully in the following pages.
Masters of Arts

Chapter 1: M.A. Program Mission and Goals

Educational Outcomes - Masters
The MFT Master’s program is designed around an outcomes-based educational philosophy. All coursework and program experiences are intended to foster student development and contribute to the following outcomes:

Program Outcomes (POs)

1. Students will successfully complete the curriculum and graduate.
2. Alumni and employers will express satisfaction with the training offered in the MFT program.
3. MFT program graduates will identify themselves as professionals in the field and seek related employment.
4. The MFT program will seek and maintain external accreditation through COAMFTE.
5. The MFT program will contribute to the betterment of society through a commitment to diversity and the ideals of the Sisters of Mercy.

Student Learning Outcomes (SLOs)

1. Students will demonstrate the ability to apply the major MFT models of therapy.
2. Students will apply research skills necessary to read and evaluate MFT literature.
3. Students will demonstrate knowledge of, and critically evaluate ethical and practice issues in the field of MFT.
4. Students will demonstrate interpersonal skills necessary to work successfully with individuals, couples, and families.
5. Students will demonstrate couple and family therapy skills necessary to assess, diagnose, and treat mental health problems with diverse populations.

Students’ progress toward these outcomes will be evaluated at multiple points across the program. Students will receive ongoing feedback regarding their progress toward the student learning outcomes from faculty and supervisors. Students are also expected to be active participants in their learning processes and seek feedback regarding their progress toward student outcomes.

Faculty Outcomes (FOs)

1. Faculty will be actively engaged in the practice of marriage and family therapy.
2. Faculty will engage in regular professional development activities that strengthen their knowledgebase and understanding of diversity.
3. Faculty members will exhibit a commitment to excellence in teaching and scholarship.
4. Faculty will demonstrate a commitment to the betterment of the university and the profession of MFT through active service.
Assessments and Measures

## Master's Degree Program Outcomes

<table>
<thead>
<tr>
<th>PO1: Students will successfully complete the curriculum and graduate.</th>
<th>PO2: Alumni and employers will express satisfaction with the training offered in the MFT program.</th>
<th>PO3: MFT program graduates will identify themselves as professionals in this field and seek related employment.</th>
<th>PO4: The MFT program will seek and maintain external accreditation through COAMFTE.</th>
<th>PO5: The MFT program will contribute to the betterment of society through a commitment to diversity and the ideals of the Sisters of Mercy.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td><strong>Benchmark</strong></td>
<td><strong>Assessment</strong></td>
<td><strong>Benchmark</strong></td>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td>Graduation Rates</td>
<td>50% of students will graduate within the advertised 2 years (65% within 6 years).</td>
<td>Graduating students will have a minimum average of 3 (of 5) on the Clinical Assessment, Case Conceptualization, and Treatment Plan rubrics administered at the end of the program.</td>
<td>70% of responses on the employer evaluation of alumni survey will be at or above &quot;meets expectations&quot;.</td>
<td>Temporarily Licensure Rates</td>
</tr>
<tr>
<td>Cumulative Scores on Clinical Assessment, Case Conceptualization, and Treatment Plan Rubrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Evaluation of Graduates</td>
<td>70% of responses on the employer evaluation of alumni survey will be at or above &quot;meets expectations&quot;.</td>
<td>Temporarily Licensure Rates</td>
<td>70% of students who graduate will achieve temporary licensure within 1 year.</td>
<td></td>
</tr>
<tr>
<td>Client Satisfaction Surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Student Learning Outcomes

<table>
<thead>
<tr>
<th>SLO1: Students will demonstrate the ability to apply the major MFT models of therapy.</th>
<th>SLO2: Students will apply research skills necessary to read and evaluate MFT literature.</th>
<th>SLO3: Students will demonstrate knowledge of, and critically evaluate, ethical and practice issues in the field of MFT.</th>
<th>SLO4: Students will demonstrate interpersonal skills necessary to work successfully with individuals, couples, and families.</th>
<th>SLO5: Students will demonstrate couple and family therapy skills necessary to assess, diagnose, and treat mental health problems with diverse populations.</th>
</tr>
</thead>
</table>
| **Case Conceptualization (CC), Clinical Assessment (CA), and Treatment Plan (TP)**  
MF 503, MF 671, & MF 546  
**Minimum average rating of 2.5 (of 5) on CC rubric.**  
Assessed – Middle of MF 503, MF 524  
**Minimum average rating of 3 (of 5) on CA rubric.**  
Assessed – Middle of MF 503, MF 546  
**Minimum average rating of 2.5 (of 5) on TP rubric.**  
Assessed – Middle of MF 503, MF 524  
**Minimum average rating of 3 (of 4) on TC rubric.**  
Assessed- End of Course  
**Minimum average rating of 3 (of 4) on TC rubric.**  
Assessed- End of Course  
**Minimum average rating of 3 (of 4) on TC rubric.**  
Assessed- End of Course  
**Minimum average rating of 3 (of 4) on TC rubric.**  
Assessed- End of Course |
| **Theoretical Competence and Cultural Competence (TC) Evaluation**  
MF 518  
**Minimum average rating of 3 (of 4) on TC rubric.**  
Assessed- End of Course  
**Minimum average rating of 3 (of 4) on TC rubric.**  
Assessed- End of Course  
**Minimum average rating of 3 (of 4) on TC rubric.**  
Assessed- End of Course  
**Minimum average rating of 3 (of 4) on TC rubric.**  
Assessed- End of Course |
| **Live Interview (LI) and Live Interview Evaluation (LE)**  
MF 545  
**Minimum average rating of 3 (of 4) on LI rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on LI rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on LE rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on LE rubric.**  
Assessed – End of course |
| **Professional Development Plan (PD)**  
MF 546  
**Minimum average rating of 3 (of 4) on PD rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on PD rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on PD rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on PD rubric.**  
Assessed – End of course |
| **Research Proposal (RP)**  
MF 640  
**Minimum average rating of 3 (of 4) on RP rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on RP rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on RP rubric.**  
Assessed – End of course  
**Minimum average rating of 3 (of 4) on RP rubric.**  
Assessed – End of course |
| **Trainee Evaluation Form (TEF)**  
MF 590, MF 690  
**Minimum average rating of 2.5 (of 5) on TEF rubric.**  
Assessed – End of both courses  
**Minimum average rating dependent on practicum level, with final evaluation of 3 of 4**  
**Minimum average rating dependent on practicum level, with final evaluation of 3 of 4**  
**Minimum average rating dependent on practicum level, with final evaluation of 3 of 4**  
**Minimum average rating dependent on practicum level, with final evaluation of 3 of 4** |
| **AAMFT Student Membership**  
**90 % Documented student membership.**  
**Assessed – End of first year**  
**90 % Documented student membership.**  
**Assessed – End of first year**  
**90 % Documented student membership.**  
**Assessed – End of first year**  
**90 % Documented student membership.**  
**Assessed – End of first year** |
| **Clinical Demonstration and Position Paper (CDPP)**  
**70% rated as “satisfactory” by all reviewing faculty.**  
**Assessed – End of program**  
**70% rated as “satisfactory” by all reviewing faculty.**  
**Assessed – End of program**  
**70% rated as “satisfactory” by all reviewing faculty.**  
**Assessed – End of program**  
**70% rated as “satisfactory” by all reviewing faculty.**  
**Assessed – End of program** |
| **CDPP: Clinical Assessment, Case Conceptualization, and Treatment Plan**  
**Minimum average rating of 3 (of 5) on CC rubric.**  
Assessed – End of program  
**Minimum average rating of 3 (of 5) on CA rubric.**  
Assessed – End of program  
**Minimum average rating of 3 (of 5) on TP rubric.**  
Assessed – End of program  
**Minimum average rating of 3 (of 5) on CA and TP rubrics.**  
Assessed – End of program |
| **Trainee Evaluation Form**  
**MF 692**  
**Minimum average rating of 3 (of 5) on TEF rubric.**  
**Assessed – End of program**  
**Minimum average rating of 3 (of 5) on TEF rubric.**  
**Assessed – End of program**  
**Minimum average rating of 3 (of 5) on TEF rubric.**  
**Assessed – End of program**  
**Minimum average rating of 3 (of 5) on TEF rubric.**  
**Assessed – End of program** |

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PMFTPs | Selected MFT Core Competencies / Iowa State Licensure Requirements
Faculty Outcomes

| FO1: Faculty will be actively engaged in the practice of marriage and family therapy. |
| FO2: Faculty will engage in regular professional development activities that strengthen their knowledgebase and understanding of diversity. |
| FO3: Faculty members will exhibit a commitment to excellence in teaching and scholarship. |
| FO4: Faculty will demonstrate a commitment to the betterment of the university and the profession of MFT through active service. |

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Licensure</td>
<td>Maintain licensure as a marriage and family therapist in the state of Iowa.</td>
</tr>
<tr>
<td>Assessed – Annual faculty review</td>
<td>Professional Continuing Education Units.</td>
</tr>
<tr>
<td>Particic in 15 hours of continuing education annually.</td>
<td></td>
</tr>
<tr>
<td>Assessed – Annual report to Associate Provost</td>
<td>Student Evaluations of Teaching.</td>
</tr>
<tr>
<td>Faculty within the MFT program will average above a 3.8 (of 5) on the IDEA Summary Evaluation of Teaching Effectiveness. (Average of A &amp; D) for MFT courses they taught.</td>
<td></td>
</tr>
<tr>
<td>Assessed – Annual faculty review</td>
<td>Service to the University.</td>
</tr>
<tr>
<td>Faculty will participate on at least 1 program, department, or university committee annually.</td>
<td></td>
</tr>
<tr>
<td>Assessed – Annual faculty review</td>
<td>Scholarship Record.</td>
</tr>
<tr>
<td>Each faculty will engage in at least 2 scholarship activities annually, as defined in the faculty handbook.</td>
<td></td>
</tr>
<tr>
<td>Assessed – Annual faculty review</td>
<td>Service to the Profession.</td>
</tr>
<tr>
<td>Each faculty will engage in at least 1 service to the profession activity annually, as defined in the faculty handbook.</td>
<td></td>
</tr>
<tr>
<td>Assessed – Annual faculty review</td>
<td>Professional Membership.</td>
</tr>
<tr>
<td>Ongoing membership in AAMFT.</td>
<td></td>
</tr>
</tbody>
</table>

M.A. MFT Program Assessment and Evaluation Cycle

As described in the chart below, the MFT program at MMU engages in an annual cycle of review, evaluation and assessment. This process consists of a) gathering data, b) processing and analyzing the data, c) making plans and implementing them based on the feedback, and d) reviewing the results of changes that are made. Data is gathered from student coursework, student and alumni surveys, employer surveys, faculty summary reports, etc. At the May and August of each academic year, the program’s full-time faculty meets to discuss and review the mission, educational outcomes, goals, assessment process, and structure of the MFT program. The components of the program are reviewed to ensure consistency with the AAMFT Educational Guidelines, the state licensure laws for Iowa, and the AAMFT Core Competencies. These specific principles of the marriage and family therapy profession are linked directly to the assessment cycle.
### M.A. MMU MFT Program Assessment Cycle

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Educational Outcome(s)</th>
<th>Faculty Meetings</th>
<th>May Retreat</th>
<th>August Retreat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Demonstration and Position Paper (CDPP) 1st year Student Evaluation of Candidacy and feedback completed</td>
<td>SLOs 1, 3-5</td>
<td>Reviewed - June and July Meetings</td>
<td>Aggregated Data Reviewed</td>
<td></td>
</tr>
<tr>
<td>Data from MF 503; MF 518; MF 671; &amp; MF 546: CDPP - Case Concept., Clinical Assessment, and Treatment Plan; Theoretical; Cultural</td>
<td>PO1, SLOs 1, 3-5</td>
<td>Reviewed - November, May, and August Meetings</td>
<td>Aggregated Data Reviewed</td>
<td></td>
</tr>
<tr>
<td>Data from MF 545 - Live Interview and Live Interview Evaluation</td>
<td>SLOs 4-5</td>
<td>Reviewed - February Meetings</td>
<td>Aggregated Data Reviewed</td>
<td></td>
</tr>
<tr>
<td>Data from MF 569 - Professional Development Plan</td>
<td>SLO 3</td>
<td>Reviewed - January Meetings</td>
<td>Aggregated Data Reviewed</td>
<td></td>
</tr>
<tr>
<td>Data from MF 640 Research Proposal</td>
<td>SLO 2</td>
<td>Reviewed - November Meetings</td>
<td>Aggregated Data Reviewed</td>
<td></td>
</tr>
<tr>
<td>Data from MF 590, MF 690, MF 692 Trainee Evaluation Form</td>
<td>SLOs 1, 4-5</td>
<td>Reviewed - January, June, and August Meetings</td>
<td>Aggregated Data Reviewed</td>
<td></td>
</tr>
<tr>
<td>Graduation Rates</td>
<td>PO1</td>
<td></td>
<td>Reviewed</td>
<td></td>
</tr>
<tr>
<td>Annual Alumni Survey</td>
<td>POs 2-3</td>
<td>Reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Survey</td>
<td>PO2</td>
<td>Reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Agency/Client Satisfaction Surveys</td>
<td>POS5</td>
<td>Reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COAMFTE Reporting Forms</td>
<td>PO4</td>
<td>Reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Faculty Report</td>
<td>FO1, 3-4</td>
<td>Reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Report to Associate Provost</td>
<td>FO 1-2</td>
<td>Reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Satisfaction Survey</td>
<td></td>
<td>Reviewed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter 2: Progression through the M.A. Program

There are six general steps involved in successful completion of the Marriage and Family Therapy Master’s Program. Familiarity with these steps and the actions required by students to complete each step will facilitate timely progression through the program.

Step 1: Admission

Students’ admission applications are considered complete after the Graduate Admissions office has received and processed the following elements:

1. Completed admission application form (or online application form)
2. Transcripts from all colleges and universities previously attended showing the granting of a Bachelor’s degree with a cumulative GPA of 3.0 or better (applicants with less than a 3.0 should address the reasons for the lower GPA and why they should be considered for admittance; exceptions can be made at the discretion of the Program Director)
3. Two professional letters of reference
4. Complete the Brief Symptom Inventory and a personal interview with the Program Director

Students’ application materials are reviewed by the Program Director and Graduate School representatives to determine admission status. Students may be admitted into two distinct admission categories (see Table 1).

Table 1: Admission Categories

<table>
<thead>
<tr>
<th>Admission Category</th>
<th>When Granted</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>Bachelor’s degree from an accredited college or university meeting the 3.0 GPA standard; positive interview.</td>
<td>None required</td>
</tr>
<tr>
<td>Special</td>
<td>Non-degree students seeking to transfer credit to another university or fulfill requirements for licensure or certification.</td>
<td>Students taking courses to complete licensure requirements should file a letter stating which courses they need to take and consult with Program Director.</td>
</tr>
</tbody>
</table>

Step 2: Determination of Degree Plan

After attending the New Student Orientation, MFT Master’s students should complete registration for first year classes under the guidance of the MFT Program Director, who serves as their academic advisor throughout their enrollment in the Master’s Program. Suggested programs of study are included in this Handbook, and most students will follow these course sequences. Students who need a custom degree plan (due to part-time enrollment, transferred coursework, etc.), should make an appointment to meet individually with the MFT Program Director as early as possible after enrollment.
**Step 3: First Year Review**

At the end of the first year, the program affirms a student’s clinical potential and declares that she/he is a candidate for the degree. Before June 1st, first year MFT Master’s students submit a copy of their proof of AAMFT membership to the MFT program faculty, which triggers the initiation of the review process. It should be noted that the Program reserves the right to exit anyone from the program at any time at its own discretion (See Chapter 5).

To be eligible to continue in the MFT program, full-time students must meet the following requirements:

1. Active student member of AAMFT
2. Completion of 20 graduate credits with a GPA of 3.0 or better
3. Completion of MF 503, MF 518, MF 545, MF 569, MF 524, and MF 671
4. Fall within the regular admission category
5. Receive a “satisfactory” report on the Formal Student Evaluation and Candidacy checklist (see Appendix G).

Satisfactory review at the end of the first year will result in students’ continuation in the program and enrollment in the MFT Practicum courses. Unsatisfactory review at the end of the first year will, depending on nature of areas in which student has not demonstrated competence, result in requirement of remedial coursework/student activities OR the student’s dismissal from the program. All students will receive formative feedback throughout the first year to foster continued personal and professional development.

**Step 4: Clinical Practicum**

After completion of coursework focused on theory and basic clinical skills offered during the first year of the program, students then enroll in a 12-month minimum practicum experience (concurrently with continued coursework) to further advance and refine their clinical competence. The clinical practicum within the MFT Master’s program includes three 4-credit hour courses (MF 590, MF 690, & MF 692) that should be completed consecutively. Students are responsible for completing an on-campus practicum placement, and/or making arrangements for an off-campus practicum placement. The process of seeking an off-campus practicum should usually begin after February 1st in the first year of the program. Students should remain in communication with the MFT Clinical Director to ensure they obtain a site that meets program requirements and is the best fit for individual student needs. See Chapter 4 for a detailed description of policies and procedures for the MFT Master’s Program Practicum.

**Note:** Students will not be allowed to graduate until all client charts have been resolved; meaning, the client chart has either been closed or transferred to a continuing student.
Step 5: Final Competency Assessment

In order to assess students’ attainment of Student Learning Outcomes at the completion of the Master’s program, students have the option of: 1) demonstrating they have passed the national licensing exam; or 2) submitting a completed Portfolio of MFT Theory and Practice to the faculty by July 15th of the second year. The completed portfolio should include documentation of students’ attainment of all Student Learning Outcomes. See Chapter 3 of this Handbook for complete information about Portfolio submission.

To be eligible to submit a Portfolio, a student must:

1. Be maintaining matriculation or enrolled in their last Block 8/9 of course work
2. Not be on academic probation or suspension
3. Have a cumulative grade point average of 3.0 or higher
4. Have completed at least two consecutive practicum courses

Step 6: Graduation

To be eligible for graduation students must complete the following:

1. Successfully completed all 60 credits of course work with a minimum GPA of 3.0 (See note below)
2. Successfully pass the national exam or complete the portfolio review
3. Pass the Clinical Demonstration and Position Paper
4. Completed 300 hours of direct client contact with at least 40% of those hours being relational (as documented by the Clinical Director)
5. Completed 100 hours of clinical supervision, 50 of which will be based on observable data
6. Completed an application for graduation
7. Complete the graduation checklist and obtain all necessary signatures (See section on Program Completion)

Note: All students are required to achieve a minimum GPA of 3.0. Only two C grades are permitted in the graduate program. A third grade of C or below will result in suspension or dismissal from the program. No MFT Specialization course (see Table 2 below) can be accepted with a grade below 80%. A student receiving a C+, C-, or C may repeat a graduate course once. A maximum of two courses may be repeated. Any grade below a C- is grounds for dismissal from the program. Additionally, students have a maximum of six years from the entrance date to complete the program and graduate.
Students must apply for graduation within six months of their anticipated graduation. Applications for graduation are found on the university website and are available from the registrar’s office. Graduation fees will appear on your bill from the university. **Even if you do not plan to participate in graduation activities (e.g., commencement) you must still apply for graduation.** Information will be sent to you regarding ordering of the hood, cap, and gown. You will receive your diploma and be hooded at the University commencement ceremony. The University holds one commencement ceremony a year. Students graduating in December of the preceding year, February, May or August are invited to attend that ceremony.

**Post-Graduation: Professional Licensure**

The majority of students entering the MFT program desire to provide direct mental health care services to individuals, couples, and/or families upon graduation. In order to practice as a marriage and family therapist within the State of Iowa, as well as most other states in the US and countries abroad, one must obtain a license through a government agency. In Iowa, the Iowa Department of Public Health, Board of Behavioral Science, Bureau of Professional Licensure administers licensure for MFTs (Licensed Marital and Family Therapist, LMFT). MFT program graduates are required to pass a written examination and accumulate significant post-graduate, supervised clinical experience to be eligible for full licensure. See Appendix A for a summary of the LMFT licensure processes.
Chapter 3: Academic Requirements for M.A. MFT Program

The MFT master’s program is a 60-credit-hour program of study, including an intensive 12-month minimum practicum of at least 300 client contact hours. Marriage and Family Therapists are employed in a wide variety of settings, such as social service agencies, churches, private family therapy practice, and mediation/consultation companies. The Master’s program in MFT is focused on developing students’ skills for direct clinical work with individuals, couples, and families.

The MFT Master’s program operates from a competency-based educational philosophy, with the goal of facilitating students’ development toward demonstrating clinical competence and obtaining the designation of Licensed Marital and Family Therapist. The Association for Marriage and Family Therapy (AAMFT) has recently published a comprehensive description of the core competencies for MFTs at the time of licensure (see Appendix B for complete list of the 128 core competencies). These core competencies are closely related to the Practice Domains of the Association for Marriage and Family Therapy Regulatory Boards (AMFTRB), the body that governs the national examination process for LMFTs (see Appendix A for licensure information).

Within each course in the MFT program, students will be expected to demonstrate attainment of specific competencies; course grades will reflect students’ developing competence. The practicum experience then becomes the capstone of the Master’s program, allowing students to put into practice the theory and skills they have learned under the close supervision of faculty. Students then continue their professional development and attainment of competencies during the post-graduation clinical experiences and supervision necessary to fulfill licensure requirements. This is most often accomplished in the context of full or part-time employment in the mental health field.

Program of Study

The Master of Arts in Marriage and Family Therapy is a 60-credit-hour thesis or non-thesis program. Table 2 contains the courses required for the MFT program. See Appendix C for suggested schedules of courses for full-time students throughout program completion. Part-time students, and others with unique scheduling needs, should schedule a meeting with the MFT Program Director during the first block in order to determine the best degree plan design to meet student needs and program requirements.
Table 2: Summary of MFT Program Requirements

<table>
<thead>
<tr>
<th>Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MFT Specialization Courses Required for Practicum</strong></td>
<td></td>
</tr>
<tr>
<td>MF 503 Family Systems</td>
<td>3</td>
</tr>
<tr>
<td>MF 518 Models of MFT</td>
<td>3</td>
</tr>
<tr>
<td>MF 569 Ethical and Professional Issues in MFT</td>
<td>3</td>
</tr>
<tr>
<td>MF 545 Micro-counseling</td>
<td>3</td>
</tr>
<tr>
<td>MF 546 Pre-practicum</td>
<td>3</td>
</tr>
<tr>
<td>MF 582 Models of Couples Therapy</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18 Hours</strong></td>
</tr>
<tr>
<td><strong>General Courses</strong></td>
<td></td>
</tr>
<tr>
<td>MF 524 Human Development</td>
<td>3</td>
</tr>
<tr>
<td>MF 550 Systemic Sex Therapy</td>
<td>3</td>
</tr>
<tr>
<td>MF 626 Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td>MF 602 Cross Cultural Families</td>
<td>3</td>
</tr>
<tr>
<td>MF 640 Research Methods</td>
<td>3</td>
</tr>
<tr>
<td>MF 671 Therapeutic Methods with Parents &amp; Children</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18 Hours</strong></td>
</tr>
<tr>
<td><strong>Elective Courses (4 Required)</strong></td>
<td></td>
</tr>
<tr>
<td>MF 571 Play Therapy</td>
<td>3</td>
</tr>
<tr>
<td>MF 605 Neuroscience for MFT</td>
<td>3</td>
</tr>
<tr>
<td>MF 665 Play Therapy Application and Theory</td>
<td>3</td>
</tr>
<tr>
<td>MF 655 Spirituality and the Family</td>
<td>3</td>
</tr>
<tr>
<td>MF 677 Entrepreneurship in MFT</td>
<td>3</td>
</tr>
<tr>
<td>MF 695 Thesis Direction*</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12 Hours</strong></td>
</tr>
<tr>
<td><strong>Clinical Courses</strong></td>
<td></td>
</tr>
<tr>
<td>MF 590 Practicum I</td>
<td>4</td>
</tr>
<tr>
<td>MF 690 Practicum II</td>
<td>4</td>
</tr>
<tr>
<td>MF 692 Practicum III</td>
<td>4</td>
</tr>
<tr>
<td>MF 701, 702, 703 Practicum IV (hours completion)</td>
<td>1-3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12 Hours</strong></td>
</tr>
<tr>
<td><strong>Total Program Requirement</strong></td>
<td><strong>60 Hours</strong></td>
</tr>
</tbody>
</table>

*Students wishing to do a Thesis may take the Thesis Direction course as an elective. See Appendix D and speak with the Program Director for more information.
Chapter 4: Final Competency Assessments for M.A. in MFT

Students in the MA MFT program are required to complete a “capstone” project before they can be recommended for graduation. Students have two options to satisfy this requirement. The first option is for the student to take and pass the national exam. **This is the option the faculty recommends since students will not be able to obtain a temporary license until this exam is passed.** The second option is to complete a portfolio (see below).

The Board of Behavioral Science will allow an applicant for a temporary license to take the national examination prior to graduation. If students choose this option they need to submit the application for licensure, pay the application fee, and submit a letter of good standing from the Program Director, which states that the applicant is in the final three months of his or her educational program. This letter must include the expected date of graduation.

**Deadlines:**
April 1st - Request letter of good standing
April 10th - Submit application and pay fee
May 1st - Register for the exam
June - Take the exam

Scores are available within four weeks after the close of the testing window and a copy must be turned in to the Program Director as proof of passing. Even after the exam has been passed, a temporary license will not be issued until an official transcript and all other required documentation has been received by the Board office. Employers require applicants to have a temporary license before being hired, which is why this is the recommended option.

**Note:** Students who take the national exam and fail will be given the option of completing a portfolio to meet graduation requirements.

**MFT Theory and Practice Portfolio-M.A.**

The MFT Theory and Practice Portfolio serves three primary functions:

1. It is an opportunity for summative feedback to facilitate students’ development post-graduation
2. Summative evaluation of students’ competence at final review
3. Formative feedback for program faculty and instructors as themes and patterns of learning are observed over time
Portfolio Review
Satisfactory review will result in students’ approval by the MFT program for graduation, upon completion of required clinical contact hours, and any other remaining requirements. **For those who choose this option, a paper copy of the portfolio is due and turned in to the Program Director at the end of the student’s second year on the 1st of July.** The review serves as a summative evaluation of students’ demonstration of clinical competence and all Student Learning Outcomes. Further, students may receive summative feedback from faculty to facilitate their postgraduate professional development and progress toward licensure. **Table 3** links the Student Learning Outcomes to Portfolio products.

**Students should note that earning an acceptable overall grade for a given course does not necessarily mean that the Portfolio product completed within the course is adequate to demonstrate Student Learning Outcomes.** Grades for courses within the Department are generally assigned based on a combination of products, including exams, papers, participation, etc. Students are offered feedback on all course products and should, therefore, incorporate this feedback into revisions of Portfolio products if necessary to demonstrate achievement of the identified Student Learning Outcomes prior to submission.

Products for Portfolio Review
The following products (Table 3) and materials should be added to the candidate’s portfolio for the review.

1. Clinical assessment, case conceptualization, and treatment plans from MF 503 – Family Systems; MF 671 and MF 546 Pre-practicum Professional development plan from MF 569 – Ethical and Professional Issues in MFT
2. Theoretical Competence, MF 518- Models in MFT
3. Cultural Competence - & MF 602
4. Live interview and live interview evaluation from MF 545 – Micro-counseling
5. Research proposal from MF 640 – Research Methods
6. Trainee Evaluation Form from MF 590 – Practicum I, MF 690 – Practicum II and Practicum III.
7. Clinical Demonstration and Position Paper (See description below for this paper)
Table 3: Portfolio Products and Corresponding Student Learning Outcomes

<table>
<thead>
<tr>
<th>Portfolio Products</th>
<th>SLOs Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Clinical assessment, case conceptualization, and treatment plan from MF 503 –</td>
<td>SLO 1, SLO3-SLO5</td>
</tr>
<tr>
<td>Family Systems; MF 524 Human Development; and MF 546 Pre-practicum</td>
<td></td>
</tr>
<tr>
<td>Theoretical, -MF 518 – Models of MFT</td>
<td>SLO 1-3, SLO 5</td>
</tr>
<tr>
<td>Culture/Diversity- MF 602</td>
<td></td>
</tr>
<tr>
<td>Professional development plan from MF 569 – Ethical and</td>
<td>SLO3</td>
</tr>
<tr>
<td>Professional Issues in MFT</td>
<td></td>
</tr>
<tr>
<td>Live interview and live interview evaluation from MF 545 –</td>
<td>SLO4, SLO5</td>
</tr>
<tr>
<td>Micro-counseling</td>
<td></td>
</tr>
<tr>
<td>Research proposal from MF 640 – Research Methods</td>
<td>SLO2</td>
</tr>
<tr>
<td>Trainee Evaluation Form from MF 590 – Practicum I and MF</td>
<td>SLO1, SLO4-SLO5</td>
</tr>
<tr>
<td>690 – Practicum II and Practicum III</td>
<td></td>
</tr>
<tr>
<td>Clinical Demonstration and Position Paper</td>
<td>SLO1, SLO3-SLO5</td>
</tr>
</tbody>
</table>
Clinical Demonstration and Position Paper

Regardless of whether the national exam option is taken, all students will complete a Clinical Demonstration and Position Paper. The Clinical Demonstration and Position Paper (CDPP) is an opportunity for you to demonstrate your own personal integrated approach to therapy, which you will have developed over the course of the program. The CDPP is due May 15th in the student’s second year.

The CCDP should be theory driven and illustrate how you apply the major models of marriage and family therapy to assessment, intervention, and determining outcomes with clients. In the process of developing your position, you will also have the opportunity to reflect on (and integrate) your approach to handling ethical concerns and demonstrating cultural competence. This is a major paper that you should be working on throughout your time in the program, beginning with your first classes in your first year.

Students are expected to pass the CDPP on the first attempt; however, in the event that a student fails the first attempt they will be given one opportunity to resubmit the paper. If a student fails the second submission they may be asked to exit the program.

Opening Thoughts

The MFT program faculty is interested in seeing specifically how you integrate ideas, concepts, and models into a coherent approach to therapy. The process by which you arrive at your preferred model requires conceptualizing client problems, intervening accordingly, and evaluating the outcomes and fit of that process with your personality over time, while making adjustments and ultimately starting the process all over again. It is not expected that you will have a solid and sure model of therapy at the time that you write this paper, or even when you leave this program. A practitioner’s model of therapy develops as he or she gains more and more experience over the course of years, not months. Accordingly, the final paper is a “snapshot” of your progress at the time of graduation, not a capstone of your professional development. Keep this in mind as you struggle to develop a well-rounded, clear, and articulate description of your model of therapy.

Position Paper Outline (Use these as headings in your paper)

Orienting views. This section is used to establish the lens through which the student prefers to see the world, and which influences their choice and use of specific theories. In this section students should articulate their views about human nature, value systems, how we “know” things, etc. This can be accomplished by identifying and elaborating on a preferred worldview, such as post positivism or constructionism. For students in this program, this section must at least provide a description of the underlying assumptions and concepts that arise from the application of systems theory. In addition, in this section students should outline what constitutes healthy human and relational functioning (i.e., How do we know a person/relationship is healthy?). This section will educate the reader about what you bring to the table before trying to apply theory to your work with clients.
Theory of therapy. This section of the paper is where an integrated model of therapy is delineated. The theory of therapy can represent and integrate more than one model of therapy; however, for this to be effective the integration should reveal a coherent approach to therapy without conflicting assumptions. This section should be oriented around three major subsections. 1) How do problems develop and what do you assess to determine whether these problems are present; 2) What interventions do you use to address these problems in the therapy session; and 3) What do you look for to determine whether change has taken place after intervention?

Application. As Thomas Edison said, “The value of an idea lies in the using of it.” Students will need to show how their model of therapy outlined above was used with two unique clients systems, at least one of which must be relational (i.e., couple, family, etc.). While the model of therapy section exhaustively details the core assumptions and practices of your approach to therapy, this section only requires that student demonstrate which aspects of the model were applied to these specific clients. Please outline what you actually did with these clients and how it fits with your model (not what you should have done or wished you could have done). As needed you should include other aspects of client care such as medication management, collaborative care, ethical issues, cultural competence, etc.

Strengths and weaknesses. Include a subheading where you frankly discuss your weaknesses and strengths as a therapist at this point in your development. Keep in mind that all therapists have weaknesses and awareness of them is much more important than exorcising them immediately. Outline your strengths as well, showing what you believe are the assets you possess that will allow you to become an effective therapist. Also, discuss what the “next steps” are in your personal professional development.

Clinical assessment, case conceptualization, and treatment plan. For the relational case described in narrative form above, also include a clinical assessment, case conceptualization, and treatment plan, using the forms provided by Gehart. The information contained on these forms should be consistent with, and provide support for, the narrative versions included in the paper. Students are not required to include a genogram of the client system.

Clinical Demonstration
The last two weeks of MF 692 - Practicum III will be reserved for the presentation of the CDPP. This presentation will be limited to 30 minutes or less and must be based on live video data that is used to demonstrate how your theory was applied to key aspects of therapy (i.e., assessment, intervention, termination) for one client unit. The demonstration clips do not need to be extensive (usually three to five minutes each is enough) and must be supported with contextual information provided by the student therapist during the discussion portion of the presentation.

Live video data is defined as one of the following: 1) Video recording of a client session with the therapist; 2) Transcribed content from a video or audio recording of the session acted out in a video role play; or 3) Written content reconstructed from notes or memory of the session and acted out in a video role play. Students will provide each member of the practicum class with a copy of the CDPP for review prior to the presentation. All students and faculty are invited to the clinical demonstration.
Project Process

The CDPP is developed throughout your time in the marriage and family therapy program. During the first year courses (MF 503 and MF 518) students are exposed to material that can be used to write the Orienting Views section of the paper. These courses also provide the knowledgebase for selecting a model of MFT that can be applied to your work with clients. MF 602 includes opportunities for reflection on your cultural competence and MF 569 will help you determine how to approach ethical issues in therapy.

Likewise, the practicum experience will provide ample opportunity to apply models of MFT, as well as to assess, conceptualize, and plan cases. Students should become familiar with the requirements of the CDPP early in the program and be mindful early in the practicum experience of what clients might best illustrate the application of their model of therapy. It would be useful to ask “How can the material I am learning be used to support my position paper?” during each class that students complete.

Additional Guidance and Requirements

- Do not use abbreviations for adult female (AF) and adult male (AM), etc. in the body of the paper. Instead provide a pseudonym for the client and use this consistently. This greatly improved readability. Students may use the AF/AM abbreviation in the clinical assessment, case conceptualization, and treatment plan if they so desire.
- The paper should be at least 18-23 pages.
- Becvar & Becvar and the Nichols texts are excellent references that can be used to develop the content of your paper. However these should not be considered “primary sources” to support your understanding of models.
- APA Style (6th edition) is required for this paper.
- Include a list of references at the end of your paper. This should include knowledge of the primary sources that support you model of therapy, as well as any other sources used to support your arguments.
- Students who have difficulty with writing should seek outside help before submitting a final copy. The university provides writing support through the ACE office.
- A final copy, with supporting documentation, must be included with your portfolio.
- In order to pass the CDPP all faculty must agree that the paper meet the requirements. The clinical demonstration is rated by all attendees and scores are reviewed by the supervising faculty. An average score above 4 (of 7) on the rating scale is required to pass the clinical demonstration portion.
Chapter 5: M.A. Clinical Practicum

MFT M.A. students begin practicum during the second year of the program. Although all courses serve to prepare students for clinical practice, six courses contain specific prerequisite knowledge for the MFT practicum: MF 503, MF 518, MF 545, MF 546, MF 569, & MF 582. Any clinical deficiencies are addressed and remediated through on-going instructional activities and course evaluations in the six clinical preparation courses. Students who have not demonstrated minimal clinical competencies necessary to begin work with clients will not be permitted to enroll in practicum courses. Once all requirements and approvals have been fulfilled students must submit the Application for Practicum (Appendix E) and the appropriate Practicum Agreement (Appendix F).

Students may request an exception to the above stated policy, with the intent of starting practicum before all prerequisites have been completed. In such a case the student must be at least registered for any remaining pre-requisite courses and will submit a formal letter to the Clinical Director explaining the circumstances that require an exception and documentation of their qualifications that would support a positive decision. The faculty will review the letter and return a decision to the student indicating whether an exception will be granted.

Students are expected to complete a minimum of a continuous 12-month practicum experience in the Olson Marriage and Family Therapy Clinic, a clinical facility approved by the program or a combination of the two. The practicum site must be cleared by the Clinical Director and paperwork submitted and approved, prior to beginning the practicum. All practicum students will be required to see as many as 5 clients hours per week, per block at the Olson Clinic. In addition, students using the Olson Clinic as their practicum site (this includes seeing clients at the main campus) will be required to participate in 4 clinic marketing events during their year long practicum. (If the practicum site will allow it, student may start seeing clients after they begin MF 546, which may extend the practicum experience beyond the 12-month minimum.) Supervision is a critical element of the practicum process. Interns will receive weekly supervision from an on-campus supervisor as well as a supervisor affiliated with any off-campus placement. The on-campus supervisors will be AAMFT-approved supervisors or the equivalent in order to provide supervision for MFT students. Supervision is provided individually and in group formats utilizing live observation, video or audiotape recordings, and case report modalities.

Hours:
To graduate from the program students must have completed a minimum of 300 clinical contact hours, of which at least 120 hours (40% of 300) must be relational (i.e., couple or family therapy). Additionally, students must have a minimum 100 hours of supervision, of which 50 must be based on observable data. Supervision hours and clinical hours are calculated separately. Supervision hours only count toward this requirement if the supervisor is AAMFT or a LMFT state approved supervisor, i.e. not all off site supervision “count” toward hours, though it is legally required to have direct supervision to practice at an off-site.
Requirements for practicum will be reviewed in the practicum orientation process at the start of the first 15-week practicum block. Attendance at the practicum orientation meeting is mandatory. Students are strongly encouraged to communicate regularly with their supervisors and program faculty about any practicum questions. Note: Although Iowa only requires 300 hours, some states require as many as 500 clinical hours to become eligible for a temporary license. Accordingly, if you plan to move to another state after graduation be sure to look up their licensure requirements and plan accordingly.

Students are responsible for recording and getting verification of client contact and supervision hours and turning in all required documentation at the end of each practicum block (see Appendix G, Appendix H, and Appendix I). The deadline for Practicum I paperwork is December 1st; for Practicum II the deadline is May 15th; and for Practicum III the deadline is August 1st. If students do not submit all practicum paperwork on time they will be subject to the following:

1. If the required practicum forms due are not received by the Clinical Director by the final due date students will receive an “in progress” grade for practicum.
2. In accordance with MMU policy students will then have 30 days to complete any outstanding course work (in this case the practicum forms).
3. If after 30 days the forms have not been received the student’s grade will automatically be changed to an F.
4. If the grade is changed to an F the student will be required to take that practicum course over again before being approved for graduation.

As a "student therapist," you can be held responsible for the results of your professional activities. Each practicum student must obtain professional liability insurance, which is designed to provide coverage for suits of malpractice error or omissions in the performance of your duties whether actual or alleged. Students must have insurance prior to signing up for practicum courses. Students must provide the Clinical Director with verification of liability insurance before the first practicum. No student therapist may see clients without having insurance. Insurance may be obtained through a number of agencies; however, as a benefit of membership in the AAMFT, students enrolled in a MFT program will receive their liability insurance at no cost. Membership and insurance applications are available on the AAMFT website (www.aamft.org) and are due during pre-practicum experience.

Definitions of Hours for Mount Mercy and AAMFT

Therapy Hours
Clinical Contact Hours “...are defined as therapist and client therapeutic meetings in the same physical location. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family, but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. A 45-minute therapy session must be counted as 45 minutes, not one hour or as a contact hour” (COAMFTE Version 12 Standards). The program utilizes a 50-minute client contact hour.
Individual Clinical Hours are defined as a therapist working with one individual in the therapy room.

Relational (Couple or Family) Clinical Hours are defined as a therapist working with two or more people in the room who define themselves as a couple or family. When the two or more people do not define themselves as a couple or family, the therapist consults with the supervisor to determine which category the therapy best fits for reporting purposes.

Note: Alternative clinical activity hours do not count toward the required 300 hours. Alternative hours are defined as couple or family groups, reflecting teams during live supervision, and activities that are purely psychoeducational in nature (e.g., community presentations).

Supervision Hours
Individual Supervision is defined as one or two students meeting with a supervisor to review clinical work.

Group Supervision is defined as three to eight students meeting with a supervisor to review clinical work.

Observable Data is defined as review of audio or video recordings, or watching a session as it occurs. The time during which a session is viewed by the supervisor and any additional time spent discussing the case all count under the category of observable data. As an example, if a student showed a 30 minute clip of a recorded session, followed by 30 minutes of discussion with the supervisor, the entire 60 minutes would count under observable data.

Case Report is defined as receiving supervision on cases without the use of observable data.

Note: If a student is being observed during a therapy session, they may count that as both supervision with observable data and clinical contact. Additionally, “supervision may utilize secured digital technology in which participants are not in the same location. The majority of supervision must be with both participants physically present. A 45-minute supervision session must be counted as 45 minutes, not as one hour or a contact hour (COAMFTE Version 12 Standards).” The program utilizes a 50-minute supervision hour.
Site Selection
The Olson MFT Clinic continues to grow each year and you are required to see up to 5 client hours each week, of which 3 hours need to include one weeknight and/or Saturday hours. Students are encouraged to also provide clinical services in Practicum at an off-campus clinical facility. The Program Director and Clinical Director may provide guidance in selecting Practicum sites; however, it is the student's responsibility to secure a site. Selecting the most appropriate site is essential for gaining the most benefit. You may wish to visit some of the sites early in your program to gain information about potential placements for the future.

Students are expected to commit to their practicum site for the minimum of twelve months of practicum, regardless of how long it takes to accumulate 300 hours of client contact. This gives the sites greater benefits from the training opportunities they are providing and allows them to plan more effectively. If interns encounter difficulties or a lack of fit with the site, arrangements can be made with the Program Director and Clinical Director to change sites. Students must inform the Clinical Director of any decisions involving changes to the student’s practicum site arrangement.

MFT practicum sites must meet accreditation requirements for supervision and type of client contact available for students. After students have identified sites of potential interest, they should call or email the contact person for the practicum site to find out if the site is accepting interns at that time. If the site is accepting interns, students should follow the site’s application process. This process will likely include the submission of a resume and an interview. Students should approach this process as a job interview (e.g., dress professionally; arrive on time, follow-up interview with a – thank you note, etc.).

If a student wishes to complete his or her practicum requirements at a site other than those recognized by the program, he or she should work closely with the MFT Program Director and Clinical Director to develop a practicum site and ensure that the practicum meets all program requirements.

Evaluation in Practicum
MFT practicum courses are graded on a pass/fail scale. Students are evaluated based on engagement and participation in supervision experiences, demonstrated professional and personal growth, demonstration of clinical competence and their timely accumulation of client contact hours. Students will also produce a Clinical Demonstration and Position Paper in the last practicum course before graduation.

Students who do not complete the required number of client contact hours will be given an IP (in progress) grade until the hours are completed. Depending on the number of hours remaining, students may have to register for another term of Practicum (Table 4) or complete their hours within a prescribed period of time and then get a change of grade. In order to have the IP removed and the grade changed to a Pass, students must schedule a meeting with the supervisor who assigned the IP grade. Students should bring a grade change form and documentation of fulfillment of course requirements to the MFT Program Director. Any grade other than a passing grade in Practicum III will result in a student not being able to graduate in August.
Students will receive ongoing feedback from supervisors throughout their practicum experiences. Supervisor feedback is intended to be constructive and facilitate students’ professional and personal development. At the end of each 15-week block of practicum, an evaluation of trainee’s developing clinical competence is completed by the on-campus supervisor utilizing the Trainee evaluation Form (see appendix) and by the off-campus supervisor (if applicable) on paper (Appendix G). These evaluations are intended to provide students with feedback about their developing clinical competence, which facilitates the formulation of goals within the next supervision course. Students provide feedback about their on-campus supervision experience at the end of each practicum block (Appendix H). Students with an off-campus practicum will also complete an evaluation of their off-campus supervisor and site. Additionally, students are required to complete a Practicum Clinical Experience Summary form for client contact and supervision at the Olson MFT Clinic, as well as at any off-campus placements (if applicable, Appendix I).

**Continued Enrollment in Practicum**

A Satisfactory evaluation in MF 692 – MFT Practicum III, signifies completion of all internship requirements for the MFT Master’s program. Students who have not completed all requirements will receive an IP (in progress) grade for MF 692 and be required to register and pay for additional practicum credits based on the cut-off points in Table 4.

**Table 4: Registration Schedule for Practicum Enrollment after 3rd Practicum**

<table>
<thead>
<tr>
<th>Client Contact Remaining</th>
<th>Register for Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 or more</td>
<td>MF 703, MFT Practicum IV</td>
<td>3</td>
</tr>
<tr>
<td>99-50</td>
<td>MF 702, MFT Practicum IV</td>
<td>2</td>
</tr>
<tr>
<td>49-30</td>
<td>MF 701, MFT Practicum IV</td>
<td>1</td>
</tr>
<tr>
<td>&lt;29</td>
<td>No Course - December Graduation</td>
<td>0</td>
</tr>
</tbody>
</table>
Chapter 6: MFT Program/Graduate Policies and University Resources

Masters: Formal Graduate Student Evaluation and Feedback
At the end of the first year (the end of Pre-Practicum) students will have submitted all required materials and requested permission for proceeding to second-year status and clinical work. This review of candidacy material happens in August. This serves as the first formal review period. (See Candidacy Checklist)

During the second year, the MFT faculty evaluates the progress of students at the end of each 15-week practicum block (Dec., March & August). To allow the faculty to consider important contextualizing information, students should keep their supervisor and/or program director apprised of any problems that might be impacting their performance in the program.

Evaluations are “satisfactory,” “marginal,” and “unsatisfactory.” Most students receive satisfactory evaluations as they progress in their program. Students who receive “marginal” or “unsatisfactory” evaluations are given specific feedback as to why they received the evaluation and requirements for remedying the deficiency.

Evaluations are conducted by the full faculty body, at the four review periods mentioned previously. The evaluation consists of the students academic, clinical skills and competency, self-of-the therapist and other criteria outlined below. Each student will receive a formal letter with the review outcome and requirement for remediation (if needed). A copy will also be placed in the student’s file.

Students who have concerns regarding their evaluation can discuss it with their supervisor or the program director. It is important to note that students who receive more than one unsatisfactory or marginal evaluation may be dismissed from the Program. The program reserves the right to dismiss a student at any point outside this structure if concerns are deemed potentially harmful and/or dangerous to the student or clients and best outcome for the safety of the student or clients.

The MFT faculty has established the criteria listed below for determining what constitutes “satisfactory,” “marginal,” and “unsatisfactory” progress. (Not all criteria applies to all students depending on time in the program.):
Satisfactory:

- Satisfactory program participation and involvement
- Completing coursework on the timetable consistent with your program of study (full-time vs part-time)
- Passing core courses with B- (80%) or higher
- Satisfactory Clinical Development and Case Conceptualization (Assessed using CC, TP & CA rubrics in relevant courses, TEF and faculty, supervisors/clinical director reports)
- Satisfactory management and timeliness of Clinical Paperwork (including notes, treatment planning, terminations/closing cases, case management, scheduling, documenting, etc.) (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Satisfactory and professional adherence to Clinic Policies (mandatory reporting, HIPPA, social media, etc-All policies outlined in the Olson Manual). (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Satisfactory Professional and Ethical Behaviors (adhere to the AAMFT Code of Ethics and all other professional standards; professionalism policies outlined in the Olson & Program handbooks) (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Satisfactory Self of the Therapist progress (assessed by Trainee Evaluation Form (TEF) and faculty, supervisor’s, clinical director report)
- Satisfactory development of PROFESSIONAL MARRIAGE AND FAMILY THERAPY PRINCIPLES Core Competencies. (Assessed in coursework, final project rubrics, TEF, and faculty, staff, supervisors/clinical director reports)
- Appropriate and professional communication with program faculty and staff/ and clients/ and fellow students
- Satisfactory contact and interaction with clinical supervisor(s)
- Acceptable performance in student “worker” positions
- Progress towards completing thesis, clinical demonstration, and portfolio
Marginal:

- Lack of program participation and involvement
- Lack of progress in completing coursework/attendance concerns
- A grade below a “B-“ in any course
- Inadequate and/or difficulty Clinical Development and Case Conceptualization (Assessed using CC, TP & CA rubrics in relevant courses, TEF and faculty, supervisors/clinical director reports)
- Inadequate and/or difficulty with management and timeliness of Clinical Paperwork (including notes, treatment planning, terminations/closing cases, case management, scheduling, documenting, etc.) (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Inadequate and/or difficulty with professional adherence to Clinic Policies (mandatory reporting, HIPPA, social media, etc-All policies outlined in the Olson Manual). (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Inadequate and/or difficulty with Professional and Ethical Behaviors (adhere to the AAMFT Code of Ethics and all other professional standards; professionalism policies outlined in the Olson & Program handbooks) (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Inadequate and/or difficulty Self of the Therapist progress (assessed by Trainee Evaluation Form (TEF) and faculty, supervisor’s, clinical director report)
- Inadequate and/or difficulty with the development of PROFESSIONAL MARRIAGE AND FAMILY THERAPY PRINCIPLES Core Competencies. (Assessed in coursework, final project rubrics, TEF, and faculty, staff, supervisors/clinical director reports)
- Minimal contact with clinical supervisors (on and off-site)
- Minimal contact with (thesis, project) chair and committee members
- Poor performance in student employee positions
- Concerns about being unreliable, unprepared, unprofessional or unethical
- Thesis project Proposal not approved
- Little progress toward completing thesis, clinical demonstration or portfolio
- Poor communication/emails with program faculty and staff/ clients /fellow students (not responding within 24 hours, etc.)
- Other specific faculty concerns
Unsatisfactory:
- All points in marginal rating can become unsatisfactory depending on the severity of the problem
- Serious difficulty with coursework/attendance
- Failure to resolve any problems or fulfill any requirements indicated in a previous review/remediation plan
- A grade of “B-“ in any two courses in one semester or a “C” in any core course.
- Non-passing grade in any practicum
- Violations of ethical or professional behavior
- Other specific faculty concerns

Termination of Graduate Status
Termination of graduate status may result if a student:

1. Fails to fulfill the university’s minimum registration requirement.
2. Requests to withdraw (with the intent to pursue a degree at another university, for personal reasons, or in response to program recommendation).
3. Receives a marginal or unsatisfactory rating in a periodic review by the academic program and is unable or unwilling to comply with conditions for continuance outlined by the program.
4. Receives two marginal or unsatisfactory ratings in the periodic reviews by the faculty.
5. Fails to make what the program or the university deem to be satisfactory progress toward a graduate degree.
6. Is deemed by the faculty to be unable to fulfill the requirements and responsibilities needed to provide competent and ethical care for individuals, families, and couples as a licensed Marriage and Family Therapist.

Program Completion
The MFT program has a number of requirements that fall outside of the regular program of study. In order to be cleared for graduation, students must complete all requirements, even those that are not associated with coursework (e.g., the CDPP). To aid students in the process of ensuring they are cleared to graduate, the MFT program has prepared a checklist students must complete and turn into the Program Director (Appendix J) before they will be allowed to graduate. Each requirement has a signature line next to it with the title of the person who needs to sign the form. Once all signatures have been obtained students will turn this into the Program Director, who will then notify the registrar the transcript should denote that the degree has been awarded.
Policies

Data Collection
Each year in the spring and summer the MFT program conducts a number of surveys to gather data that can be used to aid in decision making during the August Faculty Retreat. Students are surveyed to determine their satisfaction with the program, faculty, university services, etc. Alumni and employers are asked to report information concerning satisfaction with training, national licensing examination pass rates, licensure rates, employment, and employer satisfaction. Data is gathered by sending invitations through Survey Monkey to all students, alumni, and employers for whom contact information is available. Before the retreat, the faculty also contacts the registrar’s office to determine graduation rates.

Recruitment
The Marriage and Family Therapy Program at Mount Mercy University utilizes a targeted recruitment strategy to find highly qualified and motivated individuals to enter the program. Although students of all educational backgrounds are welcome, the MFT program was developed with non-traditional, working-adult students in mind. To accommodate those who may be interested, the MFT program conducts two information sessions per year in the evening after regular business hours. The MFT program also uses a combination of social media and paid advertising in the Midwest region to attract new students.

Anti-discrimination
The MFT program works to support the university’s efforts to promote diversity, and in accordance with the policy outlined in the Mount Mercy University Student Handbook the MFT program “…does not discriminate based on sex, race, color, creed, religion, national origin, age, disability, sexual orientation, gender identity or genetic information in regard to admissions, programs, activities or employment.”

Admissions
The MFT program facilitates admission of non-traditional students by accepting applications year round, having no entrance exam, and requiring no specific undergraduate coursework. Students’ admission applications are considered complete after the Graduate Admissions office has received and processed the applications, transcripts, two professional letters of reference (three letters for the doctoral program), and a group or personal interview has been conducted by the Program Director and core faculty. After the students’ application materials are complete they are reviewed by the Program Director, core faculty and Graduate Programs representatives to determine admission status.

Retention
The MFT program wants success for each of the students who enter the program and works to facilitate graduation and program completion. The program fully avails itself of the services offered by the University. As stated on the University’s Faculty and Staff Resources webpage “The Director of Retention is available to assist students in many key ways: a) Explore and address factors affecting their academic performance or progress and assist them in accessing campus resources and planning for future success; b) connect with academic and support resources and stay engaged in their college experience; c) communicate effectively with their instructors; d) sort
out factors that contribute to them considering leaving MMU and assist them in gathering information and identifying and evaluating their options; and e) make recommendations for addressing barriers they face that may impede upon their academic success such as such as poor grades, difficulty finding motivation, class attendance issues, etc.”

Remediation and Program Separation
When concerns are raised about a student therapist’s ability or professionalism, remediation may be necessary and the process will be initiated by the MFT program faculty. In such cases the MFT program faculty will convene and discuss the circumstances and determine an appropriate course of action. The outcome of this discussion may be probation, suspension, or dismissal from the program. As noted in Chapter 1, the Program reserves the right to exit anyone from the program at any time at its own discretion. Should probation be the decided course of action, a plan will be developed with the student for improved performance, along with benchmarks that the student must meet. Students may appeal the decision of the MFT program faculty using the graduate program’s grievance procedures.

Correspondence from the Program and the University
Intermittent correspondence is necessary to keep students informed of changes in academic/departmental policies and procedures, as well as other information pertinent to student affairs. Such information may include changes in dates/time of courses or instructions for registration. All University correspondence will come to your Mount Mercy email address. It is imperative that you check this email address frequently. Please change your contact information on MyMountMercy if it changes.

Faculty and Student Governance
The MFT faculty provides governance through specific responsibilities assigned to the various members of the faculty. Each faculty member is required to fulfill the basic responsibilities of an MFT faculty. However, there are also two administrative positions within the program, the Program Director and Clinical Director. Both full-time and adjunct faculty are responsible for delivering instructional content, completing student assessments, and facilitating student progression through the program. The full-time faculty meet twice monthly to provide oversight to the processes and procedures related to curriculum delivery.

Student governance is valued in the MFT program and provides a means for student’s opinions and voices to be heard by the faculty. Each cohort will select a student representative to serve as a conduit to bring student concerns to the attention of the faculty. Likewise the faculty will select a second year student who will be invited to faculty meetings to express student concerns and have a voice in program governance. Cohort representatives communicate their concerns to the faculty designated student representative and may be invited to faculty meetings as needed.

While enrolled in the MFT program, students are encouraged to see these student representatives as a resource for providing feedback to faculty regarding program policies and procedures. Student representative are encouraged to represent the MFT program in IAMFT, under the direction of the IAMFT student/associate representative.
Student Membership in Professional Organizations
All students are expected to become actively involved in the professional organization(s) most closely associated with their interests and program of study. MFT students are required to join the American Association for Marriage and Family Therapy (AAMFT), the organization that acts as advocates for special interests of their members. It is in students’ best interest that their professional organizations be strong, purposeful, and effective in order to advocate for members, the profession, and public interests. Faculty members encourage students to become active, contributing members within their professional organizations. As a student member of AAMFT, students are also members of the Iowa Association for Marriage and Family Therapy (IAMFT). Students will receive ongoing information from the associations regarding AAMFT and IAMFT events and opportunities. Students are strongly encouraged to attend AAMFT and IAMFT annual conferences.

Academic Writing Guidelines
Written communication is vital in our modern society, and students’ success in their educational endeavors will be substantially facilitated by their abilities to communicate clearly in their written assignments. Students will be expected to follow APA guidelines for all assignments. This section of the handbook is intended to provide a brief review of critical elements expected in professional writing for the program, as well as to highlight resources available to students.
Academic Honesty
First and foremost, students are expected to abide by the University’s academic honesty policy, as outlined in the Graduate Academic Integrity Policy:

- Mount Mercy University values integrity and honesty in all aspects of academics and campus life. As part of the academic mission, the University provides definitions for which all students are responsible to know. Specific procedures for handling alleged incidents of academic dishonesty and misconduct are available in the complete Academic Integrity Policy, which is printed in the Good Book on the university website. All MFT program students are responsible for reviewing and understanding these policies.

Students who wish to examine the definition of plagiarism further may find the following websites helpful:
- Research Resources: [www.plagiarism.org](http://www.plagiarism.org)
- Avoiding Plagiarism: [http://owl.english.purdue.edu/owl/resource/589/01](http://owl.english.purdue.edu/owl/resource/589/01)
- Fair Use of Copyrighted Material: [www.utsystem.edu/ogc/intellectualproperty/copypol2.htm](http://www.utsystem.edu/ogc/intellectualproperty/copypol2.htm)

APA Style
Due to the widespread utilization of APA Style in publications across Marriage and Family Therapy professional literature, the MFT Program requires that students apply APA style within all written assignments completed as a part of program requirements. Students’ utilization of APA style prepares them for professional writing across their careers and develops their abilities to be informed consumers of professional literature. Students are required to purchase the latest edition of the Publication Manual of the American Psychological Association, for sale in the University Bookstore or through online booksellers. It is important to note that, although students frequently reference the APA Publication Manual for instructions on documenting sources, APA Style is much more than a referencing guide. The initial chapters of the Manual include valuable writing tips related to avoiding bias in writing, as well as enhancing the clarity of one’s writing. A number of websites have also been devoted to helping students learn APA style, and may be helpful for students as a supplement to the APA Publication Manual.

- Mount Mercy library web page [https://www.mtmercy.edu/citation-assistance](https://www.mtmercy.edu/citation-assistance)
- The Online Writing Lab of Purdue University: [http://owl.english.purdue.edu/owl/resource/560/01/](http://owl.english.purdue.edu/owl/resource/560/01/)

Academic Center for Excellence
Located on the first floor of the Busse Library and offers services that support student academic endeavors. Services such as testing accommodations and access to computer software, as well as help with mastering statistics and writing assistance are available at ACE. Services are personalized, flexible and designed to complement and support academic performance. ACE offers day and evening hours, with weekend appointments available upon request. Students who show unsatisfactory progress in writing in the first two courses will be referred to ACE for follow-up services. Progress toward improved writing for those referred to the ACE will be reviewed in the May Faculty Retreat. A wide spectrum of MMU students use the Academic Center for Excellence, but all have one goal in common: to bring their skills to a new level of excellence. Please call for an appointment as needed.
Graduate Student Grievance Procedure

Grievances may arise in the following areas or situations:

1. Allegations of inadequate supervision or instruction which the student feels hinders his or her ability to function adequately.
2. Disagreement with an evaluation of classroom or clinical performance.
3. Disagreement with faculty’s decision regarding discontinuation of progression in the program(s) in question.
4. Disagreement with faculty or administration decision in other categories that would delay or prohibit progression in the program(s).
5. Disagreements with Mount Mercy administrators and/or Mount Mercy administrative staff members.

Required Steps before Initiating a Formal Grievance

1. Within 15 working days of the alleged injustice the student may initiate a conference with the involved person or persons to determine if he/she can resolve the problem(s) at this level. If the student decides not to initiate such a conference, he/she may not initiate a formal grievance.
2. A response from the involved faculty/administrative personnel to the student must be given within 5 working days.
3. If the student considers the response unacceptable and inconsistent with the alleged injustice, the student is to inform the involved faculty and/or Mount Mercy administrative staff member(s) within five working days that the response is considered unjust.
4. Then, if the student chooses, the student may initiate a grievance conference with the Program Director to whom the faculty/administrative personnel involved is responsible. A response to the student from the Program Director is due within 5 working days of the latter’s receipt of the student’s request for a grievance conference.

Formal Grievance Procedure

1. The formal written “Statement of Grievance” is to be submitted to the Provost within 10 working days following the student’s grievance conference with the Program Director. The student may select an uninvolved faculty member to assist him/her in working through the steps of the grievance procedure.

2. The formal “Statement of Grievance” must include:
   a. the date(s), time(s) of day, and setting relevant to the alleged injustice.
   b. names of the person or persons involved.
   c. the nature of the problem and alleged injustice.
   d. a narrative, objective description of events relevant to grievance.
   e. the student’s previous attempts to resolve the problem and the specific results of those attempts.
   f. objective assessment(s) with documentation concerning specific aspects of the alleged, initial injustice and subsequent responses from involved faculty member(s) and/or administrative personnel.
3. Within 5 working days following step 1 of the formal grievance procedure, the Provost has the responsibility to convene a committee that will hear both sides. This committee shall consist of persons representing the following categories:
   a. Provost, or her representative serves, with no vote, as chair of the grievance committee. All other members shall vote.
   b. One full-time Mount Mercy graduate faculty selected by the student.*
   c. One full-time Mount Mercy graduate faculty member selected by involved faculty or administrative staff member.*
   d. One graduate student representative, selected by the student, from the same class, specialty, or major field as the student.
   e. The Program Director to be replaced by the department chairperson if the Program Director is the involved faculty member.
   f. Mount Mercy’s Equal Opportunity Officer representative, if different from all of the above.

4. Student shall receive the written recommendation of the committee, postmarked no later than 3 working days after the final meeting of the committee. Copies of the recommendation shall also be sent to the involved faculty member and the Program Director.

5. The committee chairperson shall also send the committee’s recommendation to the President, who shall report in writing, normally within 5 working days, his decision to the committee the parties concerned. The President’s decision is final.

*Note: The student and the involved other individual have the responsibility for informing the Provost of the name of each person selected by each of them within 1 working day of the student’s distribution of the Statement of Grievance.
Appendix A: Requirements and Process to Become a Licensed Marriage and Family Therapist (LMFT) in Iowa

The LMFT license in the State of Iowa is administered by the Board of Behavioral Science, Bureau of Professional Licensure (hereinafter, the Board), which operates within the Iowa Department of Public Health. To obtain the LMFT designation, individuals must submit an application, pay an application fee, pass the licensure exam, and document post-graduate clinical experience. **The MFT Program strongly encourages students to complete the LMFT licensure process, and strives to ensure that students are adequately prepared to succeed in their pursuit of the LMFT designation by adhering to the AAMFT Educational Guidelines.**

The following are links to the Iowa law regarding licensure, intended to aid students’ understanding of the steps and requirements for each step. However, students should contact the LMFT Board directly with any questions, and maintain regular contact with the Board as they complete the process. The Board’s webpage (below) includes specific information about requirements, policies, and procedures. Students should review this information carefully prior to initiating the licensure process.

**Contact information for the Board of Behavioral Science Bureau of Professional Licensure:**
321 E. 12th Street
Des Moines, IA 50319-0075
515-281-0254
Fax 515-281-3121
Webpage: [http://www.idph.state.ia.us/licensure/BehavioralScience.aspx](http://www.idph.state.ia.us/licensure/BehavioralScience.aspx)

**Laws and Rules related to marital and family therapy:**

Appendix B: Core Competencies of AAMFT

The marriage and family therapy (MFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of marriage and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess. **The MFT program utilizes the AAMFT Core Competencies as the basis for assessment of Student Learning Outcomes. The competencies associated with each course are listed at the beginning and end of each course syllabus.**
Creating competencies for MFTs and improving the quality of mental health services was considered in the context of the broader behavioral health system. The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: Mental Health: A Report of the Surgeon General; the President’s New Freedom Commission on Mental Health’s Achieving the Promise: Transforming Mental Health Care in America; and the Institute of Medicine’s Crossing the Quality Chasm. The AAMFT mapped the competencies to critical elements of these reports, including IOM’s 6 Core Values that are seen as the foundation for a better health care system: 1) Safe, 2) Person-Centered, 3) Efficient, 4) Effective, 5) Timely, and 6) Equitable. The committee also considered how social, political, historical, and economic forces affect individual and relational problems and decisions about seeking and obtaining treatment.

The core competencies were developed for educators, trainers, regulators, researchers, policymakers, and the public. The current version has 128 competencies; however, these are likely to be modified as the field of family therapy develops and as the needs of clients change. The competencies will be reviewed and modified at regular intervals to ensure the competencies are reflective of the current and best practice of MFT.

The core competencies are organized around 6 primary domains and 5 sub-domains. The primary domains are:

1. **Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.
2. **Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.
3. **Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.
4. **Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.
5. **Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
6. **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional.

Although not expressly written for each competency, the stem “Marriage and family therapists should begin” each. Additionally, the term client is used broadly and refers to the therapeutic system of the client/s served, which includes, but is not limited to individuals, couples, families, and others with a vested interest in helping clients change. Similarly, the term family is used generically to refer to all people identified by clients as part of their family system, this would include fictive kin and relationships of choice. Finally, the core competencies encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations, and promote resiliency and recovery.
Domain 1. Admission to Treatment

1.1. Conceptual skills

1.1.1. Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy.
1.1.2. Understand theories and techniques of individual, marital, family, and group psychotherapy.
1.1.3. Understand the mental health care delivery system and its impact on the services provided.
1.1.4. Understand the risks and benefits of individual, couple, family, and group psychotherapy.

1.2. Perceptual skills

1.2.1. Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context).
1.2.2. Consider health status, mental status, other therapy, and other systems involved in the clients’ lives (e.g., courts, social services).
1.2.3. Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
1.2.4. Consider cultural and socioeconomic factors in mental health service delivery.

1.3. Executive skills

1.3.1. Gather and review intake information.
1.3.2. Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).
1.3.3. Facilitate therapeutic involvement of all necessary participants in treatment.
1.3.4. Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
1.3.5. Obtain consent to treatment from all responsible persons.
1.3.6. Establish and maintain appropriate and productive therapeutic alliances with the clients.
1.3.7. Solicit and use client feedback throughout the therapeutic process.
1.3.8. Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients’ care, and payers.
1.3.9. Manage session interactions with individuals, couples, families, and groups.
1.3.10. Develop a workable therapeutic contract/plan with clients.

1.4. Evaluative skills

1.4.1. Evaluate case for appropriateness for treatment within professional scope of practice and competence.
1.4.2. Evaluate intake policies and procedures for completeness and contextual relevance.

1.5. Professional skills

1.5.1. Understand the legal requirements and limitations for working with vulnerable populations
(e.g., minors).
1.5.2. Collaborate effectively with clients and other professionals.
1.5.3. Complete case documentation in a timely manner and in accordance with relevant laws and policies.
1.5.4. Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.
1.5.5. Draft documents required for treatment, including informed consent, release of information, and intake forms.

Domain 2. Clinical Assessment and Diagnosis

2.1. Conceptual skills
2.1.1. Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); co-morbidities related to health and illness; substance use disorders and treatment; diversity; and power, privilege, and oppression.
2.1.2. Understand the major mental health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
2.1.3. Understand the clinical needs and implications of persons who suffer from co-occurring disorders (e.g., substance abuse and mental health).
2.1.4. Comprehend individual, couple, and family assessment instruments appropriate to presenting problem and practice setting.
2.1.5. Understand the current models for assessment and diagnosis of mental health and substance use disorders.
2.1.6. Understand the current models for assessment and diagnosis of relational functioning.
2.1.7. Understand the limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
2.1.8. Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.

2.2. Perceptual skills
2.2.1. Determine the person or system that is the focus of treatment (i.e., who is the client?).
2.2.2. Assess each clients’ engagement in the change process.
2.2.3. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.
2.2.4. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
2.2.5. Consider the influence of treatment on extra-therapeutic relationships.
2.2.6. Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
2.3. Executive skills

2.3.1. Diagnose and assess client problems systemically and contextually.
2.3.2. Engage with multiple persons and manage multiple levels of information throughout the therapeutic process.
2.3.3. Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
2.3.4. Apply effective and systemic interviewing techniques and strategies.
2.3.5. Administer and interpret results of assessment instruments.
2.3.6. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.7. Assess family history and dynamics using a genogram or other assessment instruments.
2.3.8. Elicit a relevant and accurate biopsychosocial history to understand the context of the clients’ problems.
2.3.9. Make accurate behavioral and relational health diagnoses.
2.3.10. Identify clients’ strengths, resilience, and resources.
2.3.11. Elucidate presenting problem from the perspective of each member of the therapeutic system.
2.3.12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes.

2.4. Evaluative skills

2.4.1. Evaluate assessment methods for relevance to clients’ needs.
2.4.2. Assess ability to view issues and therapeutic processes systemically.
2.4.3. Evaluate the accuracy of behavioral health and relational diagnoses.
2.4.4. Assess the therapist-client agreement of therapeutic goals and diagnosis.

2.5. Professional skills

2.5.1. Utilize consultation and supervision effectively.

Domain 3. Treatment Planning and Case Management

3.1. Conceptual skills

3.1.1. Know which models, modalities, and/or techniques are most effective for the presenting problem.
3.1.2. Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.
3.1.3. Understand the effects that psychotropic and other medications have on clients and the treatment process.
3.1.4. Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-stepprogram, peer-to-peer services, supported employment).
3.2. Perceptual skills

3.2.1. Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.

3.3. Executive skills

3.3.1. Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.3.2. Prioritize treatment goals.
3.3.3. Develop a clear plan of how sessions will be conducted.
3.3.4. Structure treatment to meet clients’ needs and to facilitate systemic change.
3.3.5. Manage progression of therapy toward treatment goals.
3.3.6. Manage risks, crises, and emergencies.
3.3.7. Work collaboratively with other stakeholders, including family members and professionals not present.
3.3.8. Assist clients in obtaining needed care while navigating complex systems of care.
3.3.9. Develop termination and aftercare plans.

3.4. Evaluative skills

3.4.1. Evaluate progress of sessions toward treatment goals.
3.4.2. Recognize when treatment goals and plan require modification.
3.4.3. Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4. Assess session process for compliance with policies and procedures of practice setting.
3.4.5. Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.

3.5. Professional skills

3.5.1. Advocate for clients in obtaining quality care, appropriate resources, and services in their community.
3.5.2. Participate in case-related forensic and legal processes.
3.5.3. Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
3.5.4. Utilize time management skills in therapy sessions and other professional meetings.

Domain 4. Therapeutic Interventions

4.1. Conceptual skills

4.1.1. Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies.
4.1.2. Recognize strengths, limitations, and contraindications of specific therapy models.
4.1.3. Understand the risk of harm associated with models that incorporate assumptions of family dysfunction or pathogenesis.

4.2. **Perceptual skills**

4.2.1. Recognize how different techniques may impact the treatment process.
4.2.2. Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.

4.3. **Executive skills**

4.3.1. Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis.
4.3.2. Match treatment modalities and techniques to clients’ needs, goals, and values.
4.3.3. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
4.3.4. Reframe problems and recursive interaction patterns.
4.3.5. Generate relational questions and reflexive comments in the therapy room.
4.3.6. Engage each family member in the treatment process as appropriate.
4.3.7. Facilitate clients developing and integrating solutions to problems.
4.3.8. Defuse intense and chaotic situations to enhance the safety of all participants.
4.3.9. Empower clients to establish effective familial organization, familial structures, and relationships with larger systems.
4.3.10. Provide psychoeducation to families whose members have serious mental illness or other disorders.
4.3.11. Modify interventions that are not working to better fit treatment goals.
4.3.12. Move to constructive termination when treatment goals have been accomplished.
4.3.13. Integrate supervisor/team communications into treatment.

4.4. **Evaluative skills**

4.4.1. Evaluate interventions for consistency, congruency with model of therapy and theory of change, and goals of the treatment plan.
4.4.2. Evaluate ability to deliver interventions effectively.
4.4.3. Evaluate treatment outcomes as treatment progresses.
4.4.4. Evaluate clients’ reactions or responses to interventions.
4.4.5. Evaluate clients’ outcomes for the need to continue, refer, or terminate therapy.
4.4.6. Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation) and their impact on effective intervention and clinical outcomes.

4.5. **Professional skills**

4.5.1. Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
4.5.2. Set appropriate boundaries and manage issues of triangulation.
4.5.3. Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients’ context and dynamics.

**Domain 5. Legal Issues, Ethics, and Standards**

5.1. Conceptual skills

5.1.1. Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.
5.1.2. Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
5.1.3. Know policies and procedures of the practice setting.
5.1.4. Understand the process of making an ethical decision.

5.2. Perceptual skills

5.2.1. Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
5.2.2. Recognize ethical dilemmas in practice setting.
5.2.3. Recognize when a legal consultation is necessary.
5.2.4. Recognize when clinical supervision or consultation is necessary.

5.3. Executive skills

5.3.1. Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.2. Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
5.3.3. Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4. Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5. Take appropriate action when ethical and legal dilemmas emerge.
5.3.6. Report information to appropriate authorities as required by law.
5.3.7. Practice within defined scope of practice and competence.
5.3.8. Obtain knowledge of advances and theory regarding effective clinical practice.
5.3.9. Obtain license(s) and specialty credentials.
5.3.10. Implement a personal program to maintain professional competence.

5.4. Evaluative skills

5.4.1. Evaluate activities related to ethics, legal issues, and practice standards.
5.4.2. Monitor personal issues and problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.
5.5. Professional skills

5.5.1. Maintain client records with timely and accurate notes.
5.5.2. Consult with peers and/or supervisors if personal issues threaten to adversely impact clinical work.
5.5.3. Pursue professional development through self supervision, collegial consultation, professional reading, and continuing educational activities.
5.5.4. Request third party reimbursement only for covered services.

Domain 6. Research and Program Evaluation

6.1. Conceptual skills

6.1.1. Know the extant MFT literature, research, and evidence-based practice.
6.1.2. Understand research and program evaluation methodologies relevant to MFT and mental health services.
6.1.3. Understand the application of quantitative and qualitative methods of inquiry in the practice of MFT.
6.1.4. Understand the legal and ethical issues involved in the conduct of clinical research and program evaluation.

6.2. Perceptual skill

6.2.1. Recognize opportunities for therapists and clients to participate in clinical research.

6.3. Executive skills

6.3.1. Read current MFT and other professional literature.
6.3.2. Use current MFT and other research to inform clinical practice.
6.3.3. Critique professional research and assess the quality of research studies and program evaluation in the literature.
6.3.4. Determine the effectiveness of clinical practice and techniques.

6.4. Evaluative skills

6.4.1. Evaluate knowledge of current clinical literature and its application.

6.5. Professional skills

6.5.1. Contribute to the development of new knowledge.
### Appendix C: Suggested Schedules of Courses

<table>
<thead>
<tr>
<th>Masters Full-Time Fall Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year One</strong></td>
</tr>
<tr>
<td><strong>Block 1-2 Aug-Nov</strong></td>
</tr>
<tr>
<td>MF 503 Family Systems</td>
</tr>
<tr>
<td>MF 518 Models of MFT</td>
</tr>
<tr>
<td><strong>Block 3 Nov-Dec</strong></td>
</tr>
<tr>
<td>MF 569 Ethical and Professional Issues</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Block 4 Jan-Feb</strong></td>
</tr>
<tr>
<td>MF 626 Psychopathology and the Family</td>
</tr>
<tr>
<td>MF 655 Spirituality and the Family*</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Block 5-6 Feb-April</strong></td>
</tr>
<tr>
<td>MF 602 Cross Cultural Family</td>
</tr>
<tr>
<td>MF 571 Play Therapy* or</td>
</tr>
<tr>
<td>MF 671 Parents and Children*</td>
</tr>
<tr>
<td><strong>Block 7 April-May</strong></td>
</tr>
<tr>
<td>MF 545 Micro-counseling</td>
</tr>
<tr>
<td>(2 sections M/W or T/R)</td>
</tr>
<tr>
<td>(Elective to be added)</td>
</tr>
<tr>
<td><strong>Block 8-9 June-Aug</strong></td>
</tr>
<tr>
<td>MF 546 Pre-Practicum</td>
</tr>
<tr>
<td>MF 582 Models of Couples Therapy</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*Systemic Sex Therapy, Spirituality, Entrepreneurship in MFT, and Play Therapy can be taken in the first or second year. Systemic Sex Therapy is a required course, the others are electives. Students will need to consider doubling up on electives within the same block to ensure they are able to take the four required electives within the two years of the program.

**Practicum courses run for 15 weeks and are continuous for the entire year.

**Note:** Part-time students should consult with the Program Director to determine which courses to take.
Appendix D: M.A. MFT Program Thesis Requirements

The thesis option in the Mount Mercy Marriage and Family Therapy (MFT) Program is intended to be an opportunity for students to gain experience in planning and conducting research. Gaining research experience is particularly important for students who are interested in pursuing a doctoral degree after completion of the MFT Master’s Program. Students who are interested in completing a thesis should make this decision early and begin the process of selecting a thesis advisor during the first year of the program. **Students will register for MF 695 – Thesis Direction in the spring of the second year of the program.** What follows is intended to cover the responsibilities of students and faculty in the thesis process, as well as some general guidelines for completing the thesis and producing a final copy in a timely manner.

**Thesis Format/Structure**

The thesis should be completed using the manuscript structure outlined below. Students should discuss any variations in formatting with the thesis advisor before deviating from the structure. Templates for unique pages (e.g., Acceptance Page) may be made available upon request. The entire thesis should demonstrate perfect APA Style from the most recent edition. Students will need to purchase a copy of the APA Style manual and become familiar with the conventions contained therein.

**Pages/Sections:**

Title Page  
Acceptance Page  
Copyright Page (optional)  
Acknowledgements Page (optional)  
Abstract  
Table of Contents  
Introduction/Literature Review  
Methods  
Results  
Discussion  
References  
Appendices  
Tables and Figures
Student Tasks and Responsibilities

Note: Failure to meet the deadlines outlines here will result in a student not being able to graduate on time or in the student being advised to drop thesis and taking another elective.

- Identify a thesis advisor from among the core MFT Program faculty and obtain agreement from that individual to serve as your advisor. (This must be completed before the beginning of Block 5 in the first year.)
- Determine additional member of the thesis committee with input from the thesis advisor and receive approval of a general thesis topic. (To be completed before Block 6 of the first year.)
- Register for MF 695 – Thesis Direction. This course should be taken during the spring semester of the second year.
- Have all research products (e.g., topic paper, IRB application, research proposal) reviewed by at least two peers before submitting to the thesis advisor.
- Submit the topic paper (template available upon request) to the thesis advisor and receive approval to continue forward with the proposed research problem. (Must be approved by the first day of Block 8 in the first year.)
- Submit an annotated bibliography with at least 50 references related to the approved topic to the thesis advisor. (Must be submitted by August 1 at the end of the first year.)
- Submit a research proposal to the thesis advisor for approval. (By end of Block 2 of second year.)
- Complete the Institutional Review Board process and receive approval to execute the proposed research. (Application must be submitted before end of Block 3, second year.)
- Maintain adequate communication with thesis student and committee member throughout the thesis process.
- Gather any necessary data and process the results. (IRB approval must be obtained before the first day of Block 4 in the second year; data collection must begin immediately thereafter.)
- Write a draft of the completed thesis for review by the thesis advisor. Incorporate any feedback from the thesis advisor into final draft. (Draft must be completed by the first day of Block 7, second year.)
- Provide copies of the final draft to the second committee member and receive feedback.
- Successfully complete an oral defense of the final draft. (Should be held during Block 8/9, second year.)
- Incorporate any additional feedback into final thesis copy.
- Obtain all necessary signatures for the approval page.
- Present a bound copy of the thesis to the thesis advisor. (Must be completed before end of Block 9, second year.)
Committee Composition

The thesis committee will consist of two professors, at least one of which must be a member of the core faculty of the MFT Program and will serve as thesis advisor. The thesis advisor will be expected to work closely with the thesis student throughout the thesis process and provide relevant advice and guidance. The second member of the committee may be another MFT Program core faculty member, a faculty member from another program at Mount Mercy University, or another individual from the professional community who holds at least a doctorate level degree. Students are responsible for selecting committee members and asking those individuals if they would be willing to serve as committee members.

Thesis Advisor Tasks and Responsibilities

- Provide guidance about the thesis process and assist the student in completing the thesis requirements.
- Award credit for the completion of MF 695 – Thesis Direction upon successful completion by the student.
- Work with the student in the selection of a topic appropriate for a thesis.
- Help the student to select a second committee member that will aid in the completion of the thesis.
- Work with the student to set up reasonable goals and deadlines for thesis tasks and completion.
- Review and approve the research proposal.
- Assist the thesis student in completing the Institutional Review Board requirements.
- Provide feedback on written products within 15-20 working days.
- Approve distribution of thesis draft to second committee member.
- Provide final approval of completed thesis, participate in oral defense, and assist thesis student in obtaining signatures for the approval page.
- Accept final copy of the bound thesis from the student.

Committee Member Tasks and Responsibilities

- The second committee member will be responsible for providing feedback on thesis drafts and sitting on the oral defense of the thesis.
- As with the thesis advisor, the committee member should provide feedback on all written products within 15-20 working days.

Unable to Complete on Time or Failure to Complete

A student who is unable to complete the Thesis in time for their scheduled graduation will be required to pay a continuation fee and their graduation will be delayed until the Thesis is successfully completed. Any student who chooses the thesis option and fails to complete the thesis will not be able to graduate without additional coursework. In such cases, the student will need to complete the elective that was forgone in favor of the thesis option. Once the elective course has been completed the student will become eligible for graduation, assuming that all other course work has been completed satisfactorily.
## Appendix E: Application for Practicum

### Completion of Prerequisites:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MF 503</td>
<td>Family Systems</td>
</tr>
<tr>
<td>MF 518</td>
<td>Models of Marriage and Family Therapy</td>
</tr>
<tr>
<td>MF 545</td>
<td>Micro-counseling</td>
</tr>
<tr>
<td>MF 546</td>
<td>Pre-Practicum (may be in process)</td>
</tr>
<tr>
<td>MF 569</td>
<td>Ethical and Professional Issues in MFT</td>
</tr>
<tr>
<td>MF 582</td>
<td>Models of Couples Therapy (may be in process)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of First Year Review</td>
</tr>
<tr>
<td>Copy of Liability Insurance on File</td>
</tr>
<tr>
<td>Signed copy of site contract on file</td>
</tr>
</tbody>
</table>

Name of site:

Address:

Supervisor Name and Phone Number
Appendix F: Practicum Agreements

Offsite Practicum Agreement

The Marriage and Family Therapy Program at Mount Mercy University and

______________________________
___________

agree to the following criteria for serving as a Practicum site for:

______________________________
___________

University Responsibilities/Clinical Director:

- The Clinical Director will ensure that the trainee has met academic and pre-training requirements and is prepared for practicum.
- The Clinical Director will provide the Site Supervisor evaluation forms for use with the trainee.
- The Clinical Director will provide the Trainee with evaluation forms for the Site and the On-site Supervisor.
- The Clinical Director will collect and verify trainee’s client contact and supervision hours.
- The Clinical Director or On-campus Supervisor will assign a grade (Pass/Fail) for each Practicum Block (MF 590, MF 690, MF 692, and MF 700 series if needed). The Clinical Director will also verify completion of total required hours of client contact and supervision.
- The University will provide AAMFT approved supervision or its equivalent in addition to on-site supervision.

Practicum Site Responsibilities:

- The On-Site supervisor will be a Licensed Mental Health Care Provider with at least three years post-licensure experience in the provision of therapeutic clinical services. Documentation of qualifications will be provided to the Clinical Director.
- The On-Site Supervisor will provide the Trainee with at least 1 hour of supervision for every 5 hours of direct client contact or a minimum of 1 hour per week. At least 1 hour of supervision will be individual (no more than 2 trainees and 1 supervisor). Additional hours of supervision may be group, with groups not to exceed 8 trainees at any one time.
- The On-Site Supervisor or appointed administrator will provide the Trainee and the Clinical Director a copy of the policies regarding grievance procedures and non-discrimination disclosures if available.
- The On-Site Supervisor agrees to evaluate the Trainee at the conclusion of each 15-week Block. A form will be provided by the Clinical Director for this purpose. Evaluations will be done in consultation with the Trainee and will require the signature of both the On-Site Supervisor and the Trainee before they are given to the Program.
The Site will provide Trainees with a variety of opportunities to provide direct clinical therapeutic services to individuals, couples, and families. Trainees may also participate in psychoeducational groups, play therapy, case consultation, collaboration with other health care providers and co-therapy, even though not all count as direct client contact. Trainees are expected to accumulate a total of 300 direct client contact hours over the course of one academic year (three 15-week Blocks). Trainees also are expected to accumulate 100 Hours of supervision to be divided between the Site and the Supervision provided by the Program.

Trainee Responsibilities:

- The Trainee must register for Practicum credit (MF 590, MF 690, MF 692 & MF 700s if needed) while performing duties at the Site.
- The Trainee will conduct at least ____ hours of direct client contact each week and perform other related duties as arranged with the On-Site Supervisor.
- The Trainee will submit a report of number hours and type of client contact and number of hours of supervision, signed by the On-Site Supervisor at the end of each 15-week practicum block.
- The Trainee will complete an evaluation of the Site and the On-Site Supervisor at the end of each Practicum Block and turn the evaluations into the Clinical Director.
- The Trainee is responsible for seeing that all forms and evaluations required for a grade or graduation are turned into the Clinical Director by the assigned deadline.
- The Trainee is ultimately responsible for ensuring that all requirements for completion of the Practicum requirements have been met.

This agreement will be in effect from the signature date and continue for 5 years, at which time the agreement will need to be evaluated and renewed. The agreement can be revised or terminated by either party with 30 days written notice. The Site agrees to give reasonable consideration to Trainees and allowances made for their successful completion of contact hours.

__________________________________________ Date
Practicum Site Representative

__________________________________________ Date
MMU Program/Clinical Director

__________________________________________ Date
Trainee
Practicum Site Information

Note: This form only needs to be filled out if this is a new site. If you are unsure if this paperwork has already been completed, please consult with the Clinical Director.

Agency Name:

Address:

Phone:

Description of Agency: (e.g. diagnostic categories of clients, clinical services offered, student responsibilities, cultural groups served, etc.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Trainees may provide services for (required is checked):

☐ Individual Adults
✓ Couples/Families (150 total required)
☐ Children/Adolescents
☐ Groups

Trainees will gain experience in (required is checked):

✓ Assessment/Diagnosis: Describe:
✓ Psychotherapy: Describe:
✓ Treatment Planning/Case Documentation
☐ Case Management/Advocacy Diverse Client Population
  ☐ Describe:
☐ Crisis Management
  ☐ Describe:
Trainees will have the opportunity to participate in:

- Training Seminars at site
  - Training will include topics such as:
- Staff meetings
  - Date/Time:
- Continuing education seminars or conferences off-site.
  - Describe:

**Supervision:**

- Individual Supervision minimum 1 individual hour per week.
- Group supervision
- Co-therapy training (with more experienced trainee or licensed professional)
- Live supervision (either observation or audio/visual tape supervision).
- Supervision by an AAMFT Approved Supervisor.

**Application Procedure/Requirements**
Describe application procedures and deadlines:

To apply for a Trainee position the student needs to contact ______________________ at (number or email) _________________________ and complete the following (background check, interview, resume, etc.).

The Agency requires a _____ month commitment and a minimum of _____ hours of direct clinical services per week and a total of _____ hours per week (direct client contact and adjunct services).
Olson MFT Clinic Practicum Agreement

The Marriage and Family Therapy Program at Mount Mercy University and the Olson MFT Clinic agree to the following criteria for serving as a Practicum site for: ________________________________.

University Responsibilities/Clinical Director:

- The Clinical Director will ensure that the trainee has met academic and pre-training requirements and is prepared for practicum.
- The Clinical Director will provide the Supervisor evaluation forms for use with the trainee.
- The Clinical Director will provide the Trainee with evaluation forms for the Site and the On-campus Supervisor.
- The Clinical Director will collect and verify trainee’s client contact and supervision hours.
- The Clinical Director or On-campus Supervisor will assign a grade (Pass/Fail) for each Practicum Block (MF 590, MF 690, MF 692, and MF 700 series if needed). The Clinical Director will also verify completion of total required hours of client contact and supervision.
- The On-campus supervisor will be an AAMFT Approved Supervisor or the equivalent.
- The On-campus Supervisor will provide the Trainee with at least 1 hour of supervision for every 5 hours of direct client contact or a minimum of 2 hour per week. Hours of supervision may be group, with groups not to exceed 8 trainees at any one time.
- The On-campus Supervisor or appointed administrator will provide the Trainee a copy of the policies regarding grievance procedures and non-discrimination disclosures.
- The On-campus Supervisor agrees to evaluate the Trainee at the conclusion of each 15-week Block.
- The clinic will provide Trainees with a variety of opportunities to provide direct clinical therapeutic services to individuals, couples, and families. Trainees may also participate in psychoeducational groups, play therapy, case consultation, collaboration with other health care providers and co-therapy, even though not all count as direct client contact.

Trainee Responsibilities:

- The Trainee must register for Practicum credit (MF 590, MF 690, MF 692 & MF 700s if needed) while performing duties at the Site.
- The Trainee will conduct at least 7 hours of direct client contact each week and perform up to 8 hours of other related duties as required by the Clinical Director and/or the On-campus Supervisor.
- The Trainee will submit a report of number hours and type of client contact and number of hours of supervision, signed by the On-campus Supervisor at the end of each 15-week practicum block.
- The Trainee will complete an evaluation of the Site and the On-campus Supervisor at the end of each Practicum Block and turn the evaluations into the Clinical Director.
- The Trainee is responsible for seeing that all forms and evaluations required for a grade or graduation are turned into the Clinical Director by the assigned deadline.
- The Trainee is ultimately responsible for ensuring that all requirements for completion of the Practicum requirements have been met.

The Site agrees to give reasonable consideration to Trainees and allowances made for their successful completion of contact hours.

Signatures:

_________________________  ____________________
MMU Program/Clinical Director  Date

_________________________  ____________________
Trainee  Date
Appendix G: Trainee Evaluation Form

Trainee Name: ____________________________ Practicum Number (Pre, I, II, or III): ______

Please rate the trainee (above) on each of the following items based on the scale below (this is assessed from the expected level of competency at the end of the program), thus:

Pre-Practicum students are expected to be rated in the mostly 0-1 range; no minimum average at this level.
Practicum 1 students are expected to be rated mostly in the 1-2 range; with the minimum average score of 1 of 4.
Practicum 2 students are expected to be rated mostly in the 2-3 range; with the minimum average score of 2 of 4.
Practicum 3 students are expected to be rated mostly in the 3-4 range, with the minimum average score of 3 of 4.

Rating Scale
4=Outstanding: Strong mastery of skills and a thorough understanding of concepts
3=Mastered Basic Skills/Competent at Overall Level: Understanding of concepts/skills evident
2=Developing: Minor conceptual and skill errors; in the process of developing
1=Deficits: Significant remediation needed; deficits in knowledge/skills
0=Missing: skill/concept/knowledge is not present though it would be expected to be present
NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)
<table>
<thead>
<tr>
<th></th>
<th>Clinical Experience &amp; Application</th>
<th>N/A</th>
<th>Missing</th>
<th>Deficits</th>
<th>Developing</th>
<th>At Level</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Creates an atmosphere of acceptance and understanding.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Attends to clients’ emotional climate in order to build trust.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Engages clients in the therapeutic process.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Develops mutually agreeable goals for therapy.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Determines boundaries, hierarchies, and patterns within families.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Identifies psychosocial and environmental influences on each client.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Coordinates therapy with relevant individuals / institutions.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>Facilitates therapeutic involvement of all necessary participants in treatment.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>Matches the needs of the client with an appropriate therapeutic approach.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>Assists the client in developing effective problem-solving abilities.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Clinic Policy, Professionalism &amp; Ethics</th>
<th>N/A</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A pre-session phone call is made after 24 hours of scheduling.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Establishes a sequence of treatment processes in a treatment plan.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Treatment Plans are done in 24 hours after the 3rd session.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Evaluates clients’ outcomes for the need to continue or terminate therapy.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Cases are terminated in an appropriate and timely manner as defined by Olson Clinic Policy</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Session notes are done within 24 hours</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Integrates supervisor/team communications into treatment.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>The student demonstrates understanding/follows through on mandatory reporter laws</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>Recognizes when consultation with a colleague/ supervisor is appropriate.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>Assessment and documentation of Risk factors (IPV, Suicidality, drug use, etc.)</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>Can assess an adult client’s behavior based on DSM-5 criteria.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>Can assess adolescent client’s behavior based on DSM-5 criteria.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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<td></td>
</tr>
<tr>
<td>13.</td>
<td>Can assess a child client’s behavior based on DSM-5 criteria.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Adheres to the confidentiality set forth within the classroom setting.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Shows respect through behavior and communication.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Maintains professional boundaries</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Respects the ethical and moral values of the school and peers.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Demonstrates academic and professional integrity.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Represents Self and the Olson Clinic in a professional and ethical manner</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Follows all clinic policies as outlined in Olson MFT Clinic Handbook</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**IDP Issues of Diversity & Power**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Expresses respect for diversity through behavior &amp; communication by treating others fair/equal.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Student values and respects client’s identified culture</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Student values and respects the client’s identified gender</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Student values and respects the clients identified sexual orientation</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>The student demonstrates knowledge about issues of power and diversity</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>The student demonstrates knowledge about low-income clients</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>The student demonstrates knowledge about the client’s culture</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8.</td>
<td>Student demonstrates knowledge about client’s gender</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>The student demonstrates knowledge about the client’s sexual orientation</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10.</td>
<td>The student understands the current sociopolitical system and its importance</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11.</td>
<td>The student is aware of institutional barriers which might affect client’s circumstances</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12.</td>
<td>Student attempts to perceive the presenting problem within the context of a client’s diverse experiences, values, and lifestyle</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13.</td>
<td>The student is aware of their own values and how they might affect the client</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14.</td>
<td>Student demonstrates curiosity, sensitivity, and receptivity regarding client’s expression of identity/cultural identity/diverse experience and identity expression.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>SOT</td>
<td>Self-of-the-Therapist</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1.</td>
<td>Recognizes when personal biases may influence the therapeutic process.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Responds appropriately to peer feedback.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Responds appropriately to faculty feedback.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates insight into the interaction between personal experience and professional material and the influence of this interaction on academic and clinical functioning.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>Exhibits critical awareness of personal barriers and challenges to ethical and satisfactory academic and clinical functioning.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>Identifies and utilizes personal strengths and resources in academic and clinical settings.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates appropriate and ethical boundaries in relation to faculty, fellow students, and clients and critically examines barriers to this requirement.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates competency in the effective use of self-disclosure in clinical practice including critical insight into the motivations behind the use of self-disclosure.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>Demonstrates the ability to identify personal worldview and values and the influence of one’s worldview and values on academic and clinical functioning.</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Explanation/Rationale of any “NA” responses:
What do you believe are this trainee’s strongest clinical skills?

On which skills do you think this trainee should most focus during supervision at this time?

Do you have specific concerns regarding this trainee’s skills? If so, please describe them here.

******************************************************************************
Signatures indicate that trainee has been provided with a copy of this evaluation and allowed the opportunity to have all questions answered regarding the evaluation. The trainee’s signature does NOT imply agreement with the evaluation.

_________________________________________  ____________________________
Trainee Signature                      Date
Appendix H: University Supervisor Evaluation

Mount Mercy University
Marriage and Family Therapy Program
University Supervisor Evaluation

Please complete the following form based on your experience with your on-campus university supervisor/placement. The information shared on this form will be shared with the supervisor and placement in aggregate form only. Information that can identify an individual student will be redacted.

Student Name: ______________________________
Supervisor: ______________________________

Please make general comments about the strengths and weaknesses of the Olson MFT Clinic based on your experience in the areas listed below.

1. General practicum site environment:

2. Opportunities for development as a professional and direct client contact:

3. Quality of supervision offered:

4. Describe anything about the Olson MFT Clinic or your activities that you think can be improved:
5. Describe if and how you did or did not achieve your goals at this practicum site:

Please use the scale below to rate your experience at the Olson MFT Clinic in the following areas:

1 = Unacceptable  
2 = Poor  
3 = Fair  
4 = Good  
5 = Excellent

<table>
<thead>
<tr>
<th>1. Interest of clinical staff in working with you.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Interest of front desk staff in working with you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>3. Cooperation with front desk staff, faculty, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>4. Willingness of clients to work with a student therapist.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>5. Directions and instructions were provided adequately about site expectations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>6. Adequate space was available for conducting sessions with clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>7. Hours of individual counseling experience available.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>8. Hours of relational hours available.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>9. Hours of co-therapy/team therapy available.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>10. Degree to which student is considered a valued member of the clinic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>11. Amount of feedback available to the student about performance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>12. Diversity of opportunities to gain related job experience.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>13. Availability of supervision when questions arise.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>14. Degree to which the clinic demonstrates professionalism.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>15. Overall rating of the clinic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

The space below may be used to expand on any of the rating made above:
Please use the scale below to rate your experience with your university supervisor in the following areas:

1 = Needs Improvement  
2 = Inconsistent  
3 = Satisfactory  
4 = Exceptional

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has clear knowledge and skill in providing therapy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Communicates expectations clearly.</td>
<td></td>
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<tr>
<td>3. Demonstrates willingness to support student individuality.</td>
<td></td>
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<tr>
<td>4. Provides adequate positive and constructive feedback.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>5. Is respectful of the student’s contributions to case work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Upholds ethical standards consistent with the field.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is available for consultation and feedback.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Uses effective means of mentoring students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Consistently holds weekly structured supervision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Encourages more student independence over time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Willing to hear student feedback about supervision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Provides opportunity to staff cases in group setting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Offers helpful feedback during live supervision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The space below may be used to expand on any of the rating made above:
# Appendix I: Practicum Clinical Experience Summary (Hour Log)

**Therapist Name**

**Practicum Number (I, II, or III)**

**Site Name** (One form per site)

<table>
<thead>
<tr>
<th>MODE OF DELIVERY</th>
<th>UNIT IN THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
</tr>
<tr>
<td>Student Therapist</td>
<td></td>
</tr>
</tbody>
</table>

% of TOTAL

Relational Hours

**Student Signature:**

<table>
<thead>
<tr>
<th>MODE OF SUPERVISION</th>
<th>TYPE OF SUPERVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Observable</td>
</tr>
<tr>
<td>Individual</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

**Supervisor Signature:**

---

**Therapy Hours**

Clinical Contact Hours are defined as therapist and client therapeutic meetings in the same physical location. Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. 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.

Individual Clinical Hours are defined as a therapist working with one individual in the therapy room.

Couple or Family Clinical Hours are defined as a therapist working with two or more people in the room who define themselves as a couple or family. When the two or more people do not define themselves as a couple or family, the therapist consults with the supervisor to determine which category the therapy best fits for reporting purposes.

**Supervision Hours**

Individual Supervision is defined as one or two students meeting with a supervisor to review clinical work.

Group Supervision is defined as three to eight students meetings with a supervisor to review clinical work.

Observable Data is defined as review of audio or video recordings, or watching a session as it occurs.

Case Report is defined as receiving supervision on cases without the use of observable data.

---

**NOTE:** To graduate from the program students must have completed a minimum of 300 clinical contact hours, of which at least 40% must be relational (i.e., couple or family therapy). Additionally, students must have at least 100 hours of supervision, of which 50 must be based on observable data. The ratio of supervision to therapy must not exceed 1:5 hours. Supervision hours and clinical hours are calculated separately.
## Appendix J: M.A. Graduation Checklist

<table>
<thead>
<tr>
<th>Item</th>
<th>Requirement</th>
<th>Signer</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All practicum forms turned in and verified</td>
<td>Clinical Director</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Completed 300 hours of direct client contact with at least 120 hours (40% of 300) those hours being relational</td>
<td>Clinical Director</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Completed 100 hours of clinical supervision, 50 of which was based on observable data</td>
<td>Clinical Director</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>All client charts have been closed or transferred and the student has been inactivated in KASA/offsite ERS</td>
<td>Clinical Director/ Admin. Assistant</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Successfully completed all 60 credits of course work with a minimum GPA of 3.0</td>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>No more than two C grades on non-specialization courses</td>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>No grade less than a B- for MFT specialization courses</td>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>No more than two C grades repeated</td>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Completed an application for graduation</td>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Successfully passed the national exam or the portfolio</td>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Successfully passed the Clinical Demonstration and Position Paper</td>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Successfully defended thesis and sent it to the library for binding</td>
<td>Thesis advisor</td>
<td></td>
</tr>
</tbody>
</table>

Once all signatures have been obtained this form is turned in to the Program Director, who signs it and then forwards the information to the registrar so the degree can be posted.

Final Approval - Program Director  Signature: